



SOUTH DAKOTA WIC PROGRAM 2019 Annual Report

DEPARTMENT OF HEALTH VISION

Healthy People – Healthy Communities – Healthy South Dakota

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 five at nutritional risk by providing personalized nutrition information, breastfeeding education and support, referral to healthcare and social services, and nutritious foods to supplement diets.

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WIC OVERVIEW

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 76 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.



WIC OVERVIEW

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, 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, SD WIC has 42 clinic staff, 2 central office staff, and 1 Regional Manager that are Certified Lactation Counselors (CLC). In addition, 1 WIC clinic staff is an 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.

NUTRITION AND BREASTFEEDING EDUCATION

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 7 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

1. National WIC Association. For a Stronger, Healthier America. 2017: <https://s3.amazonaws.com/aws.upl/nwica.org/2017-wic-stronger-america.pdf> Accessed online April 2018

SD WIC GOALS AND OBJECTIVES

Related to Healthy People 2020 Objectives

Align participant needs with our service delivery to increase participation and retention

- Enhance outreach efforts in attempt to reach all eligible participants, focusing on increasing pregnant women participation and retention of participating children ages 1 - 4 years old.

Improve the quality, accessibility and effective use of healthcare for WIC participants

- Enhance and monitor efforts to expand, promote and support breastfeeding.
- Strengthen the techniques used for delivery of nutrition education to increase show rates to an average of 80% by 2020.

Strengthen existing relationships and build new relationships

- Promote coordination and collaboration of services to improve overall health of WIC Participants.
- Enhance efforts and assure provision of information and referral procedures for alcohol, drugs and other harmful substances to the clinics; decrease the number of women enrolled in WIC who smoke while pregnant; and reduce the number of children who live in households where someone smokes.

Electronic Benefit Transfer Implementation (eWIC): Move toward a more confidential and efficient means for the delivery of supplemental foods.

- Monitor and review the integrity of the eWIC food delivery system for all SD authorized retailers to detect, control and minimize improper vendor practices.

Improve the quality and accessibility of WIC services through the use of social media and tele - nutrition services.

- Continue the maintenance and operations phase of the SDWIC-IT system of the current contractual agreement.
- Leverage technology and tele-nutrition to enhance nutrition education and tailor education efforts to South Dakota's diverse population. .

PROGRAM ACCOMPLISHMENTS

Federal Fiscal Year 2019

- ✧ The WIC program served an average monthly caseload of 14,610 participants. Please see charts beginning on page 14 for detailed breakdown of participant characteristics.
- ✧ The WIC program staff emphasized customer service efforts to deliver benefits and services. According to the 2019 Participant Survey, clients feel like they are prepared to go shopping and have been provided great nutrition education, WIC staff and Breastfeeding Peer Counselors are very helpful to clients, and clients feel like they are being seen on time and it's easy for them to make an appointment.
- ✧ The WIC program continues to have increases in the number of participants in the statewide breastfeeding peer counseling program. 2019 marked the first year that 7 SD WIC Clinics applied for and were awarded the Gold Loving Support Awards (LSA) of Excellence certificates through the WIC BFPC Program. In addition, the online Breastfeeding Peer Counseling Program was one of six posters selected to be highlighted at the 2019 OCFS Conference by the Secretary of Health, addressing the theme of Promoting Innovation in Public Health for South Dakota.
- ✧ The WIC program continues to develop innovative ways to provide services to participants, including utilizing Face Time, Tele-nutrition, and texting. SD WIC entered a contract with One Call Now, a texting service to automate and optimize communications with WIC participants. SD WIC also utilized ZOOM video conferencing to provide new staff orientation and observe service delivery of new staff with WIC participants.
- ✧ After implementing a free WIC Mobile Application that assists WIC participants while shopping, we continue to develop the app to best serve WIC participants. 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.
- ✧ SD WIC is innovating across multiple aspects of the program, including staff training procedures. SD WIC initiated the use of TRAIN South Dakota, a platform to house WIC trainings and track participation. In addition, the WIC staff orientation processes and materials are being updated, which will continue into FY2020.
- ✧ 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

