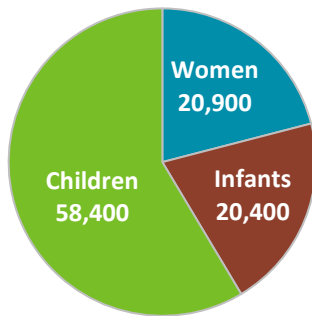


Minnesota WIC Facts 2023

MN WIC Participants

- During FFY 2022, an average of 99,700 low-income women, infants, and children up to age five participated monthly in the MN WIC program.¹

FFY 2022 Average Monthly Participation in MN WIC¹



- In 2021, MN WIC served an estimated 36.6% of all infants born in Minnesota.¹
- Minnesota ranks within the top two states nationwide for WIC coverage rate of eligible participants.²

Nutrition & Breastfeeding Support

- Participants receive individualized nutrition assessment along with education and referrals to community resources.
- WIC promotes and [supports breastfeeding](#), including [exclusive breastfeeding](#), for infants.
- WIC supports healthy diets and infant feeding practices to help prevent obesity and anemia and provide other benefits.
- Many local WIC programs provide [peer breastfeeding support](#) to parents and infants.

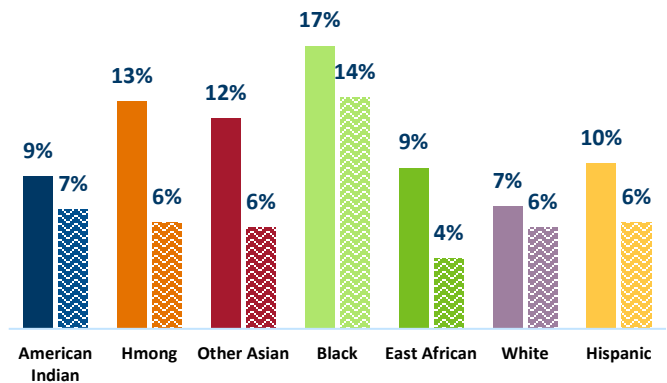
Healthy Foods

- WIC provides healthy foods including fruits, vegetables, whole grains, and low-fat dairy. Women and children participating in WIC have healthier diets.³
- In 2022, MN WIC issued approximately \$26.6 million worth of benefits specifically for fruits and vegetables.¹ Monthly fruit and vegetable benefit levels increased to \$25 for children and \$44/\$49 for pregnant/postpartum participants.
- During FFY 2022, MN WIC participants purchased \$78 million in WIC foods at local grocery stores (map on page 2).

Early MN WIC Participation Improves Birth Weight

In Medicaid-funded births, women participating in WIC for three or more months had fewer infants born with low birth weight compared to those not participating in WIC.¹ The average medical expenditure for low-birth-weight infants averages \$114,437.⁴

Low Birth Weight in Medicaid-Funded Births CY 2021



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

Advancing Health Equity

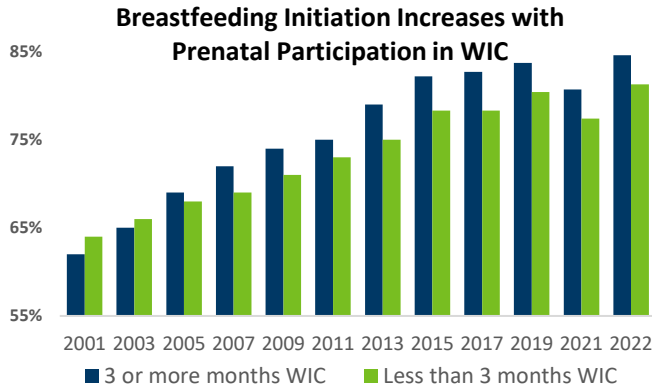
MN WIC is modernizing services to reduce inequities and make it easier for families to access benefits. MN WIC continues to advance health equity for participating families by:

- Better tailoring of services to meet the varied needs of diverse MN families
- Disaggregating health indicator data to include cultural identity
- Using proven strength-based nutrition strategies gathered from diverse families
- Supporting diversification of the WIC workforce
- Supporting community level Lactation Practitioners
- Expanding supports for LEP WIC families
- Expanding the Peer Breastfeeding Support Program
- Working with the MN American Academy of Pediatrics to increase referrals to WIC from primary care.

