As a part of the Office of Child and Family Services, the WIC Program strives to:

Serve with integrity and respect
Eliminate health disparities
Demonstrate leadership and accountability
Focus on prevention and outcomes
Leverage partnerships
Promote innovation

Our Mission
South Dakota WIC aims to safeguard the health of limited income women, infants and children up to age 5 at nutritional risk by providing access to nutritious foods, personalized nutrition information, breastfeeding education and support, and referral to healthcare and social services.
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History

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a nutrition program that provides nutrition screening and education, supplemental foods, breastfeeding support, and referrals to healthcare and social services for income-eligible women who are pregnant or post-partum, infants, and children up to age 5.

The WIC Program began in the U.S. in 1972 when Congress saw substantial numbers of low-income women, infants and children who did not have adequate access to nutrition and healthcare services. The WIC Program was first implemented in South Dakota in 1974. Currently there are 77 clinic sites throughout the state.

Funding

WIC is implemented and funded by the United States Department of Agriculture (USDA) 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. The South Dakota Department of Health administers the WIC Program and is responsible for all fiscal and operational requirements in accordance with federal regulations.

WIC is a discretionary grant and must be applied for each year, and Congress authorizes a specific amount of funds for the program. The overall grant fund is divided into a Food Fund and a Nutrition Services and Administrative (NSA) Fund. In South Dakota through an agreement with Mead Johnson, infant formula rebate funds are used to purchase breast pumps and food benefits.
What is WIC?

WIC is a nutrition and breastfeeding education and counseling program that helps to improve healthy lifestyle choices, promote sound food buying habits, and provide referrals to preventive health and social programs. The supplemental food quantities and types are designed to address inadequate and excessive nutrient intake, contribute to an overall dietary pattern consistent with national nutrition guidelines for adults, toddlers and infants, and deliver priority nutrients to participants to meet their supplemental nutrition needs.

Who in my community is eligible?

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 an infant or the end of the pregnancy)
Breastfeeding up to a year (up to the last day of the month of an infant’s first birthday)

Infants
Up to the last day of the month of an infant's first birthday

Children
Up to the last day of the month of a 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 the federal poverty level. Applicants on Medicaid, the Special Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) automatically meet income guidelines.

Nutritional Risk
Applicants must be seen by a WIC program health professional who completes a nutrition assessment to determine if the applicant is at nutritional risk. “Nutritional Risk” means that a person has a medical or dietary-based condition(s) that affects their health and well-being, such as anemia.
BENEFITS OF WIC

WIC is considered one of the most successful public health programs, and its benefits are documented in numerous studies. WIC improves the health of mothers, children and babies and reduces health care costs. In South Dakota, WIC is part of the Department of Health and the Office of Child and Family Services. This partnership allows WIC clinics to be located in the same space as other health services, which provides a one-stop shopping experience for WIC and other public health services and immediate referrals to services. Other benefits of WIC include:

**Healthy Birth Outcomes**

Prenatal WIC participation is associated with lower infant mortality rates, improves birth outcomes, improves infant health, and reduces the occurrence of low weight births below 5.5 pounds.

**Increased Breastfeeding Rates**

WIC has been shown to positively influence a mother’s decision to breastfeed. WIC’s Breastfeeding Peer Counselor program improves breastfeeding initiation and duration rates for low income women. Statewide, 42 WIC clinic staff and 2 central office staff are Certified Lactation Counselors (CLC). In addition, 2 WIC clinic staff are International Board-Certified Lactation Consultants (IBCLC).

**Adequate Growth and Development**

Infants receiving WIC services are less likely to be underweight.

Four- and five-year old’s whose mothers participated in WIC during pregnancy have better vocabulary test scores than children whose mothers did not participate in WIC.

**Increased Consumption of Key Nutrients/Increased Density in Diet**

WIC children have higher intakes of iron, potassium and fiber.

WIC nutrition education increases the consumption of whole grains, fruits, vegetables and lower fat milk and decreases the consumption of fat and added sugar.

**Decreased Prevalence of Anemia**

Children enrolled in WIC have a lower prevalence of anemia than those who are not enrolled in WIC.

**Improved Likelihood of Immunization**

Children who participate in WIC are more likely to be immunized.

*Benefits information Resource: National WIC Association nwica.org – Research articles are outlined on the website to support these proven benefits.*
SD WIC has registered dietitians, nutrition educators and nursing staff who provide nutrition education to all WIC clients throughout their participation on the WIC Program. The goal of WIC’s nutrition services program is to promote and encourage life-long habits to increase participants’ knowledge, attitude and behaviors to achieve a healthy lifestyle. WIC staff show participants the relationship between healthy choices, improved physical and mental health, and living happier, longer, more active lives.

