



THE STATE OF WIC

Building the Bridge
to a Healthier Future



National WIC
Association

FEBRUARY 2023

ACKNOWLEDGEMENTS

THE NATIONAL WIC ASSOCIATION (NWA)

is the non-profit voice of the 12,000 public health nutrition service provider agencies and the over 6.2 million mothers, babies, and young children served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). NWA provides education, guidance, and support to WIC staff and drives innovation and advocacy to strengthen WIC as we work toward a nation of healthier families. For more information, visit www.nwica.org.

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A MESSAGE FROM DR. JAMILA TAYLOR, NATIONAL WIC ASSOCIATION PRESIDENT & CEO



DEAR FRIENDS,

As communities across the country recover from the effects of the COVID-19 pandemic, we find ourselves at a moment rife with both opportunity and challenge: structural inequalities and health disparities have been tragically heightened by the crisis, but they've also been magnified in view—catapulted into national consciousness. As the nation's premier public health nutrition program, WIC is positioned to help advance the crucial conversations now happening around child and maternal health and to ensure that all families have access to proper nutrition.

WIC has been working toward this goal for decades. As a child, I witnessed the immense impact of WIC on my own family, with many of the women closest to me looking to the program for much-needed nutritional support for both themselves and their children. For thousands of parents, caregivers, and kids throughout the country, WIC is a lifeline during a critical stage in their family's development.

Yet, right now, we're only reaching about half of those who qualify for WIC. In 2022, we focused on laying the groundwork to extend the benefits afforded by WIC to even more families. During the infant formula crisis, we worked closely with State and local agencies to implement local networks that were better able to reach families searching for formula and improve access to imported formula, breastfeeding support, emergency waivers, and other crucial forms of assistance.

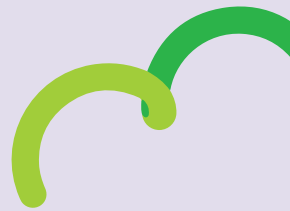
We must, in the year (and years) ahead, turn our attention to opening the door to more participants and helping them remain in the program as long as they're eligible.

Inevitably, this will require us to confront and combat systemic barriers that have thus far kept too many families—disproportionately people of color—from receiving the care they deserve. The report that follows outlines concrete, short- and long-term steps that we as an organization can take to advance equitable access to quality nutrition education and resources.

It is a great honor to be at the helm of this effort with all of you, who have persisted in showing up to support children and caregivers in the most difficult of times. Thank you, and I look forward to working with you to help make WIC a more innovative and accessible program that meets the evolving needs of women and families nationwide.

Sincerely,

DR. JAMILA TAYLOR • NWA PRESIDENT & CEO



INTRODUCTION:

THE STATE OF WIC



THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) WAS A LIFELINE FOR FAMILIES WITH YOUNG CHILDREN AS THEY NAVIGATED UNPRECEDENTED CHALLENGES IN 2022.

As birth rates recover from a historic low during the COVID-19 pandemic, systemic racial inequities in maternal health persist, and new barriers to reproductive healthcare access are put in place, the United States must prioritize policy solutions that center the needs of growing families and help unleash the full potential of America's next generation.

Last year's White House Conference on Hunger, Nutrition, and Health outlined the urgent need for a national effort to end hunger and curb chronic diet-related disease. A product of the first White House Conference on food policy in 1969, WIC is well positioned to make progress on these

dual goals through targeted support that enhances access to healthy foods and community nutrition services that help families make healthy choices, mitigating costly and preventable health conditions.

Nearly 6.3 million mothers, infants, and young children across the country participated in WIC in 2022.



WIC's targeted, time-limited support is proven to return federal investment in healthcare cost savings and improve health outcomes. Even more robust WIC services could have a larger impact on the urgent public health priorities of the coming year. This third annual iteration of the State of WIC reports on progress to scale up WIC's support and modernize services by incorporating innovations that deliver the highest-quality participant-centered experience.

In the year ahead, the National WIC Association recommends the following steps to build a bridge to modern services that will grow a stronger, healthier next generation:

RECOMMENDED POLICY ACTIONS



FINALIZE SCIENCE-BASED REVISIONS TO WIC FOOD PACKAGES.

In November 2022, the U.S. Department of Agriculture (USDA) proposed updates that would expand access to critical food groups in the WIC benefit, including fruits, vegetables, seafoods, and whole grains. These proposed updates reflect independent scientific recommendations that would further align WIC participants' eating patterns with the Dietary Guidelines for Americans (DGAs). **USDA should move to finalize these science-based updates to WIC food packages, and Congress should provide adequate support to ensure that WIC providers can swiftly implement the new food packages and provide additional nutritious foods to WIC families.**



ENHANCE WIC ACCESS BY STREAMLINING CERTIFICATION POLICIES.

Even before the COVID-19 pandemic, WIC providers were innovating to reduce administrative burdens for applicants and leverage modern and digital tools to reach eligible families. Remote certification appointments and service options became standard during the COVID-19 pandemic, resulting in a 12% nationwide increase in child participation. As WIC seeks to maximize its public health impact by connecting eligible participants with services, **statutory reforms and service changes are needed to ensure that the experience of WIC families reflects the most up-to-date technological capacities, consistent with other healthcare settings.**



COMPREHENSIVELY ADDRESS CONSEQUENCES OF THE INFANT FORMULA SHORTAGES.

WIC families were disproportionately impacted by widespread shortages of infant formula in 2022, requiring unprecedented changes to the WIC benefit and yielding a historic increase in the WIC breastfeeding rate. Recognizing that sole-supplier contracting has generated significant cost-savings for the program, **WIC must be part of a comprehensive effort to reevaluate infant**

feeding, adjust infant formula market practices to contain aggressive marketing and ensure resiliency, and reform the approach taken by healthcare and industry to create lactation-friendly environments that support mothers on their breastfeeding journey.



SUSTAIN SNAP SUPPORT FOR WIC FAMILIES AND STRENGTHEN LINKAGES BETWEEN PROGRAMS.

WIC's targeted nutrition support works in tandem with other federal programs—notably the Supplemental Nutrition Assistance Program (SNAP)—to reduce hunger. Recent boosts to the SNAP benefit, when coupled with proposed updates to the WIC food packages, can play a critical role in reducing hunger rates and increasing access to nutritious foods for millions of families. With renewed emphasis on building food and nutrition security, **USDA should take proactive steps to enhance connections between SNAP and WIC to reduce application burdens, refer eligible participants to WIC, and streamline vendor policies and transaction technologies to provide a more user-friendly program experience.**



LEVERAGE WIC TO IMPROVE MATERNAL AND CHILD HEALTH OUTCOMES.

Further integrating WIC's public health programming with the broader delivery of healthcare services can reduce burdens on families and more efficiently screen for health risks. WIC's rapport and contact in the perinatal period is particularly critical for assuring healthy pregnancy and birth outcomes for both mother and baby. Steps to seamlessly coordinate information sharing between medical providers and WIC clinics **can promote efficiency in program administration and care delivery, bolstering WIC's capacity to strengthen maternal and child health outcomes and reduce racial disparities in care.**



1

CHAPTER 1

THE CASE FOR WIC

ONE OF THE MOST SUCCESSFUL OUTCOMES OF THE 1969 WHITE HOUSE CONFERENCE, WIC IS A DRIVER OF NUTRITION SECURITY THAT ENSURES CHILDREN CAN GET A HEALTHY START.



Through a combination of targeted support to purchase healthy foods and quality nutrition services that enhance consumer knowledge and skills to build healthier eating patterns, **WIC services lay the foundation for improved maternal and child health outcomes.**

HOW WIC WORKS

In 2022, WIC served nearly 6.3 million individuals in all fifty states, the District of Columbia, five U.S. territories, and thirty-three Indian Tribal Organizations (ITOs).¹ WIC is a lifeline for new parents, serving approximately 43% of all infants born in the U.S. and 20% of all children ages 1-4.² WIC builds nutrition security during critical stages of growth and development through five core services:

ACCESS TO HEALTHY FOOD

WIC provides a monthly benefit to purchase nutritious foods that supplement the diets of WIC mothers and young children, known as food packages. There are seven core food packages, based on life stage and breastfeeding status, that are prescribed by WIC nutrition professionals and tailored to meet participants' individual needs.³ WIC is the nation's largest breastfeeding support program,

but three food packages provide infant formula to ensure adequate infant nutrition.⁴ WIC benefits are redeemed at nearly 46,000 retail grocery stores with an electronic benefit transfer (EBT), or e-WIC, card.⁵

WIC has the strongest nutrition requirements of any federal food assistance program, reflecting the program's supplemental nature. Although WIC works in tandem with other food assistance programs to address overall hunger, the purpose of the WIC benefit is to deliver priority nutrients at a critical period of growth and development to ensure healthier pregnancy, birth, and early childhood outcomes. As required by the Healthy, Hunger-Free Kids Act of 2010, USDA is currently in the process of updating the requirements for WIC-approved foods guided by the Dietary Guidelines for Americans (DGAs).⁶

In 2021, Congress enhanced the value of the WIC benefit to increase access to produce for approximately five million women and child participants. By 2022, USDA recorded a 33.8% increase in the average monthly benefit.⁷ Before the enhanced value for produce purchases, the average WIC benefit was only \$36 per month, which constitutes a small fraction (6.8%) of the average grocery budget.⁸

9.4% HEALTHIER WIC FOODS
REDUCED CHILDHOOD OBESITY
AMONG WIC TODDLERS⁹

\$2.48 EVERY DOLLAR SPENT ON
WIC MORE THAN DOUBLES
ITS RETURN ON INVESTMENT¹⁰

16% WIC PARTICIPATION
ASSOCIATED WITH REDUCED
RISK OF INFANT MORTALITY¹¹

NUTRITION EDUCATION

WIC provides individualized, participant-centered nutrition counseling that supports participants and their families in making healthy choices. Unlike other federal food assistance programs, WIC's tailored nutrition education is a core program function that provides a consistent touchpoint for WIC families to receive advice and support from nutrition professionals. WIC's nutrition education is targeted to support families in building healthier eating patterns at a critical time for infant nutrition and lifelong taste preference development. Even before the COVID-19 pandemic, nutrition education was increasingly delivered through remote means—including individualized phone calls and online education platforms. In a 2021 survey of 26,000 WIC participants conducted by the National WIC Association and Nutrition Policy Institute, more than 80% of WIC participants expressed a preference for continued remote education models after the pandemic.¹²

BREASTFEEDING SUPPORT

As the nation's leading breastfeeding support program, WIC provides individualized counseling, prenatal education, and access to breast pumps to encourage and sustain a mother's choice to breastfeed. Structural and societal barriers, such as a rapid return to work after delivery, lack of workplace supports for breastfeeding, family and social pressures, entrenched racial disparities, and targeted marketing by the infant formula industry, create real and perceived barriers for low-income mothers as they consider breastfeeding.¹³

To help mothers overcome these significant barriers, WIC offers a blend of professional and peer experts who work to support individual outcomes and structural change in their communities. Strengthening WIC's lactation support

workforce resulted in a 30% increase in breastfeeding initiation rates since 1998¹⁴ and played a critical role in WIC's program response to infant formula shortages in 2022. In the first seven months of the recall, WIC recorded a 14.6% increase in the total number of breastfed infants, including a 23.4% increase in fully breastfed infants.¹⁵

HEALTH SCREENINGS

WIC's nutrition counseling is informed by health screenings, including routine height/length and weight checks that measure adequate growth. WIC's health screenings were largely deferred during the COVID-19 pandemic, but 60% of WIC participants in the 2021 survey noted the benefit of sharing measurements taken at a recent doctor's visit with their WIC counselors.¹⁶ As WIC works to sustain remote and hybrid service models in the future, increased coordination with the healthcare sector will be needed to meet screening requirements while providing convenient services for families with young children.

WIC's rigorous anemia screening protocol and tailored nutrition counseling is associated with higher rates of iron intake and lower probability of iron-deficiency anemia.¹⁷ Some states or local providers incorporate a broader range of health-related testing, including lead screenings. The availability of these screenings at WIC clinics is associated with higher rates of testing, which can contribute to treatment and improved health outcomes for low-income families.¹⁸

REFERRALS

WIC screens for a range of other health factors and makes appropriate referrals, including for immunizations, tobacco cessation and substance use treatment, prenatal or pediatric care, postpartum depression and mental



“ My son was one year old when, after a regular visit at the WIC clinic, I learned that he has iron deficiency which is a mild anemia. **WIC provided my family with nutrition education to decrease the incidence of iron deficiency in my child.** WIC also referred me to a pediatrician to treat his condition. The WIC clinic continued to monitor my child health until he recovered. I am so grateful for the nutrition benefits WIC offers to participants and the increased access to a wide range of healthy foods. ”

— TIPOKO KABORE WIC MOM • OHIO

healthcare, dental care, and social services. WIC serves as a gateway to primary and preventive care, with the healthcare needs of children participating in both Medicaid and WIC found to be better met than low-income children who are not participating in WIC.¹⁹ WIC participation is associated with a higher likelihood of families attending well-child visits,²⁰ higher rates of childhood immunization than non-participating low-income children,²¹ and higher rates of accessing dental care.²²

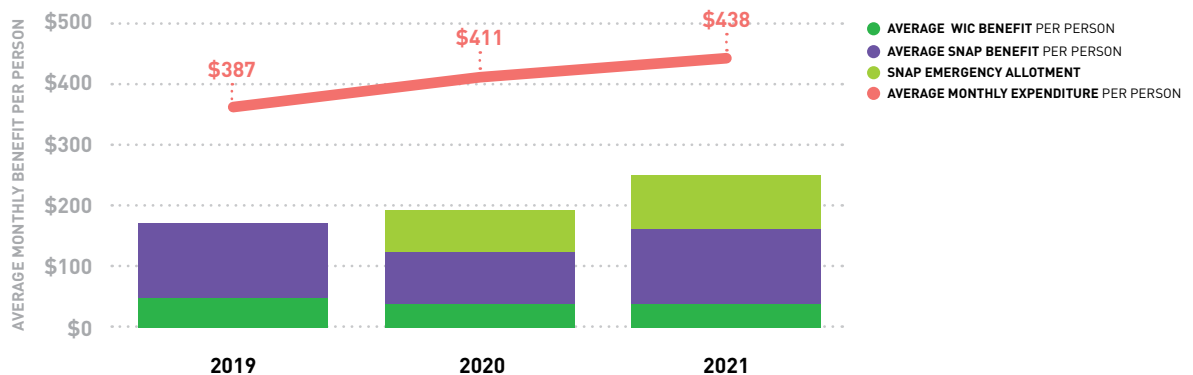
WIC: THE NEED FOR INVESTMENT IN CHILD NUTRITION SECURITY

The National Strategy that emerged from the White House Conference on Hunger, Nutrition, and Health underscored the urgency of addressing hunger and curbing chronic diet-related disease.²³ Early interventions that strengthen children’s diets and health outcomes are associated with downstream effects that reduce health risks in adulthood and curb long-term healthcare expenditures.²⁴ WIC and other early supports are effective at shaping lifelong behaviors, closing entrenched disparities, and setting both individual lives and national trends on a healthier path.

REDUCING HUNGER

WIC’s targeted nutrition support works in tandem with other federal food assistance programs, including SNAP, to ensure that families have adequate resources to meet their basic grocery needs. For over two decades, more than one-in-ten households have struggled to put enough food on the table.²⁵ In 2021, USDA estimated that 10.2% of all U.S. households were food insecure, meaning that 13.5 million households had difficulty at some time during the year providing food for all of their members because of a lack of resources.²⁶

WIC AND SNAP BENEFIT LEVELS COMPARED TO AVERAGE HOUSEHOLD GROCERY EXPENDITURES, 2019-2021³⁶



Household economic security is a critical determinant for food security, with more generous wage and employment policies associated with increased food security.²⁷ Families with children report higher rates of food insecurity in the U.S., in part due to the failure to adopt or renew pro-family economic policies like nationwide paid family leave and the expanded Child Tax Credit. In 2022, the Census Bureau estimated that 11.9% of households with children experienced food insecurity, with Black and Hispanic families being approximately twice as likely to be food insecure than white families.²⁸ These rates are likely to increase in the coming year as emergency allotments—a COVID-19 boost to the SNAP benefit—were phased out in March 2023.

Emergency allotments resulted in a \$92 per month increase to the SNAP benefit and reduced child poverty by 14%.²⁹

WIC’s food packages are tailored to supplement an individual’s overall diet and deliver key nutrients during a critical time of growth and development. Nonetheless, the additional resources provided through WIC have a pronounced impact on reducing hunger. In 2021, the average WIC benefit amounted to \$36 per month,³⁰ which constitutes only 6.8% of average household grocery expenditures.³¹ Even with this modest investment, WIC participation is associated with reduced household food insecurity,³² including a 20% reduction in the prevalence of child food insecurity.³³ WIC participation is also associated with longer-term reductions to food insecurity in later childhood and beyond. When WIC support is combined with the more generous SNAP benefit (approximately \$218 per individual per month³⁴), children participating in WIC are four times more likely to be food secure in adulthood.³⁵

The structure of WIC's benefit as a food prescription narrows disparities in food access for high-cost communities, including rural and remote households. With the exception of fruits and vegetables, all WIC foods are issued based on quantity (e.g., dozens of eggs, quarts of milk, pounds of whole grains, etc.).³⁷ The WIC benefit ensures that similar participants in different food environments will be able to access the same quantity of foods, easing the burden of high food costs and insulating WIC participants from food inflation. This effect was especially critical in 2022 as families navigated a 12% increase in grocery prices.³⁸ WIC families were therefore shielded from price increases in several food categories associated with healthy growth and development, including a 6.5% increase for seafood, a 16.4% increase for dairy, a 16.4% increase for cereals and whole-grain breads, and a 49.1% increase for eggs.³⁹

As WIC seeks to strengthen nutrition outcomes, expanding the value of the WIC benefit can also build food security for young children and bring the U.S. closer to being a hunger-free nation.

In 2021, Congress acted through the American Rescue Plan Act⁴⁰ and bipartisan appropriations process⁴¹ to increase WIC's fruit and vegetable benefit. The additional support is associated with improved nutrition outcomes. Sustaining the enhanced benefit also expanded the purchasing power of WIC families and mitigated the impacts of a 9.7% increase in fruit and vegetable prices.⁴² By 2022, USDA estimated that additional produce purchases contributed to a 33.8% increase in the average monthly value of the WIC benefit.⁴³

Closing gaps in WIC eligibility can also contribute to improved food security. Currently, children phase out of the program at their fifth birthday, regardless of whether they are enrolled in full-day kindergarten and receiving school meals. This gap in nutrition support for five-year-olds is associated with increased child food insecurity. If children had ongoing eligibility through the beginning of kindergarten, however, WIC could reduce child food insecurity by approximately 15 percent.⁴⁴ Likewise, enhanced nutrition support for postpartum participants is critical for replenishing micronutrients after pregnancy and addressing risk factors in the interpregnancy interval.

These eligibility extensions are included in the bipartisan Wise Investment in Our Children Act (WIC Act), which is championed by Senators Bob Casey (D-PA) and Susan Collins (R-ME) and Congresswomen Rosa DeLauro (D-CT) and Jenniffer González-Colón (R-PR).



BOLSTERING NUTRITION

WIC is more than a food assistance program, delivering a targeted nutrition intervention that is strengthened by public health programming that fosters healthier eating patterns. WIC's longtime public health nutrition mission complements Agriculture Secretary Tom Vilsack's transformative blueprint for nutrition security, a vision that recognizes the importance of ensuring consistent access to nutritious foods that promote well-being and prevent disease.⁴⁵

For more than two decades, the National WIC Association has been at the forefront of a shift in federal child nutrition programs to improve the healthfulness of food benefits and promote alignment with the DGAs. In 2009, WIC led the way among child nutrition programs in improving diet quality by implementing revised food packages that enhanced access to fruits, vegetables, and whole grains for millions of adult and child participants.⁴⁶ WIC's nutrition counselors reinforced the importance of utilizing these new benefits and helped encourage new shopping patterns that improved dietary quality within only a few years of the updated food packages being implemented.⁴⁷



“ At the Pueblo of Isleta WIC Program, we love our clients. We aim to close the nutrition disparities gap by working with our participants to identify barriers to healthy eating. **Our goal is to deliver meaningful nutrition education in a manner that helps empower them to overcome barriers and achieve their goals.** The pandemic has brought many challenges; however, providing encouragement and support remains our top priority. ”

— DEANNA TORRES WIC DIRECTOR • PUEBLO OF ISLETA

As a result of the revised food packages, WIC-enrolled children demonstrated improved diet quality and variety, including greater intake of red/orange vegetables, legumes, and whole grains,⁴⁸ lower consumption of whole milk and sugar-sweetened beverages,⁴⁹ and increased breastfeeding initiation.⁵⁰ Longer participation in WIC is also associated with improved diet quality, with children who participated in WIC into their third year having higher scores on the Healthy Eating Index compared to those who stopped participating after one year.⁵¹

WIC standards have also encouraged industry partners to improve the nutritional quality of their products, increasing access to healthier foods for the broader shopping public. The 2009 food package rules included a minimum standard that required WIC-authorized retailers to stock fruits and vegetables. This standard helped narrow disparities in healthy food access, particularly in communities of color.⁵² Earlier efforts incentivized food manufacturers to reformulate products, such as iron and sugar standards in breakfast cereals, yielding healthier products on the shelf for all consumers.⁵³

More than a decade later, USDA proposed new updates to the WIC food packages in 2022 that would build on this progress and further enhance dietary quality for WIC participants. Enhanced fruit and vegetable benefits, which have been in place since April 2021, are already associated with a quarter cup per day increase in fruit and vegetable consumption by WIC-enrolled children.⁵⁴ Other proposed updates would complement critical recommendations in the 2020-2025 DGAs, including enhanced access to seafood and stronger cereal standards to increase whole grain consumption among young children.⁵⁵

More recent steps to align WIC participants' diets with the DGAs were predated by WIC's decades-long efforts to improve infant feeding practices. Although the DGAs did not comprehensively address infant nutrition until a life-stages approach was adopted in 2020,⁵⁶ medical advice and recommendations from the American Academy of Pediatrics have long endorsed exclusive breastfeeding for six months.⁵⁷ Since 1998, WIC has increased breastfeeding initiation among enrolled families by 30%⁵⁸ and more than doubled the number of WIC mothers sustaining breastfeeding at twelve months.⁵⁹ WIC's comprehensive approach—including structural incentives and a blend of professional and peer support—has also proven effective at narrowing racial disparities in breastfeeding, particularly for Black and Indigenous families.⁶⁰

HEALTHIER OUTCOMES

WIC's targeted nutrition intervention yields significantly improved health outcomes, resulting in healthier futures and reduced healthcare costs in both the short- and long-term. In 2018, the Government Accountability Office (GAO) estimated that Medicaid and Medicare spent more than \$207 billion to treat chronic diet-related diseases like diabetes and cardiovascular disease⁶¹—approximately 15.3% of all Medicaid and Medicare spending.⁶² WIC's role in ensuring healthier birth outcomes and setting the stage for healthy child development and improved dietary quality more than doubles its return on investment—for every dollar spent on WIC, about \$2.48 is returned in healthcare cost savings.⁶³

Prenatal WIC participation has a well-documented record of improving birth outcomes, including reduced risk of preterm birth and low birthweight.⁶⁴ WIC support is more crucial than ever, as the U.S. reported a 4% increase in the preterm birth rate in 2021, marking the highest preterm

birth rate since 2007.⁶⁵ Prenatal WIC support is particularly critical to improving outcomes for high-risk infants⁶⁶ and decreasing health disparities among Black and Hispanic infants.⁶⁷ WIC’s strong record in improving birth outcomes is associated with a 16% reduced risk of infant mortality.⁶⁸

WIC participation can also improve health outcomes for pregnant and postpartum women. WIC’s targeted nutrition support is tailored to provide key nutrients that can mitigate the risk of adverse conditions during and after pregnancy, such as vitamin D, which reduces the risk of preeclampsia⁶⁹ and gestational diabetes⁷⁰. Improved nutrition outcomes among adult participants after the 2009 revisions are associated with reduced likelihood of more-than-recommended gestational weight gain.⁷¹ WIC’s targeted support can be leveraged to reduce the prevalence of risk factors that contribute to adverse maternal health outcomes, including maternal mortality and morbidity.⁷²

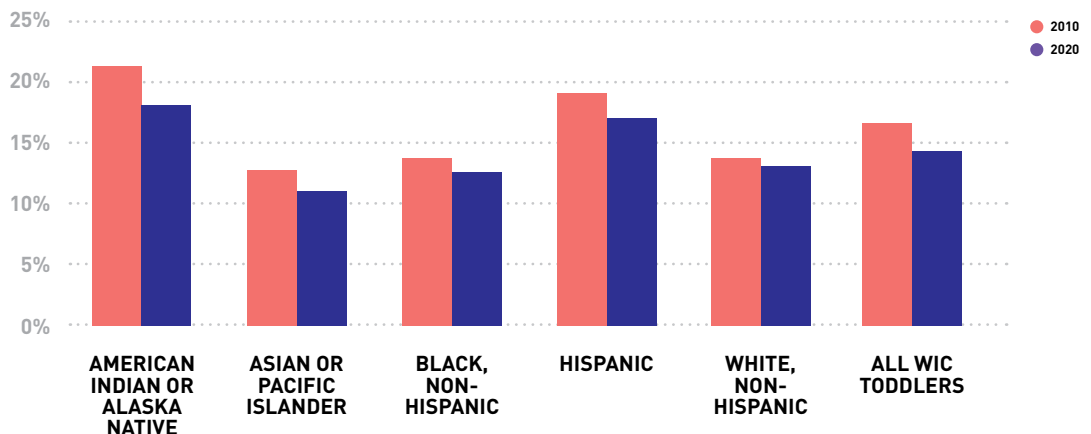
WIC’s nutrition support during pregnancy and the postpartum period complements recent efforts to improve access to maternal healthcare. In 2022, Congress authorized additional funding to support expansion of postpartum Medicaid from 60 days to one year—an initiative already embraced in 34 states.⁷³ The combination of access to healthcare and nutrition support is critical at mitigating substantial racial disparities in maternal health outcomes—particularly for Black and Indigenous women—and reducing the nation’s high rates of maternal mortality and morbidity.⁷⁴ Congress has explored additional, more comprehensive efforts to close racial disparities in maternal health outcomes through the Black Maternal Health Momnibus Act, championed by Congresswomen Lauren Underwood (D-IL) and Alma Adams (D-NC) and Senator Cory Booker (D-NJ). The Momnibus Act would extend WIC’s postpartum eligibility period to two years and include further investments in coordinating health information exchange between medical providers and WIC, diversifying WIC’s nutrition and lactation support workforce, and providing anti-bias trainings to WIC staff.

WIC participation also has substantial impacts on children, with improvements to child eating patterns after the 2009 revisions resulting in a reduction of the childhood obesity rate for WIC-enrolled toddlers.⁷⁶ Between 2010 and 2018, WIC-enrolled toddlers recorded a 9% decrease in childhood obesity.⁷⁷ This progress nearly halved the income-based obesity disparity between WIC-enrolled toddlers and all children ages 2-5,⁷⁸ while also disproportionately reducing childhood obesity rates among Hispanic (by 11%), Indigenous (by 12%), and AAPI (by 14%) toddlers.⁷⁹

As children with obesity are five times more likely to have adulthood obesity compared to children without obesity,⁸⁰ WIC’s efforts to improve child health outcomes are critical in reducing the approximately \$174 billion in healthcare costs associated with obesity.⁸¹

WIC participation is also associated with improved child health and development outcomes. WIC referral policies and the rapport built between a WIC counselor and family help connect families with the entire continuum of healthcare, resulting in improved utilization of routine medical care and dental visits.⁸² Through WIC’s nutrition and social support, participating children demonstrate improved cognitive development, reduced prevalence of attention deficit disorders, and lower behavioral problems at school entry.⁸³ In addition to improving children’s health, WIC works to enhance school readiness and ensure that children are ready to learn.

PREVALENCE OF OBESITY AMONG US CHILDREN AGED 2 TO 4 YEARS ENROLLED IN WIC, BY RACE OR ETHNICITY, 2010–2020⁷⁵





SPOTLIGHT

WIC'S ROLE IN STRENGTHENING INFANT NUTRITION



AS THE NATION'S LARGEST BREASTFEEDING SUPPORT PROGRAM, WIC WORKS TO ENSURE THAT ALL BABIES HAVE ACCESS TO THE NUTRITION THEY NEED TO GROW AND THRIVE.



In 2022, WIC families faced unprecedented challenges in navigating national infant formula shortages related to a product recall initiated by Abbott Nutrition, one of the largest formula manufacturers in the U.S. With expanded choice of infant formulas in the short-term and increased participant interest in sustained breastfeeding, **WIC providers worked to shift the landscape of infant feeding in the U.S. to address the immediate and long-term needs of families with infants.** With flexibilities expiring this spring, WIC will continue to champion a broader public health response to the aftermath of the shortages to comprehensively address the nutritional needs of infants.

SYSTEMIC BARRIERS IN INFANT FEEDING

The U.S. remains a global outlier in regards to infant feeding, having rejected international efforts to rein in infant formula marketing despite the nation's lower breastfeeding rates and deeply entrenched disparities.⁸⁴ Consistent with longstanding medical advice that human milk is the optimal source of infant nutrition and has health benefits for both mother and child,⁸⁵ WIC—with its

history of breastfeeding promotion and direct lactation support—is one of the few federal initiatives to address the systemic and structural barriers that inform parents' infant feeding options and choices. In the aftermath of the infant formula shortages of 2022, efforts to build a more resilient national infant feeding infrastructure will require renewed effort to dismantle systemic barriers to breastfeeding and reduce corporate influence in personal feeding decisions.