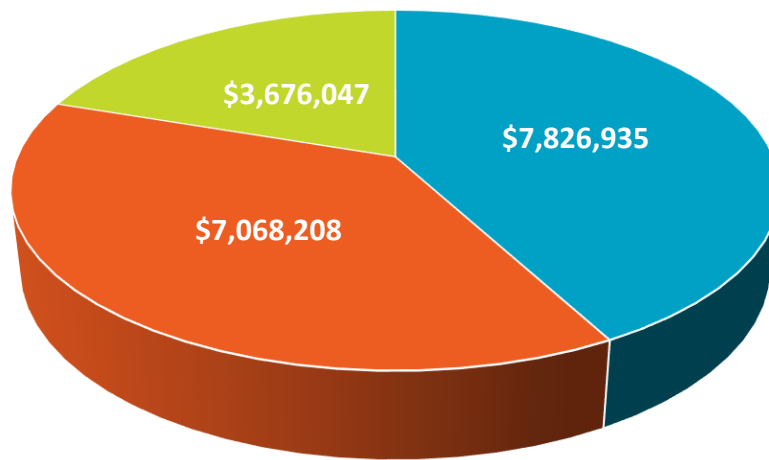
Federal Fiscal Year 2019

FAMILY SIZE	185% OF FEDERAL POVERTY LEVEL ANNUAL
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346
9	\$88,523
10	\$96,700
11	\$104,877
12	\$113,054
13	\$121,231
14	\$129,408
15	\$137,585
16	\$145,762
Each additional member:	\$ 8,177

WIC YEAR-END FINANCIALS

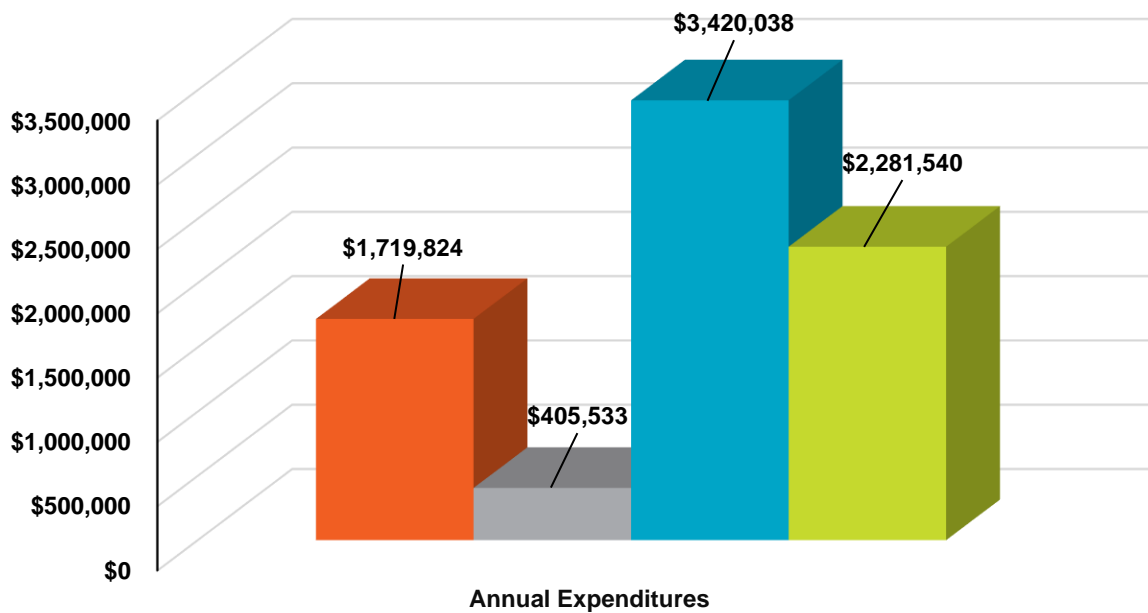
Federal Fiscal Year 2019

FFY 2019 Funding Sources



■ Nutrition Services & Administration ■ Federal Food Funding ■ Infant Formula Rebate

FFY2019 NSA Expenditure Breakdown



■ Nutrition Education ■ Breastfeeding Education ■ Program Management ■ Client Services

WIC YEAR-END FINANCIALS

Federal Fiscal Year 2019

FINANCIAL EXPLANATION

Food and Infant Rebate Funds Support

These are funds used for food benefits provided to WIC participants. Together, Federal Food Funding and Infant Formula Rebate amounted to **\$10,744,255** in Federal Fiscal year 2019 (October 2018 – September 2019). See page 19-20 for details regarding food package benefits.

Note:

Page 18 also provides information on WIC food funds spent per county, and a state total of \$10,443,566 spent on WIC food benefits. Page 18 data is based on calendar year settlements (January 2019- December 2019) rather than fiscal year. In addition, this does not include funds spent on breast pumps and special formula purchases needed in specific circumstances.

