

INDIANA WIC

ANNUAL REPORT

2016



ABOUT

FACT:

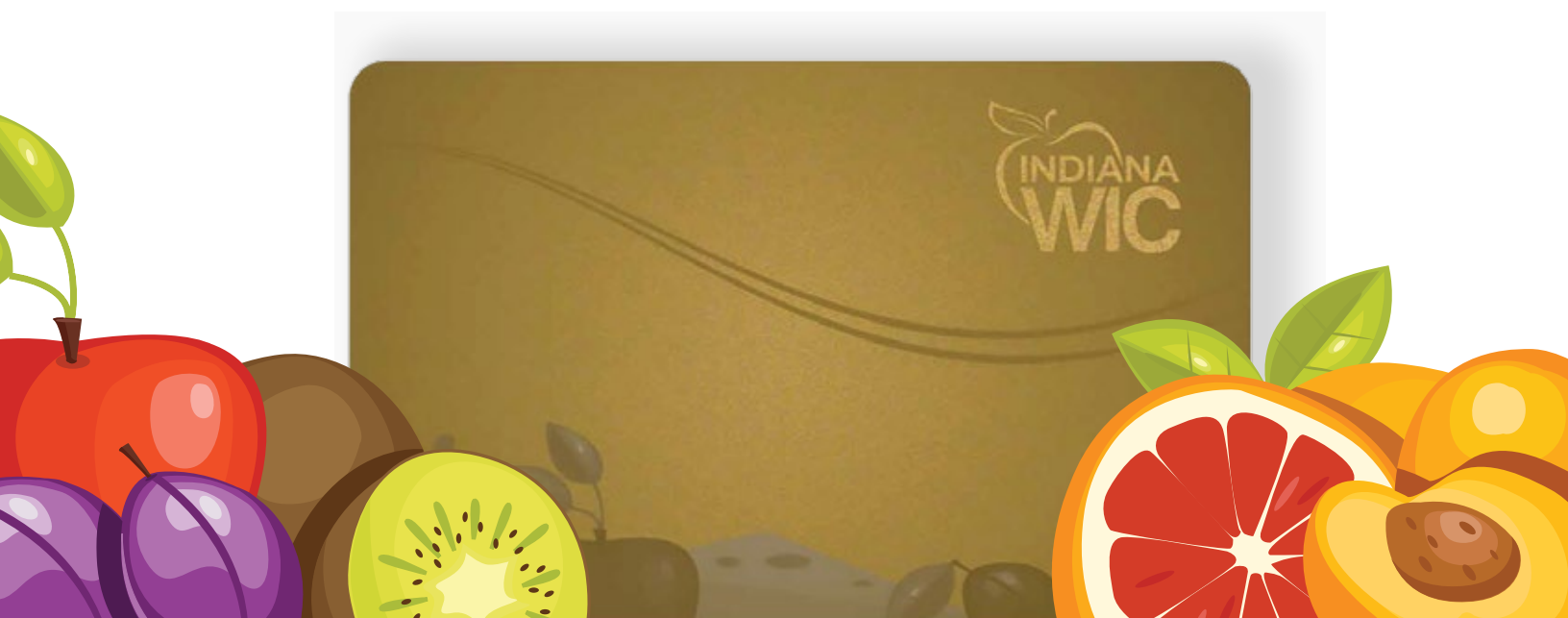
Nearly half of all infants born statewide receive WIC services.

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program that is designed to provide services to low-income pregnant, postpartum and breastfeeding women, along with infants and children up to age 5 who are at health or nutritional risk. WIC has existed for more than 40 years and has proven to be a cost-effective public health program.

Indiana WIC transitions to electronic benefit transfer (EBT) in 2016

The Indiana WIC EBT Card empowers participants by allowing them to purchase nutritious food, including fresh fruits and vegetables, when they need them instead of all at once and eliminates the stigma associated with cumbersome paper checks during check-out. Statewide EBT implementation was completed September 6, 2016.



FACT:

WIC helps families combat food insecurity and nutrition-related health problems, including obesity and Type 2 diabetes. USDA data show 23% of Indiana children are food insecure.



Who is eligible for WIC?