RACIAL DISPARITIES IN BREASTFEEDING

In 2020, in its first set of recommendations on infant feeding, the DGAs finally echoed longstanding medical consensus in recommending exclusive breastfeeding for the first six months of a child's life.⁸⁶ Fewer than one-in-four babies in the U.S. currently meet this recommendation.⁸⁷ Improving breastfeeding rates is a key federal public health priority, with the Healthy People 2030 Initiative specifically calling for the U.S. to boost exclusive breastfeeding at six months and breastfeeding duration at one year.⁸⁸

In 2011, the Surgeon General identified several structural barriers to breastfeeding, including lack of knowledge, lactation problems, social attitudes shaped by infant formula marketing, lack of family and social support, and

56%

WIC DRIVES THE MAJORITY OF INFANT FORMULA PURCHASES IN THE U.S.⁸⁹

47.42%

ABBOTT HAD THE LARGEST WIC MARKET SHARE AT BEGINNING OF RECALL⁹⁰

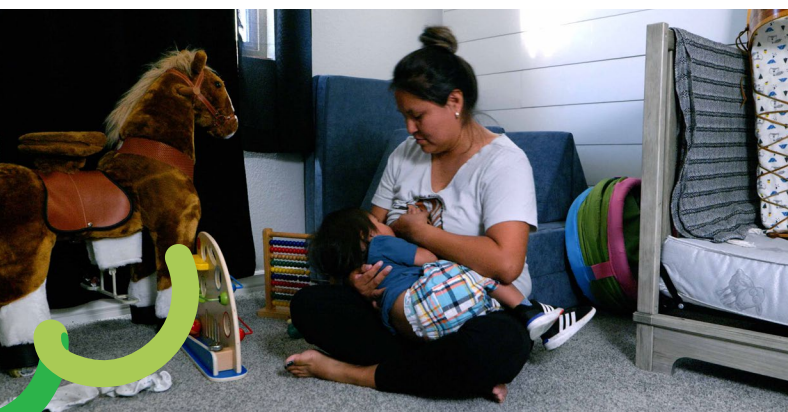
14.6%

MORE WIC INFANTS BREASTFED DURING THE RECALL⁹¹

unsupportive workplace environments.⁹² WIC works to address many of these barriers for participating families through a combination of professional lactation support and peer counseling, which has proven effective at boosting breastfeeding initiation,⁹³ duration,⁹⁴ and exclusivity.⁹⁵

WIC's peer support, in particular, can help build breastfeeding confidence and buy-in from family members and communities that lack trust in or have been marginalized by the healthcare system.⁹⁶ Historic injustices and structural barriers inform racial and ethnic disparities that affect breastfeeding success, with Black and Indigenous women routinely reporting lower rates across all three breastfeeding metrics than the general population and Hispanic women reporting lower rates of breastfeeding duration and exclusivity.⁹⁷

The intergenerational trauma of wet-nurse practices during slavery and experimentation on Black women by white physicians contributes to lower breastfeeding rates among Black women.⁹⁸ In the mid-twentieth century, Black women—who disproportionately worked outside of the home—were targeted by corporate marketing that associated infant formula with upward mobility and home ownership.⁹⁹ In addition to targeted advertising, inequitable workplace¹⁰⁰ and hospital policies¹⁰¹ continue to impact Black women's breastfeeding success. Significant gaps in breastfeeding outcomes between U.S.-born and foreign-born Black women underscore how the complex legacy of the Black American experience informs contemporary interest in breastfeeding.¹⁰²



Between 2012 and 2019, Black women reported a 12% lower rate of breastfeeding initiation than the general population, 11% lower rate of sustained breastfeeding at one year, and 7% lower rate of exclusive breastfeeding at six months.¹⁰³ WIC works to narrow these disparities, with Black WIC participants over 4% closer to the average initiation rate for WIC participants and over 6% closer to the average duration rate at twelve months for WIC participants.¹⁰⁴

With 33 Indian Tribal Organizations directly administering WIC services, frontline WIC providers work to close disparities in Indigenous breastfeeding outcomes. Indigenous WIC participants are more likely to breastfeed and continue breastfeeding at twelve months than the average WIC participant.¹⁰⁵ This stands in contrast to general population data, as American Indian women reported a 7% lower rate of breastfeeding initiation than the general population between 2012 and 2017, 9% lower rate of sustained breastfeeding at one year, and 5% lower rate of exclusive breastfeeding at six months.¹⁰⁶

WIC's community-based approach and Tribally-administered model build trust and ameliorate systemic barriers to breastfeeding in Indigenous families.

Indigenous communities were impacted by federal policies that disrupted Tribal traditions and the passage of infant feeding customs between families and generations—including urbanization programs, forced assimilation in government and parochial schools, and the primacy of the Indian Health Service (IHS) over independent Tribal health systems.¹⁰⁷ Indigenous families were also targeted by corporate advertising that promoted infant formula, with messages that associated breastfeeding with the poverty of reservations¹⁰⁸. One of the most prominent public marketing campaigns for infant formula in the mid-twentieth century featured four Black-Cherokee children.¹⁰⁹

Disparities in breastfeeding outcomes cannot be addressed without acknowledging systemic injustices that continue to shape contemporary infant feeding preferences. WIC's personalized support, informed by peer counselors drawn from the same community as participating families, builds a rapport that strengthens community support for new mothers and is responsive to cultural, familial, and community barriers. WIC's record of narrowing breastfeeding disparities in marginalized communities is a positive step in strengthening equitable health outcomes for children of color.

INFANT FORMULA PROMOTION

Overall breastfeeding rates and persistent racial and ethnic disparities in breastfeeding outcomes are shaped by a history of aggressive and targeted promotion of infant formula through corporate advertising and policies in


“ As a Breastfeeding Peer Counselor, I am glad that WIC prioritizes breastfeeding so that more mothers recognize its importance and receive the support they need to reach their breastfeeding goals. ”



— KIMBERLY WILLIAMS BREASTFEEDING PEER COUNSELOR • BUNCOMBE COUNTY, NORTH CAROLINA

hospitals and other healthcare settings. In 1981, the World Health Organization (WHO) adopted the International Code on Marketing of Breast-milk Substitutes to curb these practices and center human milk as the optimal source of infant nutrition. Although the U.S. has not endorsed the International Code and has not yet adopted federal policies to rein in infant formula promotion, WIC providers have been at the forefront of efforts to implement breastfeeding-friendly policies at the local level.

Throughout the early twentieth century, the emerging formula industry worked with the medical community to approve, manufacture, and distribute human milk alternatives.¹¹⁰ Commercial milk-based formulas, and the manufacturing capacity to produce these formulas outside of hospital laboratories, gained prominence in the U.S. in the 1950s, with the majority of infants using formula by 1963.¹¹¹



The decades-long dynamic between the emerging formula industry and medical community contributed to a national decline in breastfeeding and undermined physician messaging that continued to emphasize the health benefits of breastfeeding.¹¹²

Commercial formulas became widely available at a time when a larger share of women were entering the workforce. More than one-third of adult women were doing paid work outside of home in the aftermath of the Second World War, and the rate kept rising for several decades—with a majority of adult women employed by 1980.¹¹³ As household dynamics shifted, infant formula companies aggressively marketed their products with an increasing level of sophistication, pitching formula as a convenience and a sign of upward mobility and affluence for lower- and middle-class families.¹¹⁴ When white women began to turn away from formula feeding in the postwar period, infant formula became one of the few products with specialized marketing campaigns that targeted Black consumers with tailored messaging.¹¹⁵

From the beginning, infant formula companies sought to equate their product with human milk and overstate the benefits of their product. Early advertisements

misleadingly suggested that formula provided greater nutrition for infants than human milk.¹¹⁶ Without the federal regulation that is common in other countries that have implemented the International Code, misleading claims can still be found on labels and packages in the U.S. market. Infant formulas will regularly include claims, without adequate evidentiary basis, that specific formulations will either improve digestion by reducing fussiness, gassiness, or colic, or improve overall health outcomes by leading to better brain or immune system development.¹¹⁷ In a review of contemporary marketing messages, only 16% of infant formula advertisements cited clinical studies to demonstrate the efficacy of their claims.¹¹⁸

The international community could no longer ignore the improper practices of the infant formula companies when focused marketing in low- and middle-income countries resulted in a spike in infant mortality related to waterborne pathogens. In 1981, approximately 66,000 infant deaths were associated with the rise in infant formula usage in low- and middle-income countries.¹¹⁹ That same year, the WHO adopted the International Code in order to encourage nations to implement new laws regulating the labeling of infant formulas, regulate promotion of infant formulas in healthcare settings and to the general public, and improve public understanding and education about infant feeding.¹²⁰

As a result of the International Code, many nations adopted common-sense regulations of human milk substitutes, such as prohibitions on free infant formula samples to pregnant women and limitations on nutrition and health claims on package labels.¹²¹ The U.S. has failed to take similar action. In 2015, infant formula companies spent \$10 million to advertise their products, with nearly 80% of advertising touting “gentle” formulas.¹²² Infant formula companies are also increasingly leveraging social media and data mining to directly advertise to pregnant women and new mothers, including mailing unsolicited samples directly to homes.¹²³ These practices are associated with reduced breastfeeding success, including decreased exclusivity of breastfeeding.¹²⁴ As a consequence of federal inaction to implement the International Code, the U.S. Food and Drug Administration (FDA) and other federal entities lack adequate authority to meaningfully regulate inappropriate promotional practices.

In the absence of federal action, the Baby-Friendly Hospital Initiative has worked since 1991 to improve hospital practices and accredit facilities that align with the standards outlined by the International Code. Over 600 facilities have since been designated Baby-Friendly, accounting for more than 28% of births in the U.S.¹²⁵

WIC providers have worked closely with hospitals and healthcare facilities to facilitate Baby-Friendly designation. Often, WIC breastfeeding staff support facilities in counseling new mothers, training healthcare workers on lactation, and coordinating discharge to ensure ongoing lactation support. Facilities with Baby-Friendly policies in place are associated with higher rates of in-hospital exclusive breastfeeding.¹²⁶ To help close racial disparities in breastfeeding, Baby-Friendly has prioritized high-impact facilities such as Mississippi hospitals and the IHS.

WORKPLACE POLICIES

Sustained breastfeeding is often challenged by a return to the workplace. WIC-eligible women are likely to be employed and return swiftly to work, with approximately 77% of women living below the Federal Poverty Line holding a job.¹²⁷ Many low-income women lack access to supportive workplace policies such as paid family and medical leave and may not have the resources to sustain unpaid time off. These workplace dynamics clearly impact breastfeeding duration among WIC participants: within the first three months, WIC mothers report a 39% decrease in breastfeeding rates compared to a 14% decline in the general population.¹²⁸

Pro-family workplace policies translate to improved breastfeeding outcomes. While time home with baby is critical for sustaining breastfeeding,¹²⁹ organizational and managerial support for pumping at the workplace is associated with improved job satisfaction and higher rates of exclusive and non-exclusive breastfeeding.¹³⁰ Workplace lactation support programs, including return-to-work consultations, can likewise improve the duration of both exclusive and non-exclusive breastfeeding.¹³¹

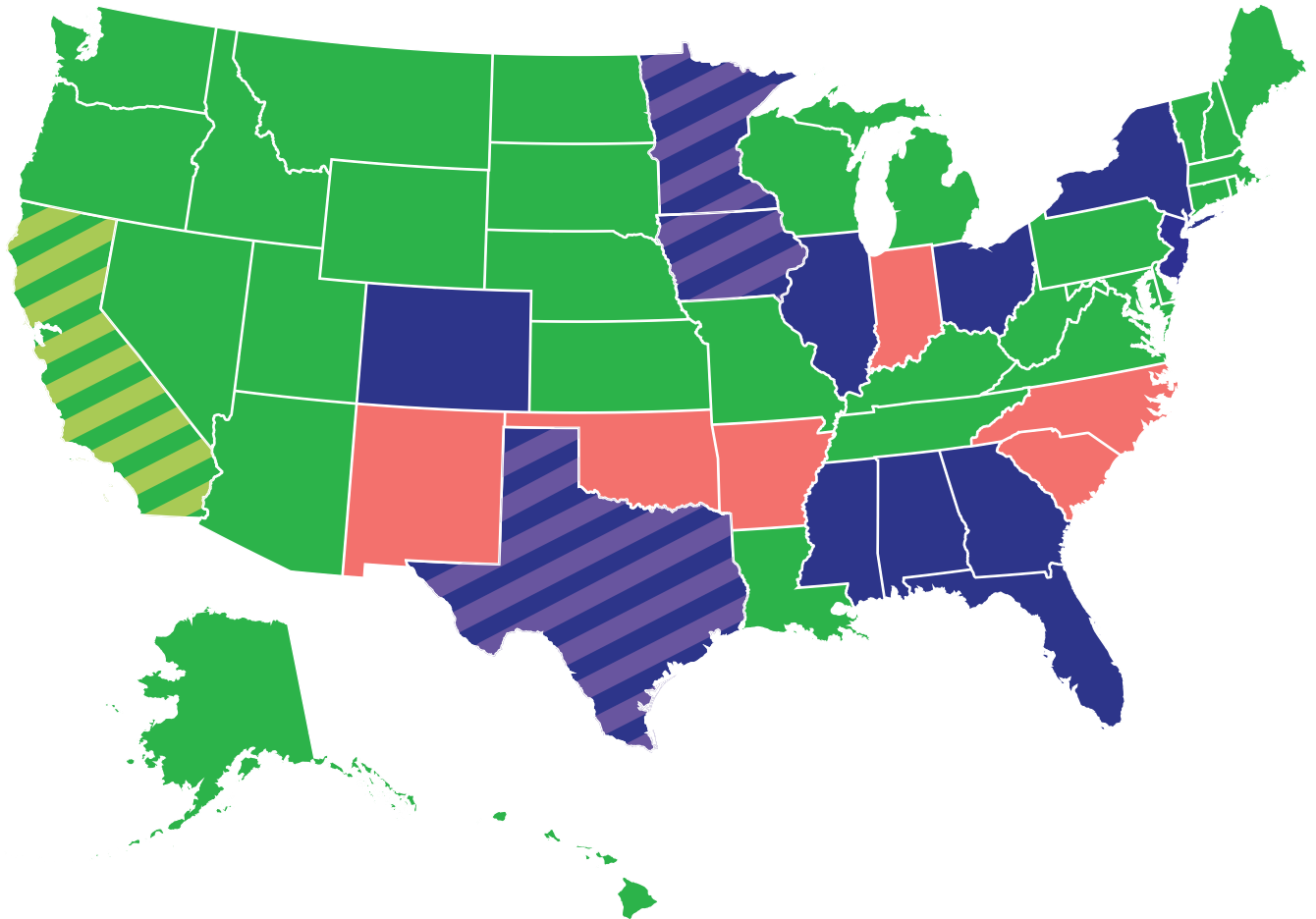
In December 2022, President Biden signed the PUMP for Nursing Mothers Act into law.¹³² This legislation will close a gap for nine million workers by extending requirements that private employers provide reasonable break time and a private, non-bathroom space to pump breast milk. The National WIC Association worked in partnership with public health advocates and the business community to champion this legislation, which was sponsored by Senators Jeff Merkley (D-OR) and Lisa Murkowski (R-AK) and Congresswomen Carolyn Maloney (D-NY) and Jaime Herrera Beutler (R-WA). As many low-income women were left out of prior employer regulations, the PUMP for Nursing Mothers Act should have a significant impact on improving the workplace conditions for breastfeeding WIC participants who have returned to work.



INFANT FORMULA ACCESS FOR WIC FAMILIES

Despite structural and systemic barriers, WIC works to strengthen breastfeeding outcomes and support any intensity of breastfeeding. For mothers who cannot or choose not to breastfeed, WIC ensures access to scientifically-recommended amounts of safe infant formula so that every baby will have the nutrition needed to grow and thrive. WIC's system for containing infant formula costs, enacted in 1989, was significantly challenged by the shortages stemming from Abbott Nutrition's recall in February 2022. As short-term flexibilities expire this spring, WIC families will be challenged by limited choice. This transition provides an opportunity to reimagine WIC's role in strengthening infant feeding outcomes that requires careful consideration of impacts on the program, the broader market, and breastfeeding outcomes.

WIC PARTICIPANT ACCESS TO INFANT FORMULA BRANDS BY STATE CONTRACTS¹³³



ABBOTT ●

- ALASKA
- HAWAII
- WASHINGTON
- OREGON
- IDAHO
- NEVADA
- UTAH
- ARIZONA
- WYOMING
- MONTANA
- NORTH DAKOTA
- SOUTH DAKOTA
- NEBRASKA
- KANSAS
- LOUISIANA
- MISSOURI

- WISCONSIN
- MICHIGAN
- KENTUCKY
- TENNESSEE
- WEST VIRGINIA
- VIRGINIA
- WASHINGTON, D.C.
- MARYLAND
- DELAWARE
- PENNSYLVANIA
- CONNECTICUT
- RHODE ISLAND
- MASSACHUSETTS
- NEW HAMPSHIRE
- VERMONT
- MAINE

MEAD JOHNSON ●

- COLORADO
- ILLINOIS
- OHIO
- NEW YORK
- NEW JERSEY
- GEORGIA
- ALABAMA
- MISSISSIPPI
- FLORIDA

GERBER ●

- INDIANA
- NORTH CAROLINA
- SOUTH CAROLINA
- ARKANSAS
- OKLAHOMA
- NEW MEXICO

TRANSITIONED FROM ABBOTT TO MEAD JOHNSON DURING RECALL ●

- TEXAS
- MINNESOTA
- IOWA

TRANSITIONED FROM MEAD JOHNSON TO ABBOTT DURING RECALL ●

- CALIFORNIA

WIC CONTRACTING

From its inception as a recommendation to “supplement the diets of pregnant women and infants” in the 1969 White House Conference report, WIC has played a significant role in ensuring that low-income families have access to infant formula. In the first decade of program administration, infant formula companies quickly realized the potential to maximize receipt of federal funds, and the price of infant formula soared at a rate well above inflation.¹³⁴ In 1989, Congress required that all State WIC Agencies employ a sole-supplier contracting model to contain federal costs.¹³⁵

Under the sole-supplier contracting model, infant formula companies competitively bid to offer rebates to the State WIC Agency in order to obtain the exclusive rights to provide infant formula to that State Agency’s WIC participants. Infant formula companies aggressively pursue State WIC contracts, as holding a WIC contract is associated with prominent shelf space and product placement that can drive both WIC and non-WIC purchases in retail stores.¹³⁶ Obtaining a WIC contract can have swift and immediate impacts for the winning company by increasing the market share of all products (including non-WIC formulas and toddler formulas) and has also been associated with price increases that seek to make up the losses associated with selling WIC formulas at below-cost through other consumers.¹³⁷

In addition to containing federal costs, the sole-supplier contracting model is associated with expanded capacity for WIC services. When contracting was first adopted, WIC did not have adequate federal appropriations to serve all eligible individuals and had been using waiting lists to maximize available funding. In the first two years of contracting, WIC generated rebate savings of about \$326 million.¹³⁸ These savings helped underscore a bipartisan consensus, in place since 1997, to fund WIC at sufficient levels to serve all eligible individuals, eliminating the need for waitlists that narrowed the public health impacts of WIC support.

In fiscal year 2021, infant formula contracting generated an estimated \$1.6 billion in federal savings. However, this figure does not account for administrative costs associated with managing the bid solicitation and procurement process.¹³⁹

Only a few large companies have participated in the WIC contracting process and, since the mid-1990s, only three companies have held WIC contracts—Abbott, Mead Johnson, and Nestlé Gerber.¹⁴⁰ The infant formula sector was highly concentrated at the beginning of WIC contracting, and introduction of the sole-supplier model has not seemed to exacerbate overall market consolidation. However, the scale of production needed to fulfill a WIC contract—including requirements that the contract-holder manufacture all three forms of infant formula (powder, liquid concentrate, and ready-to-feed)—may serve as a barrier to market entry for smaller and newer companies.

As a cost-containment measure, WIC contracting has been a successful strategy over the past three decades. The rebates secured by State WIC Agencies ensure that there is adequate food funding to serve all eligible individuals and better align the federal costs expended on infant formula to reflect actual issuance. Even before the recent increase in fruit and vegetable issuance, USDA estimates that more federal funds were connected with fruit and vegetable purchases than infant formula purchases.¹⁴¹ Starting in fiscal year 2018, infant formula cost containment resulted in Congress rescinding unspent rebate funds initially appropriated to WIC to support other initiatives.

IMPACTS OF ABBOTT’S RECALL

Despite the documented success of cost-containment, limitations of the WIC contracting model required a substantial departure from three decades of program operations to serve the basic nutritional needs of infants during Abbott Nutrition’s recall. The unprecedented scale and duration of Abbott’s production challenges necessitated enactment of state contract flexibilities, USDA waivers of select federal regulations, and newly enacted laws to reduce inequities for WIC participants as all shoppers struggled to find infant formula on the retail shelf. After over a year of expanded choice, WIC providers are concerned that the upcoming expiration of flexibilities will have a pronounced impact on WIC’s ability to meaningfully serve families with infants.

Abbott Nutrition announced the recall in mid-February 2022 after the FDA identified *Cronobacter* contamination in its Michigan production facility and finished product, which was potentially linked with multiple cases of infant illness and death. *Cronobacter* is not a reportable pathogen under FDA regulations, but FDA identified several safety violations in the Michigan facility that necessitated swift suspension of all production. As a result, retailers cleared nearly all Abbott product from the shelves without any

indication of when Abbott could fill the gap in distribution. This posed a significant challenge for WIC families, as 47.4% of WIC infants lived in states with State Agencies that contracted with Abbott, and several specialty formulas were exclusively manufactured at Abbott's Michigan plant.¹⁴²

Almost immediately, WIC contracting demonstrated its inflexibility. State WIC contracts require that participants redeem a designated primary brand of infant formula (e.g., Similac Advance) unless there is a medical reason to depart from the contract formula. Given the shortage of available contract formula, individual states had to negotiate contract flexibility with Abbott Nutrition and then obtain waivers from USDA to shift participants to non-contract formula without documentation from healthcare professionals. With this flexibility, Abbott-contracting states were able to add competitor product—such as Enfamil or Gerber—to their State WIC lists.



As states hold the contracts with infant formula companies, allowable options and available flexibilities varied from state-to-state and complicated a unified, national message to WIC families. Furthermore, USDA was only able to issue waivers because of ongoing COVID-related authorities; if the formula recall had occurred

outside the context of a global pandemic, USDA would have had fewer tools to respond to the crisis.

In May 2022, Congress passed the Access to Baby Formula Act, sponsored by Congresswomen Jahana Hayes (D-CT) and Michelle Steel (R-CA).¹⁴³ This legislation ensures that USDA has broader and permanent waiver authority to respond to emergencies, disasters, and product shortages, and it requires FDA to more comprehensively coordinate with USDA in the event of future infant formula shortages.

Notably, the Access to Baby Formula Act requires that future and renewed sole-supplier contracts include proactive terms that stipulate remedies in the event of an infant formula shortage.

For nearly a year, Abbott Nutrition voluntarily covered the cost of alternative formulas, meaning that Abbott Nutrition took a financial loss by paying WIC rebates for other companies' formulas. This step ensured broader access to available infant formulas for WIC families, but the option was only available through an agreement with the infant formula company. If corporate actors had taken different positions in this crisis, State WIC Agencies would have been constrained in their ability to provide alternatives to WIC families, and unforeseen costs might have been incurred by state governments or even directly by families. Although the Access to Baby Formula Act requires State contracts to include certain safeguards, it remains unclear whether upcoming contracts will obligate corporate actors to cover rebate costs in future shortages.

With Abbott's Michigan facility taking several months to reopen, the spillover effects necessitated a different approach in states that did not contract with Abbott. In those states, the infant formula company holding the contract allowed for states to exercise a contract flexibility to allow alternative brands to be redeemed by WIC families, but those companies did not cover the cost. USDA stepped in and provided additional federal funding to ensure that other brands could be offered to WIC

families without passing unforeseen costs on to state governments. This brand flexibility—across all State Agencies—expired on February 28, 2023, kicking off a four-month phase-out of formula flexibilities.

Among the brand options that were available through contract flexibilities were foreign formula brands that were imported for the first time to the U.S. under FDA exception authority. Formulas such as Bubs Australia and Kendamil were stocked on American shelves through a White House initiative called Operation Fly Formula, utilizing military planes to ship formulas closer to retailer distribution sites. Although FDA has announced that several foreign formulas can remain in the domestic market until October 2025, WIC brand flexibility to purchase such formulas still expires in February 2023.

As WIC adapted swiftly to ensure adequate access to infant formula, frontline providers reported significant participant interest in breastfeeding—including increased intention to breastfeed among pregnant

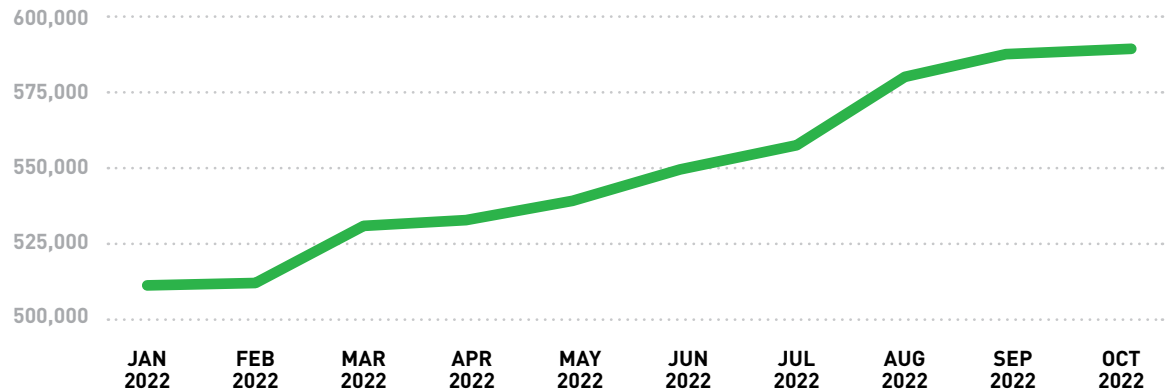
participants, efforts to resume breastfeeding among some postpartum women, and increased dedication to sustained and exclusive breastfeeding.

In the first seven months of the recall, WIC recorded a 14.6% increase in the total number of breastfed infants, including a 23.4% increase in fully breastfed infants.¹⁴⁴

Notably, WIC also recorded a substantial shift in the proportion of infants who are breastfed. 40.7% of WIC infants were breastfed¹⁴⁵ in September 2022—an all-time program high.¹⁴⁶



TOTAL NUMBER OF WIC INFANTS BREASTFED DURING INFANT FORMULA SHORTAGES, JANUARY-OCTOBER 2022¹⁴⁷



REIMAGINING THE LANDSCAPE

As WIC formula flexibilities are phased out, families will feel the constraints of WIC's contracting model with diminished infant formula choice. In this next phase of the response to 2022's shortages, WIC can promote broader public health solutions that build on the results of the last year to strengthen breastfeeding outcomes and reduce corporate influence in infant feeding decisions.

Any changes to WIC's contracting model must carefully consider the impacts on participating families, including program access. Sole-supplier contracting has been a successful cost-containment strategy, ensuring that families can access infant formula and that all eligible individuals can access WIC without sharp increases to federal investment. Yet, as the past year has demonstrated, it may be possible for WIC to reimagine its procurement model to provide greater choice and reduce the administrative burden on State Agencies. The National WIC Association, however, is firmly opposed to any policy changes that would sacrifice access to WIC services or reinstate waiting lists. The National WIC Association also opposes procurement models that would put WIC in the middle of corporate competition or inflate the retail price of infant formula for both the taxpayer and the general shopper.

The U.S. has stood on the international sidelines for too long, and it is time to ratify the International Code and take meaningful steps to change the infant feeding landscape. FDA should be empowered to regulate the efficacy of claims on infant formula labels and rein in infant formula marketing and promotions in healthcare settings.

Finally, the healthcare sector must work with community partners to scale up infrastructure to support donor milk collection and processing. As human milk is the optimal source of infant nutrition, donated milk that is safely screened and processed can be used to support the nutritional needs of babies in neonatal intensive care units and, if supply is available, distributed to families who cannot breastfeed. If empowered with new statutory flexibilities, WIC Agencies are uniquely positioned to serve as donor milk drop-off sites and partner with milk banks to process donor milk. In October 2022, Congresswomen Chrissy Houlahan (D-PA), Maria Salazar (R-FL), and Stephanie Bice (R-OK) introduced the Access to Donor Milk Act, which would authorize WIC funding to support donor milk collection activities.

As WIC finds a new balance with infant formula, policymakers must also act urgently and swiftly to bolster lactation support.



CHAPTER 2

BUILDING NUTRITION SECURITY THROUGH WIC FOOD PACKAGES

EFFORTS OVER THE PAST DECADE TO STRENGTHEN THE SCIENTIFIC BASIS FOR WIC-APPROVED FOODS HAVE ENHANCED THE PROGRAM'S OVERALL PUBLIC HEALTH IMPACTS.



Improvements to diet quality, retail food environments, and childhood obesity rates since the 2009 food package updates demonstrate the importance of honoring nutrition science and leveraging WIC's targeted benefit to maximize nutrition outcomes for participating families. **In November 2022, USDA proposed long overdue updates to the WIC food packages that build on congressional efforts to bolster the value of the WIC benefit and a comprehensive scientific record that encourages further alignment of WIC-approved foods with the DGAs.** If finalized, more robust WIC food packages that provide a greater diversity of nutritious foods will amplify WIC's efforts to build nutrition security among families with young children.

SCIENTIFIC BASIS OF USDA'S PROPOSED FOOD PACKAGES

The 2009 updates represented the first comprehensive revision to the WIC food packages in nearly three decades.¹⁴⁸ Encouraged by USDA's deliberate, science-based process, Congress required that USDA conduct new reviews of the WIC food packages each decade in the Healthy, Hunger-Free Kids Act of 2010.¹⁴⁹ USDA's

updates provide the regulatory framework for which foods can be WIC-approved; however, State WIC Agencies maintain significant discretion within the regulatory guardrails in approving specific products for redemption with WIC benefits.¹⁵⁰

INDEPENDENT REVIEW PROCESS

In both the 2009 updates and the unfolding regulatory process, USDA relied on an independent process to evaluate opportunities for the WIC food packages to decrease the disparity between WIC participants' dietary intake and the recommendations for dietary intake set by the DGAs. The 2009 updates were informed by a multi-year review by the Institute of Medicine,¹⁵¹ whereas the current proposals reflect a multi-year process of the National Academies of Sciences, Engineering, and Medicine (NASEM).¹⁵² Although USDA did not act on the NASEM recommendations for nearly six years, the underlying science of the NASEM report continues to conform with the historic life-course analysis of the 2020-2025 DGAs.¹⁵³ This life-course analysis includes specific recommendations for dietary intake at critical periods, including early childhood.