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)

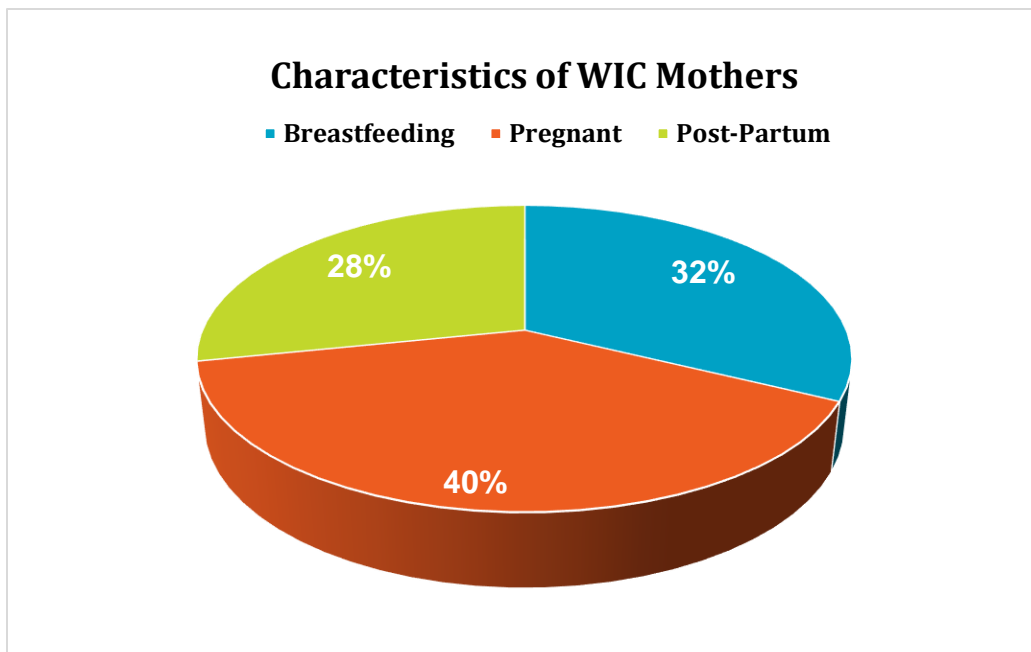
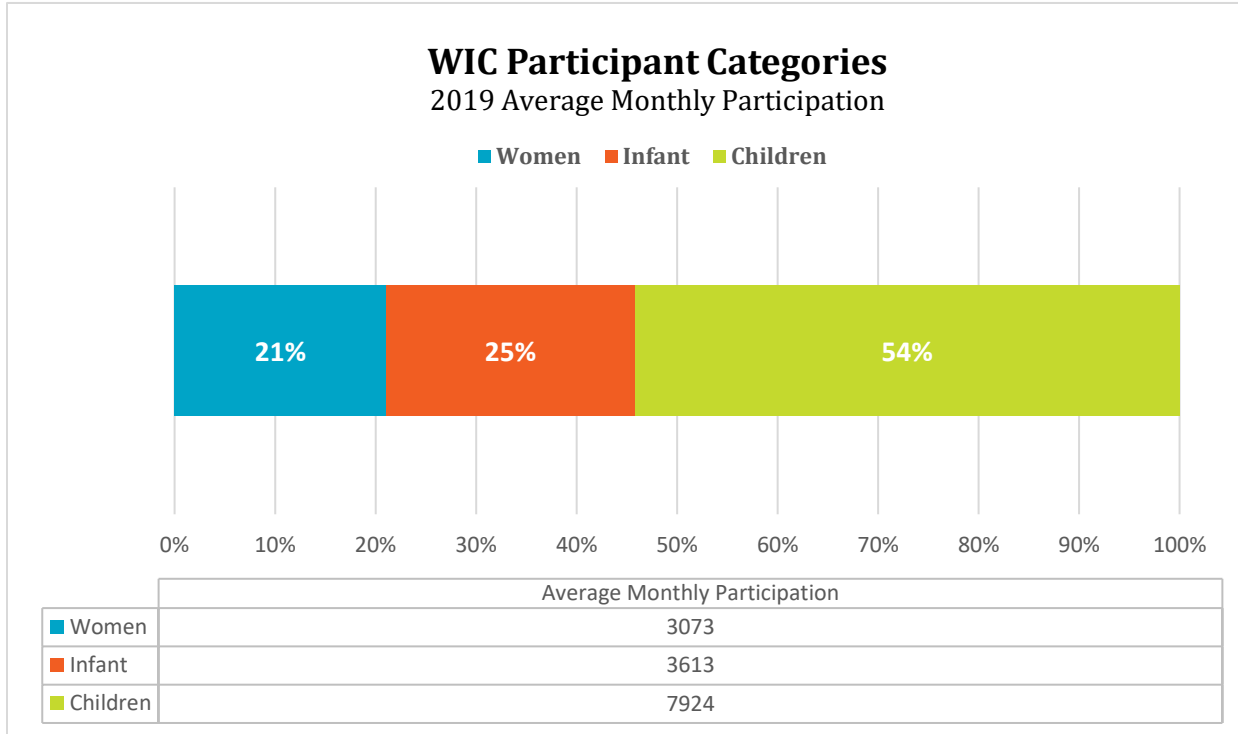
Outreach

