

South Dakota Department of Health WIC Program



WIC

Healthy Choices for Healthy Families



Annual Report Federal Fiscal Year 2015

Table of Contents

WIC Overview.....	Page 2
South Dakota State Plan Goals.....	Page 6
Program Accomplishments.....	Page 7
WIC Income Guidelines.....	Page 8
WIC Closeout Expenditures... ..	Page 9
South Dakota WIC Expenditures.....	Page 11
Nutrition Education.....	Page 12
Breastfeeding Education.....	Page 13
WIC Clinic Sites.....	Page 14
WIC Caseload.....	Page 15
Racial and Ethnic Characteristics.....	Page 16
Average Monthly Participation and Number of Retailers.....	Page 20
Annual Redeemed Amounts and Number of Retailers.....	Page 21
Food Packages.....	Page 22
Annual WIC Participant Survey Results.....	Page 25

OVERVIEW OF THE WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, is a nutrition program which provides nutrition education and supplemental nutritional foods for pregnant, postpartum, and breastfeeding women, infants, and children up to age five, who are at nutritional risk, meet income eligibility, and reside in South Dakota.

MISSION

Promote and maintain the health and well-being of women, infants and children with inadequate income who are determined to have a nutritional risk.

“Healthy Choices for Healthy Families”

HISTORY

The WIC Program began in the U.S. in 1972, when Congress saw substantial numbers of pregnant, post-partum, and breastfeeding women, infants, and young children with inadequate income that were at risk both physically and mentally by reason of inadequate nutrition, health care, or both. Since its inception, WIC has been a preventive program with the goal of reducing and improving nutrition-related health problems.

The first WIC services provided in South Dakota were in 1974. Currently there are 79 clinic sites throughout the state.

ADMINISTRATION/FUNDING

WIC is implemented and funded by the United States Department of Agriculture under Public Law 95-627, Child Nutrition Amendments of 1996 and P.L. 104-98, Section 17 of the Child Nutrition Act of 1966. Final regulations were issued in July 1988 with consolidation of WIC Regulations published in the Federal Register, Part 7 CFR 246, January 2002.

The South Dakota Department of Health is the State Agency that administers the WIC Program. It is responsible for all aspects of management, fiscal, and operational requirements of the program in accordance with federal regulations and instructions.

Funds for food and administrative costs are transferred from USDA, Food and Nutrition Service (FNS), to the State of South Dakota Department of Health, Family and Community Health Services, Office of Child and Family Services, WIC Program.

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible person to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds on an annual basis.

THE PROGRAM PROVIDES

Nutrition and breastfeeding education and counseling to improve healthy lifestyle choices, promote sound food buying habits, access to preventive health and social programs, and referral to health providers. The supplemental food quantities and types are designed to address the prevalence of inadequate and excessive nutrient intakes, contribute to overall dietary pattern consistent with the Dietary Guidelines for Americans and toddler and infant feeding practice guidelines, and deliver priority nutrients to participant to meet their supplemental nutrition needs.

ELIGIBILITY

Women

Pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy).

Postpartum (up to six months after the birth of the infant or the end of the pregnancy).

Breastfeeding (up to the infant's first birthday).

Infants

Up to age one.

Children

Up to the child's fifth birthday.

Residency

Applicants must live in the State in which they apply.

Income

Applicants must have income at or below 185% of poverty level. Applicants who meet the criteria and are on Medicaid, Special Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) automatically meet income guidelines.

Nutrition Risk

Applicants must be seen by a WIC Program Health Professional who completes a nutrition assessment to determine if applicant has a nutritional risk. "Nutrition Risk" means that a person has a medical or dietary-based condition(s) that affects their dietary quality and habits.

BENEFITS

WIC is considered one of the most successful of all public health programs. The benefits of WIC participation are documented in numerous studies. Not only does WIC improve the health of mothers and babies it serves, but also reduces health care costs. Some of the effects of WIC that national research finds:

- WIC is recognized for its success in improving birth outcomes. It is one of the most respected programs nationally in making a difference in the lives of people.
- Every dollar invested in WIC for pregnant women produces Medicaid savings for newborns and their mothers.
- Prenatal WIC participation reduces the likelihood of infant death and reduces Medicaid costs.
- WIC decreases the risk of low birth weight babies and reduces medical costs for very low birth weight births.
- WIC motivates women to seek prenatal care earlier in their pregnancies.
- WIC has a major impact on reducing anemia among children.
- WIC significantly increases the head size of infants whose mothers received WIC services during their pregnancy.
- Children participating in WIC are better prepared for school, including having higher vocabulary test scores.
- Children who participate in WIC are better immunized.
- WIC is recognized for reducing infant mortality in the U.S.

The program is very cost effective with less than 7% for program management costs of National budget for WIC.

Breastfeeding Rates since 1998 with the inception of the Loving Support Breastfeeding Peer Counseling Program have increased between 42% to 67%

For every low birth weight baby a shift of one pound at birth saves approximately \$28,000 in the first year medical costs.

Pre-term babies cost the US over 26 billion a year, average first year medical costs for premature/low birth weight baby of \$49,033 compared to \$4,551 for baby born without complications.

THREE-PART SERVICE DELIVERY **Nutrition Education and Counseling**

Nutrition education and counseling fosters long-term use of nutritious foods and encourages positive nutrition and health habits following participation in the program. The goal of nutrition education is to achieve positive changes in participant knowledge, attitude, and behavior about food consumption. Nutrition education is designed to show the relevancy of the nutrition education received and why a nutritional risk is assigned when determining eligibility for the Program. Nutrition education emphasizes the relationship between proper nutrition and good health to assure positive changes in food habits, promote breastfeeding, and provide support to pregnant women and new mothers. All education is provided in the context of the participant's ethnic, cultural, and geographic preferences and with consideration of educational limitations. Individual nutrition care plans are developed by every participant. Participants are certified for 6 to 12 months or

through pregnancy and are scheduled for counseling appointments by a nutrition staff person during that period of time.

Supplemental Nutritious Foods

WIC food packages, together with nutrition education, are the primary means by which WIC affect the dietary quality and habits of participants. WIC food benefits are scientifically-based and intended to address the supplemental nutritional needs of WIC's pregnant, breastfeeding and postpartum women, infants, and children. The WIC food packages are designed to provide WIC participant with a wide variety of food and provide for flexibility to meet an individual's participant nutrition and cultural needs.

Foods are intended to supplement the foods normally purchased by participants through other means, such as family income or benefits received from other programs. WIC authorized foods contain beneficial nutrients for the participants and are high in protein, iron, calcium, and vitamins A and C. Food packages are individually prescribed to each participant. Food packages contain items such as cereal, whole grains, fresh fruits and vegetables, juice, milk, cheese, eggs, peanut butter, canned beans, dried beans/peas, infant formula, infant cereal, infant fruits and vegetables, and infant meats. Breastfeeding women may also receive canned fish such as tuna, salmon, or sardines. Participants come to the WIC Office monthly, every other month or tri monthly for nutrition benefit day and receive nutrition education. Participants take the food benefits to WIC authorized local retail grocery stores and exchange the benefits for the foods listed. No cash is exchanged at the grocery store. In turn, the retailers are reimbursed by the State WIC Agency.

Linkages/Referrals

WIC often serves as the bridge that links participants to preventive health care and an entry point into the public and private health care system. WIC facilitates referrals, coordinates activities, and links participants with services such as physician and other health care services, alcohol and drug abuse treatment, well-baby care, family health, family planning, and social services programs. Referral to these services is an important part of WIC. Immunizations are given to WIC participants. WIC also gathers a wide variety of health data that can be shared with other health care providers if agreed to be released by the participant.

WIC STATE PLAN

The State Agency submits a State Plan to USDA Food and Nutrition Services on an annual basis. The plan is composed of goals and objectives that describe how the State Agency implements and operates all aspects of program operations, administration, and service delivery. The WIC Policy and Procedure Manual is part of the State Plan requirements. Suggestions for improvement in the methods of operation and program requirements are shared with WIC Program staff on a routine basis.