FRUIT AND VEGETABLE BUMP IMPROVES MONTHLY VALUE OF WIC FOOD PACKAGE BY 33.8%¹⁵⁴



4.9 MILLION WIC PARTICIPANTS BENEFIT FROM INCREASED FRUIT AND VEGETABLE ISSUANCE¹⁵⁵



55.3% MORE WIC PARTICIPANTS WILL RECEIVE SEAFOOD EACH MONTH¹⁵⁶

SUMMARY OF USDA'S PROPOSED CHANGES TO WIC FOOD PACKAGES¹⁵⁷



FRUITS AND VEGETABLES

Permanent increase to the Cash Value Benefit (CVB) from \$9 for children and \$11 for women to \$25 for children and \$44-49 for women

Reduce juice to 64 ounces and allow for substitution of full juice benefit for \$3 added CVB

Require WIC-authorized vendors to **stock at least three forms of vegetables**

Allow substitution of jarred infant fruits/vegetables for additional CVB



SEAFOOD

Seafood added across child (ages 2-4) and adult food packages



WHOLE GRAINS

Boost whole grain issuance across all adult categories (from 1-4 pounds)

Require all cereals to **meet whole grain standards**

Add cultural grain options, including quinoa, teff, corn meal, and whole wheat naan



DAIRY

New substitution patterns to **allow greater flexibility** to redeem yogurt, cheese, and tofu

Reduce issuance of fluid milk, largely in adult food packages, to **better align with science-based guidelines**

Stronger standards for yogurt, including **sugar limits** and vitamin D specifications

Create pathway to approve nutritionally comparable **dairy alternatives** (e.g., plant-based)



PACKAGE SIZES

Package and container **size flexibility across all food categories** (except for infant formula)

The requirement that a scientific review precede regulatory activity is critical to ensure the nutritional integrity of the food packages. In 2009, following the recommendations of the Institute of Medicine, USDA introduced new food categories for the first time—including fruits, vegetables, and whole grains.¹⁵⁸ However, as Congress did not appropriate additional funding to bolster the value of the WIC food packages, the addition of new nutritious foods required reductions in the issuance of other food categories.¹⁵⁹ WIC has always been supplemental: the program's targeted approach is not intended to deliver the full nutrient needs of individual participants. With limited resources, the WIC food packages must be carefully balanced to reflect the scientific consensus of how best to maximize intake of priority nutrients and ensure healthier outcomes during pregnancy, infancy, and early childhood.

This approach was consistent throughout the 2017 NASEM review, which recognized that greater balance across food categories would strengthen the healthfulness of eating patterns and help participants better align their diets with DGA-recommended intake.¹⁶⁰ Balance across food categories is especially critical for WIC's target population, as repeated and early exposure to new foods and flavors can shape a child's taste acceptance and preferences, thus influencing eating patterns later in life and extending WIC's public health impacts beyond the duration of program eligibility.¹⁶¹ The current food packages include wide disparities in issuance: some food packages issue

categories in excess of total DGA-recommended intake (e.g., dairy, peanut butter), while other categories are not even issued across all food packages (e.g., seafood).¹⁶² Similar to the 2009 revisions, the 2017 NASEM panel recommended that food categories issued at higher-than-supplemental amounts be reduced to increase issuance of categories like fruits, vegetables, seafood, and whole grains.¹⁶³ These recommendations reflect population-level trends of underconsumption of key food groups that are critical to health promotion and disease prevention.

By expanding the WIC food packages to cover more of these food categories, WIC will have an even greater impact on reducing chronic diet-related disease.

NASEM's review was based on the 2015-2020 DGAs, and USDA's proposed updates reconcile NASEM's recommendations with the latest edition of the DGAs issued in December 2020.¹⁶⁴ This is especially critical because the 2020-2025 DGAs was the first edition of the federal guidelines to include life-stage nutrition advice for pregnancy, lactation, and infancy. Publication of the 2020-2025 DGAs affirmed the rigorous scientific review of

the NASEM panel, as many core recommendations were affirmed by the new DGA guidance—including support for exclusive breastfeeding through six months,¹⁶⁵ the importance of seafood for WIC’s target population,¹⁶⁶ and even sharper limits on added sugars, sodium, and saturated fats throughout WIC’s food packages.¹⁶⁷ The DGAs reiterated other longstanding recommendations that informed the NASEM review, including guidance to make half of all grains¹⁶⁸ whole grains and preferences for low-/non-fat dairy¹⁶⁹ and whole fruit in lieu of fruit juice.¹⁷⁰

INCREASED INVESTMENT

The 2017 NASEM report was required to design proposed food packages that were “cost-neutral,”¹⁷¹ which precluded the expert panel from reaching its science-based targets in several food categories.¹⁷² NASEM indicated that any additional WIC funding should be directed to enhancing the Cash Value Benefit (CVB) for fruits and vegetables,¹⁷³ while also noting that WIC did not currently have adequate resources to provide seafood to all adult and child participants every month¹⁷⁴ and to substantially boost whole grain intake.¹⁷⁵

WIC’s decades-long adherence to cost-neutrality has undermined the program’s public health reach by diminishing participants’ purchasing power. When WIC was established, the average monthly benefit in the 1970s was approximately \$20 across four food categories for adults and children: milk/cheese, cereal, juice, and eggs.¹⁷⁶ The overall value of the benefit was not increased when new food categories were added in the 2009 food package changes, resulting in reduced issuance in several food categories. If the WIC food packages were adjusted for annual inflation to maintain the same purchasing power for WIC families, the total value of the food benefit would

be over \$100 today.¹⁷⁷ Instead, the average WIC benefit in 2021 was only \$35.58 across eight food categories for adults and children.¹⁷⁸

The minimal growth in the WIC benefit over four decades has done little to counteract the rising price of groceries for families. The WIC benefit in 2021 amounts to only 6.8% of the average household grocery budget in 2021,¹⁷⁹ whereas the average WIC benefit in 1980 accounted for 17.7% of the average household grocery budget.¹⁸⁰

In 2021, Congress took a step toward correcting this imbalance through the American Rescue Plan Act¹⁸¹ and bipartisan appropriations process.¹⁸² Drawing on the 2017 NASEM Report,¹⁸³ Congress enhanced the value of the WIC fruit and vegetable benefit for nearly five million women and child participants. This departure from cost-neutrality demonstrated the untapped potential of the WIC benefit. For example, children had only received \$9 per month for fruits and vegetables, and the NASEM panel only had enough resources to recommend a small increase to \$12 month. In departing from cost-neutrality, Congress ensured that participating children could receive \$25 per month—the NASEM panel’s target value, which constitutes half of DGA-recommended intake.¹⁸⁴

By 2022, USDA estimated that additional produce purchases contributed to a 33.8% increase in the average monthly value of the WIC benefit.¹⁸⁵



“As a mom of three kiddos, the increase in the WIC fruit and vegetable benefit helps my family keep fresh and healthy food on our table. I’ve brought home new fruits and vegetables to try and even used the added value to make homemade baby food for my youngest. **We love the variety of foods available in both the fruit and vegetable benefit and the broader food package,** as we know that WIC is always mindful of all of the nutritious food groups my children need to grow and thrive.”

— VALERIE FROST WIC MOM • KENTUCKY

USDA’s proposed updates reflect this Congressional intent and bolster the WIC benefit as a core nutrition security strategy.¹⁸⁶ In addition to codifying the enhanced values for fruits and vegetables, the proposed updates would also ensure monthly issuance of seafood for an additional 55.3% of the WIC population (children ages 2-4 and all women participants) and boost whole grain issuance for adults.¹⁸⁷ These departures from cost-neutrality fulfill NASEM’s vision for more balance across food categories and positions the revised food packages to more proactively tackle intake disparities across the WIC-eligible population.

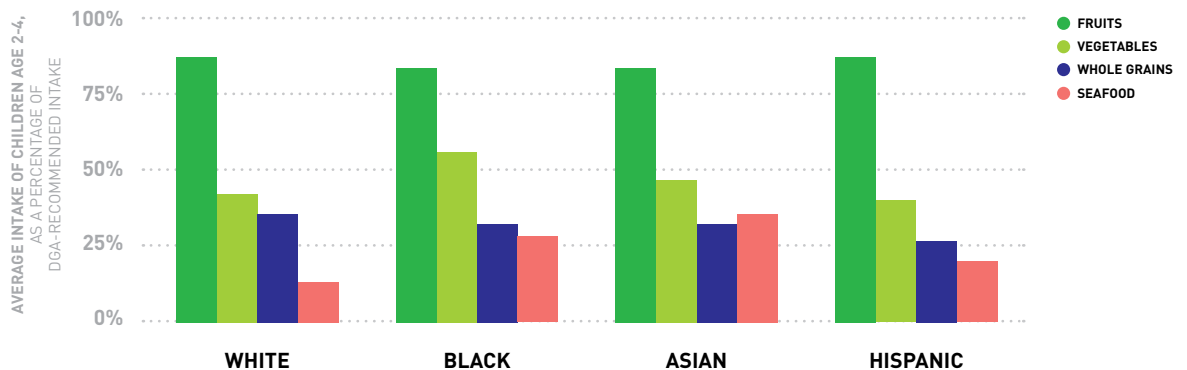
BOOSTING INTAKE FOR HEALTHIER DIETS

WIC’s targeted support is an effective nutrition security strategy, providing pathways for participating families to build healthier eating patterns. As USDA’s proposed updates boost issuance across core food categories, WIC can support families in reaching science-based targets and closing gaps in consumption and nutrient intake that inform nutrition and health disparities, particularly among low-income families and communities of color.

FRUITS AND VEGETABLES

The historic bump in WIC’s fruit and vegetable issuance has the potential to be made permanent in USDA’s current review. USDA has proposed maintaining fruit and vegetable issuance at levels set by Congress in fall 2021, which reflect NASEM’s science-based target of providing adequate resources to ensure 50% of DGA-recommended intake.¹⁸⁸

CHILDREN AGE 2-4 FALL SHORT OF DGA-RECOMMENDED INTAKES IN THE UNITED STATES¹⁸⁹



In fiscal year 2023, this amounts to a \$16 per month increase over baseline for children and a \$33-38 per month increase over baseline for women, depending on breastfeeding status.¹⁹⁰

Fruits and vegetables are rich in several nutrients that are critical for the WIC population—including high-priority nutrients like potassium and fiber, as well as vitamin A, vitamin C, folate, magnesium, and copper.¹⁹¹ Although increased fruit and vegetable consumption is a longstanding DGA recommendation, both children and adults in the U.S. fall far below suggested intake. Only one-in-ten adults meets recommended vegetable intake, with 12.3% of adults meeting DGA recommendations for fruit intake.¹⁹² Even fewer children reach recommended intake,¹⁹³ with nearly one-third of all children not consuming any fruit on a daily basis.¹⁹⁴

Enhanced WIC benefits, in place since April 2021, have already demonstrated the potential to improve fruit and vegetable consumption. In a 2021 survey of 26,000 WIC participants, the National WIC Association and Nutrition Policy Institute identified that the enhanced benefits yielded a quarter cup per day increase in fruit and vegetable consumption among WIC toddlers.¹⁹⁵ WIC participants also reported a broader variety of fruit and vegetable purchases, indicating that the extra flexibility allowed parents to experiment with new types of produce at a critical time for their children’s lifelong taste development.¹⁹⁶

Additional value for fruits and vegetables can also shape shopping behaviors. Since the bump was put in place, WIC shoppers reported increased frequency of shopping trips throughout a month, which can facilitate more consistent consumption, reduce spoilage, and have a spillover effect on additional grocery purchases.¹⁹⁷ WIC children are also more engaged in shopping trips, asking their parents about new varieties of fruits.¹⁹⁸

The DGAs also encourage whole fruit consumption over 100% fruit juice, noting that juice is “not necessary” for one-year-old children.¹⁹⁹ Whole fruit is higher in fiber,²⁰⁰ which is a priority nutrient identified by NASEM for the WIC population.²⁰¹ The 2009 food package changes and proposed updates were substantial steps in reversing the imbalance between the issuance of juice and whole fruits and vegetables. They recognized the possibility that WIC issuance may have been undermining nutrition education messages and resulting in earlier introduction of juice²⁰² and higher rates of consumption for WIC children compared to non-participants,²⁰³ as well as exacerbating racial disparities in fruit and juice intake that disproportionately affect Black children.²⁰⁴ For these reasons, the National WIC Association has encouraged USDA to go one step further than NASEM recommended and eliminate default juice issuance—allowing for WIC participants to access the same amounts of juice recommended by NASEM, but only if they opt for juice as a substitution.

SEAFOOD

Although children and adults generally consume target amounts of protein foods, seafood is broadly underconsumed across the population.²⁰⁵ The average toddler consumes only 4% of DGA-recommended seafood intake, with the average adult consuming only 11% of DGA targets.²⁰⁶ Rich in iron, fatty acids, choline, vitamin D, and other priority nutrients, seafood is of particular importance for WIC’s target population, with the DGAs indicating that seafood consumption during pregnancy is associated with improved cognitive development for young children.²⁰⁷ Despite the clear dietary guidance and striking underconsumption patterns across the general population, only 3.4% of WIC participants can currently access seafood through the WIC benefit as part of the fully-breastfeeding food package.²⁰⁸

USDA’s proposed updates would result in a significant expansion of seafood access through WIC, adding seafood to all adult food packages and the food package for children ages 2–4.²⁰⁹ This would result in seafood benefits being issued to 58.7% of WIC participants. Although USDA concludes that only salmon, sardines, and Atlantic mackerel are available in suitable package sizes, the FDA has identified a broader range of seafood lower in methylmercury that would be safe for consumption by WIC’s target population.²¹⁰ Expanded access to seafood will help expose a broader range of the population to this underconsumed food group and narrow access disparities for WIC families.



WHOLE GRAINS

The DGAs have consistently recommended that half of grain consumption should come from whole grains.²¹¹ Although most Americans meet the intake recommendations for total grains, nearly all Americans (98%) fall short of whole grain recommendations and exceed limits (74%) on refined grain intake.²¹²

This dynamic disproportionately affects Hispanic and Black families, with only 8.1% of grains consumed by Hispanic individuals and 10.6% of grains consumed by Black individuals being whole grains.²¹³

The 2009 food package revisions introduced a whole grain category that resulted in meaningful shifts in whole grain consumption among the WIC population, with WIC children now consuming more whole grains than higher-income children.²¹⁴ Whole grains are particularly critical for the WIC population, as they deliver priority nutrients like iron and fiber.²¹⁵ In its proposed updates, USDA recognized the potential to narrow intake disparities among the adult population by significantly boosting whole grain issuance and providing a broader range of whole-grain options to reflect the cultural diversity of WIC participants, including quinoa, teff, whole-wheat naan, buckwheat, blue corn meal, and whole-wheat pita.²¹⁶

The DGAs recognize cereal as an important driver of whole grain intake and the top source of whole grain intake for children.²¹⁷ As breakfast cereals are issued separately from whole grains and currently contribute to an imbalance between whole and refined grains,²¹⁸ USDA proposed that all WIC-approved cereals meet whole grain requirements.²¹⁹ A shift toward whole grain cereals would strengthen the nutritional quality of the cereal food category and leverage limited WIC resources to deliver whole grains and key nutrients like iron and folate through the same product.

SPURRING INDUSTRY INNOVATION

The National Strategy on Hunger, Nutrition, and Health elevates the importance of federal nutrition standards in spurring industry innovations that improve the healthfulness of food products and retail environments.²²⁰ In its proposed updates to the WIC food packages, USDA outlines several opportunities where changes to WIC regulations could encourage future industry innovation and result in expanded choice among healthier products for both WIC and non-WIC shoppers.



RETAIL ENVIRONMENTS

WIC delivers its healthy food benefit through traditional retail channels, but the program's relatively small market share and complex shopping experience requires strong partnerships with retailers and manufacturers. As WIC continues to drive forward healthier outcomes for participating families, there are opportunities to improve the shopping experience, embrace flexibility and choice without sacrificing nutritional quality, and partner with the private sector to make meaningful change.

While WIC's science-based food packages seek to deliver specific amounts of priority nutrients, issuance levels have not always been easily reconciled with food products that are widely available in the commercial marketplace. Specifically, NASEM noted ongoing challenges with whole-



“ As I train the next generation of pediatric nutritionists, I know that USDA’s proposed updates to the WIC food package will make great strides in improving dietary quality for WIC’s target population. **I’m particularly encouraged by steps to boost whole grain intake, including the new cereal standard, which will close disparities across WIC’s diverse participant population.** By increasing issuance and ensuring that healthier products are on the grocery store shelf, finalizing this rule will help build nutrition security and equity. ”

— AIDA MILES, EdD, RDN, LD, CSP, FAND

ASSOCIATE PROFESSOR OF PEDIATRICS, UNIVERSITY OF ALABAMA-BIRMINGHAM • ALABAMA

grain breads—as one-pound package sizes are seen by manufacturers and retailers as a “WIC-specific product size”—and yogurts, where smaller single-serve and multipack containers may be precluded from being WIC-approved if they do not provide the full nutritional benefit for the month.²²¹

USDA’s proposed updates would incorporate package size flexibility across food categories—allowing smaller container sizes to be added to State WIC-approved lists.²²² This change will help WIC participants acquire package sizes that best meet their needs and shopping preferences while reducing potential food waste. As the WIC shopping experience increasingly integrates digital tools like electronic-benefit transfer (EBT) cards and mobile apps, participants are better equipped to conduct multiple shopping trips and redeem a combination of package sizes that will add up to their total monthly benefit.²²³ Allowing multiple package sizes may also reduce confusion when participants are selecting eligible WIC items in the store.

The proposed rule also builds on progress from the 2009 food package changes, which leveraged minimum stock requirements for WIC-approved retailers to improve the local food environment. Federal regulations require that WIC-approved retailers now stock at least two different fruits, two different vegetables, and one whole grain cereal.²²⁴ These requirements resulted in improved stocking of fresh produce in low-income neighborhoods²²⁵ and upfront retailer investments in store layout and refrigeration units to sustainably integrate new stocking patterns into long-term retailer practices.²²⁶ In recognition of continuing population-wide underconsumption of vegetables, USDA now proposes adding a third different vegetable to minimum stocking requirements as a strategy to improve community access to nutritious foods.²²⁷

BRINGING HEALTHIER PRODUCTS TO MARKET

WIC has a long history of encouraging food manufacturers to improve the healthfulness of their products to enhance health outcomes for WIC shoppers and the general public. In the 1980s, WIC standards required iron-fortification for certain products, prompting reformulation by cereal companies and infant formula manufacturers that ultimately contributed to sharp declines in iron-deficiency anemia.²²⁸ Once again, USDA’s proposed rule provides pathways for food manufacturers to enhance the nutritional quality of their products to meaningfully contribute to the health of WIC families and a broader range of consumers.

WIC has played an important role in encouraging iron and folate fortification in breakfast cereals, and USDA’s proposed rule identifies an opportunity to boost whole grain intake by requiring that a whole grain be the first ingredient listed in all WIC-approved breakfast cereals.²²⁹ Breakfast cereals are one of the fastest growing categories of whole grains, constituting an estimated 20% of all whole grain products in 2020.²³⁰ At least ten State WIC Agencies have already implemented a whole grain cereal rule, demonstrating commercial availability of a broad range of cereal types—including corn- and rice-based cereals and gluten-free options—that all meet the whole grain definition.²³¹ Although the majority of WIC-approved cereals will readily meet the new USDA definition, companies will be well-positioned to reformulate non-compliant products and launch healthier products that include a greater proportion of whole grains. The health benefits of these reformulated products would extend beyond the WIC population to the general shopping public.

USDA's proposed updates create broader flexibility within the dairy category to provide more options for families that would prefer to drink less fluid milk. New substitution patterns would allow participants to access all available dairy substitutions, including cheese, yogurt, and tofu.²³² Although this would provide greater choice to participants, fortification is needed to ensure that the same level of nutrients are being delivered. For example, USDA proposes a calcium specification for tofu to ensure that participants opting out of fluid milk (including vegans and those with lactose allergies) are still delivered appropriate amounts of calcium, a priority nutrient in the food packages and for WIC's target population.²³³

Similarly, USDA proposes that yogurt be fortified with vitamin D and limit sugars.²³⁴ Yogurt is one of the more recent additions to the WIC food package, introduced in 2014. Even before the 2020-2025 DGAs recommended stricter limitations on calories for other uses (including added sugars),²³⁵ NASEM noted that yogurts are generally high in sugars—reflecting both a high amount of naturally-occurring sugars and added sugars—and recommended

adopting limitations on total sugars to align with other child-oriented programs, like the Child and Adult Care Food Program (CACFP).²³⁶ In addition to providing a healthier product, the vitamin D fortification would make yogurt a more suitable substitution to fluid milk, closing the gap in nutritional quality between the two dairy products while providing a broader range of sources for vitamin D, a priority nutrient for the WIC population.²³⁷

As WIC participants desire increased choice, the National WIC Association supports USDA in exploring ways to make plant-based beverages nutritionally comparable to fluid milk and therefore eligible as a substitute to dairy. An emerging and popular industry, plant-based beverages (e.g., almond, oat, etc.) generally do not meet the nutrient requirements laid out by WIC regulation, and only soy beverages are available as a substitute to dairy.²³⁸ Should WIC work in partnership with food and beverage manufacturers to fortify these products with critical nutrients, such as calcium, vitamin A, and vitamin D, both WIC participants and the broader shopping public would benefit.



A photograph of a man and a young girl embracing. The man is on the left, looking down at the girl on the right. The girl is kissing the man on the cheek. The image has a blue tint and is decorated with green curved lines and a green number '3' in a circle in the top right corner.

3

CHAPTER 3

**MODERNIZING
WIC SERVICES
TO IMPROVE
PUBLIC HEALTH**

WIC PROVIDER INNOVATION DURING THE COVID-19 PANDEMIC HELPED EXPAND ACCESS TO NUTRITION SERVICES AND REVERSE A DECADE-LONG TREND OF DECLINING PARTICIPATION.



As WIC providers adapt to connect with eligible families in new and more modern ways, **the program must balance emerging technologies with stronger investment in the nutrition professional workforce** that drives WIC's trusted services and improved health outcomes.

ENHANCING ACCESS TO PROGRAM SERVICES

Before the COVID-19 pandemic, USDA estimated that only 50.2% of eligible individuals were certified for WIC services.²³⁹ Building on earlier state innovations, WIC providers shifted toward remote and hybrid services that addressed the immediate public health concern and ameliorated longstanding barriers to participation.²⁴⁰ Moving forward, WIC must continue to offer expanded access through convenient technology platforms now commonplace in healthcare delivery, without sacrificing the in-person touches necessary to screen for health concerns and nutrition deficiencies among WIC's vulnerable population.

STREAMLINING CERTIFICATIONS

The clearest example of service improvement during COVID-19 was a program-wide shift to remotely certify eligible applicants for program participation. Since 1998, federal law has required that eligibility determinations be conducted in-person.²⁴¹ Even before the pandemic, State Agencies employed digital tools like pre-application forms and document uploaders to frontload paperwork requirements and document proof of income eligibility.²⁴² WIC providers took new and innovative steps during the pandemic to streamline certification processes and reduce administrative burdens on both local agencies and participating families.²⁴³

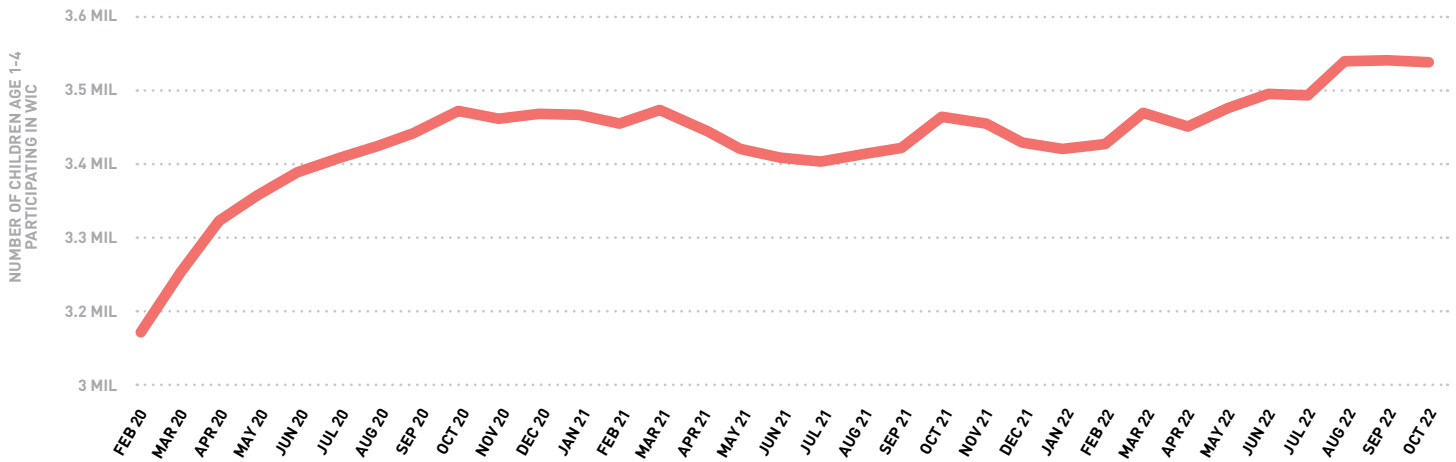
In-person application for WIC services has long been a substantial barrier to participation, with participants often struggling to arrange transportation to clinic sites, schedule appointments at times convenient for their work schedules, or arrange childcare.²⁴⁴ Required in-person appointments can serve as a deterrent to ongoing participation, as WIC participants must reapply for program benefits each year—including resubmitting identity, residency, and income documentation.²⁴⁵ USDA

12.3% INCREASE OF CHILD WIC PARTICIPATION DUE TO REMOTE SERVICES²⁴⁶

\$80M USDA INVESTS IN OUTREACH EFFORTS TO BOLSTER WIC PARTICIPATION²⁴⁷

2024 WIC WORKFORCE CHALLENGED BY RDN GRADUATE DEGREE REQUIREMENT²⁴⁸

REMOTE SERVICES ASSOCIATED WITH INCREASED CHILD PARTICIPATION, FEBRUARY 2020–OCTOBER 2022²⁴⁹



has consistently recorded that participation rates of eligible children decline after a child’s first birthday throughout their eligibility period, with just 24% of eligible four-year-olds certified in 2020 compared to 82% of eligible infants.²⁵⁰

During COVID-19, all State Agencies waived in-person requirements under the Families First Coronavirus Response Act.²⁵¹ Whereas WIC participation had declined by an average rate of 3.8% each year between 2010 and 2020, total participation has increased 4.2% since remote services were implemented.²⁵² These shifting trends are fueled by record increases in child participation, demonstrating the potential of remote services to improve participant retention.

As of September 2022, WIC has recorded a 12.3% nationwide increase in child participation since the beginning of remote services.²⁵³

In 2021, the National WIC Association and Nutrition Policy Institute surveyed 26,000 WIC participants across a dozen State WIC Agencies and identified broad satisfaction with remote services—in particular, how more flexible service options addressed longstanding barriers like transportation, work schedules, and childcare.²⁵⁴ Notably, participants

were evenly divided on whether they wanted to sustain fully-remote services (45.4%) or return to some degree of in-person appointments (48.2%).²⁵⁵ Similar findings are echoed in other studies,²⁵⁶ demonstrating that WIC service delivery would benefit from long-term flexibilities that will allow program providers to tailor services to the preferences of individual families.

Participant retention was significantly impacted when remote services could not be fully operationalized or flexible appointment options were prematurely sunset. Nine geographic State WIC Agencies employ offline EBT systems that require participants to reload their benefits in-person at a clinic site every three or four months. These states generally reported participation decreases when the rest of the nation reported increases at the beginning of remote services. The offline EBT model is associated with a 9.3% lower participation rate compared to online models.²⁵⁷ When one state reinstated in-person services in summer 2021 despite ongoing waiver authority, the state recorded a 7.2% decline in overall participation and a 9.4% decline in child participation within six months—completely erasing the state’s expanded reach when remote services were in place.²⁵⁸

Although remote certifications have boosted participation and retention, COVID-related authorities have deferred health screenings that monitor growth, development, and nutrition-related conditions like iron-deficiency anemia.²⁵⁹ By 2021, approximately 60% of WIC participants identified



“ WIC has been life-changing for my family. The easy access to seeing your benefits online now is an amazing step forward and the overall process of applying and staying in the program has been less stressful than when I first became a parent in 2012. **New online tools are supported by the amazing nutritionists and specialists, who have a ‘customer-focused attitude’ that supports families like mine in navigating the process.** It’s been an amazing journey to have an advocate eager to help my family and make accommodations when available to make the process of certifying seamless and easy. ”

— DE’PARIS OLIVER WIC MOM • TENNESSEE

receiving certain measurements at a recent doctor’s visit and sharing that information with a WIC provider.²⁶⁰ WIC has a long history of collaboration with healthcare providers, with the program first piloted in 1972 as an adjunct to medical services in Baltimore.²⁶¹

The National WIC Association endorses structural changes to WIC program rules that would allow for remote options—including phone and video appointments—to conduct certifications and recertifications. These changes should not come at the expense of essential health screenings. Last Congress, a bipartisan group of legislators—led by Senators Kirsten Gillibrand (D-NY) and Roger Marshall (R-KS) and Representatives Andy Levin (D-MI), Jaime Herrera Beutler (R-WA), and Lucille Roybal-Allard (D-CA)—introduced the MODERN WIC Act, which would allow for nutrition risk assessments and health screenings to be deferred for 90 days after a remote certification.²⁶² This flexibility would allow for participants to receive benefits and then complete health screenings either at a WIC clinic or in a healthcare setting, such as a doctor’s office. In a substantial step toward WIC modernization, recent USDA guidance allows State agencies to test similar remote certification models through September 2026.