Retail monitoring

Banking services

Management Information System development and maintenance

WIC 2019 Participant Characteristics



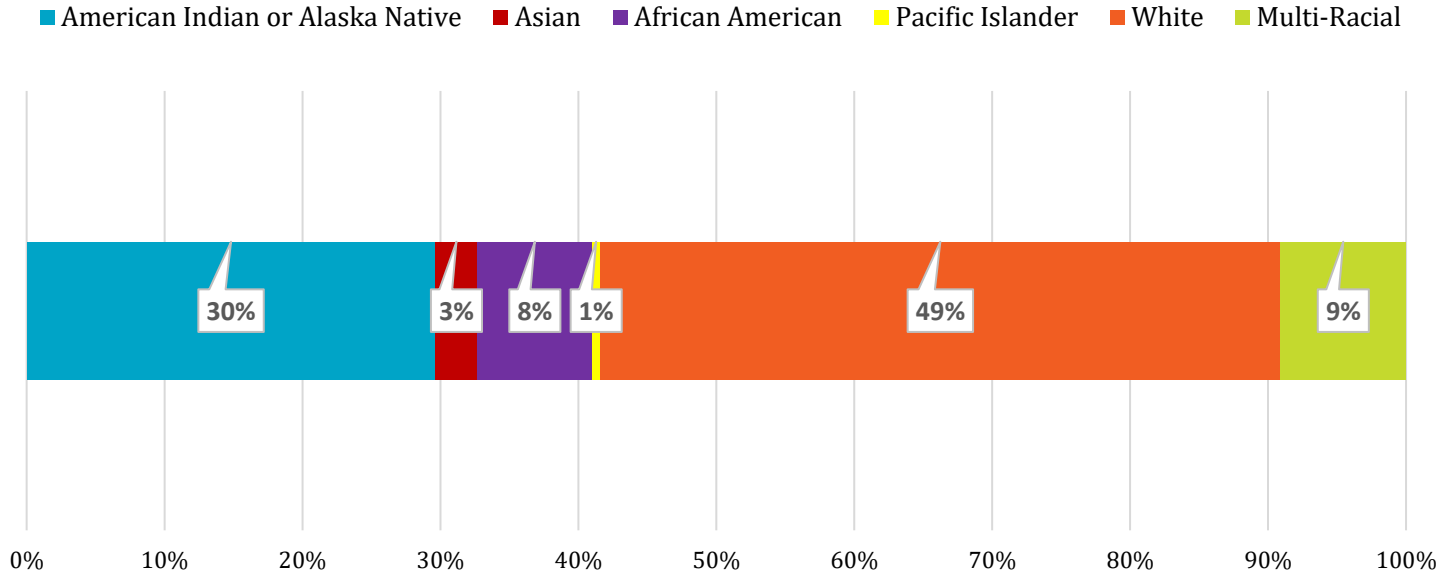
*Breastfeeding = Fully or partially breastfeeding women

Racial and Ethnic Characteristics

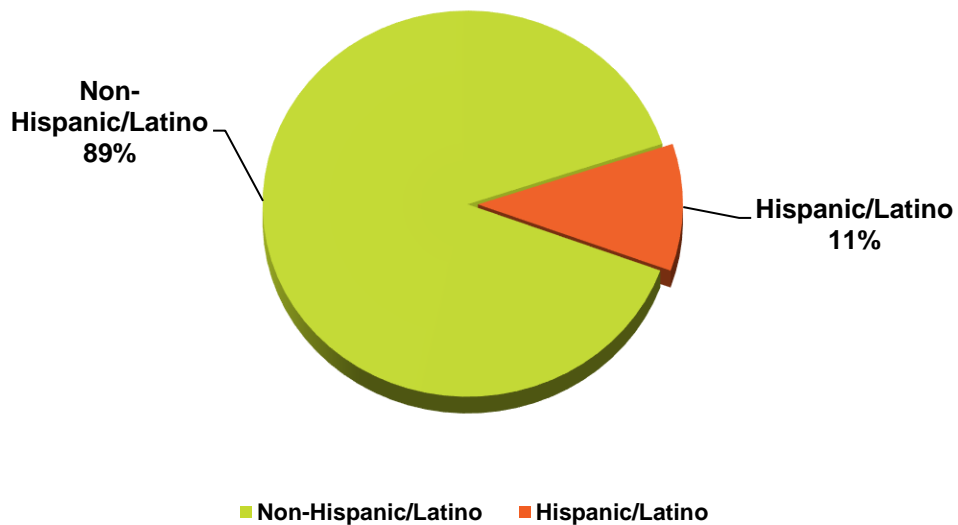
Multi - Racial Information is duplicated based on all races combined and only for informational purposes