In addition to overall nutrition support and education, WIC staff provide similar services to support mothers to make educated choices about how to feed their babies. These services are offered free of charge through the WIC office to pregnant women and moms who choose to breastfeed. A Breastfeeding Peer Counselor (BFPC) is a woman in the WIC community who has personal breastfeeding experience as well as specialized training in assisting moms with breastfeeding. In addition, they:

- Discuss common breastfeeding concerns with moms
- Help moms work breastfeeding into their lives
- Educate family and mom’s personal support group on breastfeeding
- Provide mom’s with emotional support and encouragement during and after pregnancy
WIC PROVIDES SOLID RETURNS ON INVESTMENT

A SHORT-TERM INTERVENTION
Only pregnant, breastfeeding and postpartum women, infants, and children up to age five are eligible for the program, which limits the overall duration of participation in the program. On average, a woman participates for thirteen months.

HEALTHY OUTCOMES
Participation in WIC improves nutrition, resulting in overall healthier pregnancies, healthier birth outcomes, and better growth and development for young children. WIC helps to ensure infants’ and children’s normal physical growth and has been shown to improve cognitive development, reduce levels of anemia, improve access to regular health care/social services, and reduce the risk of child abuse or neglect. It also improves breastfeeding rates for WIC mothers through increased breastfeeding support and counseling.

FAR-REACHING
WIC serves over 8 million mothers and young children per month throughout the United States, including 53% of all infants and approximately one out of five pregnant women in the U.S., in rural, tribal and urban communities.

BRINGS MONEY TO LOCAL COMMUNITIES
In fiscal year 2013, $6.3 billion of WIC food benefits were spent in local communities across the country. WIC cost containment initiatives save federal tax dollars, e.g. the infant formula manufacturers’ rebate program generated $1.88 billion dollars.
WIC PROVIDES SOLID RETURNS ON INVESTMENT

IMPROVED ACCESS TO HEALTHY FOOD FOR THE COMMUNITY
Science-based, nutritious WIC food packages improve access to healthy food for the people in our communities who need it most and increase the demand for healthy food items in local food retail outlets. Stocking WIC food items on grocery shelves also provides access to those healthy foods for all community members. For many consumers, eating the WIC way assures healthy eating habits.

IMPORTANT TO ACHIEVING NATIONAL GOALS
WIC plays an important role in achieving national goals to end childhood hunger by 2020, prevent maternal and childhood obesity, make healthy food accessible, and improve breastfeeding rates.

WIC CAN HELP REDUCE THE DEFICIT
WIC reduces the number of preterm births and low birth weight babies. Preterm births cost the U.S. over $26 billion a year. On average first year medical costs for a premature/low birth weight baby is $49,033, compared to $4,551 for a baby born without complications.

It has also been estimated that $13 billion per year would be saved if 90% of U.S. infants were breastfed exclusively for six months. Breastfeeding rates among WIC participants rose from 42% in 1998 to 70% in 2014.

References
SD WIC GOALS AND OBJECTIVES
Related to Healthy People 2020 Objectives

- Enhance outreach efforts to reach all eligible participants, focusing on children ages 1 through 4 years old.

- Increase breastfeeding initiation, breastfeeding at 6 months and 12 months by expanding the Breastfeeding Peer Counseling Program statewide.

- Leverage technology and telenutrition to enhance nutrition education and tailor education efforts to South Dakota’s diverse population.

- Promote coordination and collaboration of services to improve overall health of WIC participants by building relationships with Head Start, SD Extension Services, Medicaid, hospitals, daycare providers and other organizations providing services to women, infants and children.

- Enhance efforts and assure provision of information and referral procedures for alcohol, drugs and other harmful substances.

- Move the program to a more evidenced based model utilizing epidemiology services from both the South Dakota Department of Health and South Dakota State University.

- Participate in the Pregnancy Risk Assessment Monitoring System survey.
The WIC program served an average monthly caseload of 15,641 participants. Please see charts beginning on page 14 for detailed breakdown of participant characteristics.

We implemented a free WIC Mobile Application that assists WIC participants while shopping. With the app, participants have access to lists of WIC foods, their purchases to date, and their benefit balances. In addition to shopping assistance, the app provides appointment reminders, links to other resources and a navigation tool to help find WIC vendors and WIC clinics.

The statewide BFPC tracking system through WIChealth.org served 31.5% of the women receiving WIC Services. This was a substantial increase since its beginning in 2016. Breastfeeding support and education is provided to pregnant and breastfeeding participants by text, email, and/or phone.