In addition to remote services, further innovations could streamline certifications and reduce the administrative burden on applicants. The White House’s National Strategy suggested that federal agency partnerships could enhance data-sharing between Medicaid and WIC to coordinate outreach to eligible individuals.²⁶³ Fifteen states already have interoperable technology systems that allow WIC providers to verify Medicaid enrollment of applicants, with an additional 34 states providing online access to Medicaid data.²⁶⁴ As Medicaid receipt automatically confers

income eligibility to applicants for WIC services²⁶⁵ and nearly three-quarters (74.2%) of participants are certified for WIC through Medicaid,²⁶⁶ providers could proactively and remotely verify several eligibility criteria without requesting proof documents from an applicant. These strategies are even more critical for recertifications, where WIC providers could establish ongoing eligibility for the program with minimal effort for participants, reducing barriers to continued participation.

To improve participant retention, Congress should also revisit the frequency of certification appointments. In 2004 and 2010, Congress extended certification periods from six months to one year for breastfeeding participants and children, respectively.²⁶⁷ Extensions of certification periods can be accomplished without undermining ongoing nutrition touchpoints²⁶⁸ and mid-certification reassessments of income eligibility when there has been a material change in household income.²⁶⁹ Multiple bipartisan bills—including the Wise Investment in Our Children Act (WIC Act) introduced by Senators Bob Casey (D-PA) and Susan Collins (R-ME) and the WIC for Kids Act introduced by Congresswomen Jahana Hayes (D-CT) and Jenniffer González Colón (R-PR)—call for an extension of certification periods for children.²⁷⁰

EXPANDING OUTREACH

WIC’s efforts to streamline access must also be accompanied by a comprehensive approach that directs eligible families to WIC services. Due to WIC’s public health programming, WIC outreach operates differently than other federal benefit outreach (e.g., SNAP outreach), requiring referral to a specific provider agency that can provide in-person support.

In the coming years, USDA and WIC providers should continue to bolster public awareness about WIC program benefits and clearly connect public-facing messaging with application tools.



Current WIC outreach is most successful at connecting eligible infants with program services, as 81.7% of eligible infants are certified.²⁷¹ Despite the documented public health benefits of prenatal participation, WIC only reaches 45.6% of eligible pregnant women²⁷²—and only 23.2% of eligible pregnant women are certified in their first trimester.²⁷³ WIC must continue to build in certification flexibilities to onboard pregnant women as quickly as possible,²⁷⁴ as earlier nutrition support can have a more pronounced impact on birth outcomes.²⁷⁵

WIC outreach would also benefit from elevating retention-oriented messages to counteract structural barriers to ongoing child participation. Although child participation has improved since remote services became widely available in 2020, only 40.6% of eligible children were certified for remote services before the pandemic.²⁷⁶ The 81.7% coverage rate for eligible infants declines significantly as children grow, with a 30.4% drop in the first year (with only 56.9% of eligible one-year-olds served), a 22.9% drop in the second year (with only 43.9% of eligible two-year-olds served), a 13.9% drop in the third year (37.8% of eligible three-year-olds served), and a 37% drop in the final year (only 23.8% of eligible four-year-olds served).²⁷⁷

Outreach must also navigate stigma and misconceptions about WIC services. Pregnant women and mothers may refuse to apply for WIC services out of embarrassment or pride,²⁷⁸ and implicit biases among eligible individuals may contribute to underutilization of program benefits by white families.²⁷⁹ WIC outreach must also counteract an entrenched narrative that WIC resources are finite, as eligible individuals may refuse to participate out of fear that it would take resources from someone in greater need.²⁸⁰

Since 2014, State WIC Agencies have pooled resources together to elevate national messaging that promotes WIC as a public health resource in a National Recruitment and Retention Campaign, managed by the National WIC Association. The campaign, which currently serves 68 State Agencies, Indian Tribal Organizations, and territories, employs a multi-platform, digital marketing strategy to raise awareness, drive enrollment, and improve public perceptions of WIC.

The targeted, tested messaging and branding used in NWA's campaign are disseminated through paid digital content, including advertisements on social media and video and audio streaming services, and marketing materials distributed to WIC Agencies. The campaign operates a web-based clinic locator, SignUpWIC.com, to connect families directly with their community WIC provider. This national strategy enhances WIC's reach beyond the capabilities of a single state, ensuring consistent messaging is shared with the broad diversity of eligible WIC families across the country.

NWA's National Recruitment and Retention Campaign has proven to be a model for new investments announced by USDA to strengthen WIC outreach efforts in 2023.

Through funding made available under the American Rescue Plan Act, USDA has awarded two substantial grants to elevate public health messaging about WIC services and strengthen community outreach partnerships. The five-year public health outreach campaign will be conducted by Porter Novelli, a public relations firm with strong ties to the public health space. A \$20 million cooperative agreement to test and evaluate community outreach partnerships will be administered by the Food Research and Action Center (FRAC), with subgrants to community partners likely to be awarded in the coming months.

SHOPPING INNOVATIONS

Providing a modern shopping experience for WIC families is key to participant retention, as in-person shopping challenges are associated with stigma, decreased utilization of program benefits, and premature program exit.²⁸¹ WIC is increasingly shifting toward modern shopping technologies, with many State Agencies employing mobile apps to facilitate the in-store selection process.²⁸² 87 of 89 State WIC Agencies have transitioned to EBT cards to simplify check-out,²⁸³ and there are dedicated USDA-led efforts to scale up online transaction models at popular retailers like Walmart.²⁸⁴

The shift to online ordering and transactions in WIC has the potential to remedy several barriers of the in-store shopping experience. Digital features, such as a filter for WIC-approved products or online “shelf” tags, can simplify challenges with pulling approved products from retail shelves and may be more manageable for retailers than in-store interventions like physical shelf tags.²⁸⁵ Online ordering and home delivery can also reduce the everyday shopping burdens for pregnant women on bed rest and busy parents with young children.

Retailers must be mindful of providing equitable access to—and within—online shopping platforms for WIC participants. For instance, although nearly two-thirds (65.2%) of WIC participants demonstrated interest in online ordering/curbside pickup models, only 35.4% preferred home delivery options if it incurred an out-of-pocket delivery fee.²⁸⁶ Similarly, delivery fees are associated with underutilization of existing SNAP online shopping models.²⁸⁷

WIC PARTICIPANTS' PREFERRED WAY TO SHOP FOR WIC FOODS IF AVAILABLE²⁸⁸

ORDER WIC FOOD FOR PICKUP

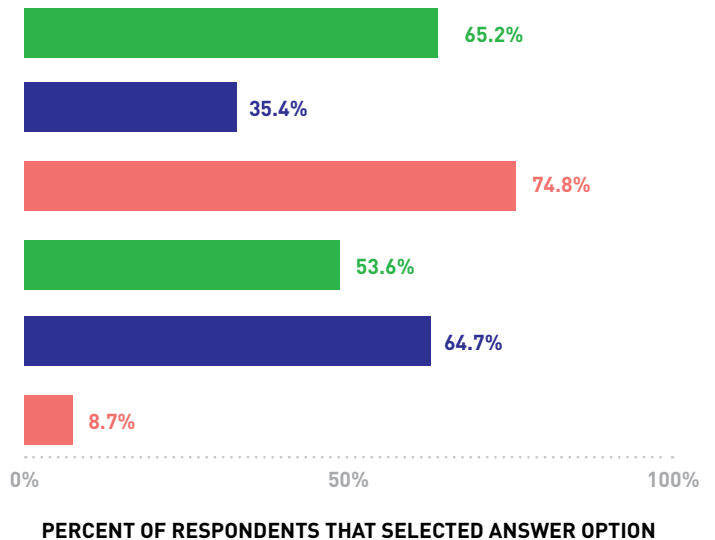
ORDER WIC FOODS FOR HOME DELIVERY FOR ADDITIONAL OUT-OF-POCKET FEE

USE SELF-CHECKOUT AISLE IN STORE

USE A DRIVE-THROUGH WINDOW

USE SPECIAL SECTION IN STORE TO FIND WIC FOODS

NONE OF THE ABOVE



This spring, USDA proposed revisions to WIC vendor regulations that will provide a long-term pathway for online shopping and other modern transaction models.²⁸⁹

Regulatory changes will complement ongoing state-driven innovations, including efforts through the USDA Online Ordering Grant operated by the Gretchen Swanson Center for Nutrition.²⁹⁰ Eight State Agencies—Washington, Massachusetts, Minnesota, Iowa, Nebraska, South Dakota, Rosebud Sioux, and Nevada—are partnering with retailers of varying sizes (Walmart, Hy-Vee, Buche Foods, and SaveMart) to test different online ordering and transaction technologies that could be easily replicated across State Agencies.

The shift toward WIC online shopping should not exclude investment in other transaction technology improvements. As SNAP explores mobile payment models,²⁹¹ which would allow the use of personal mobile devices like cell phones to conduct transactions, WIC agencies should be empowered to develop and test these models. Importantly, USDA should employ a more strategic approach to transaction technology development, promoting parallel efforts that recognize how both SNAP and WIC utilize similar retailers and technology vendors.

Cross-program collaboration is especially critical in improving transaction models at farmers markets, where WIC participants may complete purchases using WIC benefits in conjunction with benefits from the WIC Farmers Market Nutrition Program (FMNP), SNAP, and other programs. WIC benefits have not always been accepted at farmers markets, as the CVB for fruits and vegetables was introduced at a time when many State WIC Agencies transitioned to EBT technology. The majority of farm vendors struggled to identify cost-effective EBT solutions for WIC, posing a barrier to farmers' and farmers markets' authorization as vendors.²⁹² Recent innovative technology solutions allow for mobile-to-mobile payments for FMNP, with at least one State Agency (Maine) able to integrate WIC CVB into the transaction.²⁹³ Three other State Agencies—Kentucky, New Mexico, and Chickasaw Nation—were able to debut mobile-to-mobile FMNP payments in 2022, and USDA has provided designated grant funding to at least seven other State Agencies in anticipation of new technology solutions in 2023. Scaling of these transaction solutions may help increase redemptions of FMNP benefits as well as bring additional revenue to farmers markets through purchases made by WIC participants.

As with the previously discussed clinic-related innovations, enhanced access to technology cannot come at the expense of investment in in-person improvements. WIC continuously partners with the retail community to raise awareness of WIC challenges and strengthen the shopping experience,

including through outreach materials, cashier and store manager training, and shelf tags. In 2022, USDA invested more than \$10.5 million in funding made available through the American Rescue Plan Act to improve the shopping experience with 20 State Agencies. Projects funded with these grants will help close transportation barriers for WIC shoppers, improve understanding of the shopping experience among families with limited English proficiency, promote WIC's capacity to support traditional diets, and develop targeted training materials for WIC participants, vendors, and program staff.²⁹⁴

Revisions to the WIC food packages will also improve the participant shopping experience, as USDA has proposed updates that will provide package size flexibility across food categories.²⁹⁵ The revised food packages create new opportunities for WIC providers to proactively collaborate with retailers, distributors, and actors in the food chain to improve the shopping experience. With program rules no longer dictating "WIC-only" sizes that affect manufacturer practices and retail stocking, WIC agencies may revisit other cost-containment policies and product restrictions that limit participant choice among nutritious WIC foods.²⁹⁶ The added value to WIC's CVB also requires increased attention to resolving technical challenges with fruit and vegetable price look-up (PLU) codes, as check-out issues related to identifying eligible fruits and vegetables can significantly impact redemption by WIC families.²⁹⁷



“ COVID has been challenging for everyone. WIC clients have struggled with unemployment and new employment with different schedules. **The WIC physical presence waivers have allowed families to continue to participate in WIC without missing work and without children missing school.** Staff members complete numerous appointments each week with caregivers during their break at work. Transportation is an issue in our rural area. Families are grateful for the ability to do appointments by phone when they don't have a way to get into the clinic. In Kansas, unusual weather can strike at any time, so families don't have to travel into the clinic or cancel appointments due to bad weather. Families, new and old to the WIC program, enjoy the flexibilities of remote appointments. ”

— HEATHER PETERSON WIC COORDINATOR • RENO COUNTY, KANSAS

GROWING THE WIC WORKFORCE

Technology innovations and policy changes to enhance access to WIC services are a critical step in building a modern program, but WIC's strength remains in a dedicated workforce of nutrition professionals who counsel and support families during a transformative period of their lives. The trust developed between a WIC counselor and family is essential to the program's success in shaping healthy eating patterns and ensuring children get a healthy start. With increasing pressures on the professional development and retention of staff, WIC must take dedicated steps to build an ongoing pipeline of nutrition professionals that reflects the diversity of the eligible population and is equipped to carry WIC's mission forward into future decades.

BUILDING PIPELINES AND RETAINING STAFF

WIC's wide geographic coverage and community-based footprint relies on a blend of credentialed nutrition professionals and peer or paraprofessional staff who provide tailored counseling to families at accessible clinic locations. As WIC service delivery and professional development in the nutrition field adapt in the coming

years, ongoing attention to building a diverse workforce pipeline is essential for sustaining quality nutrition services.

Critical to the success of WIC's nutrition education is the program's ability to recruit Registered Dietitian Nutritionists (RDNs), who account for 24.2% of WIC nutrition educators and staff agencies serving 58% of WIC participants.²⁹⁸ Due to RDNs' broad scope of practice, their qualification to provide medical nutrition therapy,²⁹⁹ and the incidence of high-risk participants served by WIC, USDA recommends preferring the RDN credential when recruiting qualified nutritionists.³⁰⁰

WIC has increasingly struggled to retain RDNs in job placements, especially as generational churn has yielded higher rates of retirement among long-serving WIC staff. In a 2018 survey of more than 1,000 RDNs working in WIC, the need for competitive salaries and limitations in professional advancement were cited as two of the most common challenges for RDN retention.³⁰¹ The Academy of Nutrition and Dietetics identifies community and public health nutrition, the specialty practiced by most WIC-employed RDNs, as the lowest-paid RDN practice area, with a \$14,000 gap in median annual compensation between WIC nutritionists and the average RDN.³⁰²



In 2024, the Commission on Dietetic Registration will institute a graduate degree requirement that will narrow the pool of candidates to obtain entry-level RDN registration.³⁰³ This added educational burden will have a profound impact on the WIC workforce, affecting WIC's ability to staff RDNs in provider agencies. Rural agencies already struggle to staff RDNs,³⁰⁴ and only 9.9% of WIC nutrition educators currently hold a graduate degree.³⁰⁵ Though graduate degrees are not often a requirement for advancement in WIC, the RDN credential is a key requirement for professional development: 48% of local agencies require a RDN credential to be the nutrition education coordinator, 46% of local agencies require a RDN credential to be a WIC director or coordinator, and 35% of local agencies require a RDN credential to be a site or clinic supervisor.³⁰⁶

The upcoming graduate requirement significantly undermines urgent efforts to diversify the nutrition profession, as approximately 80% of current RDNs are white.³⁰⁷

Diversifying the profession is critical to ensuring that WIC reflects and can build trust within the communities that it serves. WIC has taken great strides in enhancing culturally competent care—with many local agencies implementing implicit bias and anti-racism trainings to improve interactions with participants—and it is imperative that it continue to do so.³⁰⁸

These dynamics are not unique to the field of nutrition, as the high cost of obtaining the International Board Certified Lactation Consultant (IBCLC) credential likewise impacts WIC's ability to recruit and retain credentialed breastfeeding staff. IBCLCs constitute a small share of overall WIC staff but have outsized reach: comprising only 6% of WIC nutrition educators,³⁰⁹ IBCLCs are staffed in approximately 38% of local agencies that serve 71% of all WIC participants.³¹⁰ IBCLCs are complemented in their provision of lactation support by an array of other, and more diverse, credentialed breastfeeding staff—including Certified Lactation Consultants (CLCs) and Certified Lactation Educators (CLEs)—who constitute an eight times larger share of the overall WIC workforce than IBCLCs.³¹¹

As WIC navigates challenges in offering competitive salaries and retaining credentialed staff at all of its geographically-diverse clinic sites, provider agencies

have increasingly turned to homegrown talent and nurtured paraprofessional staff eager to obtain higher credentials.³¹² WIC providers are also increasingly leaning on flexible arrangements—including hourly work models to accommodate parallel coursework, distance-learning programs, tuition reimbursement, and externally-funded scholarships—to support staff in obtaining higher credentials and expanding their skills.³¹³

These local efforts have informed federal legislation that seeks to address racial disparities in maternal health outcomes. Congresswomen Lauren Underwood (D-IL) and Alma Adams (D-NC), joined by Senator Cory Booker (D-NJ), introduced the Black Maternal Health Momnibus Act to holistically address gaps in medical care and community supports that contribute to higher rates of maternal deaths among Black and Indigenous women. This comprehensive package would establish implicit bias and anti-racism trainings for all WIC providers and create grants for educational institutions to diversify programs that provide training for nutritionists, dietitians, and lactation support professionals.³¹⁴

The National WIC Association has been awarded a \$1.2 million grant from the Walmart Foundation to catalyze new efforts to support, strengthen, and diversify the WIC workforce. There are three core goals for this work.

1.) INCREASING & DIVERSIFYING CREDENTIALLED PROFESSIONALS IN WIC.

According to the Academy of Nutrition and Dietetics' (AND) annual compensation survey, 90% of dietitians are white. IBCLCs face many of the same diversity challenges. Therefore, NWA aims to strengthen the program's network of registered dietitians and IBCLCs by ensuring that they not only are trained to provide vital nutrition support and advanced breastfeeding care, but are also more representative of the communities they serve.

2.) CREATING CAREER LADDERS FOR COMPETENT PARAPROFESSIONAL AUTHORITIES (CPPA) IN WIC.

A term not universally utilized in WIC, CPPA is defined in USDA's Nutrition Service Standards as an individual without extended professional training in health, nutrition, or clinical management who is trained and given ongoing supervision to provide a basic service or function. Paraprofessionals execute specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals themselves. NWA will explore the landscape of CPPAs to better understand the barriers



“ The skilled WIC workforce is in a unique position to influence the future of our profession. As frontline workers of community nutrition, we need to continue to work to diversify the dietetics profession. **WIC is well positioned to mentor staff across career levels to build nutrition and breastfeeding expertise.** This will serve the dual goal of expanding access to WIC’s critical community nutrition services while nurturing the next generation in nutrition and dietetics. ”

— BETH CORDOVA, MPA, RDN *DIETETIC INTERNSHIP DIRECTOR, PHFE, WIC • CALIFORNIA*

these individuals face to career growth and will work to provide them with the opportunity to pursue either the IBCLC credential or the Nutrition and Dietetics Technician Registered (NDTR) credential.

3) PROVIDING IN-DEPTH EQUITY, DIVERSITY, AND INCLUSION (EDI) TRAINING FOR STATE AND LOCAL WIC STAFF, NWA STAFF, AND MEMBERS OF THE BOARD OF DIRECTORS.

NWA will build EDI capacity within the larger WIC community by enhancing the competence and knowledge of its current and new Health Equity Champions (HECs). They will be empowered to serve as a network of EDI experts, specializing in WIC. They will build EDI into their roles, organizations, and program delivery and offer training to state and local WIC staff. The cohort of HECs will also help guide NWA’s efforts to develop promising practices related to EDI in the future. Moreover, NWA will assess its internal and external policies and practices and design and implement a comprehensive work plan to further enhance EDI, as well as develop an EDI-focused set of organizational values, mission, and vision.

HEALTHCARE INTEGRATION

With physicians increasingly turning to produce prescriptions and food-is-medicine models, more work can be done to integrate WIC services into the overall provision of care for families. Physician and healthcare referrals to WIC are common, but improved technology linkages and reimagined staffing models could foster seamless connections between a family’s healthcare provider and WIC services.

Emerging from the remote certification flexibilities enacted during COVID-19, WIC will need to strike an appropriate balance between preserving the convenience of remote appointments and restoring essential health screenings to ensure infant and child health. Many of these screenings—including tracking growth and weight measurements—are accomplished at well-child visits. As low-income families face substantial barriers to accessing preventive pediatric care,³¹⁵ an opportunity exists for WIC to help connect families with healthcare services and better coordinate service delivery to reduce in-person burdens and duplicative testing for WIC families.³¹⁶

Physician coordination with WIC would be enhanced by automated health information sharing. During COVID-19, 60% of WIC participants reported sharing health metrics obtained at a recent doctor’s visit with their WIC counselor.³¹⁷ Physicians and health plans have access to relevant participant data that can establish income eligibility for WIC services (e.g., Medicaid receipt) as well as health metrics that can inform nutrition counseling. Currently, similar health metrics are often gathered at in-person WIC appointments. Bi-directional data sharing could therefore improve the delivery of care by both physicians and WIC staff, and, ultimately, improve the overall care of the family.

In 2023, the National WIC Association will pilot projects to test system improvements and enhance data sharing between health providers and WIC programs. These pilots are made possible through the support of the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation.

“By partnering with a statewide health information network, the West Virginia WIC Program is able to access anthropometric and hematological data from WIC participants’ healthcare providers’ electronic medical records. This modernization allows WIC to establish itself as a partner to the medical home, and continue providing quality health surveillance during the COVID-19 pandemic and beyond.”



Other state-driven innovations include hiring medical liaisons, who receive records from healthcare entities and manually input data into WIC information databases to inform frontline education and counseling. As states drive innovation in this space, USDA should provide more robust technical assistance to support these efforts. USDA should clarify the interplay of WIC confidentiality standards and the Health Insurance Portability and Accountability Act (HIPAA), which does not apply to WIC, as WIC providers are not a “covered entity” under the law.³¹⁸ Streamlining this important information channel is critical for reducing in-person barriers for participants, establishing more flexible remote service models, and controlling administrative program costs.

Needless to say, healthcare integration is more readily achieved by WIC clinics that are co-located at a healthcare site—whether that be a hospital, federally qualified health center (FQHC), or physician practice. These clinic locations also offer the opportunity for flexible staffing models that utilize WIC staff’s full scope of practice. 36% of provider agencies allow for time-sharing of WIC nutrition staff with other services offered at the same location,³¹⁹ with a subset of nutrition educators at these sites able to bill Medicaid for medical nutrition therapy, diabetes management, and other clinical services. A recent National WIC Association survey revealed

that 57.4% of RDNs in WIC desire more opportunities to use their nutrition training than what is afforded in their current job responsibilities.³²⁰ By expanding WIC staff responsibilities beyond the limitations of the WIC grant, provider agencies can enhance compensation and job satisfaction.

Coordinated care presents the opportunity for WIC and other healthcare providers to work in tandem to best serve participants.

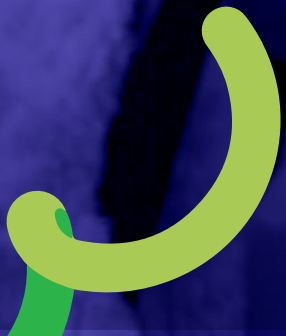
The White House Conference on Hunger, Nutrition, and Health made it clear that federal nutrition programs and healthcare systems need to better collaborate to advance the dual aims of ending hunger and reducing rates of chronic diet-related disease. WIC’s strategic position as an adjunct to healthcare can be expanded if WIC is more thoroughly integrated into the everyday provision of care, with seamless sharing of information and broader opportunities to lend the nutrition and breastfeeding expertise of WIC staff to the comprehensive care needed by families with young children.





CHAPTER 4

SPOTLIGHTING ECONOMIC EQUITY FOR WIC FAMILIES



WIC'S MISSION OF BUILDING A HEALTHIER NATION FOR FAMILIES DOES NOT END AT THE CLINIC DOOR.



Integrating health equity into program services requires deliberate action to address the varied, yet intersecting, factors that affect maternal, infant, and child health. This spotlight chapter examines one facet of the broader effort necessary to ensure health equity: economic security. As recognized in the National Strategy, increasing household resources and reducing child poverty is one of the most essential steps in the national effort to eradicate hunger. WIC's targeted nutrition intervention must be complemented by flexible workplace policies and robust income supports that provide continuity for pregnant workers and growing families.

ADAPTING WORKPLACE ENVIRONMENTS

Although there have been steps forward in workplace equity in recent decades, pregnant workers and new mothers continue to face barriers to sustained employment while welcoming a child into their family. In addition to job retention, many WIC-eligible families must account for working conditions that could impact

the health of a pregnancy, breastfeeding success, and coverage for childcare. Employer policies and workplace culture must continue to adapt to reflect the specific needs of families at this critical life-stage and build supportive environments that enhance job retention and boost the overall economic security of families with children.

PREGNANCY ACCOMMODATIONS

WIC-eligible women are more likely to be employed than their higher-income peers, with approximately 77% of women living in a household below the Federal Poverty Line holding a job³²¹ compared to only 56.2% of all women.³²² However, WIC-eligible women are also disproportionately likely to hold job functions that could affect the health of their pregnancy.³²³ As new legal protections passed by Congress are implemented in the coming year, employers will be obligated to better balance work requirements with the interests of the pregnant worker, including job retention and the health of the pregnancy.

Certain job functions—such as rotating shift work, long working hours, heavy lifting, and consistent standing—are associated with adverse pregnancy outcomes.³²⁴ These

10.3M NEW LAWS EXPAND LEGAL PROTECTIONS FOR MILLIONS OF PREGNANT AND LACTATING WORKERS³²⁵

46%

CHILD POVERTY REDUCED AFTER EXPANSION OF CHILD TAX CREDIT³²⁶



28 STATES ENACTED OPTION TO EXTEND POSTPARTUM MEDICAID COVERAGE³²⁷

job functions can affect pregnancy success, with a higher risk of preterm birth, low birthweight, and miscarriage, while also increasing risk factors for maternal mortality and morbidity, such as preeclampsia and gestational hypertension.³²⁸ Workplace conditions contribute to systemic disparities in maternal and infant health, with Indigenous and Black women disproportionately likely to work in physically demanding jobs.³²⁹

Although Congress took action in 1978 to outlaw pregnancy discrimination, gaps in legal protections for pregnant workers persist. Between 2010 and 2015, the Equal Employment Opportunity Commission (EEOC) received nearly 31,000 charges of pregnancy discrimination, with more than 30% of those workers claiming that they were discharged from their job due to their pregnancy.³³⁰ Many workers were put on unpaid leave or terminated from their job when a simple accommodation, such as an additional bathroom break or a water bottle to carry at work, would have resolved their concern. In 2015, the U.S. Supreme Court narrowed the protections of the Pregnancy Discrimination Act in its *Young v. United Parcel Service* decision, leaving it unclear whether workers—especially lower-wage workers—were afforded accommodations during pregnancy.³³¹

In December 2022, President Biden signed the Pregnant Workers Fairness Act into law.³³² The National WIC Association and WIC providers played a large role in championing this legislation. The new law clarifies that pregnant workers will have the affirmative right to receive reasonable accommodations for pregnancy, childbirth recovery, and related medical conditions, including lactation. As with the Americans with Disabilities Act, employers will now have to undertake an interactive process to assess and accommodate a worker's needs, and workers will be protected from retaliation for requesting such accommodations.

Although several states have already implemented these provisions, more than 1.3 million pregnant workers will receive legal protections for workplace accommodations for the first time when the law is implemented on June 27, 2023.³³³

PAID LEAVE POLICIES

As workers enter the perinatal period, paid leave policies are essential for ensuring the overall health of the mother and infant. Despite the clear benefits associated with paid leave policies, the U.S. remains a global outlier as the only high-income country that does not guarantee any paid leave following the birth or adoption of a child. As a result, only 16% of the workforce has access to paid parental leave, and 23% of employed mothers return to work within ten days of giving birth.³³⁴

Paid leave policies are demonstrated to reduce infant mortality, risk of maternal mortality,³³⁵ and instances of both mother and infant rehospitalization,³³⁶ and they are also linked with critical physical and social development milestones during the early stages of infancy. Additionally, parents on paid leave report improved infant attachment and cognitive development in the first three months together.³³⁷ Paid leave also carries health benefits for the mother, with reduced instances of postpartum depression³³⁸ and adequate time to address maternal nutrient depletion, which, if not addressed, could result in higher risk of maternal mortality and jeopardize the success of subsequent pregnancies.³³⁹

Similarly, paid leave policies are critical in strengthening national breastfeeding rates. Return to work is one of the most substantial barriers to sustained breastfeeding, disproportionately affecting WIC families. Within the first three months of giving birth, WIC mothers report a 39% decrease in breastfeeding rates compared to only a 14% decline in the general population.³⁴⁰ Paid leave policies, in contrast, are associated with significantly higher rates of breastfeeding at six months,³⁴¹ demonstrating the potential to bring more families into alignment with DGA and medical recommendations to support exclusive breastfeeding through six months. Especially as low-income women are more likely to return to work within the first few days after delivery, access to paid leave is a major factor not only in decisions about breastfeeding duration, but also in whether a mother will undertake breastfeeding in the first place.³⁴²

Although the U.S. established a nationwide unpaid family and medical leave policy in 1993, more than 44% of workers—disproportionately low-income workers and workers of color—are restricted from even accessing this option, and too many others cannot afford to take unpaid time off.³⁴³ As a result of limited access to paid leave, approximately one-third of working mothers in the U.S. do not take any maternity leave, and the average paternity leave is only one week.³⁴⁴ States are leading the

way in expanding coverage for paid family and medical leave, with 11 states and the District of Columbia enacting policies over the last two decades. While coverage varies from state-to-state, the results of these state policies underscore the importance of paid leave for maternal and infant health. For example, California’s implementation of paid family and medical leave was associated with a 3-6% drop in infant hospitalizations and a double-digit increase in breastfeeding rates at three, six, and nine months.³⁴⁵

Paid leave policies are also critical to ensuring that children are connected with routine healthcare, contributing to higher attendance of pediatric visits and more timely administration of infant immunizations.³⁴⁶ Although extended medical leave is not necessary to ensure that families can attend each of the eight (minimum) recommended well-child visits in the first year of life,³⁴⁷ workers would benefit from paid sick leave policies that guarantee access to job-protected, paid time off to attend to their family member’s medical needs. But nearly one-in-four private-sector workers—including more than 60% of the lowest income workers—do not have any paid sick days guaranteed by their employer.³⁴⁸ This reform would build on a national paid family and medical leave model to strengthen child health outcomes, with existing policies demonstrating higher utilization of preventive care, including timely vaccinations, among families that have access to paid sick days.³⁴⁹

LACTATION SUPPORT IN THE WORKPLACE

Workplace environments and managerial support can have a significant impact on a returning worker’s decision to sustain breastfeeding.³⁵⁰ While many breastfeeding

women returning to work intend to continue by pumping at the workplace, they need support and accommodations from their employer to continue on their breastfeeding journey. In 2010, the Patient Protection and Affordable Care Act required that certain employers provide reasonable break time and a private, non-bathroom space to lactating employees for the purpose of expressing breast milk.