Racial Identity of 2019 Average Monthly Participants

*Participants can choose more than one racial identifier

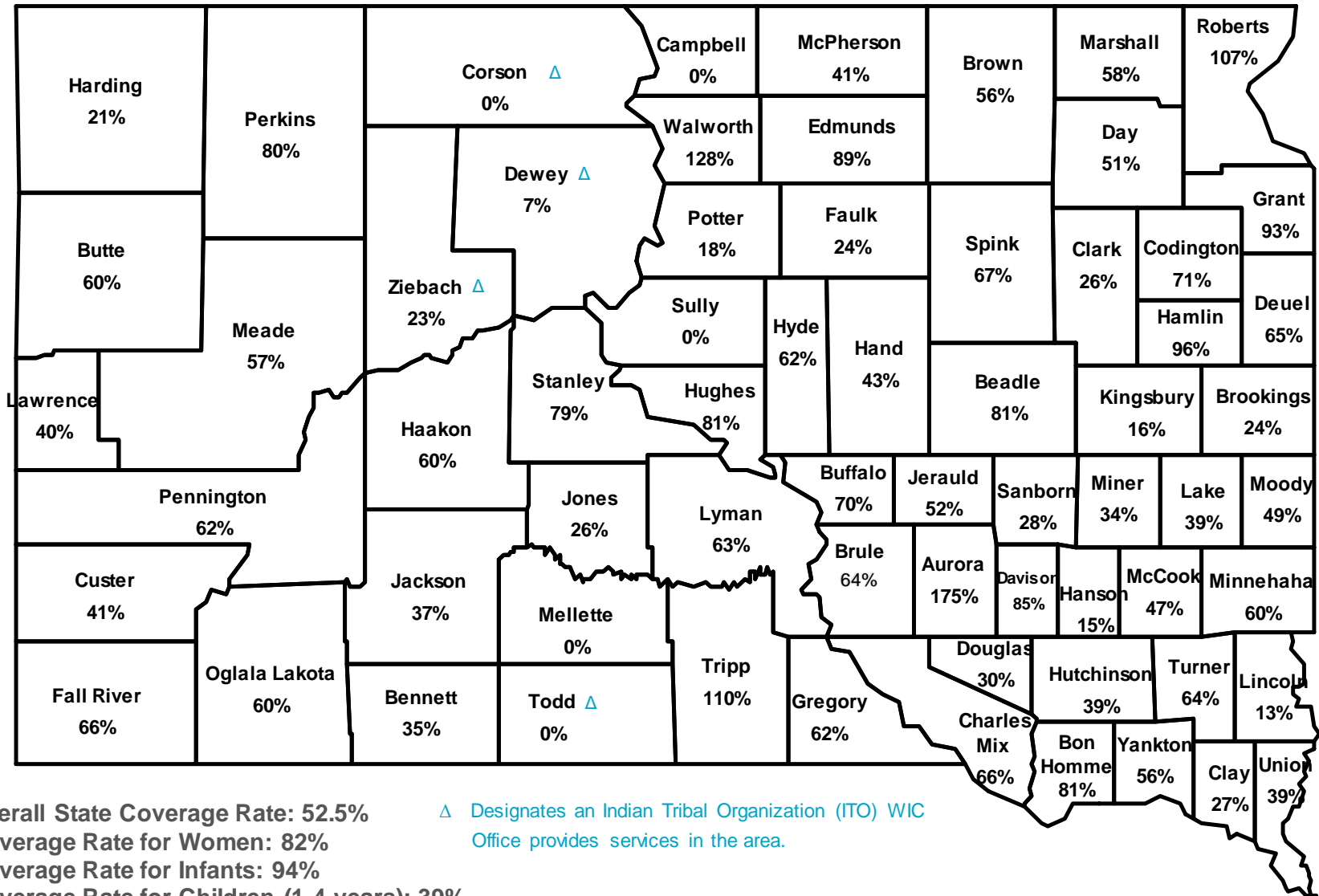


Ethnicity of All Participants



County Level Estimates of WIC Coverage

*Coverage was calculated using 2019 data from SD DOH WIC Office, SD Kids Count, and the 2019 Census Bureau.
 Coverage rate = total participants/ total estimated potentially eligible participants.