Minnesota WIC Facts 2023

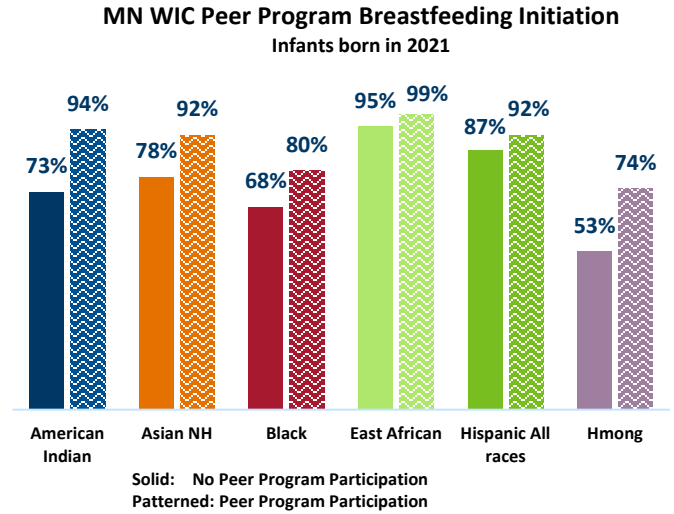
Breastfeeding Rates

People participating in MN WIC earlier in their pregnancy were more likely to breastfeed. After dropping during pandemic year 2021, rates increased during 2022, possibly due in part to the formula shortage. Meeting breastfeeding recommendations could save \$13 billion in national annual medical costs and prevent more than 900 deaths.⁵



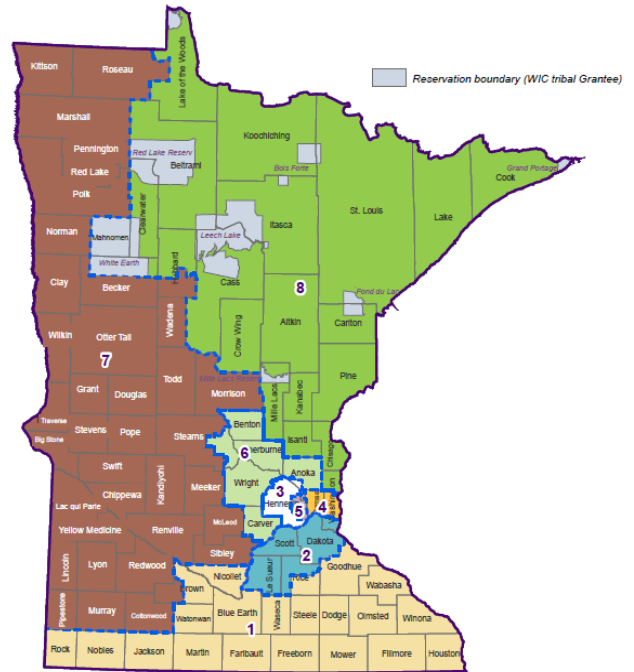
Peer Breastfeeding Advances Health Equity

Women of all races and ethnicities with a [MN WIC peer counselor](#) had significantly higher breastfeeding initiation.



MN WIC Food Dollars Spent in Local Grocery Stores by Congressional District FFY 2022

Congressional Districts		
District	# Monthly Average WIC Participants (FFY2022)	Annual WIC Dollars Spent in Local Grocery Stores
District 1 - Finstad	13,500	\$ 10,400,000
District 2 - Craig	8,500	\$ 6,700,000
District 3 - Phillips	10,300	\$ 8,600,000
District 4 - McCollum	16,700	\$ 13,800,000
District 5 - Omar	7,500	\$ 6,300,000
District 6 - Emmer	14,100	\$ 11,300,000
District 7 - Fischbach	16,300	\$ 12,300,000
District 8 - Stauber	12,400	\$ 8,900,000
TOTAL	99,300	\$ 78,200,000



References

- ¹ [Minnesota WIC Information System](#) and Minnesota Vital Statistics
- ² [National and State Level Estimates of WIC Eligibility and Program Reach in 2020 | Food and Nutrition Service \(usda.gov\)](#) Accessed 3/2023.
- ³ [Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\) | Effective Health Care \(EHC\) Program \(ahrq.gov\)](#) Accessed 3/2023.
- ⁴ Beam AL, Fried I, Palmer N, Agniel D, Brat G, Fox K, Kohane I, Sinaiko A, Zupancic JAF, \$ Armstrong A. [Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016 | Journal of Perinatology \(nature.com\)](#) 39, 1091-1099, 2020. Accessed 3/2023.
- ⁵ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics* 2010; 125: e1048-1056. <https://pubmed.ncbi.nlm.nih.gov/27647492/> Accessed 3/2023.



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