Although breastfeeding rates still fall far below public health targets, due in part to systemic racial disparities and persistent challenges with return-to-work, workplace support for lactation has gained new momentum in the past year. In 2022, the American Academy of Pediatrics revised its longstanding guidance to encourage continued breastfeeding for at least two years postpartum.³⁵¹ As medical providers continue to reaffirm the benefits of sustained breastfeeding, employers should be collaborating with their workers and community health partners—including WIC clinics—to design breastfeeding-friendly policies and environments.

In an important step forward, Congress passed additional protections for lactating workers in December 2022. The National WIC Association and WIC providers were central to efforts to advance the PUMP for Nursing Mothers Act, which will close a gap in the coverage afforded by the 2010 law. Approximately nine million workers, left out of protections for break time and a private space to pump in the 2010 law, will now receive those protections moving forward.³⁵² Nearly all workers will be able to benefit from workplace policies that support their breastfeeding goals, ideally setting the stage for improved breastfeeding duration across the country.



“Breastfeeding provides an equitable start for all infants, positively impacting food security, health, and brain development. The first month is a critical window during which parents and children learn and practice their new skills of breastfeeding and develop the perfect milk supply to nourish and sustain each infant. **Paid family leave is crucial, as it guarantees every breastfeeding parent the time to focus on getting breastfeeding well established.** Once back at work, continued breastfeeding success hinges on worksite support, including pumping breaks, which allow working parents time to maintain their infants’ food supply—impacting their baby’s and their own health outcomes for years to come.”

— AMY KOVAR RESNIK WIC BREASTFEEDING COORDINATOR • MARYLAND

INCOME AND HEALTH SUPPORTS

Advancement of family-friendly work policies like paid leave and accommodations for pregnant workers are essential steps in ensuring continued employment for working parents and long-term financial security for families. However, workplace policies alone are not enough. Comprehensive efforts must be made to eradicate child poverty and ensure that every child has the opportunity to fulfill their potential. Among a broader suite of economic policies that support families with young children, two substantial program improvements have particular importance in improving household income security and health outcomes for WIC-eligible families.

CHILD TAX CREDIT

An expansion of the Child Tax Credit (CTC) implemented in 2021 marked one of the single-greatest efforts in recent history to reduce child poverty in the U.S. The Census Bureau identified that the expanded CTC lifted 2.9 million children out of poverty in 2021, resulting in a record-setting 46% decline in child poverty rates.³⁵³ Many WIC families benefitted from the expanded CTC, with families reporting a marked decline in household resources when the benefit expired in January 2022.

Although the CTC has existed in some form since 1997, it has historically failed to reach the most vulnerable families. Due to the CTC's design as a partially refundable tax credit, approximately half of all children living below the Federal Poverty Line did not qualify for the full credit.³⁵⁴ The CTC has disproportionately excluded children living in rural areas and children of color, with 45% of Black children, 39% of Latino children, and 38% of Indigenous children receiving less than the full value of the credit.³⁵⁵

In 2021, the expanded CTC was restructured to provide a monthly deposit to eligible families, more equitably distributing resources to support the ongoing needs of families with children. The payments were also expanded to \$2,000 annually per child, with an additional \$500 for children under the age of six. Crucially, the CTC was also made fully refundable, so that it would be available to even the poorest families and those with no tax liability. Millions of families accessed the monthly CTC payments, with more than 90% of eligible children likely to have accessed the CTC in 2021.³⁵⁶

The effects of the restructured monthly payments were immediate, with the monthly child poverty rate decreasing by 26% in the first month of implementation.³⁵⁷ CTC

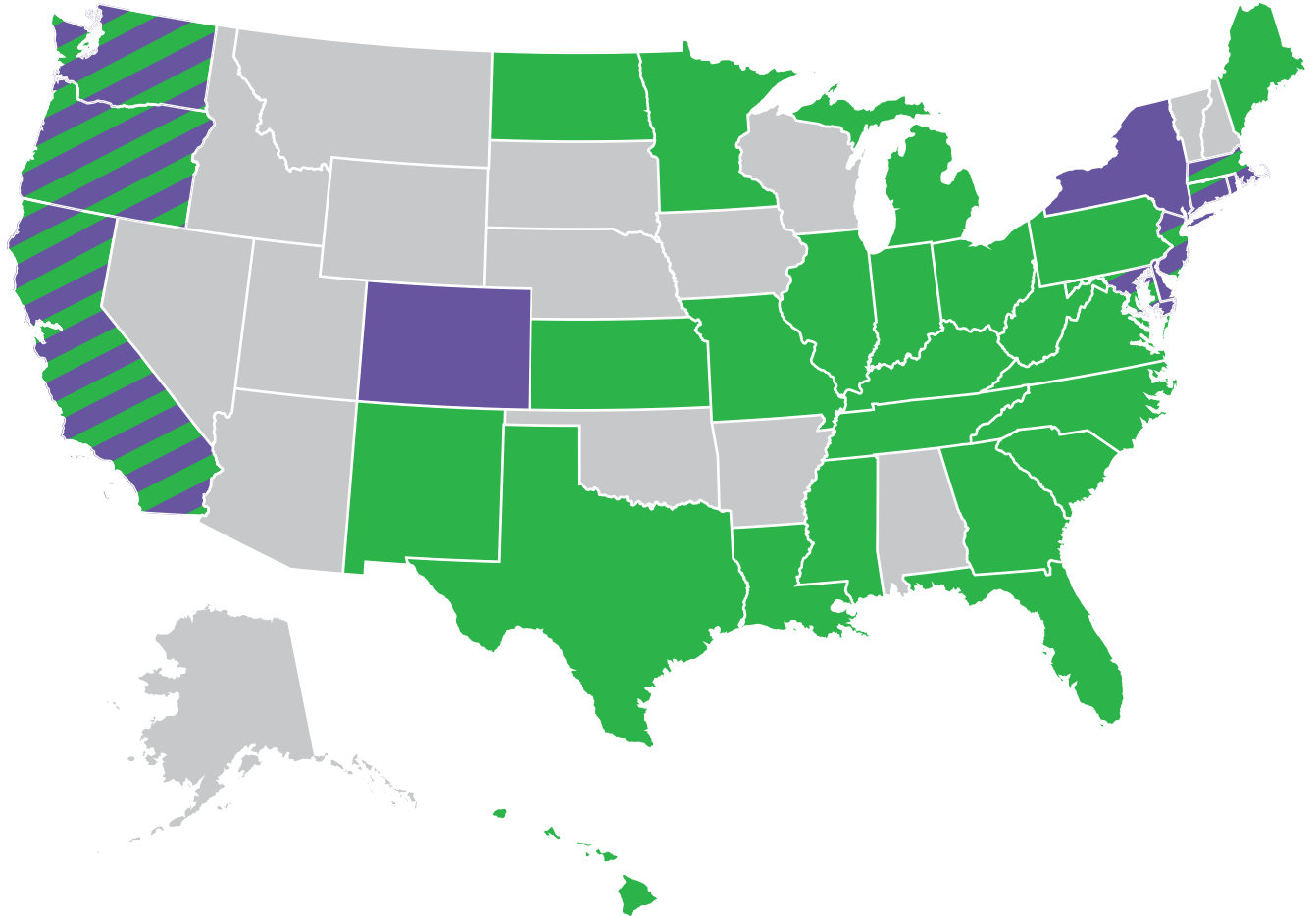
payments were used to address deficits in household budgets, with the most common expenditure being groceries. As a result, food insecurity among low-income households with children declined by 25% in 2021, complementing the ongoing efforts of WIC and other food assistance programs like SNAP in remedying child hunger. With more household resources dedicated to food, families were able to afford healthier grocery items, like fruits and vegetables, that constitute balanced meals.³⁵⁸



While the expanded CTC broadly reduced child poverty rates, the impact was most significant among families of color, who were disproportionately excluded from the credit prior to expansion. For the first time, child poverty rates among Black, Latino, and white children all measured below 10%, representing marked efforts to narrow disparities for children of color.³⁵⁹ More progress could have been made if the expanded CTC were continued, as awareness of and access to the program were still growing among Black and Latino families in the latter stages of implementation.³⁶⁰

The failure of Congress to sustain the expanded CTC had acute and immediate impacts for families nationwide. In January 2022, the first month when benefits were no longer issued, the monthly child poverty rate increased by 41 percent.³⁶¹ Similarly, the failure to extend the CTC expansion affected the overall resources dedicated to

STATE ACTIONS TO STRENGTHEN POSTPARTUM SUPPORTS³⁶²



POSTPARTUM MEDICAID EXTENSION ENACTED ●

ALABAMA
FLORIDA
GEORGIA
HAWAII
ILLINOIS
INDIANA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MICHIGAN

MINNESOTA
NEW MEXICO
NORTH CAROLINA
NORTH DAKOTA
OHIO
PENNSYLVANIA
SOUTH CAROLINA
TENNESSEE
VIRGINIA
WEST VIRGINIA

PAID FAMILY AND MEDICAL LEAVE ENACTED ●

COLORADO
DELAWARE
NEW YORK
RHODE ISLAND

BOTH POSTPARTUM MEDICAID EXTENSION AND PAID FAMILY AND MEDICAL LEAVE ENACTED ●

CALIFORNIA
CONNECTICUT
D.C.
MARYLAND
MASSACHUSETTS
NEW JERSEY
OREGON
WASHINGTON



“ I’m a working mom of a baby and toddler living in Brooklyn, NY. We’ve thankfully been WIC recipients since I first became pregnant and was struggling several years ago. **Looking forward to receiving the expanded child tax credit each month was like a massive weight lifted off our family’s shoulders.** It sometimes feels impossible to afford the steep cost of living here—between rising rent and utilities, childcare, loan payments, and groceries. The CTC gave us much-needed wiggle room, and I think it’s critical that Congress renews it so families like mine can keep making ends meet! ”

— SARAH MANASRAH WIC MOM • NEW YORK

grocery shopping, resulting in a 25% increase in food insufficiency among households with children by mid-2022.³⁶³ The National WIC Association strongly urges revisiting this transformational policy to improve the household income security of families with children and set the stage for healthier outcomes.

HEALTH COVERAGE

Especially during periods of WIC eligibility, access to health coverage is crucial not only to the physical wellbeing of mother and child, but also to a family’s economic security. Workplace protections—including accommodations and paid leave policies—are especially critical for pregnant workers and new parents who rely on employer-based health plans, as job termination could result in the loss of health coverage at a time of significant medical expense. Nearly three-quarters of WIC participants (74.2%) obtain their health coverage through Medicaid, although participant categories anchored in the perinatal period record lower rates of Medicaid participation than children ages 1-4.³⁶⁴

Approximately four-in-ten births in the U.S. are financed through Medicaid.³⁶⁵

By law, all states must provide Medicaid coverage to pregnant women with incomes up to 138% of the Federal Poverty Line, but that coverage can be allowed to terminate 60 days after giving birth. Approximately one-third of all pregnancy-related deaths occur during

the postpartum period, making consistent access to care crucially important for new moms.³⁶⁶ Recognizing Medicaid’s outsized role in ensuring healthier pregnancy, postpartum, and birth outcomes, Congress allowed for states to extend pregnancy-related Medicaid coverage through a one-year postpartum period in the American Rescue Plan Act of 2021. Initially a five-year provision, Congress made this option permanent in legislation signed by President Biden in December 2022. As a result, 28 states and the District of Columbia have extended pregnancy-related Medicaid coverage through one-year postpartum, with an additional 8 states planning a coverage extension in the near future.³⁶⁷

Initial data demonstrates that implementation of the postpartum Medicaid option has already expanded access to healthcare and tackled longstanding public health concerns in the perinatal period, with patients 12% more likely to have continuous insurance coverage in the first postpartum year.³⁶⁸ In Texas, a Medicaid plan identified that postpartum patients were accessing between two and ten times as many preventive health services while accessing 37% fewer services related to short interval pregnancies within the first postpartum year.³⁶⁹

As other states move to extend postpartum Medicaid, WIC is positioned to deepen its partnership with healthcare providers to address the holistic needs of postpartum women and their families. WIC’s postpartum eligibility period only extends to six months or the duration of breastfeeding, and bipartisan proposals in Congress would extend WIC’s nutrition support to two years—strengthening nutrition support during the inter-pregnancy interval to ensure healthier subsequent pregnancies. Additional

efforts to coordinate and integrate WIC services with healthcare providers, including information exchanges and new staffing models, should reflect ongoing work to reduce disparities in maternal and infant health as proposed in the Black Maternal Health Omnibus Act.

Assuring consistent access to healthcare complements WIC's public health mission and the impacts of workplace and economic security policies that set the stage for healthier outcomes. By addressing the comprehensive needs of participating families, WIC can address the structural barriers that stand in the way of improved nutrition—such as return-to-work impacts on breastfeeding and the affordability of nutritious foods. This broader equity-based approach will strengthen the work of WIC providers to build a healthier country and future for the next generation.





APPENDIX

STATE PROFILES OF WIC SERVICES

HOW WIC HELPS

THE ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION?

301

WIC PARTICIPANTS

Pregnant women.....	17
Breastfeeding women.....	28
Postpartum women.....	12
Infants.....	56
Children.....	188

BREASTFEEDING IN WIC

The Acoma, Canoncito, and Laguna Indian Tribal Organization WIC breastfeeding initiation rates increased by **61 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Acoma, Canoncito, and Laguna Indian Tribal Organization in 2020, **35 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION

Childhood obesity rate, WIC toddlers, 2020..... **20%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$57,908** in additional benefits to **243** participants.



Infant Formula: The Acoma, Canoncito, and Laguna Indian Tribal Organization does not use contracting to procure infant formula.

THE ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION WIC PARTICIPANT CHARACTERISTICS

\$17,546

AVERAGE FAMILY INCOME

88%

RECEIVED MEDICAID

\$41.06

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION ECONOMY IN FY 2022

\$148,263

TO SPEND AT FOOD RETAILERS

\$282,683

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS ALABAMA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



50%

OF INFANTS BORN IN ALABAMA PARTICIPATE IN WIC



52%

OF ELIGIBLE INDIVIDUALS IN ALABAMA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ALABAMA?

108,661

WIC PARTICIPANTS

Pregnant women.....	11,043
Breastfeeding women.....	3,615
Postpartum women.....	9,269
Infants.....	28,878
Children.....	55,854

BREASTFEEDING IN WIC

Alabama WIC breastfeeding initiation rates increased by **2 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Alabama in 2020, **7 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$19.8M** in additional benefits to **80,495** participants.



Infant Formula: Alabama has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN ALABAMA

There was no significant change in the obesity rate among WIC toddlers in Alabama between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN ALABAMA

Maternal mortality per 100,000 births, 2016-2020.....	38.7
Infant mortality per 1,000 live births, 2020.....	7.0
Preterm birth rate, 2020.....	13%

ALABAMA WIC PARTICIPANT CHARACTERISTICS

\$16,731

AVERAGE FAMILY INCOME

73%

RECEIVED MEDICAID

\$40.50

AVERAGE MONTHLY FOOD COST IN FY 2022

\$52.8M

TO SPEND AT FOOD RETAILERS

\$29.0M

FORMULA REBATES RECEIVED

\$25.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS ALASKA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



31%

OF INFANTS BORN IN ALASKA PARTICIPATE IN WIC



48%

OF ELIGIBLE INDIVIDUALS IN ALASKA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ALASKA?

13,761

WIC PARTICIPANTS

Pregnant women.....	1,081
Breastfeeding women.....	1,399
Postpartum women.....	447
Infants.....	2,928
Children.....	7,905

BREASTFEEDING IN WIC

Alaska WIC breastfeeding initiation rates increased by **21 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in Alaska in 2020, **42 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.6M** in additional benefits to **10,686** participants.



Infant Formula: The Alaska has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN ALASKA

The obesity rate among WIC toddlers in Alaska decreased **6 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **20%**

MORTALITY AND BIRTH OUTCOMES IN ALASKA

Maternal mortality per 100,000 births, 2016-2020.....	21.6
Infant mortality per 1,000 live births, 2020.....	5.1
Preterm birth rate, 2020.....	10%

ALASKA WIC PARTICIPANT CHARACTERISTICS

\$29,889

AVERAGE FAMILY INCOME

\$48.43

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE ALASKA ECONOMY IN FY 2022

\$8.0M

TO SPEND AT FOOD RETAILERS

\$2.1M

FORMULA REBATES RECEIVED

\$6.4M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

AMERICAN SAMOA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN AMERICAN SAMOA?

3,916
WIC PARTICIPANTS

Pregnant women.....	244
Breastfeeding women.....	372
Postpartum women.....	76
Infants.....	618
Children.....	2,607

BREASTFEEDING IN WIC

American Samoa WIC breastfeeding initiation rates increased by **3 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in American Samoa in 2020, **50 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN AMERICAN SAMOA

The obesity rate among WIC toddlers in American Samoa increased **16 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$764,676** in additional benefits to **3,299** participants.



Infant Formula: American Samoa has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

AMERICAN SAMOA WIC PARTICIPANT CHARACTERISTICS

\$18,876

AVERAGE FAMILY INCOME

\$69.31

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE AMERICAN SAMOA ECONOMY IN FY 2022

\$3.3M

TO SPEND AT FOOD RETAILERS

\$0.8M

FORMULA REBATES RECEIVED

\$1.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS ARIZONA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN ARIZONA PARTICIPATE IN WIC



51%

OF ELIGIBLE INDIVIDUALS IN ARIZONA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ARIZONA?

130,073

WIC PARTICIPANTS

Pregnant women.....	8,810
Breastfeeding women.....	9,824
Postpartum women.....	7,934
Infants.....	29,763
Children.....	73,741

BREASTFEEDING IN WIC

Arizona WIC breastfeeding initiation rates increased by **18 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Arizona in 2020, **24 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$24.7M** in additional benefits to **101,606** participants.



Infant Formula: The Arizona has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN ARIZONA

The obesity rate among WIC toddlers in Arizona decreased **13 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN ARIZONA

Maternal mortality per 100,000 births, 2016-2020.....	26.5
Infant mortality per 1,000 live births, 2020.....	5.2
Preterm birth rate, 2020.....	9%

ARIZONA WIC PARTICIPANT CHARACTERISTICS

\$21,909

AVERAGE FAMILY INCOME

86%

RECEIVED MEDICAID

\$41.89

AVERAGE MONTHLY FOOD COST IN FY 2022

\$65.4M

TO SPEND AT FOOD RETAILERS

\$38.4M

FORMULA REBATES RECEIVED

\$41.9M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS ARKANSAS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



48%

OF INFANTS BORN IN
ARKANSAS
PARTICIPATE IN WIC



36%

OF ELIGIBLE INDIVIDUALS
IN ARKANSAS
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ARKANSAS?

56,008

WIC PARTICIPANTS

Pregnant women.....	5,803
Breastfeeding women.....	2,594
Postpartum women.....	5,874
Infants.....	16,761
Children.....	24,976

BREASTFEEDING IN WIC

Arkansas WIC breastfeeding initiation rates increased by **25 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Arkansas in 2020, **12 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$10.4M** in additional benefits to **40,045** participants.



Infant Formula: Arkansas has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN ARKANSAS

There was no significant change in the obesity rate among WIC toddlers in Arkansas between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN ARKANSAS

Maternal mortality per 100,000 births, 2016-2020.....	34.1
Infant mortality per 1,000 live births, 2020.....	7.4
Preterm birth rate, 2020.....	12%

ARKANSAS WIC PARTICIPANT CHARACTERISTICS

\$19,696

AVERAGE FAMILY INCOME

73%

RECEIVED MEDICAID

\$51.27

AVERAGE MONTHLY FOOD COST IN FY 2022

\$34.5M

TO SPEND AT FOOD RETAILERS

\$19.0M

FORMULA REBATES RECEIVED

\$22.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS CALIFORNIA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



42%

OF INFANTS BORN IN CALIFORNIA PARTICIPATE IN WIC



65%

OF ELIGIBLE INDIVIDUALS IN CALIFORNIA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN CALIFORNIA?

936,126

WIC PARTICIPANTS

Pregnant women.....	72,315
Breastfeeding women.....	73,674
Postpartum women.....	47,523
Infants.....	175,546
Children.....	567,069

BREASTFEEDING IN WIC

California WIC breastfeeding initiation rates did not change between 2010 and 2020.

2020 76%

Among WIC infants who initiated breastfeeding in California in 2020, **33 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$184.1M** in additional benefits to **764,429** participants.



Infant Formula: California has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN CALIFORNIA

The obesity rate among WIC toddlers in California decreased **8 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**

MORTALITY AND BIRTH OUTCOMES IN CALIFORNIA

Maternal mortality per 100,000 births, 2016-2020.....	8.4
Infant mortality per 1,000 live births, 2020.....	3.9
Preterm birth rate, 2020.....	9%

CALIFORNIA WIC PARTICIPANT CHARACTERISTICS

\$19,935

AVERAGE FAMILY INCOME

68%

RECEIVED MEDICAID

\$57.07

AVERAGE MONTHLY FOOD COST IN FY 2022

\$641.2M

TO SPEND AT FOOD RETAILERS

\$192.2M

FORMULA REBATES RECEIVED

\$345.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



HOW WIC HELPS THE CHEROKEE NATION OF OKLAHOMA

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE CHEROKEE NATION OF OKLAHOMA?

4,938

WIC PARTICIPANTS

Pregnant women..... **478**

Breastfeeding women..... **220**

Postpartum women..... **420**

Infants..... **1,379**

Children..... **2,442**

BREASTFEEDING IN WIC

The Cherokee Nation of Oklahoma WIC breastfeeding initiation rates increased by **92 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Cherokee Nation of Oklahoma in 2020, **43 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE CHEROKEE NATION OF OKLAHOMA

Childhood obesity rate, WIC toddlers, 2020..... **17%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$890,636** in additional benefits to **3,574** participants.



Infant Formula: The Cherokee Nation of Oklahoma has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE CHEROKEE NATION OF OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

\$22,891

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$36.83

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE CHEROKEE NATION OF OKLAHOMA ECONOMY IN FY 2022

\$2.2M

TO SPEND AT FOOD RETAILERS

\$1.6M

FORMULA REBATES RECEIVED

\$2.9M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE CHEYENNE RIVER SIOUX TRIBE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE CHEYENNE RIVER SIOUX TRIBE?

485

WIC PARTICIPANTS

Pregnant women.....	38
Breastfeeding women.....	16
Postpartum women.....	31
Infants.....	101
Children.....	299

BREASTFEEDING IN WIC

The Cheyenne River Sioux Tribe WIC breastfeeding initiation rates increased by **44 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Cheyenne River Sioux Tribe in 2020, **15 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE CHEYENNE RIVER SIOUX TRIBE

Childhood obesity rate, WIC toddlers, 2020..... **21%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$89,116** in additional benefits to **386** participants.



Infant Formula: The Cheyenne River Sioux Tribe does not use contracting to procure infant formula.

THE CHEYENNE RIVER SIOUX TRIBE WIC PARTICIPANT CHARACTERISTICS

\$7,551

AVERAGE FAMILY INCOME

62%

RECEIVED MEDICAID

\$82.19

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE CHEYENNE RIVER SIOUX TRIBE ECONOMY IN FY 2022

\$477,874

TO SPEND AT FOOD RETAILERS

\$30,139

FORMULA REBATES RECEIVED

\$553,468

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE CHICKASAW NATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE CHICKASAW NATION?

3,596
WIC PARTICIPANTS

Pregnant women.....	275
Breastfeeding women.....	222
Postpartum women.....	269
Infants.....	860
Children.....	1,971

BREASTFEEDING IN WIC

The Chickasaw Nation WIC breastfeeding initiation rates increased by **74 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Chickasaw Nation in 2020, **24 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE CHICKASAW NATION

Childhood obesity rate, WIC toddlers, 2020..... **13%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$662,996** in additional benefits to **2,718** participants.



Infant Formula: The Chickasaw Nation has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE CHICKASAW NATION WIC PARTICIPANT CHARACTERISTICS

\$22,313	80%	\$30.79
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE CHICKASAW NATION ECONOMY IN FY 2022

\$1.3M	\$1.1M	\$3.7M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



HOW WIC HELPS THE CHOCTAW NATION OF OKLAHOMA

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE CHOCTAW NATION OF OKLAHOMA?

5,440

WIC PARTICIPANTS

Pregnant women..... **345**

Breastfeeding women..... **218**

Postpartum women..... **385**

Infants..... **1,096**

Children..... **3,397**

BREASTFEEDING IN WIC

The Choctaw Nation of Oklahoma WIC breastfeeding initiation rates increased by **504 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Choctaw Nation of Oklahoma in 2020, **14 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE CHOCTAW NATION OF OKLAHOMA

Childhood obesity rate, WIC toddlers, 2020..... **15%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$1.0M** in additional benefits to **4,357** participants.



Infant Formula: The Choctaw Nation of Oklahoma has an infant formula contract with **Mead Johnson**, which controls **43%** of the WIC market share.

THE CHOCTAW NATION OF OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

\$15,471

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$26.59

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE CHOCTAW NATION OF OKLAHOMA ECONOMY IN FY 2022

\$1.7M

TO SPEND AT FOOD RETAILERS

\$1.2M

FORMULA REBATES RECEIVED

\$1.9M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE CITIZEN POTAWATOMI NATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE CITIZEN POTAWATOMI NATION?

1,411

WIC PARTICIPANTS

Pregnant women..... 105

Breastfeeding women..... 85

Postpartum women..... 88

Infants..... 302

Children..... 832

BREASTFEEDING IN WIC

The Citizen Potawatomi Nation WIC breastfeeding initiation rates increased by **259 percent** between 2004 and 2020.



Among WIC infants who initiated breastfeeding in the Citizen Potawatomi Nation in 2020, **18 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE CITIZEN POTAWATOMI NATION

Childhood obesity rate, WIC toddlers, 2020..... **15%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$256,392** in additional benefits to **1,080** participants.



Infant Formula: The Citizen Potawatomi Nation has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE CITIZEN POTAWATOMI NATION WIC PARTICIPANT CHARACTERISTICS

\$31,981

AVERAGE FAMILY INCOME

91%

RECEIVED MEDICAID

\$30.57

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED

THE CITIZEN POTAWATOMI NATION ECONOMY IN FY 2022

\$517,762

TO SPEND AT FOOD RETAILERS

\$373,750

FORMULA REBATES RECEIVED

\$2,138,682

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



71%

OF INFANTS BORN IN
CNMI
PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS
IN THE UNITED STATES
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS?

2,796
WIC PARTICIPANTS

Pregnant women.....	187
Breastfeeding women.....	220
Postpartum women.....	90
Infants.....	448
Children.....	1,851

BREASTFEEDING IN WIC

CNMI WIC breastfeeding initiation rates increased by **52 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in CNMI in 2020, **41 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

The obesity rate among WIC toddlers in CNMI decreased **34 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **9%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$531,432** in additional benefits to **2,299** participants.



Infant Formula: CNMI has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS WIC PARTICIPANT CHARACTERISTICS

\$19,097

AVERAGE FAMILY INCOME

76%

RECEIVED MEDICAID

\$70.99

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS ECONOMY IN FY 2022

\$2.4M

TO SPEND AT FOOD RETAILERS

\$0.5M

FORMULA REBATES RECEIVED

\$1.3M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS COLORADO



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



28%

OF INFANTS BORN IN COLORADO PARTICIPATE IN WIC



46%

OF ELIGIBLE INDIVIDUALS IN COLORADO PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN COLORADO?

77,997

WIC PARTICIPANTS

Pregnant women.....	6,090
Breastfeeding women.....	6,881
Postpartum women.....	4,840
Infants.....	17,216
Children.....	42,971

BREASTFEEDING IN WIC

Colorado WIC breastfeeding initiation rates increased by **8 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Colorado in 2020, **27 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$15.4M** in additional benefits to **61,650** participants.



Infant Formula: The Colorado has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN COLORADO

The obesity rate among WIC toddlers in Colorado decreased **10 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **9%**

MORTALITY AND BIRTH OUTCOMES IN COLORADO

Maternal mortality per 100,000 births, 2016-2020.....	13.5
Infant mortality per 1,000 live births, 2020.....	4.8
Preterm birth rate, 2020.....	9%

COLORADO WIC PARTICIPANT CHARACTERISTICS

\$22,846

AVERAGE FAMILY INCOME

61%

RECEIVED MEDICAID

\$43.73

AVERAGE MONTHLY FOOD COST IN FY 2022

\$40.9M

TO SPEND AT FOOD RETAILERS

\$16.0M

FORMULA REBATES RECEIVED

\$26.3M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS CONNECTICUT



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



34% OF INFANTS BORN IN CONNECTICUT PARTICIPATE IN WIC



46% OF ELIGIBLE INDIVIDUALS IN CONNECTICUT PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN CONNECTICUT?

46,210

WIC PARTICIPANTS

Pregnant women.....	4,085
Breastfeeding women.....	3,328
Postpartum women.....	2,351
Infants.....	11,375
Children.....	25,070

BREASTFEEDING IN WIC

Connecticut WIC breastfeeding initiation rates increased by **25 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Connecticut in 2020, **15 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$8.5M** in additional benefits to **34,774** participants.