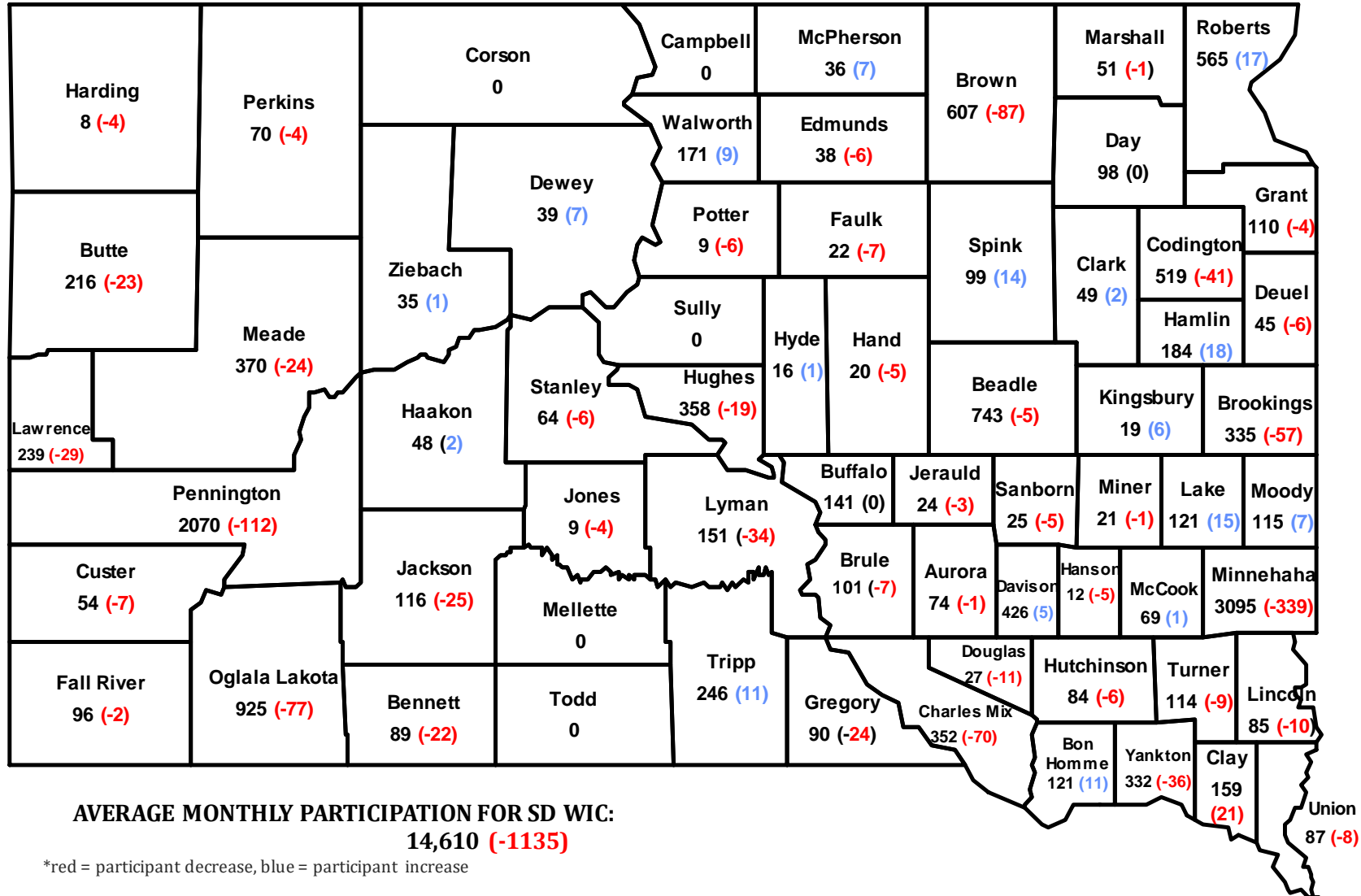


Overall State Coverage Rate: 52.5%
Coverage Rate for Women: 82%
Coverage Rate for Infants: 94%
Coverage Rate for Children (1-4 years): 39%

△ Designates an Indian Tribal Organization (ITO) WIC Office provides services in the area.

*Coverage rates >100% indicate that participation was greater than estimated eligibility (based on prior year).