SOUTH DAKOTA STATE PLAN GOALS

Federal Fiscal Year (FFY) 2015

VENDOR MANAGEMENT

To detect, control and minimize improper retailer practices and improve program review of retailer practices.

NUTRITION SERVICES

To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants and special populations.

MANAGEMENT INFORMATION SERVICES

To ensure appropriate management information systems are in place for collection and reporting of data and program operations to satisfy federal reporting requirements, to improve the administration of the program at both the state and local level, and to increase the operational efficiency of the program.

STAFFING AND ORGANIZATION

To assure a functional organization and adequate resources are available to carry out program operations and deliver services to the WIC population.

STATE OFFICE AND LOCAL AGENCY STAFF TRAINING

To ensure comprehensive training availability for all staff associated with the delivery of WIC services.

NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

To maintain integrity in the management of Nutrition Services and Administrative (NSA) funds and allocation of WIC resources.

FOOD FUNDS MANAGEMENT

To maintain integrity of management of food funds within budget allotments and to enhance quality assurance and compliance of policies in the food delivery component through proper administration oversight and education to staff, participants, and retailers.

CASELOAD MANAGEMENT

To ensure program benefits are provided to eligible persons most in need.

ELIGIBILITY/CERTIFICATION AND COORDINATION OF SERVICES

To assure determination of eligibility and provision of benefits are delivered efficiently, appropriately, and conveniently to participants and to enhance coordination of activities with other health services.

PROGRAM ACCOMPLISHMENTS

Federal Fiscal Year 2015

WIC Program was awarded a Breastfeeding Bonus of \$19,750.00 – one of 8 states nationally to have the largest increase in fully breastfed Infants. The funding will be utilized to provide Certified Lactation Counseling Training for Dietitians and Nursing professionals within the Department of Health.

WIC Program received a grant of \$150,000.00 to launch a child retention media campaign that will take place throughout 2016. This will include social media efforts and revision of the WIC Program logo.

To increase the ability of the WIC Program to provide nutrition education in remote areas of the, State South Dakota was awarded grant funding to pilot tele-nutrition education initiatives. This will provided face to face communication for Dietitians to provide to WIC participants nutrition education through the use of technology.

Served an average monthly caseload of 17515 participants, including 4,225 infants, 9,397 children and 3,893 women (pregnant, 1,423; breast-feeding 1,148 ; postpartum 1,322).

Secured \$2,481,672.00 funding to implement Electronic Benefit Transfer for WIC benefits. This will eliminate the paper check system for purchasing foods at the Retailers. Implementation expected to be completed by July of 2017.

WIC INCOME GUIDELINES Federal Fiscal Year 2015

FAMILY SIZE	185% OF FEDERAL POVERTY LEVEL ANNUAL
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,255
7	\$67,951
8	\$75,647
9	\$83,343
10	\$91,039
11	\$98,735
12	\$106,431
13	\$114,127
14	\$121,823
15	\$129,519
16	\$137,215
Each add'l member	\$ 7,696

WIC CLOSEOUT EXPENDITURES

WIC is federally funded through the US Department of Agriculture. WIC receives some in-kind contributions from counties, such as space and staff time. There are several components to the funding allocations. The grant award is distributed to State Agencies according to an allocation formula based on population and participants served. The WIC grant award is in two categories:

1. Nutrition Services and Administration Funds (NSA)
2. Food Funds

Nutrition Services and Administration Funds

WIC must spend no less than 1/6 of the allocated NSA dollars on Nutrition related activities, such as purchase of nutrition materials, equipment, interpreter services, evaluating and monitoring of nutrition education, and training costs for staff to conduct nutrition education.

Annually the Regional Office determines a target amount of NSA funds that must be spent on breastfeeding promotion and support.

NSA funds must be used for costs associated with the following:

- Delivery of services to participants
- Nutrition education (development of nutrition materials, education to participants)
- Breastfeeding promotion and support
- Training
- Program monitoring
- Program integrity (prevention of fraud, general oversight and WIC check accountability)
- Outreach
- Retail monitoring
- Banking services
- Management Information System development and maintenance

Food Funds

Funds may only be spent for foods provided to WIC participants. Breast pumps and supplies for breast pumps are considered food supplies and may be purchased with Food funds.

In South Dakota, Rebate funds are used to purchase breast pumps and breast pump aids.

Rebate Funds

South Dakota currently has an agreement with Mead Johnson for infant formula rebates. These funds are used to supplement Federal food funds and can be used to purchase breast pumps.

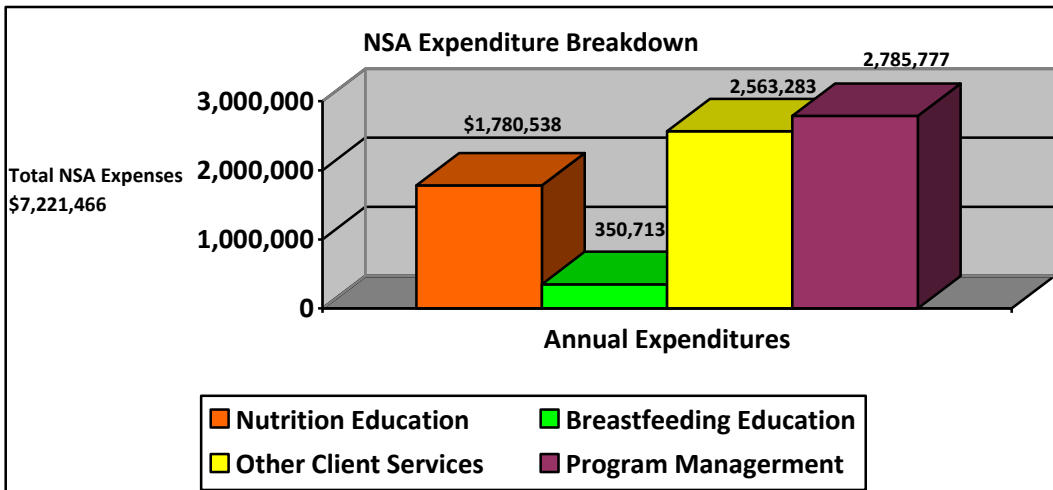
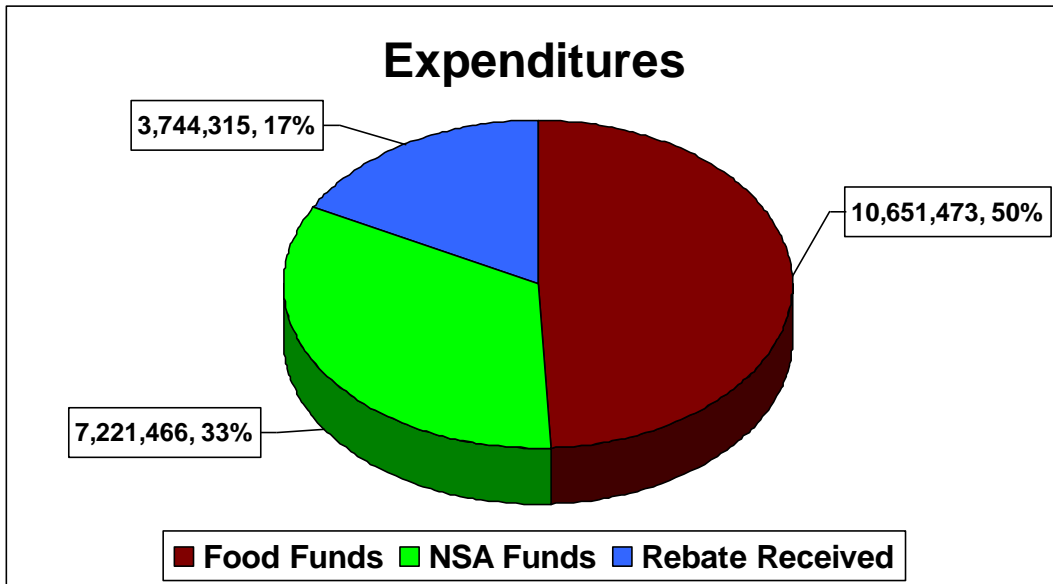
Operational Adjustment Funds

The USDA-FNS Mt. Plains Regional Office holds back 10% of all NSA dollars at the Regional level each grant year. These funds are designated as operational adjustment funds and must be applied for by individual WIC Programs. Funds are used to assist WIC Programs who are not able to meet all operations with the base grant received and assist with major. South Dakota requests and has received our fair share of these funds. When these funds are received they become part of the NSA grant award.