Pregnant, postpartum and breastfeeding women, infants and children up to **5** years of age are eligible for WIC benefits.

They must be an **Indiana resident**, be a United States citizen or Qualified Alien (if age 18 or over), have an income that falls at or below

185%

of the U.S. Poverty Income Guidelines* and be individually determined by a health professional to be at

nutritional risk.

Families participating in certain other benefit programs such as the

**Supplemental Nutrition Assistance Program (SNAP),
Medicaid** or

Temporary Assistance for Needy Families (TANF)
automatically meet the income eligibility requirement.

Nutrition risk may be medically based, such as

anemia, underweight, overweight, history of **pregnancy complications** or **dietary risk.**

**For current WIC income guidelines, contact Indiana WIC at 800.522.0874 or visit our website at WIC.in.gov.*

FACT:

WIC food packages were first designed in 1974 to supplement participant diets with foods rich in the five nutrients - **Vitamins A & C, calcium, iron and protein** - that were lacking in the diets of the target WIC population. The foods in the WIC food packages are specifically selected for their nutritional value to supplement the dietary needs of participants to ensure good health, growth and development.

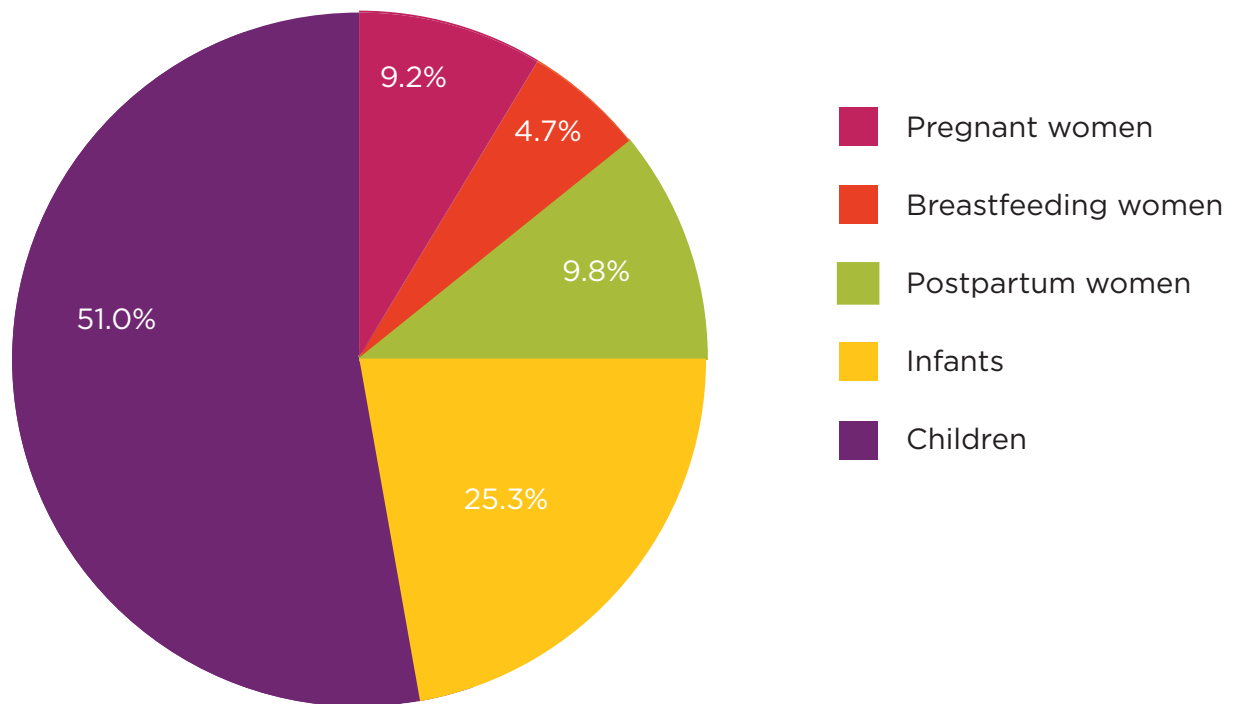


Indiana WIC program profile

In fiscal year 2015, an average of **154,485** Hoosiers were served each month in Indiana through a statewide network of **138 WIC clinics.**

Among Indiana WIC participants, approximately half (**51.0%**) were children. Infants account for **25.3%** and women for **23.7%**. (Figure 1)

FIGURE 1. INDIANA WIC CATEGORIES



Indiana WIC finances

In fiscal year 2015, Indiana WIC supported local economies by

\$111 million

through the purchase of healthy food for mothers
and young children in

619 grocery stores and **26 pharmacies**

and by funding

41 community and public health agencies

to provide nutrition and education services.