Infant Formula: The Connecticut has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN CONNECTICUT

The obesity rate among WIC toddlers in Connecticut decreased **16 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN CONNECTICUT

Maternal mortality per 100,000 births, 2016-2020.....	15.5
Infant mortality per 1,000 live births, 2020.....	4.3
Preterm birth rate, 2020.....	9%

CONNECTICUT WIC PARTICIPANT CHARACTERISTICS

\$20,450	87%	\$53.23
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE CONNECTICUT ECONOMY IN FY 2022

\$29.5M	\$12.3M	\$14.5M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS THE DISTRICT OF COLUMBIA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



32%

OF INFANTS BORN IN THE DISTRICT OF COLUMBIA PARTICIPATE IN WIC



58%

OF ELIGIBLE INDIVIDUALS IN THE DISTRICT OF COLUMBIA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE DISTRICT OF COLUMBIA?

11,640

WIC PARTICIPANTS

Pregnant women.....	803
Breastfeeding women.....	1,252
Postpartum women.....	664
Infants.....	2,801
Children.....	6,121

BREASTFEEDING IN WIC

The District of Columbia WIC breastfeeding initiation rates increased by **67 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in the District of Columbia in 2020, **41 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE DISTRICT OF COLUMBIA

There was no significant change in the obesity rate among WIC toddlers in the District of Columbia between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.1M** in additional benefits to **8,096** participants.



Infant Formula: The District of Columbia has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE DISTRICT OF COLUMBIA WIC PARTICIPANT CHARACTERISTICS

\$10,342

AVERAGE FAMILY INCOME

61%

RECEIVED MEDICAID

\$26.17

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE DISTRICT OF COLUMBIA ECONOMY IN FY 2022

\$3.7M

TO SPEND AT FOOD RETAILERS

\$3.1M

FORMULA REBATES RECEIVED

\$6.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

DELAWARE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



41% OF INFANTS BORN IN DELAWARE PARTICIPATE IN WIC



42% OF ELIGIBLE INDIVIDUALS IN DELAWARE PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN DELAWARE?

17,722
WIC PARTICIPANTS


Pregnant women.....	1,379
Breastfeeding women.....	1,307
Postpartum women.....	969
Infants.....	4,236
Children.....	9,831

BREASTFEEDING IN WIC


Delaware WIC breastfeeding initiation rates increased by **54 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Delaware in 2020, **24 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$3.3M** in additional benefits to **13,621** participants.



Infant Formula: Delaware has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN DELAWARE

The obesity rate among WIC toddlers in Delaware increased **1 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **19%**

MORTALITY AND BIRTH OUTCOMES IN DELAWARE

Maternal mortality per 100,000 births, 2016-2020.....	
Infant mortality per 1,000 live births, 2020.....	5.1
Preterm birth rate, 2020.....	10%

DELAWARE WIC PARTICIPANT CHARACTERISTICS

\$18,076	74%	\$39.07
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE DELAWARE ECONOMY IN FY 2022

\$8.3M	\$4.6M	\$5.3M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



HOW WIC HELPS

THE EASTERN BAND OF CHEROKEE INDIANS

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

608

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN THE EASTERN BAND OF CHEROKEE INDIANS?

Pregnant women.....	42
Breastfeeding women.....	49
Postpartum women.....	26
Infants.....	117
Children.....	375



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$109,610** in additional benefits to **465** participants.



Infant Formula: The Eastern Band of Cherokee Indians does not use contracting to procure infant formula.

THE EASTERN BAND OF CHEROKEE INDIANS WIC PARTICIPANT CHARACTERISTICS

\$11,164

AVERAGE FAMILY INCOME

95%

RECEIVED MEDICAID

\$35.28

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE EASTERN BAND OF CHEROKEE INDIANS ECONOMY IN FY 2022

\$257,581

TO SPEND AT FOOD RETAILERS

\$113,231

FORMULA REBATES RECEIVED

\$358,826

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov/>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE EASTERN SHOSHONE TRIBE



State WIC Director
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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE EASTERN SHOSHONE TRIBE?

92

WIC PARTICIPANTS

Pregnant women.....	7
Breastfeeding women.....	5
Postpartum women.....	9
Infants.....	30
Children.....	40

BREASTFEEDING IN WIC

The Eastern Shoshone Tribe WIC breastfeeding initiation rates increased by **76 percent** between 2004 and 2020.



Among WIC infants who initiated breastfeeding in the Eastern Shoshone Tribe in 2020, **40 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE EASTERN SHOSHONE TRIBE

Childhood obesity rate, WIC toddlers, 2020..... **33%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$15,905** in additional benefits to **62** participants.



Infant Formula: The Eastern Shoshone Tribe does not use contracting to procure infant formula.

THE EASTERN SHOSHONE TRIBE WIC PARTICIPANT CHARACTERISTICS

\$21,216

AVERAGE FAMILY INCOME

64%

RECEIVED MEDICAID

\$59.54

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE EASTERN SHOSHONE TRIBE ECONOMY IN FY 2022

\$65,669

TO SPEND AT FOOD RETAILERS

\$251,892

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



HOW WIC HELPS

THE EIGHT NORTHERN INDIAN PUEBLOS

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE EIGHT NORTHERN INDIAN PUEBLOS?

189

WIC PARTICIPANTS

Pregnant women.....	12
Breastfeeding women.....	7
Postpartum women.....	10
Infants.....	38
Children.....	122

BREASTFEEDING IN WIC

The Eight Northern Indian Pueblos WIC breastfeeding initiation rates increased by **73 percent** between 1998 and 2020.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$36,075** in additional benefits to **156** participants.



Infant Formula: The Eight Northern Indian Pueblos does not use contracting to procure infant formula.

THE EIGHT NORTHERN INDIAN PUEBLOS WIC PARTICIPANT CHARACTERISTICS

\$22,230

AVERAGE FAMILY INCOME

87%

RECEIVED MEDICAID

\$51.17

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE EIGHT NORTHERN INDIAN PUEBLOS ECONOMY IN FY 2022

\$116,001

TO SPEND AT FOOD RETAILERS

\$235,131

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS FLORIDA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN
FLORIDA
PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS
IN FLORIDA
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN FLORIDA?

410,739

WIC PARTICIPANTS

Pregnant women.....	34,289
Breastfeeding women.....	38,345
Postpartum women.....	22,123
Infants.....	97,491
Children.....	218,492

BREASTFEEDING IN WIC

Florida WIC breastfeeding initiation rates increased by **14 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Florida in 2020, **14 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$79.9M** in additional benefits to **317,980** participants.



Infant Formula: Florida has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN FLORIDA

The obesity rate among WIC toddlers in Florida decreased **8 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN FLORIDA

Maternal mortality per 100,000 births, 2016-2020.....	18.5
Infant mortality per 1,000 live births, 2020.....	5.8
Preterm birth rate, 2020.....	10%

FLORIDA WIC PARTICIPANT CHARACTERISTICS

\$20,853

AVERAGE FAMILY
INCOME

87%

RECEIVED
MEDICAID

\$54.39

AVERAGE MONTHLY
FOOD COST
IN FY 2022

\$268.1M

TO SPEND AT
FOOD RETAILERS

\$123.3M

FORMULA
REBATES
RECEIVED

\$104.0M

NUTRITION,
BREASTFEEDING
SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



HOW WIC HELPS

THE FIVE SANDOVAL INDIAN PUEBLOS

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE FIVE SANDOVAL INDIAN PUEBLOS?

143

WIC PARTICIPANTS

Pregnant women.....	7
Breastfeeding women.....	7
Postpartum women.....	9
Infants.....	38
Children.....	82

BREASTFEEDING IN WIC



Among WIC infants who initiated breastfeeding in the Five Sandoval Indian Pueblos in 2020, **18 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$24,345** in additional benefits to **106** participants.



Infant Formula: The Five Sandoval Indian Pueblos does not use contracting to procure infant formula.

THE FIVE SANDOVAL INDIAN PUEBLOS WIC PARTICIPANT CHARACTERISTICS

\$19,981

AVERAGE FAMILY INCOME

65%

RECEIVED MEDICAID

\$57.74

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE FIVE SANDOVAL INDIAN PUEBLOS ECONOMY IN FY 2022

\$99,196

TO SPEND AT FOOD RETAILERS

\$7,947

FORMULA REBATES RECEIVED

\$908,600

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS GEORGIA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



38%

OF INFANTS BORN IN
GEORGIA
PARTICIPATE IN WIC



39%

OF ELIGIBLE INDIVIDUALS
IN GEORGIA
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN GEORGIA?

191,692

WIC PARTICIPANTS

Pregnant women.....	15,605
Breastfeeding women.....	13,525
Postpartum women.....	12,894
Infants.....	47,104
Children.....	102,566

BREASTFEEDING IN WIC

Georgia WIC breastfeeding initiation rates increased by **20 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Georgia in 2020, **18 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$34.1M** in additional benefits to **137,183** participants.



Infant Formula: Georgia has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN GEORGIA

The obesity rate among WIC toddlers in Georgia decreased **10 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN GEORGIA

Maternal mortality per 100,000 births, 2016-2020.....	29.5
Infant mortality per 1,000 live births, 2020.....	6.3
Preterm birth rate, 2020.....	11%

GEORGIA WIC PARTICIPANT CHARACTERISTICS

\$17,038

AVERAGE FAMILY
INCOME

73%

RECEIVED
MEDICAID

\$39.00

AVERAGE MONTHLY
FOOD COST
IN FY 2022

\$89.7M

TO SPEND AT
FOOD RETAILERS

\$44.7M

FORMULA
REBATES
RECEIVED

\$70.1M

NUTRITION,
BREASTFEEDING
SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

GUAM




State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



40% OF INFANTS BORN IN GUAM PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN GUAM?

5,334

WIC PARTICIPANTS

Pregnant women.....	339
Breastfeeding women.....	447
Postpartum women.....	295
Infants.....	1,181
Children.....	3,073

BREASTFEEDING IN WIC

Guam WIC breastfeeding initiation rates increased by **53 percent** between 1998 and 2020.




Among WIC infants who initiated breastfeeding in Guam in 2020, **30 percent** continued breastfeeding at 6 months.


CHILDHOOD OBESITY IN WIC IN GUAM

The obesity rate among WIC toddlers in Guam decreased **24 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **9%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$1.0M** in additional benefits to **4,252** participants.



Infant Formula: Guam has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

GUAM WIC PARTICIPANT CHARACTERISTICS

\$17,577	51%	\$76.21
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE GUAM ECONOMY IN FY 2022

\$4.9M	\$1.4M	\$2.8M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS HAWAII



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



33% OF INFANTS BORN IN HAWAII PARTICIPATE IN WIC



55% OF ELIGIBLE INDIVIDUALS IN HAWAII PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN HAWAII?

25,855

WIC PARTICIPANTS

Pregnant women.....	1,991
Breastfeeding women.....	2,676
Postpartum women.....	891
Infants.....	5,254
Children.....	15,043

BREASTFEEDING IN WIC

Hawaii WIC breastfeeding initiation rates increased by **6 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Hawaii in 2020, **39 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$5.1M** in additional benefits to **20,850** participants.



Infant Formula: Hawaii has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN HAWAII

The obesity rate among WIC toddlers in Hawaii increased **10 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **11%**

MORTALITY AND BIRTH OUTCOMES IN HAWAII

Maternal mortality per 100,000 births, 2016-2020.....	12.9
Infant mortality per 1,000 live births, 2020.....	4.9
Preterm birth rate, 2020.....	10%

HAWAII WIC PARTICIPANT CHARACTERISTICS

\$27,464

AVERAGE FAMILY INCOME

67%

RECEIVED MEDICAID

\$57.74

AVERAGE MONTHLY FOOD COST IN FY 2022

\$17.9M

TO SPEND AT FOOD RETAILERS

\$5.2M

FORMULA REBATES RECEIVED

\$9.1M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

IDAHO



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



30%

OF INFANTS BORN IN IDAHO PARTICIPATE IN WIC



41%

OF ELIGIBLE INDIVIDUALS IN IDAHO PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN IDAHO?

29,030

WIC PARTICIPANTS

Pregnant women.....	1,998
Breastfeeding women.....	2,834
Postpartum women.....	1,406
Infants.....	6,407
Children.....	16,385

BREASTFEEDING IN WIC

Idaho WIC breastfeeding initiation rates increased by **4 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Idaho in 2020, **38 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$5.6M** in additional benefits to **22,929** participants.



Infant Formula: Idaho has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN IDAHO

There was no significant change in the obesity rate among WIC toddlers in Idaho between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**

MORTALITY AND BIRTH OUTCOMES IN IDAHO

Maternal mortality per 100,000 births, 2016-2020.....	18.2
Infant mortality per 1,000 live births, 2020.....	5.1
Preterm birth rate, 2020.....	8%

IDAHO WIC PARTICIPANT CHARACTERISTICS

\$22,947

AVERAGE FAMILY INCOME

76%

RECEIVED MEDICAID

\$39.91

AVERAGE MONTHLY FOOD COST IN FY 2022

\$13.9M

TO SPEND AT FOOD RETAILERS

\$6.1M

FORMULA REBATES RECEIVED

\$8.7M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS ILLINOIS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN ILLINOIS PARTICIPATE IN WIC



OF ELIGIBLE INDIVIDUALS IN ILLINOIS PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ILLINOIS?

155,525

WIC PARTICIPANTS

Pregnant women.....	13,721
Breastfeeding women.....	11,991
Postpartum women.....	9,791
Infants.....	42,921
Children.....	77,101

BREASTFEEDING IN WIC

Illinois WIC breastfeeding initiation rates increased by **15 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Illinois in 2020, **22 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$29.1M** in additional benefits to **115,070** participants.



Infant Formula: Illinois has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN ILLINOIS

There was no significant change in the obesity rate among WIC toddlers in Illinois between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN ILLINOIS

Maternal mortality per 100,000 births, 2016-2020.....	12.7
Infant mortality per 1,000 live births, 2020.....	5.5
Preterm birth rate, 2020.....	10%

ILLINOIS WIC PARTICIPANT CHARACTERISTICS

\$18,074

AVERAGE FAMILY INCOME

82%

RECEIVED MEDICAID

\$55.67

AVERAGE MONTHLY FOOD COST IN FY 2022

\$103.9M

TO SPEND AT FOOD RETAILERS

\$44.0M

FORMULA REBATES RECEIVED

\$47.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION?

47

WIC PARTICIPANTS

Pregnant women.....	6
Breastfeeding women.....	3
Postpartum women.....	1
Infants.....	12
Children.....	24

BREASTFEEDING IN WIC

The Indian Township Passamaquoddy Reservation WIC breastfeeding initiation rates increased by **27 percent** between 2016 and 2020.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$8,883** in additional benefits to **36** participants.



Infant Formula: The Indian Township Passamaquoddy Reservation does not use contracting to procure infant formula.

THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION WIC PARTICIPANT CHARACTERISTICS

\$13,572

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$91.71

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION ECONOMY IN FY 2022

\$51,452

TO SPEND AT FOOD RETAILERS

\$11,455

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS INDIANA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



43%

OF INFANTS BORN IN INDIANA PARTICIPATE IN WIC



55%

OF ELIGIBLE INDIVIDUALS IN INDIANA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN INDIANA?

151,449

WIC PARTICIPANTS

Pregnant women.....	10,671
Breastfeeding women.....	10,689
Postpartum women.....	10,528
Infants.....	34,006
Children.....	85,556

BREASTFEEDING IN WIC

Indiana WIC breastfeeding initiation rates increased by **21 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Indiana in 2020, **21 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$28.0M** in additional benefits to **114,859** participants.



Infant Formula: Indiana has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN INDIANA

The obesity rate among WIC toddlers in Indiana decreased **15 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN INDIANA

Maternal mortality per 100,000 births, 2016-2020.....	29.3
Infant mortality per 1,000 live births, 2020.....	6.8
Preterm birth rate, 2020.....	10%

INDIANA WIC PARTICIPANT CHARACTERISTICS

\$19,123

AVERAGE FAMILY INCOME

67%

RECEIVED MEDICAID

\$39.66

AVERAGE MONTHLY FOOD COST IN FY 2022

\$72.1M

TO SPEND AT FOOD RETAILERS

\$39.7M

FORMULA REBATES RECEIVED

\$36.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

IOWA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



35%

OF INFANTS BORN IN IOWA PARTICIPATE IN WIC



52%

OF ELIGIBLE INDIVIDUALS IN IOWA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN IOWA?

55,987

WIC PARTICIPANTS

Pregnant women.....	4,187
Breastfeeding women.....	4,187
Postpartum women.....	4,020
Infants.....	12,659
Children.....	30,932

BREASTFEEDING IN WIC

Iowa WIC breastfeeding initiation rates increased by **25 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Iowa in 2020, **21 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$10.9M** in additional benefits to **43,986** participants.



Infant Formula: Iowa has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN IOWA

There was no significant change in the obesity rate among WIC toddlers in Iowa between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN IOWA

Maternal mortality per 100,000 births, 2016-2020.....	12.1
Infant mortality per 1,000 live births, 2020.....	4.4
Preterm birth rate, 2020.....	10%

IOWA WIC PARTICIPANT CHARACTERISTICS

\$24,946

AVERAGE FAMILY INCOME

67%

RECEIVED MEDICAID

\$43.07

AVERAGE MONTHLY FOOD COST IN FY 2022

\$28.9M

TO SPEND AT FOOD RETAILERS

\$13.8M

FORMULA REBATES RECEIVED

\$18.1M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF ARIZONA

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE INTER-TRIBAL COUNCIL OF ARIZONA?

6,657
WIC PARTICIPANTS

Pregnant women.....	399
Breastfeeding women.....	330
Postpartum women.....	385
Infants.....	1,327
Children.....	4,216

BREASTFEEDING IN WIC

The Inter-Tribal Council of Arizona WIC breastfeeding initiation rates increased by **50 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Inter-Tribal Council of Arizona in 2020, **20 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE INTER-TRIBAL COUNCIL OF ARIZONA

Childhood obesity rate, WIC toddlers, 2020..... **24%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$1.2M** in additional benefits to **5,388** participants.



Infant Formula: The Inter-Tribal Council of Arizona has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE INTER-TRIBAL COUNCIL OF ARIZONA WIC PARTICIPANT CHARACTERISTICS

\$20,709

AVERAGE FAMILY INCOME

85%

RECEIVED MEDICAID

\$36.00

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF ARIZONA ECONOMY IN FY 2022

\$2.9M

TO SPEND AT FOOD RETAILERS

\$1.6M

FORMULA REBATES RECEIVED

\$3.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF NEVADA

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE INTER-TRIBAL COUNCIL OF NEVADA?

601

WIC PARTICIPANTS

Pregnant women.....	37
Breastfeeding women.....	34
Postpartum women.....	34
Infants.....	102
Children.....	395

BREASTFEEDING IN WIC

The Inter-Tribal Council of Nevada WIC breastfeeding initiation rates increased by **53 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Inter-Tribal Council of Nevada in 2020, **20 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE INTER-TRIBAL COUNCIL OF NEVADA

Childhood obesity rate, WIC toddlers, 2020..... **18%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$115,488** in additional benefits to **501** participants.



Infant Formula: The Inter-Tribal Council of Nevada has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE INTER-TRIBAL COUNCIL OF NEVADA WIC PARTICIPANT CHARACTERISTICS

\$21,290

AVERAGE FAMILY INCOME

50%

RECEIVED MEDICAID

\$35.57

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF NEVADA ECONOMY IN FY 2022

\$256,619

TO SPEND AT FOOD RETAILERS

\$90,512

FORMULA REBATES RECEIVED

\$606,159

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



HOW WIC HELPS

THE INTER-TRIBAL COUNCIL OF OKLAHOMA

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE INTER-TRIBAL COUNCIL OF OKLAHOMA?

566

WIC PARTICIPANTS

Pregnant women.....	33
Breastfeeding women.....	41
Postpartum women.....	46
Infants.....	153
Children.....	293

BREASTFEEDING IN WIC

The Inter-Tribal Council of Oklahoma WIC breastfeeding initiation rates increased by **157 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Inter-Tribal Council of Oklahoma in 2020, **20 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE INTER-TRIBAL COUNCIL OF OKLAHOMA

Childhood obesity rate, WIC toddlers, 2020..... **9%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$100,437** in additional benefits to **411** participants.



Infant Formula: The Inter-Tribal Council of Oklahoma does not use contracting to procure infant formula.

THE INTER-TRIBAL COUNCIL OF OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

\$24,092

AVERAGE FAMILY INCOME

28%

RECEIVED MEDICAID

\$54.92

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF OKLAHOMA ECONOMY IN FY 2022

\$373,011

TO SPEND AT FOOD RETAILERS

\$41,168

FORMULA REBATES RECEIVED

\$376,444

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS KANSAS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN KANSAS PARTICIPATE IN WIC



OF ELIGIBLE INDIVIDUALS IN KANSAS PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN KANSAS?

44,209

WIC PARTICIPANTS

Pregnant women.....	3,725
Breastfeeding women.....	3,242
Postpartum women.....	2,618
Infants.....	10,114
Children.....	24,510

BREASTFEEDING IN WIC

Kansas WIC breastfeeding initiation rates increased by **15 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Kansas in 2020, **24 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$8.5M** in additional benefits to **34,538** participants.



Infant Formula: Kansas has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN KANSAS

The obesity rate among WIC toddlers in Kansas decreased **11 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**

MORTALITY AND BIRTH OUTCOMES IN KANSAS

Maternal mortality per 100,000 births, 2016-2020.....	19.9
Infant mortality per 1,000 live births, 2020.....	6.6
Preterm birth rate, 2020.....	10%

KANSAS WIC PARTICIPANT CHARACTERISTICS

\$22,828

AVERAGE FAMILY INCOME

68%

RECEIVED MEDICAID

\$42.57

AVERAGE MONTHLY FOOD COST IN FY 2022

\$22.6M

TO SPEND AT FOOD RETAILERS

\$11.5M

FORMULA REBATES RECEIVED

\$14.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

KENTUCKY



State WIC Director


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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



50% OF INFANTS BORN IN KENTUCKY PARTICIPATE IN WIC



53% OF ELIGIBLE INDIVIDUALS IN KENTUCKY PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN KENTUCKY?

108,667

WIC PARTICIPANTS


Pregnant women.....	9,066
Breastfeeding women.....	5,554
Postpartum women.....	7,163
Infants.....	25,814
Children.....	61,071

BREASTFEEDING IN WIC


Kentucky WIC breastfeeding initiation rates increased by **24 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Kentucky in 2020, **16 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$20.3M** in additional benefits to **84,544** participants.



Infant Formula: Kentucky has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN KENTUCKY

The obesity rate among WIC toddlers in Kentucky decreased **16 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN KENTUCKY

Maternal mortality per 100,000 births, 2016-2020.....	34.6
Infant mortality per 1,000 live births, 2020.....	6.4
Preterm birth rate, 2020.....	11%

KENTUCKY WIC PARTICIPANT CHARACTERISTICS

\$18,118	88%	\$43.47
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE KENTUCKY ECONOMY IN FY 2022

\$56.7M	\$21.9M	\$31.2M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

LOUISIANA




State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



46% OF INFANTS BORN IN LOUISIANA PARTICIPATE IN WIC



38% OF ELIGIBLE INDIVIDUALS IN LOUISIANA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN LOUISIANA?


84,355

WIC PARTICIPANTS


Pregnant women.....	7,943
Breastfeeding women.....	5,237
Postpartum women.....	10,245
Infants.....	26,633
Children.....	34,297

BREASTFEEDING IN WIC

Louisiana WIC breastfeeding initiation rates increased by **56 percent** between 2010 and 2018.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$15.7M** in additional benefits to **58,073** participants.



Infant Formula: Louisiana has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN LOUISIANA

There was no significant change in the obesity rate among WIC toddlers in Louisiana between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN LOUISIANA

Maternal mortality per 100,000 births, 2016-2020.....	38.7
Infant mortality per 1,000 live births, 2020.....	7.6
Preterm birth rate, 2020.....	13%

LOUISIANA WIC PARTICIPANT CHARACTERISTICS

\$16,068	74%	\$40.28
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE LOUISIANA ECONOMY IN FY 2022

\$40.8M	\$25.0M	\$31.5M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

MAINE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



31%

OF INFANTS BORN IN MAINE PARTICIPATE IN WIC



40%

OF ELIGIBLE INDIVIDUALS IN MAINE PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MAINE?

16,844

WIC PARTICIPANTS

Pregnant women.....	1,238
Breastfeeding women.....	1,265
Postpartum women.....	813
Infants.....	3,601
Children.....	9,927

BREASTFEEDING IN WIC

Maine WIC breastfeeding initiation rates increased by **19 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Maine in 2020, **30 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$3.2M** in additional benefits to **13,329** participants.



Infant Formula: Maine has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MAINE

There was no significant change in the obesity rate among WIC toddlers in Maine between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN MAINE

Infant mortality per 1,000 live births, 2020..... **6.3**

Preterm birth rate, 2020..... **9%**

MAINE WIC PARTICIPANT CHARACTERISTICS

\$21,935

AVERAGE FAMILY INCOME

78%

RECEIVED MEDICAID

\$42.49

AVERAGE MONTHLY FOOD COST IN FY 2022

\$8.6M

TO SPEND AT FOOD RETAILERS

\$3.5M

FORMULA REBATES RECEIVED

\$6.9M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

MARYLAND



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



40% OF INFANTS BORN IN MARYLAND PARTICIPATE IN WIC



60% OF ELIGIBLE INDIVIDUALS IN MARYLAND PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MARYLAND?

118,783

WIC PARTICIPANTS


Pregnant women.....	10,430
Breastfeeding women.....	11,250
Postpartum women.....	5,836
Infants.....	27,321
Children.....	63,945

BREASTFEEDING IN WIC


Maryland WIC breastfeeding initiation rates increased by **23 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Maryland in 2020, **31 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$23.3M** in additional benefits to **92,771** participants.



Infant Formula: Maryland has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MARYLAND

There was no significant change in the obesity rate among WIC toddlers in Maryland between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**

MORTALITY AND BIRTH OUTCOMES IN MARYLAND

Maternal mortality per 100,000 births, 2016-2020.....	17.8
Infant mortality per 1,000 live births, 2020.....	5.7
Preterm birth rate, 2020.....	10%

MARYLAND WIC PARTICIPANT CHARACTERISTICS

\$21,395	81%	\$44.70
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE MARYLAND ECONOMY IN FY 2022

\$63.7M	\$27.9M	\$31.2M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



MASSACHUSETTS

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

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34%

OF INFANTS BORN IN MASSACHUSETTS PARTICIPATE IN WIC



61%

OF ELIGIBLE INDIVIDUALS IN MASSACHUSETTS PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MASSACHUSETTS?

115,590

WIC PARTICIPANTS

Pregnant women.....	8,609
Breastfeeding women.....	9,090
Postpartum women.....	5,199
Infants.....	22,538
Children.....	70,154

BREASTFEEDING IN WIC

Massachusetts WIC breastfeeding initiation rates increased by **8 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Massachusetts in 2020, **29 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$22.6M** in additional benefits to **94,869** participants.



Infant Formula: Massachusetts has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MASSACHUSETTS

There was no significant change in the obesity rate among WIC toddlers in Massachusetts between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**

MORTALITY AND BIRTH OUTCOMES IN MASSACHUSETTS

Maternal mortality per 100,000 births, 2016-2020.....	14.1
Infant mortality per 1,000 live births, 2020.....	3.9
Preterm birth rate, 2020.....	9%

MASSACHUSETTS WIC PARTICIPANT CHARACTERISTICS

\$20,250

AVERAGE FAMILY INCOME

91%

RECEIVED MEDICAID

\$47.31

AVERAGE MONTHLY FOOD COST IN FY 2022

\$65.6M

TO SPEND AT FOOD RETAILERS

\$22.9M

FORMULA REBATES RECEIVED

\$27.3M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS THE MISSISSIPPI BAND OF CHOCTAW INDIANS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE MISSISSIPPI BAND OF CHOCTAW INDIANS?

771

WIC PARTICIPANTS

Pregnant women..... **66**

Breastfeeding women..... **31**

Postpartum women..... **64**

Infants..... **194**

Children..... **417**

BREASTFEEDING IN WIC

14%

of WIC infants in the Mississippi Band of Choctaw Indians initiated breastfeeding in 2020.

CHILDHOOD OBESITY IN WIC IN THE MISSISSIPPI BAND OF CHOCTAW INDIANS

Childhood obesity rate, WIC toddlers, 2020..... **30%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$141,284** in additional benefits to **585** participants.



Infant Formula: The Mississippi Band of Choctaw Indians has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE MISSISSIPPI BAND OF CHOCTAW INDIANS WIC PARTICIPANT CHARACTERISTICS

\$25,189

AVERAGE FAMILY INCOME

64%

RECEIVED MEDICAID

\$40.09

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE MISSISSIPPI BAND OF CHOCTAW INDIANS ECONOMY IN FY 2022

\$370,905

TO SPEND AT FOOD RETAILERS

\$177,289

FORMULA REBATES RECEIVED

\$422,160

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS MICHIGAN



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN MICHIGAN PARTICIPATE IN WIC



OF ELIGIBLE INDIVIDUALS IN MICHIGAN PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MICHIGAN?

200,223

WIC PARTICIPANTS

Pregnant women.....	16,879
Breastfeeding women.....	10,371
Postpartum women.....	12,488
Infants.....	44,475
Children.....	116,010

BREASTFEEDING IN WIC

Michigan WIC breastfeeding initiation rates increased by **24 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Michigan in 2020, **15 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$37.5M** in additional benefits to **157,235** participants.



Infant Formula: Michigan has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MICHIGAN

There was no significant change in the obesity rate among WIC toddlers in Michigan between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN MICHIGAN

Maternal mortality per 100,000 births, 2016-2020.....	18.7
Infant mortality per 1,000 live births, 2020.....	6.8
Preterm birth rate, 2020.....	10%

MICHIGAN WIC PARTICIPANT CHARACTERISTICS

\$19,086

AVERAGE FAMILY INCOME

81%

RECEIVED MEDICAID

\$40.65

AVERAGE MONTHLY FOOD COST IN FY 2022

\$97.7M

TO SPEND AT FOOD RETAILERS

\$36.6M

FORMULA REBATES RECEIVED

\$63.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

MINNESOTA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



32% OF INFANTS BORN IN MINNESOTA PARTICIPATE IN WIC



61% OF ELIGIBLE INDIVIDUALS IN MINNESOTA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MINNESOTA?