Reallocation Funds

Throughout the year the Mt. Plains Regional Office asks each of the States with in the region to complete Reallocation Surveys. The funds collected are then run through the allocation formula and redistributed to the States requesting additional funding to meet caseload needs.

SOUTH DAKOTA WIC EXPENDITURES Federal Fiscal Year 2015



Food Funds: WIC checks redeemed for food.

Nutrition Services and Administration Funds (NSA) includes: participant services, nutrition education, breastfeeding promotion and support, retailer contracting, monitoring, reporting, equipment and supplies for State and Local Agency staff, management information systems development and maintenance, WIC checks and distribution, staffing, and general administration.

Rebate: Rebate from Mead Johnson & Company, formula purchased by participants, supplements food dollars, and purchase of breast pumps and breastfeeding aids.

NUTRITION EDUCATION

Nutrition Education is the most vital aspect of the WIC Program and the services provided to participants. Nutrition Education is available to all participants at no cost. A minimum of two nutrition education contacts are available to each participant during a 6-month certification period on at least two separate occasions. South Dakota WIC clinics now offer year-long certifications that provide quarterly nutrition education contacts, one of which consists of a nutrition and health assessment.

Nutrition Education is tailored to meet the needs of each participant. It is thoroughly integrated into participant health care plans and used to tailor the supplemental foods offered to the participants to improve the health status of the participants and their families.

- WIC is a short-term intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors in a targeted, high-risk population.
- WIC provides a gateway to good health with its combination of nutrition education, supplemental nutritious foods, breastfeeding support, and access/referral to health care.

Nutrition Education is designed to bear a practical relationship to the participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition Education is designed to achieve the following goals:

1. Stress the relationship between proper nutrition, physical activity, and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children up to age five (5) years.
2. Assist the participant at nutritional risk to achieve a positive change in food habits and physical activity resulting in improved nutritional status and prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods.

Marketing

Marketing through social media and websites has become a popular way to reach a wide range of the population, including our WIC participants. In 2015, the SD WIC Program completed the following tasks to reach more of the population through marketing and media:

1. Maintenance of the South Dakota WIC Program Facebook page. This page is updated to include information on nutrition, breastfeeding, and logistics for finding and utilizing the WIC Program
2. Promotion of www.bestfeeding.org. This website is available to women and community members that are interested in promoting and supporting breastfeeding. This website has been marketed on the South Dakota WIC Program Facebook page, through flyers, and through WIC staff.

BREASTFEEDING EDUCATION

The WIC Program supports exclusive breastfeeding for the first six (6) months of life followed by continued breastfeeding, as complementary foods are introduced, for one (1) year or longer as mutually desired by mother and child unless medically contraindicated. Breast milk is considered the optimum food for infants under most circumstances.

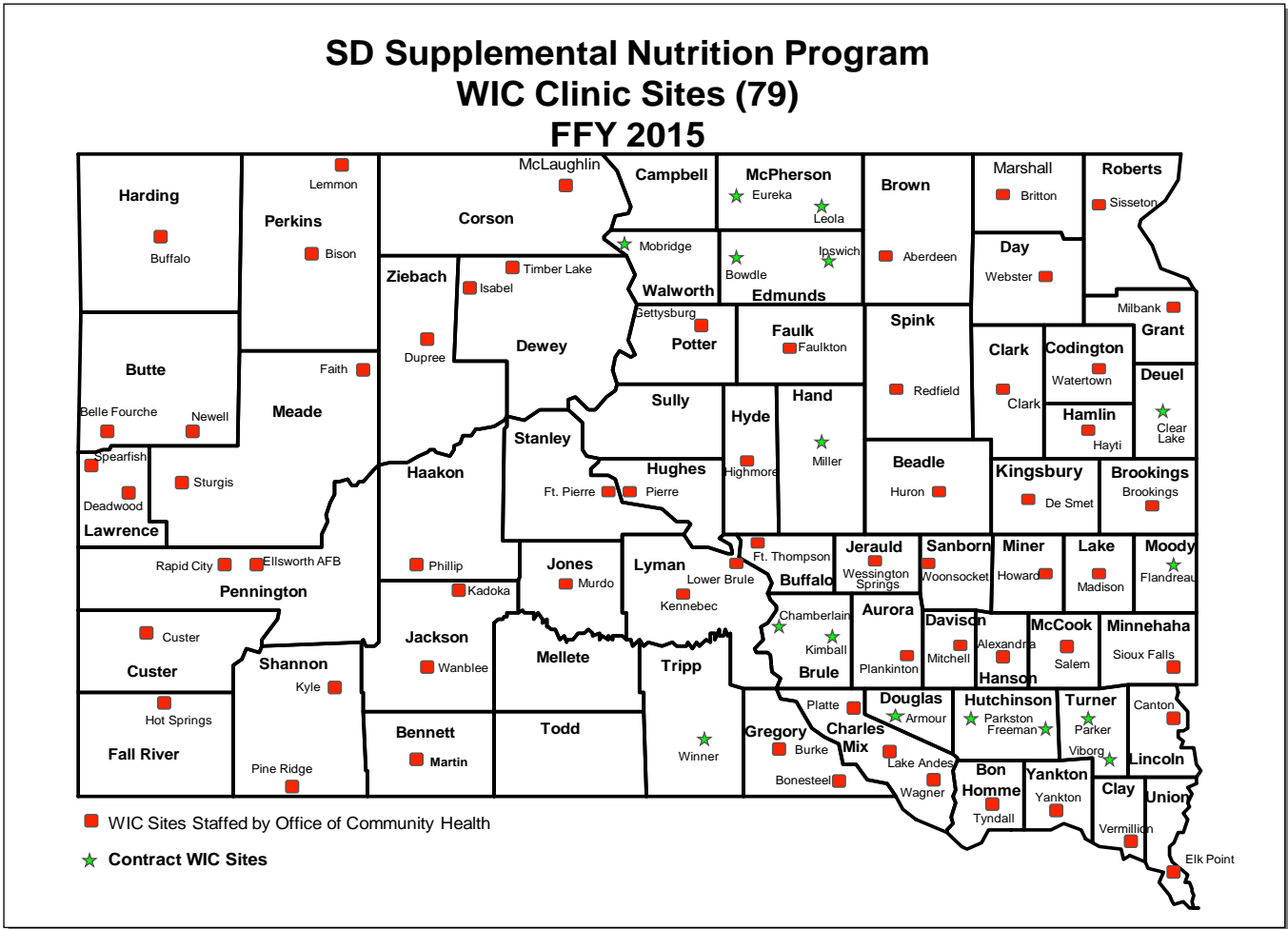
Breastfeeding is promoted in South Dakota in various ways including:

- Nutritional messages and Governors Proclamation during World Breastfeeding Week
- Coordinated breastfeeding efforts with other service providers and organizations such as Cooperative Extension Services, hospitals, physicians, and other private and public healthcare agencies
- Providing breastfeeding educational materials to participants and the general public
- Breastfeeding Peer Counseling Program
- Promotion of www.bestfeeding.org – a website for pregnant and breastfeeding women, physicians, and business owners to gather information to support and promote breastfeeding.
- Creation and distribution of breastfeeding kits for pregnant and breastfeeding women, physicians, and business owners. Kits contain information on a variety of breastfeeding topics and are available through the www.bestfeeding.org website.