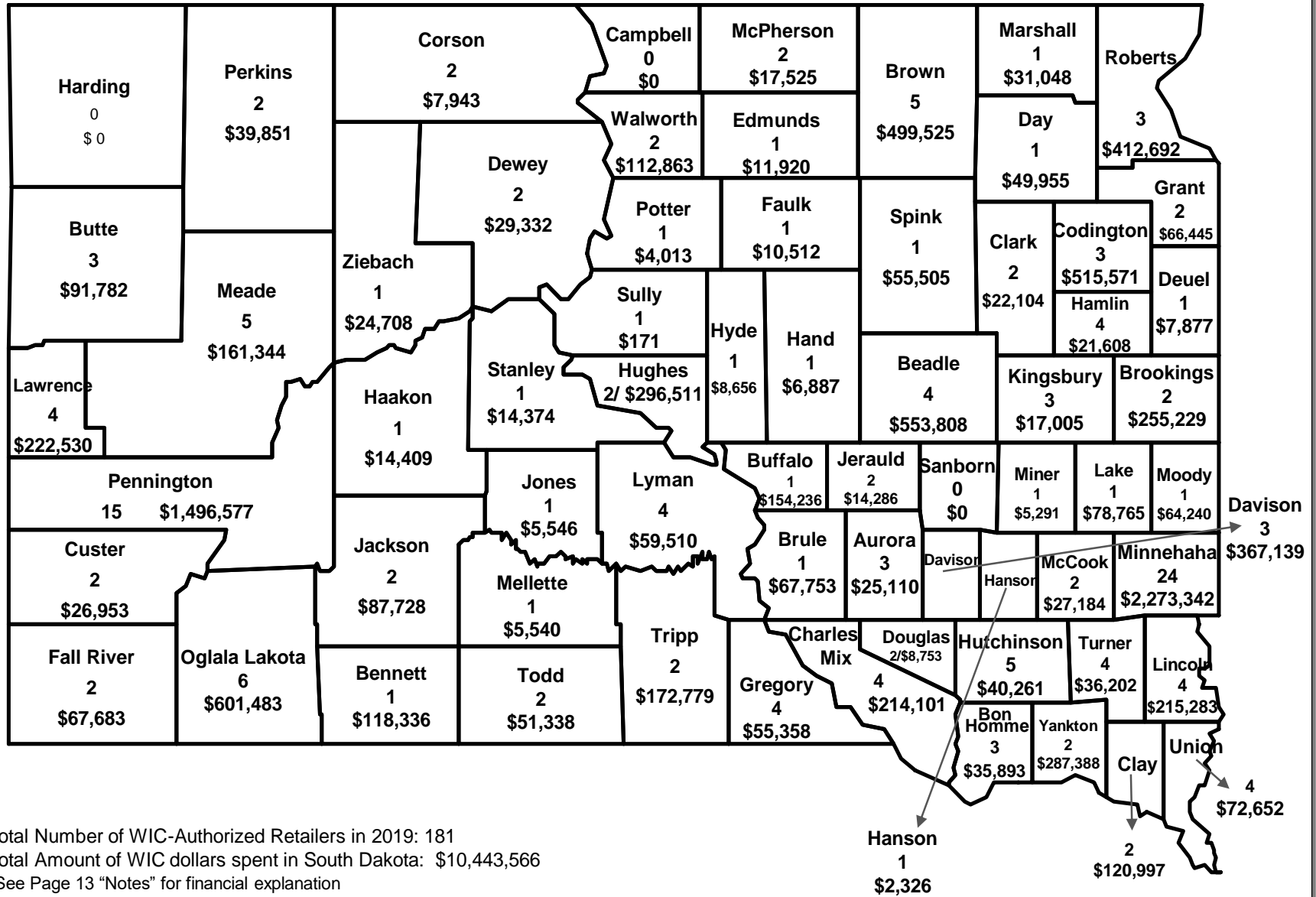
2019 AVERAGE MONTHLY PARTICIPATION BY COUNTY



AVERAGE MONTHLY PARTICIPATION FOR SD WIC:
14,610 (-1135)

*red = participant decrease, blue = participant increase

2019 NUMBER OF WIC RETAILERS AND AMOUNT OF WIC DOLLARS SPENT BY COUNTY



Total Number of WIC-Authorized Retailers in 2019: 181
 Total Amount of WIC dollars spent in South Dakota: \$10,443,566
 *See Page 13 "Notes" for financial explanation

FOOD PACKAGES

2019 Average Food Package Benefit

Foods available through the WIC program are approved by licensed dietitians 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 is 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.