99,741

WIC PARTICIPANTS

Pregnant women.....	7,596
Breastfeeding women.....	8,501
Postpartum women.....	4,826
Infants.....	20,388
Children.....	58,429

BREASTFEEDING IN WIC

Minnesota WIC breastfeeding initiation rates increased by **9 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Minnesota in 2020, **35 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$19.5M** in additional benefits to **80,430** participants.



Infant Formula: Minnesota has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MINNESOTA

The obesity rate among WIC toddlers in Minnesota decreased **9 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**

MORTALITY AND BIRTH OUTCOMES IN MINNESOTA

Maternal mortality per 100,000 births, 2016-2020.....	10.4
Infant mortality per 1,000 live births, 2020.....	4.1
Preterm birth rate, 2020.....	9%

MINNESOTA WIC PARTICIPANT CHARACTERISTICS

\$31,462

AVERAGE FAMILY INCOME

89%

RECEIVED MEDICAID

\$47.98

AVERAGE MONTHLY FOOD COST IN FY 2022

\$57.4M

TO SPEND AT FOOD RETAILERS

\$21.8M

FORMULA REBATES RECEIVED

\$31.3M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS MISSISSIPPI



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



52%

OF INFANTS BORN IN MISSISSIPPI PARTICIPATE IN WIC



49%

OF ELIGIBLE INDIVIDUALS IN MISSISSIPPI PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MISSISSIPPI?

66,395

WIC PARTICIPANTS

Pregnant women.....	4,726
Breastfeeding women.....	3,025
Postpartum women.....	6,161
Infants.....	18,619
Children.....	33,864

BREASTFEEDING IN WIC

Mississippi WIC breastfeeding initiation rates increased by **35 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Mississippi in 2020, **11 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$11.5M** in additional benefits to **46,968** participants.



Infant Formula: Mississippi has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MISSISSIPPI

There was no significant change in the obesity rate among WIC toddlers in Mississippi between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN MISSISSIPPI

Maternal mortality per 100,000 births, 2016-2020.....	26.0
Infant mortality per 1,000 live births, 2020.....	8.1
Preterm birth rate, 2020.....	14%

MISSISSIPPI WIC PARTICIPANT CHARACTERISTICS

\$14,719

AVERAGE FAMILY INCOME

63%

RECEIVED MEDICAID

\$20.89

AVERAGE MONTHLY FOOD COST IN FY 2022

\$16.6M

TO SPEND AT FOOD RETAILERS

\$27.5M

FORMULA REBATES RECEIVED

\$16.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS MISSOURI



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN MISSOURI PARTICIPATE IN WIC



OF ELIGIBLE INDIVIDUALS IN MISSOURI PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MISSOURI?

83,666

WIC PARTICIPANTS

Pregnant women.....	8,026
Breastfeeding women.....	6,144
Postpartum women.....	6,713
Infants.....	23,322
Children.....	39,462

BREASTFEEDING IN WIC

Missouri WIC breastfeeding initiation rates increased by **28 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Missouri in 2020, **21 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$15.9M** in additional benefits to **61,327** participants.



Infant Formula: Missouri has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MISSOURI

The obesity rate among WIC toddlers in Missouri decreased **12 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN MISSOURI

Maternal mortality per 100,000 births, 2016-2020.....	23.5
Infant mortality per 1,000 live births, 2020.....	5.9
Preterm birth rate, 2020.....	11%

MISSOURI WIC PARTICIPANT CHARACTERISTICS

\$20,042

AVERAGE FAMILY INCOME

65%

RECEIVED MEDICAID

\$34.57

AVERAGE MONTHLY FOOD COST IN FY 2022

\$34.7M

TO SPEND AT FOOD RETAILERS

\$28.3M

FORMULA REBATES RECEIVED

\$28.4M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS MONTANA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



28%

OF INFANTS BORN IN MONTANA PARTICIPATE IN WIC



36%

OF ELIGIBLE INDIVIDUALS IN MONTANA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN MONTANA?

13,825

WIC PARTICIPANTS

Pregnant women.....	1,077
Breastfeeding women.....	1,089
Postpartum women.....	634
Infants.....	3,030
Children.....	7,996

BREASTFEEDING IN WIC

Montana WIC breastfeeding initiation rates increased by **9 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Montana in 2020, **32 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.6M** in additional benefits to **10,830** participants.



Infant Formula: Montana has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN MONTANA

The obesity rate among WIC toddlers in Montana decreased **19 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **11%**

MORTALITY AND BIRTH OUTCOMES IN MONTANA

Maternal mortality per 100,000 births, 2016-2020.....	22.6
Infant mortality per 1,000 live births, 2020.....	5.0
Preterm birth rate, 2020.....	10%

MONTANA WIC PARTICIPANT CHARACTERISTICS

\$18,534

AVERAGE FAMILY INCOME

56%

RECEIVED MEDICAID

\$43.52

AVERAGE MONTHLY FOOD COST IN FY 2022

\$7.2M

TO SPEND AT FOOD RETAILERS

\$3.0M

FORMULA REBATES RECEIVED

\$6.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE MUSCOGEE CREEK NATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE MUSCOGEE CREEK NATION?

2,273

WIC PARTICIPANTS

Pregnant women..... **148**

Breastfeeding women..... **91**

Postpartum women..... **157**

Infants..... **466**

Children..... **1,412**

BREASTFEEDING IN WIC

The Muscogee Creek Nation WIC breastfeeding initiation rates increased by **81 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Muscogee Creek Nation in 2020, **18 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE MUSCOGEE CREEK NATION

Childhood obesity rate, WIC toddlers, 2020..... **13%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$415,226** in additional benefits to **1,813** participants.



Infant Formula: The Muscogee Creek Nation has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE MUSCOGEE CREEK NATION WIC PARTICIPANT CHARACTERISTICS

\$18,258

AVERAGE FAMILY INCOME

85%

RECEIVED MEDICAID

\$34.06

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE MUSCOGEE CREEK ECONOMY IN FY 2022

\$929,149

TO SPEND AT FOOD RETAILERS

\$620,122

FORMULA REBATES RECEIVED

\$918,739

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



THE NAVAJO NATION


State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE NAVAJO NATION?

4,273

WIC PARTICIPANTS

Pregnant women.....	302
Breastfeeding women.....	366
Postpartum women.....	170
Infants.....	826
Children.....	2,611

BREASTFEEDING IN WIC


The Navajo Nation WIC breastfeeding initiation rates increased by **6 percent** between 1998 and 2020.




Among WIC infants who initiated breastfeeding in the Navajo Nation in 2020, **40 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE NAVAJO NATION

Childhood obesity rate, WIC toddlers, 2020..... **20%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$820,990** in additional benefits to **3,441** participants.



Infant Formula: The Navajo Nation has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE NAVAJO NATION WIC PARTICIPANT CHARACTERISTICS

\$16,017	78%	\$42.64
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE NAVAJO NATION ECONOMY IN FY 2022

\$2.2M	\$0.6M	\$2.7M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

NEBRASKA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



30%

OF INFANTS BORN IN NEBRASKA PARTICIPATE IN WIC



53%

OF ELIGIBLE INDIVIDUALS IN NEBRASKA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NEBRASKA?

35,243

WIC PARTICIPANTS

Pregnant women.....	2,391
Breastfeeding women.....	2,637
Postpartum women.....	2,146
Infants.....	7,348
Children.....	20,721

BREASTFEEDING IN WIC

Nebraska WIC breastfeeding initiation rates increased by **15 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Nebraska in 2020, **20 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$6.7M** in additional benefits to **27,986** participants.



Infant Formula: Nebraska has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NEBRASKA

There was no significant change in the obesity rate among WIC toddlers in Nebraska between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN NEBRASKA

Maternal mortality per 100,000 births, 2016-2020.....	23.6
Infant mortality per 1,000 live births, 2020.....	5.7
Preterm birth rate, 2020.....	10%

NEBRASKA WIC PARTICIPANT CHARACTERISTICS

\$22,655

AVERAGE FAMILY INCOME

69%

RECEIVED MEDICAID

\$41.30

AVERAGE MONTHLY FOOD COST IN FY 2022

\$17.5M

TO SPEND AT FOOD RETAILERS

\$9.5M

FORMULA REBATES RECEIVED

\$10.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS NEVADA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



36%

OF INFANTS BORN IN NEVADA PARTICIPATE IN WIC



48%

OF ELIGIBLE INDIVIDUALS IN NEVADA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NEVADA?

51,973

WIC PARTICIPANTS

Pregnant women.....	3,408
Breastfeeding women.....	4,100
Postpartum women.....	3,613
Infants.....	12,000
Children.....	28,851

BREASTFEEDING IN WIC

Nevada WIC breastfeeding initiation rates increased by **27 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in Nevada in 2020, **18 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$9.7M** in additional benefits to **39,623** participants.



Infant Formula: Nevada has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NEVADA

The obesity rate among WIC toddlers in Nevada decreased **31 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **10%**

MORTALITY AND BIRTH OUTCOMES IN NEVADA

Maternal mortality per 100,000 births, 2016-2020.....	19.3
Infant mortality per 1,000 live births, 2020.....	4.6
Preterm birth rate, 2020.....	11%

NEVADA WIC PARTICIPANT CHARACTERISTICS

\$19,042

AVERAGE FAMILY INCOME

30%

RECEIVED MEDICAID

\$44.71

AVERAGE MONTHLY FOOD COST IN FY 2022

\$27.9M

TO SPEND AT FOOD RETAILERS

\$13.2M

FORMULA REBATES RECEIVED

\$16.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



NEW HAMPSHIRE

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.


State WIC Director

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22% OF INFANTS BORN IN NEW HAMPSHIRE PARTICIPATE IN WIC



44% OF ELIGIBLE INDIVIDUALS IN NEW HAMPSHIRE PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NEW HAMPSHIRE?

13,641

WIC PARTICIPANTS


Pregnant women.....	914
Breastfeeding women.....	918
Postpartum women.....	659
Infants.....	2,565
Children.....	8,584

BREASTFEEDING IN WIC


New Hampshire WIC breastfeeding initiation rates increased by **9 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in New Hampshire in 2020, **30 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.6M** in additional benefits to **10,988** participants.



Infant Formula: New Hampshire has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NEW HAMPSHIRE

There was no significant change in the obesity rate among WIC toddlers in New Hampshire between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN NEW HAMPSHIRE

Infant mortality per 1,000 live births, 2020..... **4.4**

Preterm birth rate, 2020..... **8%**

NEW HAMPSHIRE WIC PARTICIPANT CHARACTERISTICS

\$22,827	79%	\$35.94
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE NEW HAMPSHIRE ECONOMY IN FY 2022

\$5.9M	\$2.6M	\$4.4M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

NEW JERSEY



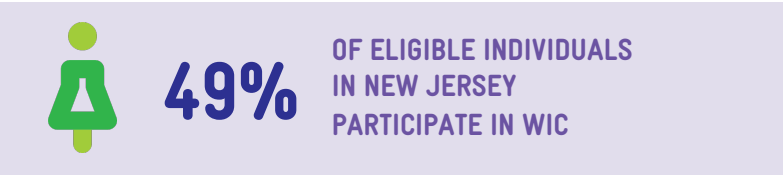
State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



WHO PARTICIPATES IN WIC IN NEW JERSEY?

145,627

WIC PARTICIPANTS

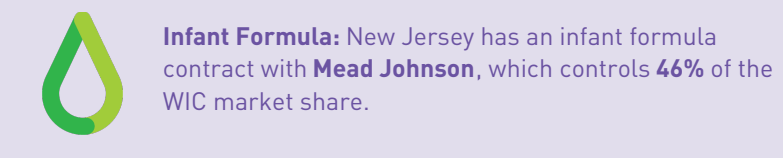
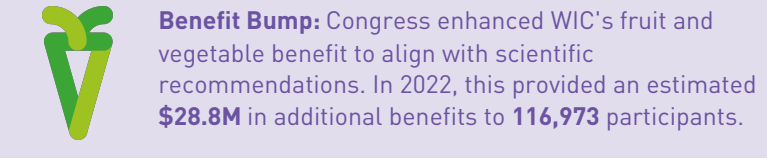
Pregnant women.....	10,229
Breastfeeding women.....	14,284
Postpartum women.....	7,012
Infants.....	30,875
Children.....	83,227

BREASTFEEDING IN WIC

New Jersey WIC breastfeeding initiation rates increased by **22 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in New Jersey in 2020, **17 percent** continued breastfeeding at 6 months.



CHILDHOOD OBESITY IN WIC IN NEW JERSEY

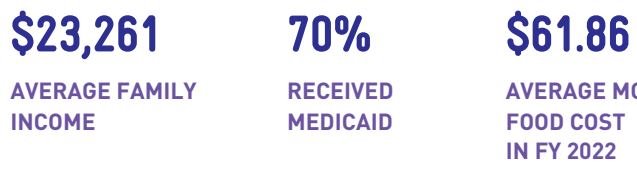
The obesity rate among WIC toddlers in New Jersey decreased **19 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

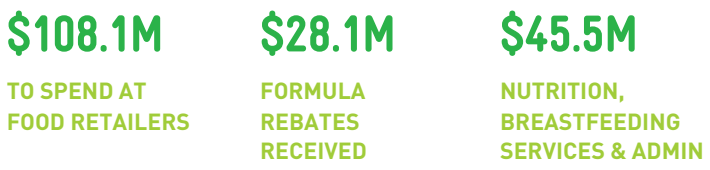
MORTALITY AND BIRTH OUTCOMES IN NEW JERSEY

Maternal mortality per 100,000 births, 2016-2020.....	21.7
Infant mortality per 1,000 live births, 2020.....	4.0
Preterm birth rate, 2020.....	9%

NEW JERSEY WIC PARTICIPANT CHARACTERISTICS



HOW WIC SUPPORTED THE NEW JERSEY ECONOMY IN FY 2022



Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



NEW MEXICO

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director

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36%

OF INFANTS BORN IN NEW MEXICO PARTICIPATE IN WIC



41%

OF ELIGIBLE INDIVIDUALS IN NEW MEXICO PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NEW MEXICO?

32,169

WIC PARTICIPANTS

Pregnant women.....	2,837
Breastfeeding women.....	3,116
Postpartum women.....	2,083
Infants.....	7,950
Children.....	16,183

BREASTFEEDING IN WIC

New Mexico WIC breastfeeding initiation rates increased by **11 percent** between 2010 and 2018.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$6.5M** in additional benefits to **24,978** participants.



Infant Formula: New Mexico has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NEW MEXICO

The obesity rate among WIC toddlers in New Mexico decreased **19 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN NEW MEXICO

Maternal mortality per 100,000 births, 2016-2020.....	18.9
Infant mortality per 1,000 live births, 2020.....	5.3
Preterm birth rate, 2020.....	10%

NEW MEXICO WIC PARTICIPANT CHARACTERISTICS

\$24,896

AVERAGE FAMILY INCOME

74%

RECEIVED MEDICAID

\$43.34

AVERAGE MONTHLY FOOD COST IN FY 2022

\$16.7M

TO SPEND AT FOOD RETAILERS

\$7.3M

FORMULA REBATES RECEIVED

\$17.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS NEW YORK



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



40%

OF INFANTS BORN IN
NEW YORK
PARTICIPATE IN WIC



51%

OF ELIGIBLE INDIVIDUALS
IN NEW YORK
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NEW YORK?

387,415

WIC PARTICIPANTS

Pregnant women.....	27,686
Breastfeeding women.....	39,994
Postpartum women.....	16,078
Infants.....	83,859
Children.....	219,798

BREASTFEEDING IN WIC

New York WIC breastfeeding initiation rates increased by **10 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in New York in 2020, **25 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$75.8M** in additional benefits to **308,064** participants.



Infant Formula: New York has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NEW YORK

The obesity rate among WIC toddlers in New York decreased **16 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN NEW YORK

Maternal mortality per 100,000 births, 2016-2020..... **17.7**

Infant mortality per 1,000 live births, 2020..... **4.1**

Preterm birth rate, 2020..... **9%**

NEW YORK WIC PARTICIPANT CHARACTERISTICS

\$21,535

AVERAGE FAMILY
INCOME

77%

RECEIVED
MEDICAID

\$65.05

AVERAGE MONTHLY
FOOD COST
IN FY 2022

\$302.4M

TO SPEND AT
FOOD RETAILERS

\$89.3M

FORMULA
REBATES
RECEIVED

\$114.4M

NUTRITION,
BREASTFEEDING
SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

NORTH CAROLINA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



49%

OF INFANTS BORN IN NORTH CAROLINA PARTICIPATE IN WIC



56%

OF ELIGIBLE INDIVIDUALS IN NORTH CAROLINA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NORTH CAROLINA?

258,151

WIC PARTICIPANTS

Pregnant women.....	21,848
Breastfeeding women.....	20,632
Postpartum women.....	13,696
Infants.....	57,673
Children.....	144,302

CHILDHOOD OBESITY IN WIC IN NORTH CAROLINA

The obesity rate among WIC toddlers in North Carolina increased **1 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **14%**

MORTALITY AND BIRTH OUTCOMES IN NORTH CAROLINA

Maternal mortality per 100,000 births, 2016-2020..... **20.7**

Infant mortality per 1,000 live births, 2020..... **6.8**

Preterm birth rate, 2020..... **11%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$49.8M** in additional benefits to **202,326** participants.



Infant Formula: North Carolina has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

NORTH CAROLINA WIC PARTICIPANT CHARACTERISTICS

\$13,372

AVERAGE FAMILY INCOME

86%

RECEIVED MEDICAID

\$39.81

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE NORTH CAROLINA ECONOMY IN FY 2022

\$123.3M

TO SPEND AT FOOD RETAILERS

\$53.5M

FORMULA REBATES RECEIVED

\$56.5M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

NORTH DAKOTA

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director

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OF INFANTS BORN IN NORTH DAKOTA PARTICIPATE IN WIC



OF ELIGIBLE INDIVIDUALS IN NORTH DAKOTA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NORTH DAKOTA?

9,848

WIC PARTICIPANTS

Pregnant women.....	636
Breastfeeding women.....	693
Postpartum women.....	609
Infants.....	2,107
Children.....	5,803

BREASTFEEDING IN WIC

North Dakota WIC breastfeeding initiation rates increased by **29 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in North Dakota in 2020, **25 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$1.9M** in additional benefits to **7,800** participants.



Infant Formula: North Dakota has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN NORTH DAKOTA

The obesity rate among WIC toddlers in North Dakota increased **10 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN NORTH DAKOTA

Maternal mortality per 100,000 births, 2016-2020.....	20.6
Infant mortality per 1,000 live births, 2020.....	5.5
Preterm birth rate, 2020.....	10%

NORTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

\$23,803

AVERAGE FAMILY INCOME

47%

RECEIVED MEDICAID

\$43.51

AVERAGE MONTHLY FOOD COST IN FY 2022

\$5.1M

TO SPEND AT FOOD RETAILERS

\$2.8M

FORMULA REBATES RECEIVED

\$4.4M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



NORTHERN ARAPAHO

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN NORTHERN ARAPAHO?

160 WIC PARTICIPANTS

Pregnant women.....	14
Breastfeeding women.....	14
Postpartum women.....	15
Infants.....	56
Children.....	60


BREASTFEEDING IN WIC

The Northern Arapaho Tribe WIC breastfeeding initiation rates increased by **38 percent** between 2004 and 2020.




CHILDHOOD OBESITY IN WIC IN NORTHERN ARAPAHO

Childhood obesity rate, WIC toddlers, 2020..... **21%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$31,161** in additional benefits to **115** participants.



Infant Formula: The Northern Arapaho Tribe does not use contracting to procure infant formula.

NORTHERN ARAPAHO WIC PARTICIPANT CHARACTERISTICS

\$1,698	76%	\$52.78
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE NORTHERN ARAPAHO ECONOMY IN FY 2022

\$101,068	\$389,561
TO SPEND AT FOOD RETAILERS	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

OHIO



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



31% OF INFANTS BORN IN OHIO PARTICIPATE IN WIC



42% OF ELIGIBLE INDIVIDUALS IN OHIO PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN OHIO?

160,145

WIC PARTICIPANTS


Pregnant women.....	11,502
Breastfeeding women.....	12,140
Postpartum women.....	14,456
Infants.....	40,358
Children.....	81,690

BREASTFEEDING IN WIC


Ohio WIC breastfeeding initiation rates increased by **32 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Ohio in 2020, **19 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$30.7M** in additional benefits to **121,365** participants.



Infant Formula: Ohio has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN OHIO

There was no significant change in the obesity rate among WIC toddlers in Ohio between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN OHIO

Maternal mortality per 100,000 births, 2016-2020.....	20.6
Infant mortality per 1,000 live births, 2020.....	6.7
Preterm birth rate, 2020.....	10%

OHIO WIC PARTICIPANT CHARACTERISTICS

\$20,480	88%	\$43.02
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE OHIO ECONOMY IN FY 2022

\$82.7M	\$36.5M	\$49.8M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

OKLAHOMA



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



34%

OF INFANTS BORN IN OKLAHOMA PARTICIPATE IN WIC



49%

OF ELIGIBLE INDIVIDUALS IN OKLAHOMA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN OKLAHOMA?

63,731

WIC PARTICIPANTS

Pregnant women.....	7,131
Breastfeeding women.....	4,575
Postpartum women.....	3,805
Infants.....	16,257
Children.....	31,963

BREASTFEEDING IN WIC

Oklahoma WIC breastfeeding initiation rates increased by **10 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Oklahoma in 2020, **9 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$12.2M** in additional benefits to **47,790** participants.



Infant Formula: Oklahoma has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN OKLAHOMA

The obesity rate among WIC toddlers in Oklahoma decreased **16 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN OKLAHOMA

Maternal mortality per 100,000 births, 2016-2020.....	23.7
Infant mortality per 1,000 live births, 2020.....	5.9
Preterm birth rate, 2020.....	11%

OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

\$21,229

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$37.75

AVERAGE MONTHLY FOOD COST IN FY 2022

\$28.9M

TO SPEND AT FOOD RETAILERS

\$19.3M

FORMULA REBATES RECEIVED

\$15.4M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



THE OMAHA NATION


Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.


State WIC Director

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39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE OMAHA NATION?

197 WIC PARTICIPANTS


Pregnant women.....	17
Breastfeeding women.....	6
Postpartum women.....	8
Infants.....	58
Children.....	108

BREASTFEEDING IN WIC


36% of WIC infants in the Omaha Nation initiated breastfeeding in 2020.

CHILDHOOD OBESITY IN WIC IN THE OMAHA NATION

Childhood obesity rate, WIC toddlers, 2020..... **26%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$35,045** in additional benefits to **153** participants.



Infant Formula: The Omaha Nation does not use contracting to procure infant formula.

THE OMAHA NATION WIC PARTICIPANT CHARACTERISTICS

21% RECEIVED MEDICAID

\$66.80 AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE OMAHA NATION ECONOMY IN FY 2022

\$157,578 TO SPEND AT FOOD RETAILERS

\$276,717 NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS OREGON



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



36%

OF INFANTS BORN IN OREGON PARTICIPATE IN WIC



56%

OF ELIGIBLE INDIVIDUALS IN OREGON PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN OREGON?

74,184

WIC PARTICIPANTS

Pregnant women.....	5,236
Breastfeeding women.....	6,267
Postpartum women.....	3,832
Infants.....	14,249
Children.....	44,601

BREASTFEEDING IN WIC

Oregon WIC breastfeeding initiation rates increased by **70 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in Oregon in 2020, **38 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$14.6M** in additional benefits to **60,588** participants.



Infant Formula: Oregon has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN OREGON

The obesity rate among WIC toddlers in Oregon decreased **7 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN OREGON

Maternal mortality per 100,000 births, 2016-2020.....	15.0
Infant mortality per 1,000 live births, 2020.....	4.2
Preterm birth rate, 2020.....	8%

OREGON WIC PARTICIPANT CHARACTERISTICS

\$22,524

AVERAGE FAMILY INCOME

90%

RECEIVED MEDICAID

\$41.98

AVERAGE MONTHLY FOOD COST IN FY 2022

\$37.4M

TO SPEND AT FOOD RETAILERS

\$11.5M

FORMULA REBATES RECEIVED

\$28.1M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



THE OSAGE NATION

State WIC Director


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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE OSAGE NATION?

3,930
WIC PARTICIPANTS

Pregnant women.....	218
Breastfeeding women.....	241
Postpartum women.....	254
Infants.....	917
Children.....	2,300

BREASTFEEDING IN WIC


The Osage Nation WIC breastfeeding initiation rates increased by **71 percent** between 1998 and 2020.




Among WIC infants who initiated breastfeeding in the Osage Nation in 2020, **21 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE OSAGE NATION

Childhood obesity rate, WIC toddlers, 2020..... **14%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$714,440** in additional benefits to **3,058** participants.



Infant Formula: The Osage Nation has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE OSAGE NATION WIC PARTICIPANT CHARACTERISTICS

\$4,484	84%	\$30.07
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE OSAGE NATION ECONOMY IN FY 2022

\$1.4M	\$1.2M	\$1.3M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE OTOE-MISSOURIA TRIBE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE OTOE-MISSOURIA TRIBE?

233

WIC PARTICIPANTS

Pregnant women.....	18
Breastfeeding women.....	12
Postpartum women.....	25
Infants.....	71
Children.....	109

BREASTFEEDING IN WIC

The Otoe-Missouria Tribe WIC breastfeeding initiation rates increased by **36 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Otoe-Missouria Tribe in 2020, **23 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE OTOE-MISSOURIA TRIBE

Childhood obesity rate, WIC toddlers, 2020..... **22%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$39,726** in additional benefits to **158** participants.



Infant Formula: The Otoe-Missouria Tribe has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE OTOE-MISSOURIA TRIBE WIC PARTICIPANT CHARACTERISTICS

\$25,263

AVERAGE FAMILY INCOME

72%

RECEIVED MEDICAID

\$32.97

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE OTOE-MISSOURIA TRIBE ECONOMY IN FY 2022

\$92,296

TO SPEND AT FOOD RETAILERS

\$91,578

FORMULA REBATES RECEIVED

\$493,260

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

PENNSYLVANIA

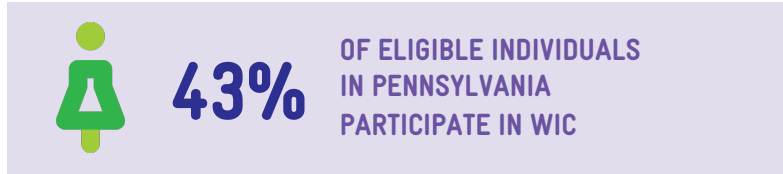
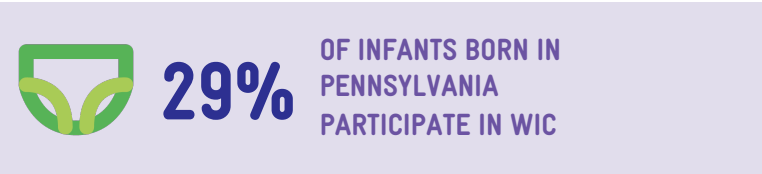
Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director

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WHO PARTICIPATES IN WIC IN PENNSYLVANIA?

158,228

WIC PARTICIPANTS

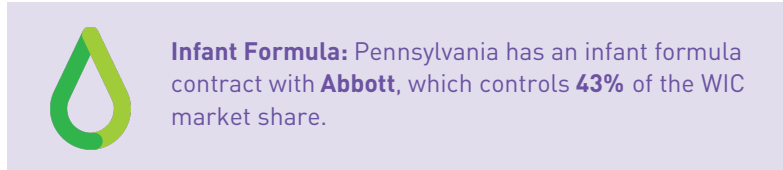
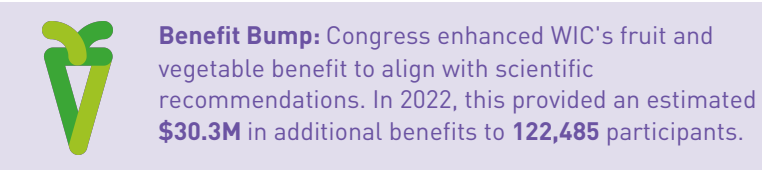
Pregnant women.....	11,720
Breastfeeding women.....	8,606
Postpartum women.....	15,352
Infants.....	37,909
Children.....	84,642

BREASTFEEDING IN WIC

Pennsylvania WIC breastfeeding initiation rates increased by **22 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Pennsylvania in 2020, **13 percent** continued breastfeeding at 6 months.



CHILDHOOD OBESITY IN WIC IN PENNSYLVANIA

There was no significant change in the obesity rate among WIC toddlers in Pennsylvania between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN PENNSYLVANIA

Maternal mortality per 100,000 births, 2016-2020.....	14.6
Infant mortality per 1,000 live births, 2020.....	5.6
Preterm birth rate, 2020.....	10%

PENNSYLVANIA WIC PARTICIPANT CHARACTERISTICS

\$22,201	75%	\$45.94
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE PENNSYLVANIA ECONOMY IN FY 2022

\$87.2M	\$38.9M	\$59.0M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

THE PLEASANT POINT PASSAMAQUODDY RESERVATION



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE PLEASANT POINT PASSAMAQUODDY RESERVATION?

35

WIC PARTICIPANTS

Pregnant women.....	4
Breastfeeding women.....	4
Postpartum women.....	1
Infants.....	4
Children.....	21

BREASTFEEDING IN WIC

The Pleasant Point Reservation WIC breastfeeding initiation rates increased by **126 percent** between 1998 and 2020.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$7,786** in additional benefits to **31** participants.



Infant Formula: The Pleasant Point Reservation does not use contracting to procure infant formula.

THE PLEASANT POINT PASSAMAQUODDY RESERVATION WIC PARTICIPANT CHARACTERISTICS

\$15,553

AVERAGE FAMILY INCOME

86%

RECEIVED MEDICAID

\$59.70

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE PLEASANT POINT PASSAMAQUODDY RESERVATION ECONOMY IN FY 2022

\$24,774

TO SPEND AT FOOD RETAILERS

\$47,234

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



THE PUEBLO OF ISLETA

State WIC Director


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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE PUEBLO OF ISLETA?