South Dakota's Breastfeeding Peer Counseling Program began in 2004. The State receives federal dollars designated for breastfeeding education and promotion. In FFY2015 the Breastfeeding Peer Counseling Program operated in the following counties: Brookings (Brookings), Brown (Aberdeen), Butte (Belle Fourche), Davison (Mitchell), Fall River (Hot Springs), and Roberts (Sisseton).

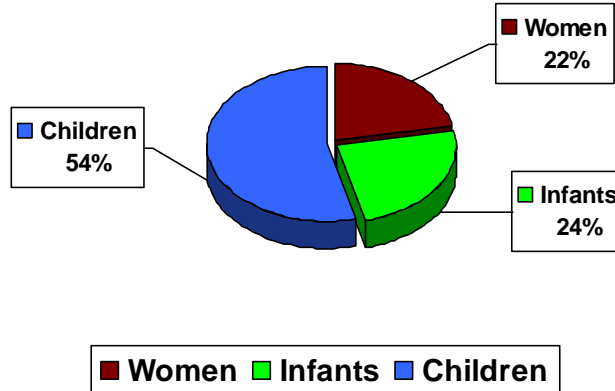
This program teaches basic breastfeeding information and encourages and supports on a monthly basis to approximately 3000 pregnant and breastfeeding mothers. Counseling is offered through individual and group counseling. This program helps promote breastfeeding efforts through participation in community events, Breastfeeding support groups, working with lactation consultants, hospitals, and through word of mouth.

The South Dakota Department of Health, WIC Program operates 79 WIC clinic sites throughout South Dakota. Services are delivered to participants through Family and Community Health Services offices and Public Health Alliance sites. The following map shows the location of the sites and designates which service delivery office staffs (state employees or public health alliance employees) the clinics.

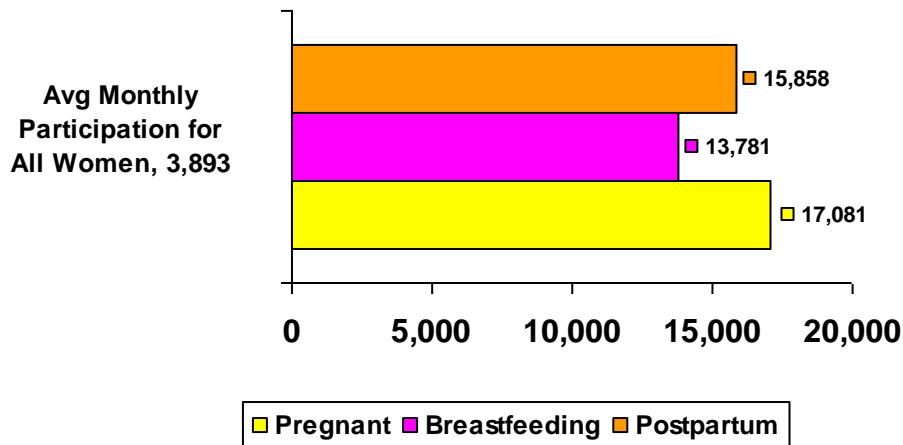


WIC Caseload Federal Fiscal Year 2015

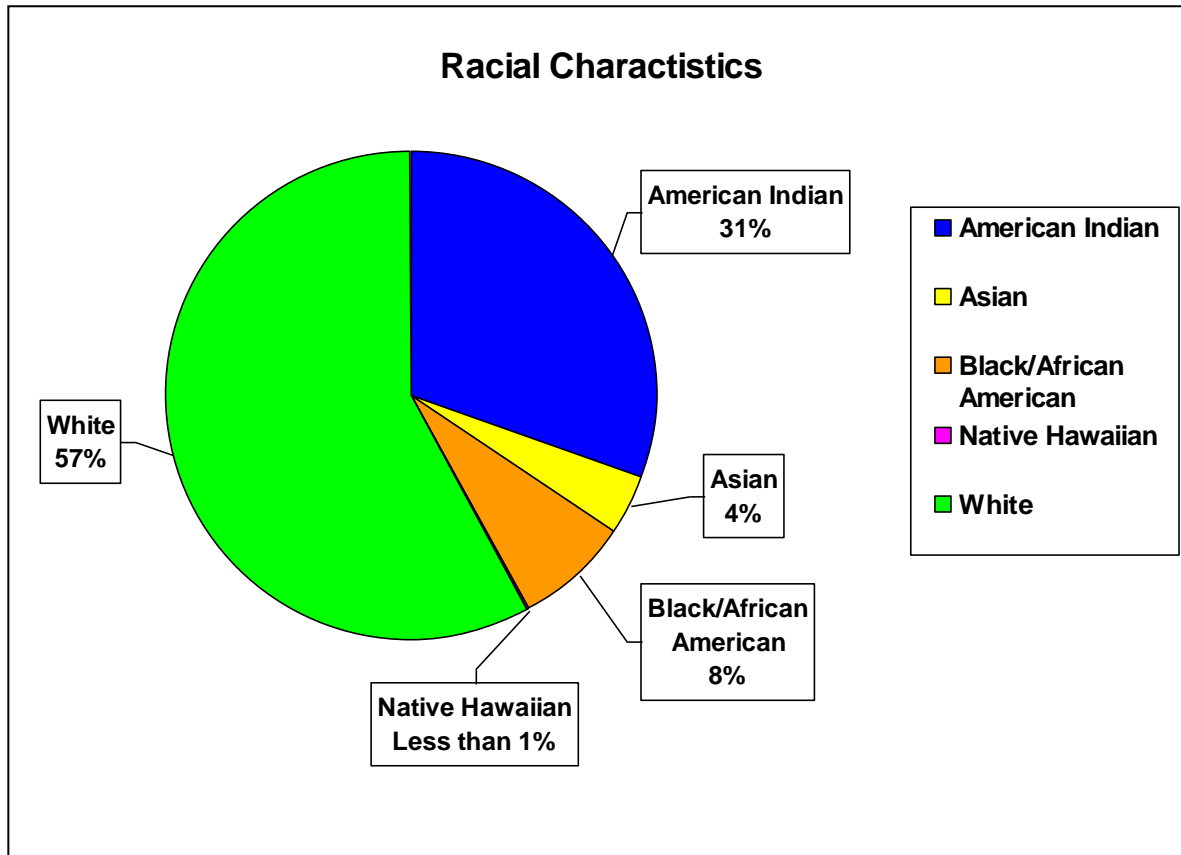
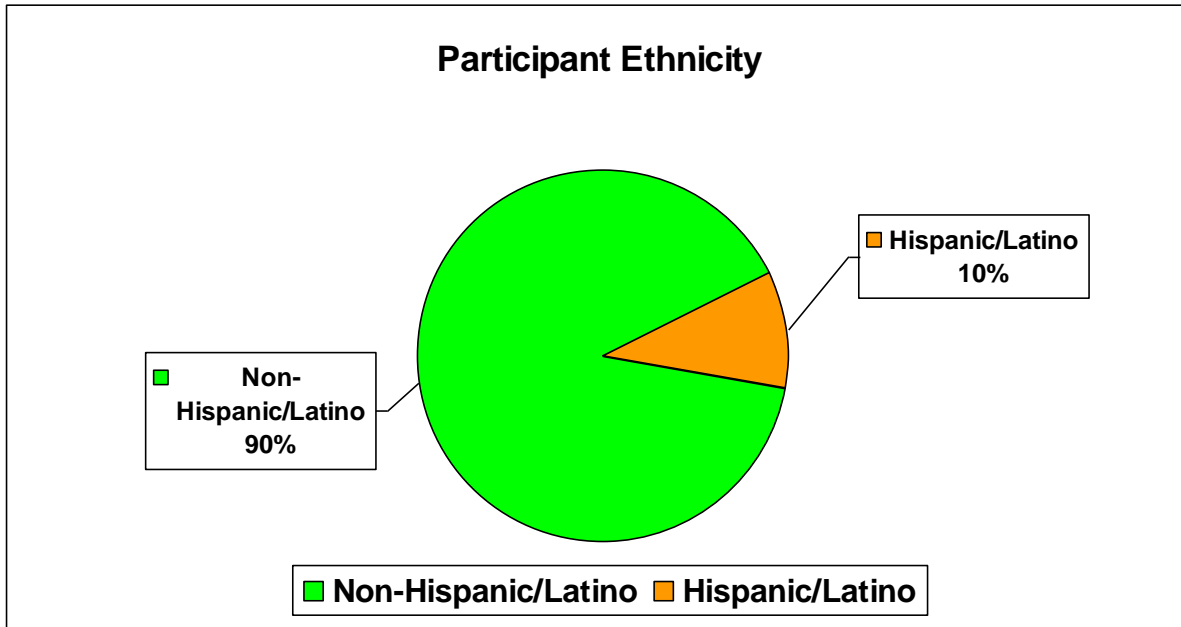
Participant Certification Categories