The WIC program continues to look for innovative ways to provide services to participants, including utilizing Face Time, Tele-nutrition, and texting. We are always looking for ways to deliver services that meet the demanding schedules of the participants we serve.

WIC is working to expand collaborative efforts with organizations that serve similar populations in South Dakota, such as Child Care Services and Head Start, and SNAP-ED. By working together, we can address common barriers for the people in our community who have the greatest need of our services. These barriers include time away from work and transportation issues.
## WIC INCOME GUIDELINES
Federal Fiscal Year 2018

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>185% OF FEDERAL POVERTY LEVEL ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22,459</td>
</tr>
<tr>
<td>2</td>
<td>$30,451</td>
</tr>
<tr>
<td>3</td>
<td>$38,443</td>
</tr>
<tr>
<td>4</td>
<td>$46,435</td>
</tr>
<tr>
<td>5</td>
<td>$54,427</td>
</tr>
<tr>
<td>6</td>
<td>$62,419</td>
</tr>
<tr>
<td>7</td>
<td>$70,411</td>
</tr>
<tr>
<td>8</td>
<td>$78,403</td>
</tr>
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<td>9</td>
<td>$86,395</td>
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<td>10</td>
<td>$94,387</td>
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<td>11</td>
<td>$102,379</td>
</tr>
<tr>
<td>12</td>
<td>$110,371</td>
</tr>
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<td>13</td>
<td>$118,363</td>
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<tr>
<td>14</td>
<td>$126,355</td>
</tr>
<tr>
<td>15</td>
<td>$134,347</td>
</tr>
<tr>
<td>16</td>
<td>$142,339</td>
</tr>
<tr>
<td>Each additional member</td>
<td>$7,992</td>
</tr>
</tbody>
</table>
WIC YEAR-END FINANCIALS
Federal Fiscal Year 2018

FFY2018 Funding Sources

- Federal Food Funding
- Nutrition Services & Administration Funds
- Infant Formula Rebate

FFY2018 NSA Expenditure Breakdown

- Nutrition Education: $1,857,069
- Breastfeeding Education: $461,456
- Program Management: $3,220,106
- Client Services: $2,415,263

Annual Expenditures
EXPENDITURE EXPLANATION

**Nutrition Services and Administration (NSA) Funds Support**
- 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 and Rebate Funds Support**
- Used for food benefits provided to WIC participants.
WIC Participant Characteristics

**PARTICIPANT CATEGORIES**

- Women: 54%
- Infants: 22%
- Children: 24%

Legend:
- Women
- Infants
- Children

**CHARACTERISTICS OF WIC MOTHERS**

- Breastfeeding: 27%
- Pregnant: 32%
- Post-Partum: 41%
RACIAL AND ETHNIC CHARACTERISTICS

Multi-Racial Information is duplicate based on all races combined and only for informational purposes.

Racial Identity of All Participants
*Participants can choose more than one racial identifier.

Ethnicity of All Participants

Non-Hispanic/Latino 89%
Hispanic/Latino 11%
County Level Estimates of WIC Coverage

*Coverage was calculated using 2018 data from SD DOH WIC Office, SD Kids Count, and the 2018 Census Bureau.
Coverage rate = total participants/ total estimated potentially eligible participants.

Overall State Coverage Rate: 69.4%
Coverage Rate for Women: 108.6%
Coverage Rate for Infants: 112.3%
Coverage Rate for Children (1-4 years): 53.4%

Δ Designates an Indian Tribal Organization (ITO) WIC Office provides services in the area.
2018 AVERAGE MONTHLY PARTICIPATION BY COUNTY

AVERAGE MONTHLY PARTICIPATION: 15,641
2018 NUMBER OF WIC RETAILERS AND AMOUNT OF WIC DOLLARS SPENT BY COUNTY

Total Number of WIC-Authorized Retailers in 2018: 188
Total Amount of WIC dollars spent in South Dakota: $11,126,484
FOOD PACKAGES
2018 Average Food Package Benefit

Foods available through the WIC program are approved by licensed dieticians based on their nutrient content and placed into “packages” to meet the specific needs of our participants. These needs are identified by dividing women, infants and children into categories and assigning nutritional needs to each category. Categories for women and children include:

- WFPF: Woman Breastfeeding Exclusively
- WFBF Multi: Woman Breastfeeding Exclusively, Multiple Infants
- WPBF: Woman breastfeeding and supplementing with formula
- WPG: Woman Pregnant
- WPP: Woman Postpartum
- C1: Child, 13-23 months old
- C2-C4: Child, 2 years through 4 years old

The following table in an example of food packages for women and children categories. Packages include the type of food, the quantity available and the statewide average cost of the food type.