945

WIC PARTICIPANTS

Pregnant women.....	50
Breastfeeding women.....	72
Postpartum women.....	73
Infants.....	258
Children.....	492

BREASTFEEDING IN WIC


The Pueblo of Isleta WIC breastfeeding initiation rates increased by **90 percent** between 1998 and 2020.




Among WIC infants who initiated breastfeeding in the Pueblo of Isleta in 2020, **23 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE PUEBLO OF ISLETA

Childhood obesity rate, WIC toddlers, 2020..... **8%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$166,187** in additional benefits to **677** participants.



Infant Formula: The Pueblo of Isleta has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE PUEBLO OF ISLETA WIC PARTICIPANT CHARACTERISTICS

\$26,231	75%	\$42.03
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE PUEBLO OF ISLETA ECONOMY IN FY 2022

\$476,708	\$167,822	\$431,675
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

PUERTO RICO



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



98%

OF INFANTS BORN IN
PUERTO RICO
PARTICIPATE IN WIC



81%

OF ELIGIBLE INDIVIDUALS
IN PUERTO RICO
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN PUERTO RICO?

91,961

WIC PARTICIPANTS

Pregnant women.....	8,468
Breastfeeding women.....	6,550
Postpartum women.....	4,556
Infants.....	18,479
Children.....	53,909

BREASTFEEDING IN WIC

Puerto Rico WIC breastfeeding initiation rates increased by **50 percent** between 2004 and 2020.



CHILDHOOD OBESITY IN WIC IN PUERTO RICO

The obesity rate among WIC toddlers in Puerto Rico decreased **40 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$16.6M** in additional benefits to **68,393** participants.



Infant Formula: Puerto Rico has an infant formula contract with **Mead Johnson**, which controls **11%** of the WIC market share.

PUERTO RICO WIC PARTICIPANT CHARACTERISTICS

\$9,043

AVERAGE FAMILY INCOME

65%

RECEIVED MEDICAID

\$109.97

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE PUERTO RICO ECONOMY IN FY 2022

\$121.4M

TO SPEND AT FOOD RETAILERS

\$8.6M

FORMULA REBATES RECEIVED

\$34.4M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

RHODE ISLAND

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director

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38% OF INFANTS BORN IN RHODE ISLAND PARTICIPATE IN WIC

55% OF ELIGIBLE INDIVIDUALS IN RHODE ISLAND PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN RHODE ISLAND?

16,188

WIC PARTICIPANTS

Pregnant women.....	1,228
Breastfeeding women.....	1,168
Postpartum women.....	1,168
Infants.....	3,816
Children.....	8,809

BREASTFEEDING IN WIC

Rhode Island WIC breastfeeding initiation rates increased by **29 percent** between 2010 and 2018.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$3.1M** in additional benefits to **12,424** participants.

Infant Formula: Rhode Island has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN RHODE ISLAND

There was no significant change in the obesity rate among WIC toddlers in Rhode Island between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**

MORTALITY AND BIRTH OUTCOMES IN RHODE ISLAND

Infant mortality per 1,000 live births, 2020..... **4.0**

Preterm birth rate, 2020..... **9%**

RHODE ISLAND WIC PARTICIPANT CHARACTERISTICS

\$21,360	86%	\$38.22
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE RHODE ISLAND ECONOMY IN FY 2022

\$7.4M	\$5.3M	\$6.5M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE ROSEBUD SIOUX TRIBE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE ROSEBUD SIOUX TRIBE?

855

WIC PARTICIPANTS

Pregnant women.....	65
Breastfeeding women.....	48
Postpartum women.....	46
Infants.....	177
Children.....	520

BREASTFEEDING IN WIC

2020 **50%**

Among WIC infants who initiated breastfeeding in the Rosebud Sioux Tribe in 2020, **12 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE ROSEBUD SIOUX TRIBE

Childhood obesity rate, WIC toddlers, 2020..... **21%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$162,090** in additional benefits to **692** participants.



Infant Formula: The Rosebud Sioux Tribe has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

THE ROSEBUD SIOUX TRIBE WIC PARTICIPANT CHARACTERISTICS

\$7,515

AVERAGE FAMILY INCOME

68%

RECEIVED MEDICAID

\$70.97

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE ROSEBUD SIOUX TRIBE ECONOMY IN FY 2022

\$728,246

TO SPEND AT FOOD RETAILERS

\$126,286

FORMULA REBATES RECEIVED

\$781,531

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE PUEBLO OF SAN FELIPE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE PUEBLO OF SAN FELIPE?

170

WIC PARTICIPANTS

Pregnant women.....	11
Breastfeeding women.....	18
Postpartum women.....	6
Infants.....	35
Children.....	101

BREASTFEEDING IN WIC

The Pueblo of San Felipe WIC breastfeeding initiation rates increased by **61 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Pueblo of San Felipe in 2020, **35 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE PUEBLO OF SAN FELIPE

Childhood obesity rate, WIC toddlers, 2020..... **26%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$34,825** in additional benefits to **144** participants.



Infant Formula: The Pueblo of San Felipe does not use contracting to procure infant formula.

THE PUEBLO OF SAN FELIPE WIC PARTICIPANT CHARACTERISTICS

\$21,054

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$199.22

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE PUEBLO OF SAN FELIPE ECONOMY IN FY 2022

\$406,800

TO SPEND AT FOOD RETAILERS

\$272,140

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



THE SANTEE SIOUX

State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39% OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50% OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE SANTEE SIOUX?

44
WIC PARTICIPANTS

Pregnant women.....	5
Breastfeeding women.....	1
Postpartum women.....	1
Infants.....	12
Children.....	26


BREASTFEEDING IN WIC

The Santee Sioux Nation WIC breastfeeding initiation rates increased by **92 percent** between 2014 and 2020.




CHILDHOOD OBESITY IN WIC IN THE SANTEE SIOUX

Childhood obesity rate, WIC toddlers, 2020..... **25%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$7,402** in additional benefits to **32** participants.



Infant Formula: The Santee Sioux Nation does not use contracting to procure infant formula.

THE SANTEE SIOUX WIC PARTICIPANT CHARACTERISTICS

\$10,968
AVERAGE FAMILY INCOME

\$87.98
AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE SANTEE SIOUX ECONOMY IN FY 2022

\$46,365
TO SPEND AT FOOD RETAILERS

\$62,448
NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

SANTO DOMINGO PUEBLO



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN SANTO DOMINGO PUEBLO?

122

WIC PARTICIPANTS

Pregnant women.....	8
Breastfeeding women.....	9
Postpartum women.....	4
Infants.....	19
Children.....	83

BREASTFEEDING IN WIC

The Santo Domingo Pueblo WIC breastfeeding initiation rates increased by **274 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Santo Domingo Pueblo in 2020, **58 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN SANTO DOMINGO PUEBLO

Childhood obesity rate, WIC toddlers, 2020..... **33%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$23,749** in additional benefits to **103** participants.



Infant Formula: The Santo Domingo Pueblo does not use contracting to procure infant formula.

SANTO DOMINGO PUEBLO WIC PARTICIPANT CHARACTERISTICS

\$13,589

AVERAGE FAMILY INCOME

74%

RECEIVED MEDICAID

\$163.23

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE SANTO DOMINGO PUEBLO ECONOMY IN FY 2022

\$239,452

TO SPEND AT FOOD RETAILERS

\$325,594

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



40%

OF INFANTS BORN IN SOUTH CAROLINA PARTICIPATE IN WIC



38%

OF ELIGIBLE INDIVIDUALS IN SOUTH CAROLINA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN SOUTH CAROLINA?

86,233

WIC PARTICIPANTS

Pregnant women.....	6,983
Breastfeeding women.....	5,213
Postpartum women.....	6,529
Infants.....	22,149
Children.....	45,360

BREASTFEEDING IN WIC

South Carolina WIC breastfeeding initiation rates increased by **31 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in South Carolina in 2020, **11 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$16.0M** in additional benefits to **64,726** participants.



Infant Formula: South Carolina has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN SOUTH CAROLINA

There was no significant change in the obesity rate among WIC toddlers in South Carolina between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **13%**

MORTALITY AND BIRTH OUTCOMES IN SOUTH CAROLINA

Maternal mortality per 100,000 births, 2016-2020.....	27.8
Infant mortality per 1,000 live births, 2020.....	6.6
Preterm birth rate, 2020.....	12%

SOUTH CAROLINA WIC PARTICIPANT CHARACTERISTICS

\$17,476

AVERAGE FAMILY INCOME

71%

RECEIVED MEDICAID

\$38.76

AVERAGE MONTHLY FOOD COST IN FY 2022

\$40.1M

TO SPEND AT FOOD RETAILERS

\$26.9M

FORMULA REBATES RECEIVED

\$26.1M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



29%

OF INFANTS BORN IN SOUTH DAKOTA PARTICIPATE IN WIC



49%

OF ELIGIBLE INDIVIDUALS IN SOUTH DAKOTA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN SOUTH DAKOTA?

13,728

WIC PARTICIPANTS

Pregnant women.....	1,016
Breastfeeding women.....	983
Postpartum women.....	656
Infants.....	3,126
Children.....	7,947

BREASTFEEDING IN WIC

South Dakota WIC breastfeeding initiation rates increased by **23 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in South Dakota in 2020, **17 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.5M** in additional benefits to **10,607** participants.



Infant Formula: South Dakota has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN SOUTH DAKOTA

The obesity rate among WIC toddlers in South Dakota decreased **9 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN SOUTH DAKOTA

Maternal mortality per 100,000 births, 2016-2020.....	18.7
Infant mortality per 1,000 live births, 2020.....	7.3
Preterm birth rate, 2020.....	9%

SOUTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

\$15,047

AVERAGE FAMILY INCOME

79%

RECEIVED MEDICAID

\$43.52

AVERAGE MONTHLY FOOD COST IN FY 2022

\$7.2M

TO SPEND AT FOOD RETAILERS

\$3.4M

FORMULA REBATES RECEIVED

\$8.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE STANDING ROCK SIOUX TRIBE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE STANDING ROCK SIOUX TRIBE?

251

WIC PARTICIPANTS

Pregnant women..... 14

Breastfeeding women..... 10

Postpartum women..... 12

Infants..... 76

Children..... 139

BREASTFEEDING IN WIC

39%

of WIC infants in the Standing Rock Sioux Tribe initiated breastfeeding in 2020.

CHILDHOOD OBESITY IN WIC IN THE STANDING ROCK SIOUX TRIBE

Childhood obesity rate, WIC toddlers, 2020..... 19%



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$38,524** in additional benefits to **173** participants.



Infant Formula: The Standing Rock Sioux Tribe does not use contracting to procure infant formula.

THE STANDING ROCK SIOUX TRIBE WIC PARTICIPANT CHARACTERISTICS

\$4,899

AVERAGE FAMILY INCOME

62%

RECEIVED MEDICAID

\$59.20

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE STANDING ROCK SIOUX TRIBE ECONOMY IN FY 2022

\$178,322

TO SPEND AT FOOD RETAILERS

\$21,214

FORMULA REBATES RECEIVED

\$1,701,609

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN TENNESSEE PARTICIPATE IN WIC



37%

OF ELIGIBLE INDIVIDUALS IN TENNESSEE PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN TENNESSEE?

114,799

WIC PARTICIPANTS

Pregnant women.....	10,816
Breastfeeding women.....	8,473
Postpartum women.....	9,280
Infants.....	31,046
Children.....	55,184

BREASTFEEDING IN WIC

Tennessee WIC breastfeeding initiation rates increased by **190 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in Tennessee in 2020, **18 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$22.1M** in additional benefits to **85,672** participants.



Infant Formula: Tennessee has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN TENNESSEE

The obesity rate among WIC toddlers in Tennessee decreased **9 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN TENNESSEE

Maternal mortality per 100,000 births, 2016-2020.....	31.6
Infant mortality per 1,000 live births, 2020.....	6.4
Preterm birth rate, 2020.....	11%

TENNESSEE WIC PARTICIPANT CHARACTERISTICS

\$18,576

AVERAGE FAMILY INCOME

84%

RECEIVED MEDICAID

\$47.32

AVERAGE MONTHLY FOOD COST IN FY 2022

\$65.2M

TO SPEND AT FOOD RETAILERS

\$29.2M

FORMULA REBATES RECEIVED

\$40.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



47% OF INFANTS BORN IN TEXAS PARTICIPATE IN WIC



51% OF ELIGIBLE INDIVIDUALS IN TEXAS PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN TEXAS?

698,986

WIC PARTICIPANTS

Pregnant women.....	61,321
Breastfeeding women.....	97,784
Postpartum women.....	32,251
Infants.....	171,841
Children.....	335,789

BREASTFEEDING IN WIC

Texas WIC breastfeeding initiation rates increased by **12 percent** between 2010 and 2018.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$143.7M** in additional benefits to **539,232** participants.



Infant Formula: Texas has an infant formula contract with **Mead Johnson**, which controls **46%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN TEXAS

The obesity rate among WIC toddlers in Texas decreased **6 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN TEXAS

Maternal mortality per 100,000 births, 2016-2020.....	22.7
Infant mortality per 1,000 live births, 2020.....	5.3
Preterm birth rate, 2020.....	11%

TEXAS WIC PARTICIPANT CHARACTERISTICS

\$25,308

AVERAGE FAMILY INCOME

68%

RECEIVED MEDICAID

\$36.99

AVERAGE MONTHLY FOOD COST IN FY 2022

\$310.2M

TO SPEND AT FOOD RETAILERS

\$185.0M

FORMULA REBATES RECEIVED

\$228.7M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE THREE AFFILIATED TRIBES



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE THREE AFFILIATED TRIBES?

119

WIC PARTICIPANTS

Pregnant women..... 14

Breastfeeding women..... 3

Postpartum women..... 10

Infants..... 41

Children..... 52

BREASTFEEDING IN WIC

38%

of WIC infants in the Three Affiliated Tribes initiated breastfeeding in 2020.

CHILDHOOD OBESITY IN WIC IN THE THREE AFFILIATED TRIBES

Childhood obesity rate, WIC toddlers, 2020..... 19%



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$20,361** in additional benefits to **81** participants.



Infant Formula: The Three Affiliated Tribes does not use contracting to procure infant formula.

THE THREE AFFILIATED TRIBES WIC PARTICIPANT CHARACTERISTICS

\$7,842

AVERAGE FAMILY INCOME

\$134.77

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE THREE AFFILIATED TRIBES ECONOMY IN FY 2022

\$192,726

TO SPEND AT FOOD RETAILERS

\$435,920

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE U.S. VIRGIN ISLANDS



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



73%

OF INFANTS BORN IN THE U.S. VIRGIN ISLANDS PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE U.S. VIRGIN ISLANDS?

2,633
WIC PARTICIPANTS

Pregnant women.....	173
Breastfeeding women.....	419
Postpartum women.....	70
Infants.....	636
Children.....	1,335

BREASTFEEDING IN WIC

The U.S. Virgin Islands WIC breastfeeding initiation rates increased by **9 percent** between 2008 and 2020.



Among WIC infants who initiated breastfeeding in the U.S. Virgin Islands in 2020, **46 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE U.S. VIRGIN ISLANDS

There was no significant change in the obesity rate among WIC toddlers in the U.S. Virgin Islands between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$509,349** in additional benefits to **1,952** participants.



Infant Formula: The U.S. Virgin Islands has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

THE U.S. VIRGIN ISLANDS WIC PARTICIPANT CHARACTERISTICS

\$15,652	61%	\$72.84
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE U.S. VIRGIN ISLANDS ECONOMY IN FY 2022

\$2.3M	\$0.7M	\$2.6M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

UTAH



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



19%

OF INFANTS BORN IN UTAH PARTICIPATE IN WIC



36%

OF ELIGIBLE INDIVIDUALS IN UTAH PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN UTAH?

37,457

WIC PARTICIPANTS

Pregnant women.....	2,923
Breastfeeding women.....	3,633
Postpartum women.....	2,100
Infants.....	8,554
Children.....	20,247

BREASTFEEDING IN WIC

Utah WIC breastfeeding initiation rates increased by **32 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in Utah in 2020, **32 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$7.4M** in additional benefits to **29,602** participants.



Infant Formula: Utah has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN UTAH

The obesity rate among WIC toddlers in Utah decreased **34 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **8%**

MORTALITY AND BIRTH OUTCOMES IN UTAH

Maternal mortality per 100,000 births, 2016-2020.....	11.7
Infant mortality per 1,000 live births, 2020.....	5.4
Preterm birth rate, 2020.....	9%

UTAH WIC PARTICIPANT CHARACTERISTICS

\$25,560

AVERAGE FAMILY INCOME

44%

RECEIVED MEDICAID

\$47.57

AVERAGE MONTHLY FOOD COST IN FY 2022

\$21.4M

TO SPEND AT FOOD RETAILERS

\$7.7M

FORMULA REBATES RECEIVED

\$14.5M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS

THE UTE MOUNTAIN UTE TRIBE



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE UTE MOUNTAIN UTE TRIBE?

131

WIC PARTICIPANTS

Pregnant women.....	14
Breastfeeding women.....	7
Postpartum women.....	4
Infants.....	23
Children.....	84

BREASTFEEDING IN WIC

The Ute Mountain Ute Tribe WIC breastfeeding initiation rates increased by **36 percent** between 2000 and 2020.



CHILDHOOD OBESITY IN WIC IN THE UTE MOUNTAIN UTE TRIBE

Childhood obesity rate, WIC toddlers, 2020..... **41%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$26,242** in additional benefits to **111** participants.



Infant Formula: The Ute Mountain Ute Tribe does not use contracting to procure infant formula.

THE UTE MOUNTAIN UTE TRIBE WIC PARTICIPANT CHARACTERISTICS

\$10,384

AVERAGE FAMILY INCOME

72%

RECEIVED MEDICAID

\$42.10

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE UTE MOUNTAIN UTE TRIBE ECONOMY IN FY 2022

\$66,384

TO SPEND AT FOOD RETAILERS

\$196,943

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS VERMONT



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



37%

OF INFANTS BORN IN VERMONT PARTICIPATE IN WIC



59%

OF ELIGIBLE INDIVIDUALS IN VERMONT PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN VERMONT?

11,199

WIC PARTICIPANTS

Pregnant women.....	755
Breastfeeding women.....	1,001
Postpartum women.....	410
Infants.....	1,913
Children.....	7,120

BREASTFEEDING IN WIC

Vermont WIC breastfeeding initiation rates increased by **10 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Vermont in 2020, **35 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$2.2M** in additional benefits to **9,313** participants.



Infant Formula: Vermont has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN VERMONT

There was no significant change in the obesity rate among WIC toddlers in Vermont between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN VERMONT

Preterm birth rate, 2020..... **8%**

VERMONT WIC PARTICIPANT CHARACTERISTICS

\$24,153

AVERAGE FAMILY INCOME

81%

RECEIVED MEDICAID

\$45.24

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE VERMONT ECONOMY IN FY 2022

\$6.1M

TO SPEND AT FOOD RETAILERS

\$1.5M

FORMULA REBATES RECEIVED

\$5.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS VIRGINIA



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



29% OF INFANTS BORN IN VIRGINIA PARTICIPATE IN WIC



44%

OF ELIGIBLE INDIVIDUALS IN VIRGINIA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN VIRGINIA?

121,132

WIC PARTICIPANTS

Pregnant women.....	9,439
Breastfeeding women.....	6,924
Postpartum women.....	8,752
Infants.....	27,895
Children.....	68,123

BREASTFEEDING IN WIC

2020 **34%**

Among WIC infants who initiated breastfeeding in Virginia in 2020, **12 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$22.6M** in additional benefits to **93,780** participants.



Infant Formula: Virginia has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN VIRGINIA

The obesity rate among WIC toddlers in Virginia decreased **27 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **16%**

MORTALITY AND BIRTH OUTCOMES IN VIRGINIA

Maternal mortality per 100,000 births, 2016-2020.....	21.6
Infant mortality per 1,000 live births, 2020.....	5.8
Preterm birth rate, 2020.....	10%

VIRGINIA WIC PARTICIPANT CHARACTERISTICS

\$14,327

AVERAGE FAMILY INCOME

75%

RECEIVED MEDICAID

\$39.14

AVERAGE MONTHLY FOOD COST IN FY 2022

\$56.9M

TO SPEND AT FOOD RETAILERS

\$23.5M

FORMULA REBATES RECEIVED

\$31.3M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

WASHINGTON



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



29%

OF INFANTS BORN IN WASHINGTON PARTICIPATE IN WIC



48%

OF ELIGIBLE INDIVIDUALS IN WASHINGTON PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN WASHINGTON?

121,663

WIC PARTICIPANTS

Pregnant women.....	10,180
Breastfeeding women.....	8,138
Postpartum women.....	7,675
Infants.....	24,439
Children.....	71,230

BREASTFEEDING IN WIC

Washington WIC breastfeeding initiation rates increased by **4 percent** between 2010 and 2018.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$23.9M** in additional benefits to **98,445** participants.



Infant Formula: Washington has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN WASHINGTON

The obesity rate among WIC toddlers in Washington decreased **1 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN WASHINGTON

Maternal mortality per 100,000 births, 2016-2020.....	17.9
Infant mortality per 1,000 live births, 2020.....	4.5
Preterm birth rate, 2020.....	9%

WASHINGTON WIC PARTICIPANT CHARACTERISTICS

\$25,182

AVERAGE FAMILY INCOME

60%

RECEIVED MEDICAID

\$44.52

AVERAGE MONTHLY FOOD COST IN FY 2022

\$65.0M

TO SPEND AT FOOD RETAILERS

\$20.3M

FORMULA REBATES RECEIVED

\$52.2M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE WICHITA, CADDO, AND DELAWARE TRIBES



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE WICHITA, CADDO, AND DELAWARE TRIBES?

4,018

WIC PARTICIPANTS

Pregnant women.....	290
Breastfeeding women.....	199
Postpartum women.....	273
Infants.....	810
Children.....	2,446

BREASTFEEDING IN WIC

The Wichita, Caddo, and Delaware Tribes WIC breastfeeding initiation rates increased by **103 percent** between 2000 and 2020.



Among WIC infants who initiated breastfeeding in the Wichita, Caddo, and Delaware Tribes in 2020, **16 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE WICHITA, CADDO, AND DELAWARE TRIBES

Childhood obesity rate, WIC toddlers, 2020..... **18%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$767,018** in additional benefits to **3,257** participants.



Infant Formula: The Wichita, Caddo, and Delaware Tribes has an infant formula contract with **Gerber**, which controls **11%** of the WIC market share.

THE WICHITA, CADDO, AND DELAWARE TRIBES WIC PARTICIPANT CHARACTERISTICS

<h1>\$21,687</h1>	<h1>82%</h1>	<h1>\$30.39</h1>
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE WICHITA, CADDO, AND DELAWARE TRIBES ECONOMY IN FY 2022

<h1>\$1.5M</h1>	<h1>\$1.1M</h1>	<h1>\$2.9M</h1>
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

WEST VIRGINIA




State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



46% OF INFANTS BORN IN WEST VIRGINIA PARTICIPATE IN WIC



46% OF ELIGIBLE INDIVIDUALS IN WEST VIRGINIA PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN WEST VIRGINIA?


33,972

WIC PARTICIPANTS


Pregnant women.....	2,643
Breastfeeding women.....	1,464
Postpartum women.....	2,662
Infants.....	7,991
Children.....	19,211

BREASTFEEDING IN WIC

West Virginia WIC breastfeeding initiation rates increased by **11 percent** between 2010 and 2018.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$6.5M** in additional benefits to **27,127** participants.



Infant Formula: West Virginia has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN WEST VIRGINIA

The obesity rate among WIC toddlers in West Virginia increased **15 percent** between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **17%**

MORTALITY AND BIRTH OUTCOMES IN WEST VIRGINIA

Maternal mortality per 100,000 births, 2016-2020.....	17.5
Infant mortality per 1,000 live births, 2020.....	7.3
Preterm birth rate, 2020.....	12%

WEST VIRGINIA WIC PARTICIPANT CHARACTERISTICS

\$10,238	91%	\$40.80
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE WEST VIRGINIA ECONOMY IN FY 2022

\$16.6M	\$9.0M	\$16.5M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

HOW WIC HELPS

THE WINNEBAGO TRIBE



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN THE WINNEBAGO TRIBE?

99

WIC PARTICIPANTS

Pregnant women.....	9
Breastfeeding women.....	3
Postpartum women.....	5
Infants.....	30
Children.....	52

BREASTFEEDING IN WIC

52%

of WIC infants in the Winnebago Tribe initiated breastfeeding in 2020.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$17,818** in additional benefits to **75** participants.



Infant Formula: The Winnebago Tribe does not use contracting to procure infant formula.

THE WINNEBAGO TRIBE WIC PARTICIPANT CHARACTERISTICS

\$7,657

AVERAGE FAMILY INCOME

25%

RECEIVED MEDICAID

\$61.34

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE WINNEBAGO TRIBE ECONOMY IN FY 2022

\$72,499

TO SPEND AT FOOD RETAILERS

\$210,615

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).



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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



30%

OF INFANTS BORN IN WISCONSIN PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN WISCONSIN PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN WISCONSIN?

84,350

WIC PARTICIPANTS

Pregnant women.....	5,950
Breastfeeding women.....	5,159
Postpartum women.....	5,554
Infants.....	18,480
Children.....	49,208

BREASTFEEDING IN WIC

Wisconsin WIC breastfeeding initiation rates increased by **7 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Wisconsin in 2020, **20 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$15.8M** in additional benefits to **66,245** participants.



Infant Formula: Wisconsin has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN WISCONSIN

There was no significant change in the obesity rate among WIC toddlers in Wisconsin between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **15%**

MORTALITY AND BIRTH OUTCOMES IN WISCONSIN

Maternal mortality per 100,000 births, 2016-2020.....	9.7
Infant mortality per 1,000 live births, 2020.....	5.9
Preterm birth rate, 2020.....	10%

WISCONSIN WIC PARTICIPANT CHARACTERISTICS

\$21,058

AVERAGE FAMILY INCOME

66%

RECEIVED MEDICAID

\$36.55

AVERAGE MONTHLY FOOD COST IN FY 2022

\$37.0M

TO SPEND AT FOOD RETAILERS

\$21.6M

FORMULA REBATES RECEIVED

\$30.6M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

HOW WIC HELPS WYOMING



State WIC Director


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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



25% OF INFANTS BORN IN WYOMING PARTICIPATE IN WIC



45% OF ELIGIBLE INDIVIDUALS IN WYOMING PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN WYOMING?

6,723

WIC PARTICIPANTS


Pregnant women.....	525
Breastfeeding women.....	556
Postpartum women.....	435
Infants.....	1,537
Children.....	3,670

BREASTFEEDING IN WIC


Wyoming WIC breastfeeding initiation rates increased by **5 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Wyoming in 2020, **26 percent** continued breastfeeding at 6 months.



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$1.3M** in additional benefits to **5,274** participants.



Infant Formula: Wyoming has an infant formula contract with **Abbott**, which controls **43%** of the WIC market share.

CHILDHOOD OBESITY IN WIC IN WYOMING

There was no significant change in the obesity rate among WIC toddlers in Wyoming between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**

MORTALITY AND BIRTH OUTCOMES IN WYOMING

Infant mortality per 1,000 live births, 2020..... **5.2**

Preterm birth rate, 2020..... **10%**

WYOMING WIC PARTICIPANT CHARACTERISTICS

\$23,432	49%	\$41.02
AVERAGE FAMILY INCOME	RECEIVED MEDICAID	AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE WYOMING ECONOMY IN FY 2022

\$3.3M	\$1.6M	\$4.0M
TO SPEND AT FOOD RETAILERS	FORMULA REBATES RECEIVED	NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html>).

ZUNI PUEBLO



State WIC Director

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Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



39%

OF INFANTS BORN IN THE UNITED STATES PARTICIPATE IN WIC



50%

OF ELIGIBLE INDIVIDUALS IN THE UNITED STATES PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN ZUNI PUEBLO?

457

WIC PARTICIPANTS

Pregnant women.....	30
Breastfeeding women.....	47
Postpartum women.....	12
Infants.....	79
Children.....	289

BREASTFEEDING IN WIC

The Zuni Pueblo WIC breastfeeding initiation rates increased by **26 percent** between 1998 and 2020.



Among WIC infants who initiated breastfeeding in the Zuni Pueblo in 2020, **55 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN ZUNI PUEBLO

Childhood obesity rate, WIC toddlers, 2020..... **22%**



Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. In 2022, this provided an estimated **\$85,390** in additional benefits to **354** participants.



Infant Formula: The Zuni Pueblo does not use contracting to procure infant formula.

ZUNI PUEBLO WIC PARTICIPANT CHARACTERISTICS

\$16,840

AVERAGE FAMILY INCOME

80%

RECEIVED MEDICAID

\$48.26

AVERAGE MONTHLY FOOD COST IN FY 2022

HOW WIC SUPPORTED THE ZUNI PUEBLO ECONOMY IN FY 2022

\$264,794

TO SPEND AT FOOD RETAILERS

\$15,923

FORMULA REBATES RECEIVED

\$480,021

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2020 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2020>). WIC participants from USDA WIC Data Tables for fiscal year (FY) 2022 (<https://www.fns.usda.gov/pd/wic-program> as of January 30, 2023). WIC participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports. WIC formula facts derived from USDA Infant Formula Contracts in WIC (<https://www.fns.usda.gov/wic/requirements-infant-formula-contracts>) and USDA WIC Data Tables for FY 2022; percent of market share calculated as number of partially or fully breastfed WIC infants served by agencies with the formula company contract divided by the total number of partially or fully breastfed WIC infants. WIC benefit bumps derived from increase in CVB benefits and USDA WIC Data Tables for 2022; CVB increase calculated as sum of dollar increase in CVB for each participant category multiplied by caseload in each participant category, assuming Oct. 2022 caseload for Nov. 2022 and Dec. 2022 as data were not available at time of publication. Mortality and birth outcomes from CDC WONDER (<https://wonder.cdc.gov>). WIC costs from USDA WIC Data Tables for FY 2022. Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-wic-enrolled-young-children.html>).

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