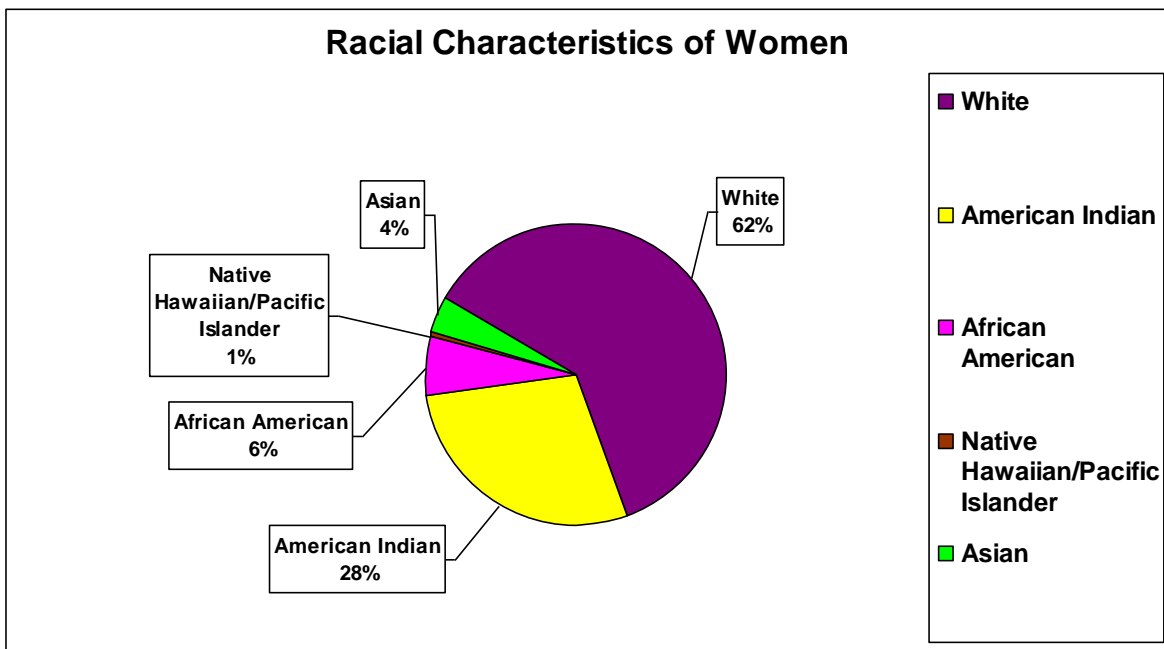
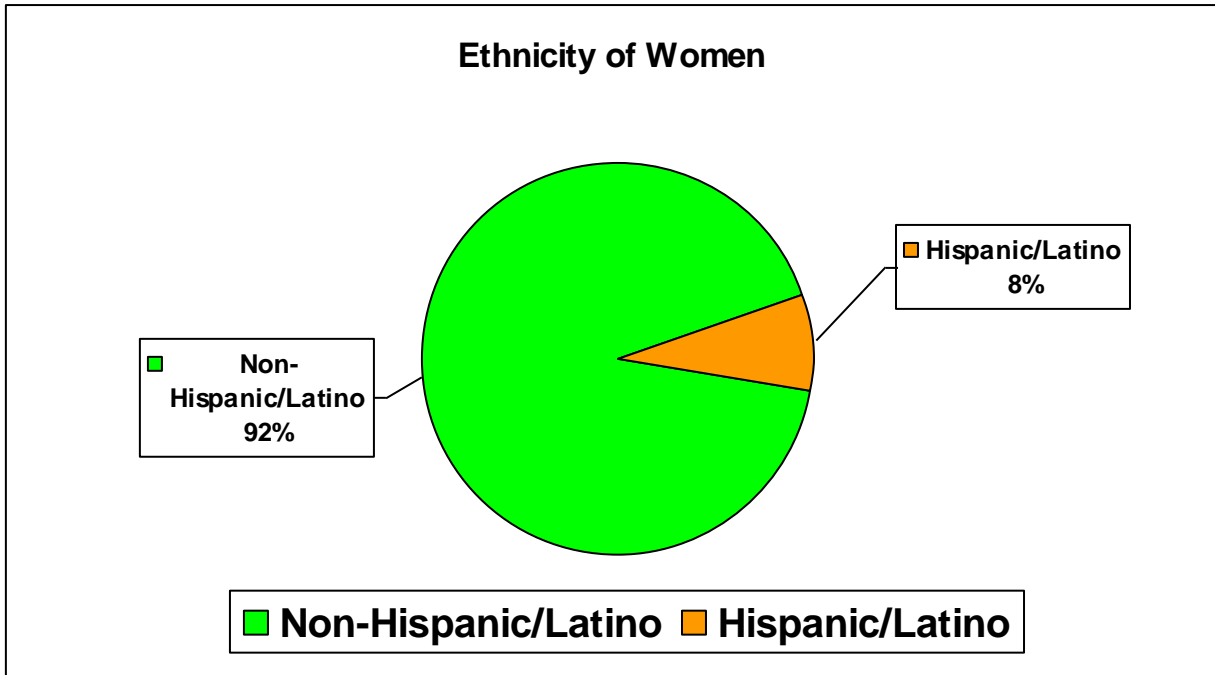
Characteristics of Total Women Served Annual Total 46,720