Food Package Costs Women and Children									
	QUANTITY	Avg. Cost	WFBF	WFBFMult	WPBF	WPG	WPP	C1	C2-C4
Milk-Fluid/Whole	Gallon/Whole	\$ 3.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.21	\$ -
Milk-Fluid/LowFat	Gallon Low Fat	\$ 3.43	\$ 17.15	\$ 25.73	\$ 15.44	\$ 15.44	\$ 10.29	\$ -	\$ 10.29
Cheese	pound	\$ 3.66	\$ 7.32	\$ 10.99	\$ 3.66	\$ 3.66	\$ 3.66	\$ 3.66	\$ 3.66
Eggs	dozen	\$ 1.29	\$ 2.58	\$ 3.88	\$ 1.29	\$ 1.29	\$ 1.29	\$ 1.29	\$ 1.29
Hot/Cold Cereal	per ounce	\$ 0.27	\$ 9.86	\$ 14.80	\$ 9.86	\$ 9.86	\$ 9.86	\$ 9.86	\$ 9.86
Fluid Juice	64 oz container	\$ 3.69	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7.38	\$ 7.38
Frozen Juice	12 oz container	\$ 2.15	\$ 6.46	\$ 9.68	\$ 6.46	\$ 6.46	\$ 4.30	\$ -	\$ -
Peanut Butter	18 ounces	\$ 2.72	\$ 2.72	\$ 4.07	\$ 2.72	\$ 2.72	\$ -	\$ -	\$ 2.72
Canned Beans	16 ounce can	\$ 1.11	\$ 4.46	\$ 6.68	\$ 4.46	\$ 4.46	\$ 4.46	\$ 4.46	\$ -
Tuna	5 ounces	\$ 1.16	\$ 6.96	\$ 10.44	\$ -	\$ -	\$ -	\$ -	\$ -
Whole Wheat Bread	16 ounce pkg	\$ 3.48	\$ 3.48	\$ 5.22	\$ 3.48	\$ 3.48	\$ -	\$ 6.96	\$ 6.96
Dannon Yogurt	1 Qt.	\$ 3.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.40	\$ -
Lowfat Yogurt	1 Qt.	\$ 3.03	\$ 3.03	\$ 4.55	\$ 3.03	\$ 3.03	\$ 3.03	\$ -	\$ 3.03
CVB C1-C4	CVB	\$ 9.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9.00	\$ 9.00
CVB Women	CVB	\$ 11.00	\$ 11.00	\$ -	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -
CVB Bfeeding Fully	CVB	\$ 11.00	\$ -	\$ 16.50	\$ -	\$ -	\$ -	\$ -	\$ -
			WFBF	WFBFMult	WPBF	WPG	WPP	C1	C2-C4
			\$ 75.02	\$ 112.53	\$ 61.39	\$ 61.39	\$ 47.90	\$ 57.23	\$ 54.20

FOOD PACKAGES

2019 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.

FOOD	Avg. Cost	INFANT FOOD PACKAGES IBE				INFANT FOOD PACKAGES IPB					INFANT FOOD PACKAGES IFF			
		IBE 0-3 mo	IBE 4-5 mo	IBE 6-8mo	IBE 9-11mo	IBP 0-1 mo	IBP 1-3 mo	IBP 4-5 mo	IBP 6-8mo	IBP 9-11mo	IFF 0-3 mo	IFF 4-5 mo	IFF 6-8 mo	IFF9-11 mo
Infant Cereal	\$ 8.45	\$ -	\$ -	\$ 8.45	\$ 8.45	\$ -	\$ -	\$ -	\$ 8.45	\$ 8.45	\$ -	\$ -	\$ 8.45	\$ 8.45
Infant Formula	\$ 19.26	\$ -	\$ -	\$ -	\$ -	\$ 19.26	\$ 77.05	\$ 96.31	\$ 77.05	\$ 77.05	\$ 173.36	\$ 192.62	\$ 134.83	\$ 134.83
Infant Fruits/Vegetables	\$ 1.64	\$ -	\$ -	\$ 52.42	\$ 26.21	\$ -	\$ -	\$ -	\$ 26.21	\$ 13.10	\$ -	\$ -	\$ 26.21	\$ 13.10
Infant Meats	\$ 1.16	\$ -	\$ -	\$ 35.96	\$ 35.96	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Infant CVB	\$ 4.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4.00	\$ -	\$ -	\$ -	\$ 4.00
Infant CVB	\$ 8.00	\$ -	\$ -	\$ -	\$ 8.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		IBE 0-3 mo	IBE 4-5 mo	IBE 6-8mo	IBE 9-11mo	IBP 0-1 mo	IBP 1-3 mo	IBP 4-5 mo	IBP 6-8mo	IBP 9-11mo	IFF-3 mo	IFF 4-5 mo	IFF 6-8 mo	IFF9-11 mo
Total for Food Package		\$ -	\$ -	\$ 96.82	\$ 78.62	\$ 19.26	\$ 77.05	\$ 96.31	\$ 111.70	\$ 102.60	\$ 173.36	\$ 192.62	\$ 169.49	\$ 160.39
REBATE	\$ 15.25	\$ -	\$ -	\$ -	\$ -	\$ (15.25)	\$ (61.00)	\$ (76.25)	\$ (61.00)	\$ (61.00)	\$ (137.25)	\$ (152.50)	\$ (106.75)	\$ (106.75)
Final Fd Pkg Cost	\$ -	\$ -	\$ -	\$ 96.82	\$ 78.62	\$ 4.01	\$ 16.05	\$ 20.06	\$ 50.70	\$ 41.60	\$ 36.11	\$ 40.12	\$ 62.74	\$ 53.64