<table>
<thead>
<tr>
<th>Food Package Costs Women and Children</th>
<th>QUANTITY</th>
<th>WFBF</th>
<th>WFBFMult</th>
<th>WPBF</th>
<th>WPG</th>
<th>WPP</th>
<th>C1</th>
<th>C2-C4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk-Fluid/Whole</td>
<td>Gallon/Whole</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$15.20</td>
</tr>
<tr>
<td>Milk-Fluid/Low Fat</td>
<td>Gallon/Low Fat</td>
<td>$23.44</td>
<td>$35.19</td>
<td>$21.09</td>
<td>$21.09</td>
<td>$14.06</td>
<td>$ -</td>
<td>$14.06</td>
</tr>
<tr>
<td>Eggs</td>
<td>dozen</td>
<td>$4.37</td>
<td>$5.56</td>
<td>$2.19</td>
<td>$2.19</td>
<td>$2.19</td>
<td>$2.19</td>
<td>$2.19</td>
</tr>
<tr>
<td>Hot/Cold Cereal</td>
<td>per ounce</td>
<td>$8.86</td>
<td>$13.28</td>
<td>$8.86</td>
<td>$8.86</td>
<td>$8.86</td>
<td>$8.86</td>
<td>$8.86</td>
</tr>
<tr>
<td>Fluid Juice</td>
<td>84 oz container</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Frozen Juice</td>
<td>12 oz container</td>
<td>$6.66</td>
<td>$10.00</td>
<td>$6.66</td>
<td>$6.66</td>
<td>$4.44</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Peanut Butter</td>
<td>18 ounces</td>
<td>$2.93</td>
<td>$4.49</td>
<td>$2.93</td>
<td>$2.93</td>
<td>$ -</td>
<td>$ -</td>
<td>$2.93</td>
</tr>
<tr>
<td>Canned Beans</td>
<td>16 ounce can</td>
<td>$4.69</td>
<td>$7.04</td>
<td>$4.69</td>
<td>$4.69</td>
<td>$4.69</td>
<td>$4.69</td>
<td>$ -</td>
</tr>
<tr>
<td>Tuna</td>
<td>5 ounces</td>
<td>$7.35</td>
<td>$11.03</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Whole Wheat Bread</td>
<td>16 ounce pkg</td>
<td>$3.40</td>
<td>$5.09</td>
<td>$3.40</td>
<td>$3.40</td>
<td>$ -</td>
<td>$ -</td>
<td>$6.79</td>
</tr>
<tr>
<td>Dannon Yogurt</td>
<td>1 Qt.</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$3.51</td>
</tr>
<tr>
<td>Lowfat Yogurt</td>
<td>1 Qt.</td>
<td>$3.00</td>
<td>$4.50</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$3.00</td>
<td>$ -</td>
</tr>
<tr>
<td>CVV C1-C4</td>
<td>1 check</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$8.00</td>
</tr>
<tr>
<td>CVV Women</td>
<td>1 check</td>
<td>$11.00</td>
<td>$ -</td>
<td>$11.00</td>
<td>$11.00</td>
<td>$11.00</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>CVV Bleeding Fully</td>
<td>1 check</td>
<td>$ -</td>
<td>$16.50</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$88.01</td>
<td>$132.03</td>
<td>$70.01</td>
<td>$70.01</td>
<td>$54.37</td>
<td>$62.75</td>
<td>$59.40</td>
</tr>
</tbody>
</table>
FOOD PACKAGES
2018 Average Food Package Benefit

Categories for infants include:

- IFBF 1-3 months old – infant is only receiving breast milk, no infant formula
- IFBF 4-5 months old – infant is only receiving breast milk, no infant formula
- IFBF 6-11 months old – infant is receiving breast milk and also receiving infant baby foods (cereal, meats, fruits/vegetables)
- IPBF 1-3 months old – infant that is receiving breast milk and infant formula (partially breast-fed)
- IPBF 4-5 months old – infant that is receiving breast milk and infant formula (partially breast-fed)
- IPBF 6-11 months old – infant that is receiving breast milk and infant formula (partially breast-fed) and also receiving infant baby foods (cereal, meats, fruits/vegetables)
- IFF 1-3 months old – infant is only receiving infant formula
- IFF 4-5 months old – infant is only receiving infant formula
- IFF 6-11 months old – infant is receiving infant formula and infant baby foods (cereal and fruits/vegetables)

The following table is an example of food packages for infant categories. Packages include the type of food, the quantity available, the statewide average cost of the food type and the rebate received for infant formula.