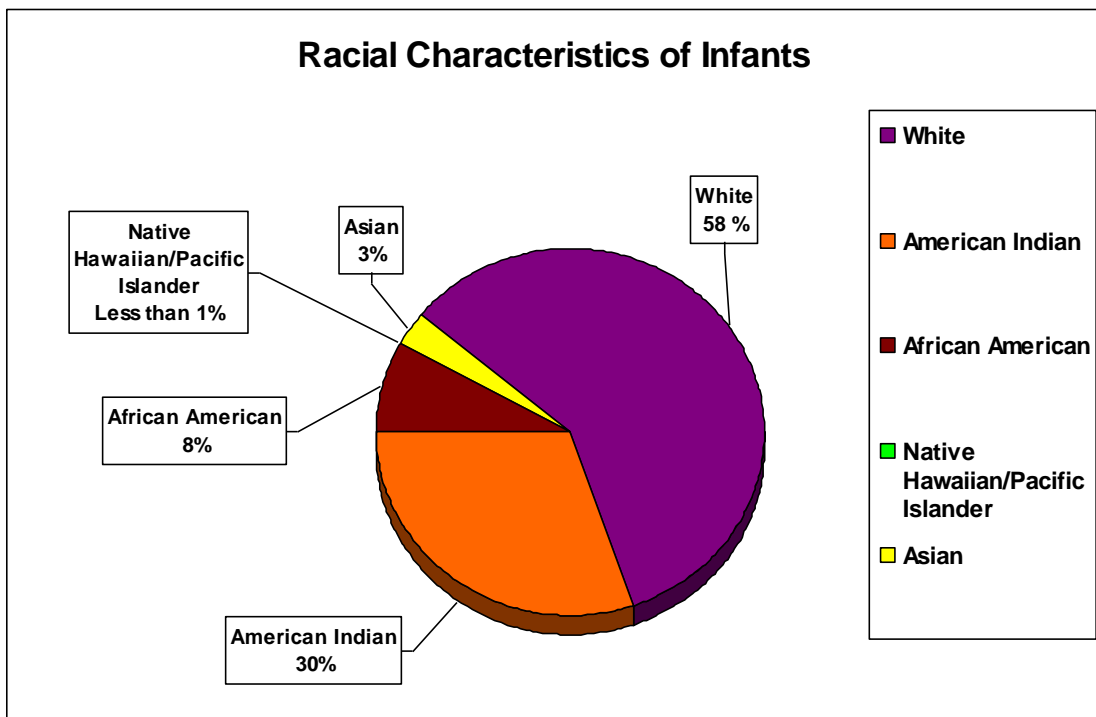
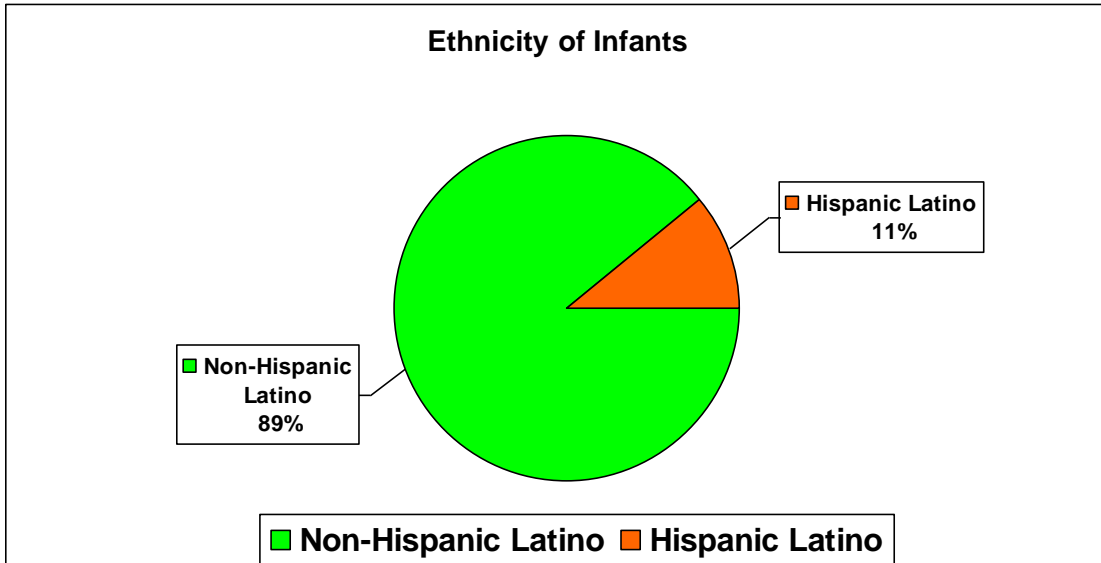
Racial and Ethnic Characteristics Total Caseload



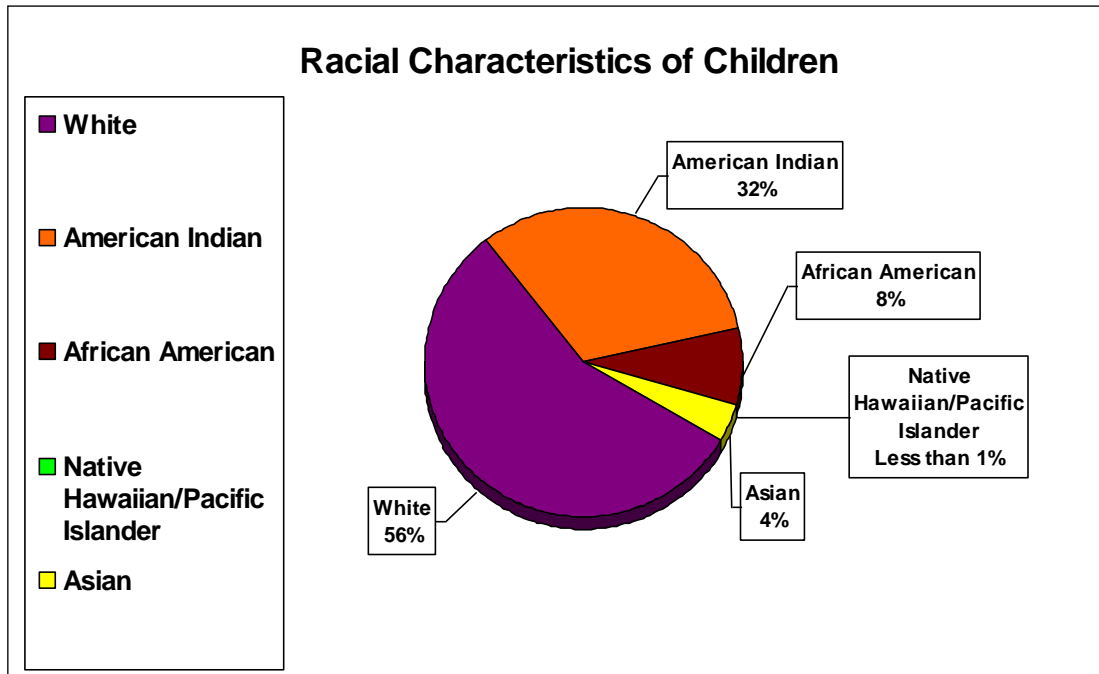
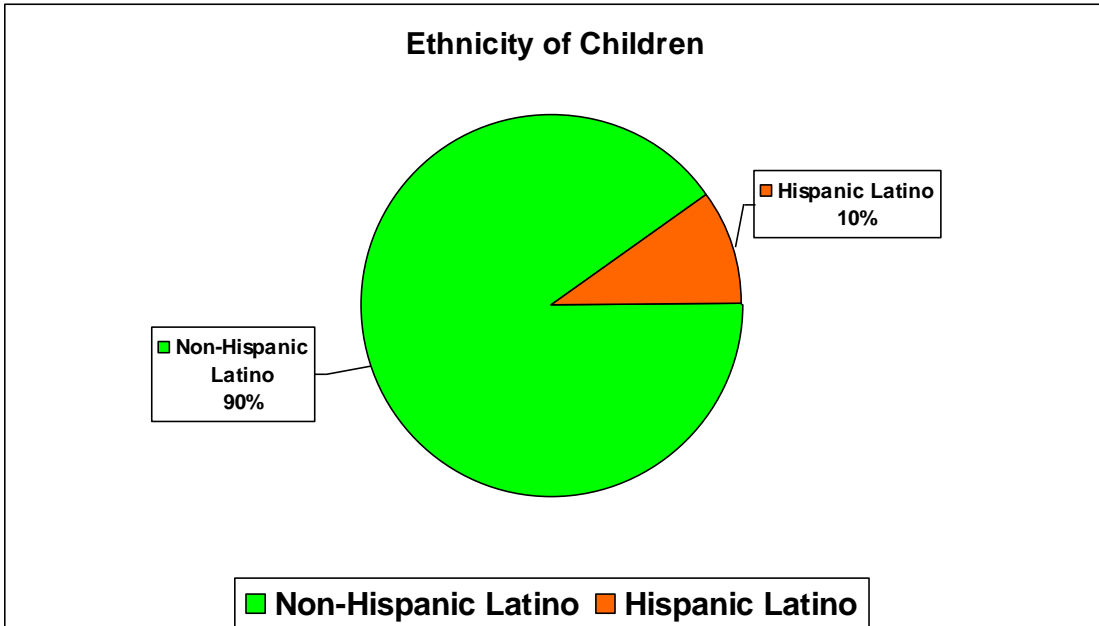
Racial and Ethnic Characteristics of Women



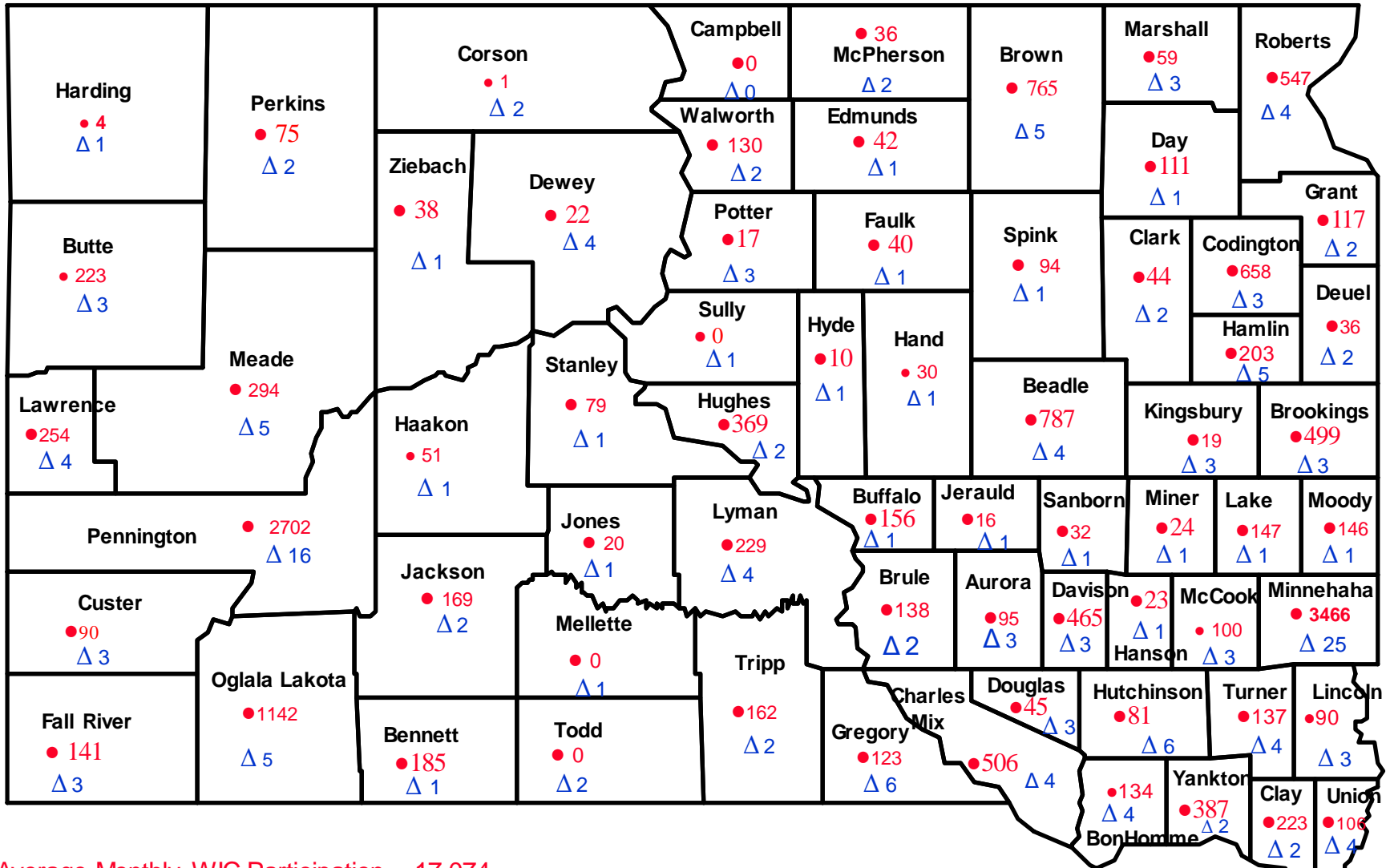
Racial and Ethnic Characteristics of Infants



Racial and Ethnic Characteristics of Children



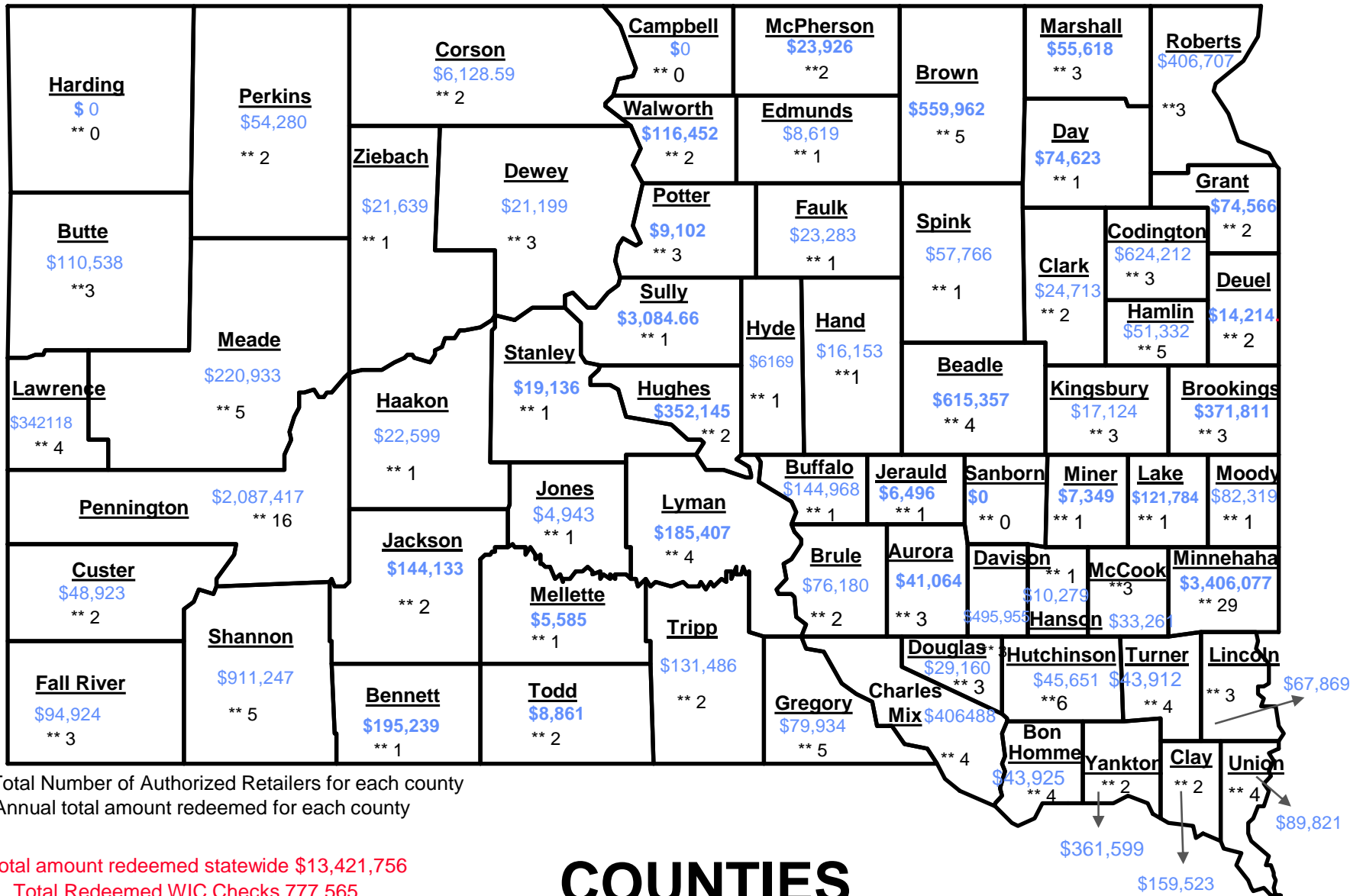
SD WIC Program Average Monthly Participation and Number of Retailers Calendar Year 2015



● Average Monthly WIC Participation – 17,074
 △ Number of Authorized Retailers in 2015

COUNTIES

SD WIC Program Annual Redeemed Amounts and Number of Authorized Retailers FFY 2015



** Total Number of Authorized Retailers for each county
\$ Annual total amount redeemed for each county

Total amount redeemed statewide \$13,421,756
Total Redeemed WIC Checks 777,565
Total Number Authorized Retailers FFY 2015 191

COUNTIES

FOOD PACKAGES

Food Packages are individually prescribed to participants based on nutritional needs identified by the Health Professional.

WIC eligible foods are high in protein, iron, calcium, and vitamins A & C to supplement the diet. The WIC foods do not provide all the foods a participant needs in a month. The foods are intended to supplement the foods normally purchased by participants through other means.

WIC Eligible Foods

Fresh or Frozen Fruits and Vegetables – All Participants

Whole Grain Options (tortillas, rice, bread)

Cereal

Milk and Soy Beverage

Yogurt

Juice

Cheese

Eggs

Peanut Butter

Canned or Dried Beans/Peas

Infant Formula

Infant Cereal

Infant Fruits, Vegetables, and Meats

Exclusively Breastfeeding Women

Canned Fish (Tuna, Salmon, Sardines)

Homeless Participants

Canned Beans or Peas

Single Serve Juice

Participants must come to the clinic site to receive nutrition education and WIC benefits. They receive benefits for a one, two, or three month period depending on their level of dietary/health risk which is determined by the health professional.

Participants may take the benefits to any WIC authorized retailer in South Dakota to obtain the prescribed foods. No cash is transferred between the participant and the retailer.

FOOD PACKAGES AND COST Federal Fiscal Year 2015

Infant Food Packages

FOOD	QUANTITY	Avg. Cost	INFANT FOOD PACKAGES FBF			INFANT FOOD PACKAGES PBF			INFANT FOOD PACKAGES FFF		
			IFBF1-3 mo	IFBF4-5 mo	IFBF6-11mo	IPBF1-3 mo	IPBF4-5 mo	IPBF 6-11mo	IIFF1-3 mo	IIFF4-5 mo	IIFF6-11 mo
Infant Cereal	24 ounces	\$ 8.48	\$ -	\$ -	\$ 8.48			\$ 8.48	\$ -		\$ 8.48
Infant Formula	Enfamil Premium Infant	\$ 17.54	\$ -	\$ -	\$ -	\$ 70.14	\$ 87.68	\$ 70.14	\$ 157.82	\$ 175.36	\$ 122.75
Infant Fruits/Vegetabl	4 oz jar	\$ 0.76	\$ -	\$ -	\$ 48.51	\$ -	\$ -	\$ 24.26	\$ -	\$ -	\$ 24.26
Infant Meats	2.5 oz jar	\$ 1.17	\$ -	\$ -	\$ 36.51	\$ -	\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ 93.50	\$ 70.14	\$ 87.68	\$ 102.88	\$ 157.82	\$ 175.36	\$ 155.49

IFBF = Infant Fully Breastfed

IFPBF = Infant Partially Breastfed

IFFF = Infants Fully Formula Fed

Women and Children's Food Packages

FOOD	QUANTITY	Avg. Cost	WFBF	WFBFMult	WPBF	WPG	WPP	Child 13-23 mo	Child 2-4
Milk-Fluid	gallon	\$ 4.79	\$ 25.13	\$ 37.69	\$ 22.73	\$ 22.73	\$ 15.55	\$ 15.55	\$ 15.55
Cheese	pound	\$ 6.22	\$ 12.45	\$ 18.67	\$ 6.22	\$ 6.22	\$ 6.22	\$ 6.22	\$ 6.22
Eggs	dozen	\$ 2.87	\$ 5.74	\$ 8.61	\$ 2.87	\$ 2.87	\$ 2.87	\$ 2.87	\$ 2.87
Cereal	per ounce	\$ 0.27	\$ 9.72	\$ 14.58	\$ 9.72	\$ 9.72	\$ 9.72	\$ 9.72	\$ 9.72
Fluid Fruit Juice	64 oz container	\$ 3.68	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7.35	\$ 7.35
Frozen Juice 12oz can	per ounce	\$ 0.18	\$ 6.50	\$ 9.76	\$ 6.50	\$ 6.50	\$ 4.34	\$ -	\$ -
Peanut Butter	18 ounces	\$ 3.01	\$ 3.01	\$ 4.52	\$ 3.01	\$ 3.01	\$ -	\$ -	\$ 3.01
Canned Beans	16 ounce can	\$ 1.14	\$ 4.55	\$ 6.83	\$ 4.55	\$ 4.55	\$ 4.55	\$ 4.55	\$ -
Tuna	5 ounces	\$ 1.24	\$ 7.43	\$ 11.14	\$ -	\$ -	\$ -	\$ -	\$ -
Whole Grain	16 ounce pkg	\$ 3.48	\$ 3.48	\$ 5.22	\$ 3.48	\$ 3.48	\$ -	\$ 6.96	\$ 6.96
CVV C1-C4	1 check	\$ 8.00	\$ -	\$ -	\$ -		\$ -	\$ 8.00	\$ 8.00
CVV Women	1 check	\$ 11.00	\$ 11.00	\$ -	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -
CVV Bfeeding fully	1 check	\$ 11.00	\$ -	\$ 16.50	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ 89.01	\$ 133.52	\$ 70.08	\$ 70.08	\$ 54.25	\$ 61.22	\$ 59.68

WFBF = Women Fully Breastfeeding
 WPBF = Women Partially Breastfeeding
 WFBFMult = Women Fully Breastfeeding Multiple Infants
 WPG = Women Pregnant
 WPP = Women Partially Breastfeed

**South Dakota WIC Program
Participant Survey Summary
2015 WIC Participant Survey**

Surveys Returned: 3,914

1. WICHEALTH.ORG is online nutrition education you can do on your own time. Has this been offered to you as an option to complete your nutrition education? **Yes = 2,196 No = 1,627**

2. What area has your family benefited the most from since starting WIC?
**Better understanding of nutrition = 2,583 Improved health = 1,594
Referrals to other programs = 419 Other = 284**

3. Skip to question 7 if you did not breastfeed a child. Pick one:
I have breastfed = 1,561 I am currently breastfeeding = 541

4. Did you use a breast pump to help with breastfeeding? **Yes = 1,612 No = 463**

5. How long did you breastfeed for?
**Days = 113 Weeks = 343
Months = 1,071 1 Year = 474**

6. What could have helped you to breastfeed longer than you did?
**Use of breast pump = 248 Education from health care professional = 146
Family/Peer support = 252 Support of breastfeeding in the workplace = 244
Nothing = 957 Other = 354**

7. Do you understand that selling or buying WIC checks, foods or formula on Facebook or in person is committing fraud against the WIC program? **Yes = 3,806 No = 61**

8. Have you had a difficult time cashing your WIC checks? **Yes = 388 No = 3,482**

9. If yes what was the reason? (Check all that apply)
**Store staff not helpful = 160 Takes too much time to use all checks = 115
Items not stocked = 345 Didn't understand how to use checks = 35 Other = 140**

10. Have you had trouble making appointments at your WIC clinic? **Yes = 194 No = 3,698**

11. If so what was the reason? (Check all that apply)
Other appointments = 104 Work/School = 136 Clinic dates = 11

Appointment availability = 62 Clinic hours = 10

12. Were you referred to other services? **Yes = 1,656 No = 2,139**

13. Do you feel the clinic provides a good setting for privacy? **Yes = 3,742 No = 130**

14. Have you had trouble making prenatal (pregnancy) care appointments with your Health Care Professional? **Yes = 142 No = 3,609**

15. If so what was the reason? (Check all that apply)

Other appointments = 36	Work/School = 52	Clinic hours = 12
Appointment availability = 38	Transportation = 53	Other = 43