The Indiana WIC Farmers' Market Nutrition Program generated

\$140,142

in locally grown fruit and vegetable sales
to Hoosier farmers who participated in

173

WIC approved farmers' markets and farm stands.

An infant formula rebate contract contributed

\$39 million

to Indiana WIC for the purchase of healthy food for participants.

Indiana WIC continuously maintains a lower average monthly food cost compared to the national monthly food cost average.

(\$38.47 versus \$43.37)

Indiana is

23rd in the nation

for lowest monthly food cost per participant.

The Indiana WIC program has the **lowest** monthly average administrative cost per participant in the nation.

(\$17.25 versus the national average of \$20)



INFANT MORTALITY

WIC's effort to decrease infant mortality in Indiana

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was launched 40 years ago and since then has been proven to improve the nutritional status and health outcomes of vulnerable populations. A recent study has shown that WIC participants had a lower infant mortality rate (IMR) compared to non-WIC participants.¹ Prenatal WIC participation was associated with especially significant improvement in African-American IMR, thus reducing racial disparities.² The WIC program helps to reduce the number of low birth weight infants and infants born prematurely, as well as iron deficiency in children by providing supplemental food, nutrition education and referrals to various health services.

In addition to providing a variety of healthy foods and nutritional education, the WIC program cooperates with other programs to maximize its efforts to improve health and nutritional status of WIC participants.

In fiscal year 2015, WIC clinic staff made

48,964

referrals to

Indiana Healthy Families Program and

22,473

referrals to the

Expanded Food Nutrition Education Program/
Family Nutrition (EFNEP/FNP) programs.

FACT:

Research has shown that the WIC program plays an important role in improving birth outcomes and containing health care costs. WIC participation dramatically lowers infant mortality among Medicaid beneficiaries.



Promotion and referrals

WIC clinic staff conduct outreach and promotion to increase prenatal WIC enrollment. Women often wait until the third trimester to enroll in WIC. The program would like to provide services to women as soon as they know they are pregnant. Indiana WIC helps to ensure quality prenatal and postnatal care by providing referrals to family support services, clinics and physicians.

In fiscal year 2015, WIC clinic staff made

1,793 referrals to family planning services,

1,267 referrals to prenatal clinics and

34,454 referrals to private physicians.

By partnering with the **Indiana Tobacco Quitline Network**, WIC targets the smoking rate of prenatal women. Due to successful collaboration and referrals to other smoking-cessation programs, the smoking rate among pregnant WIC participants has dropped

from **22.5%** in fiscal year 2014 to

21.5% in fiscal year 2015.

In fiscal year 2015, WIC clinic staff made **4,639** referrals to smoking-cessation programs.

Promotion and referrals

The WIC program promotes breastfeeding as not only the best nutritional source for infants, but also as a tool to reduce the incidence of infant mortality including Sudden Infant Death Syndrome³. The breastfeeding initiation rate has been increasing consistently for the last decade and has reached

72.9% in fiscal year 2015, which is **1.7%** higher compared to the previous year.

A recent study concluded that a woman's decision to initiate breastfeeding was significantly associated with WIC peer counselor contacts⁴. Peer Counselors provide basic breastfeeding information and support to WIC mothers, and they are available to clients outside of normal business hours.

In fiscal year 2015, WIC clinic staff made

51,004 referrals to breastfeeding support. Working together with peer counselors and breastfeeding coordinators, the staff also promotes safe sleep and skin-to-skin practices.



BREASTFEEDING SUPPORT

Indiana WIC breastfeeding support

During the past decade, the Indiana WIC breastfeeding initiation rate increased from

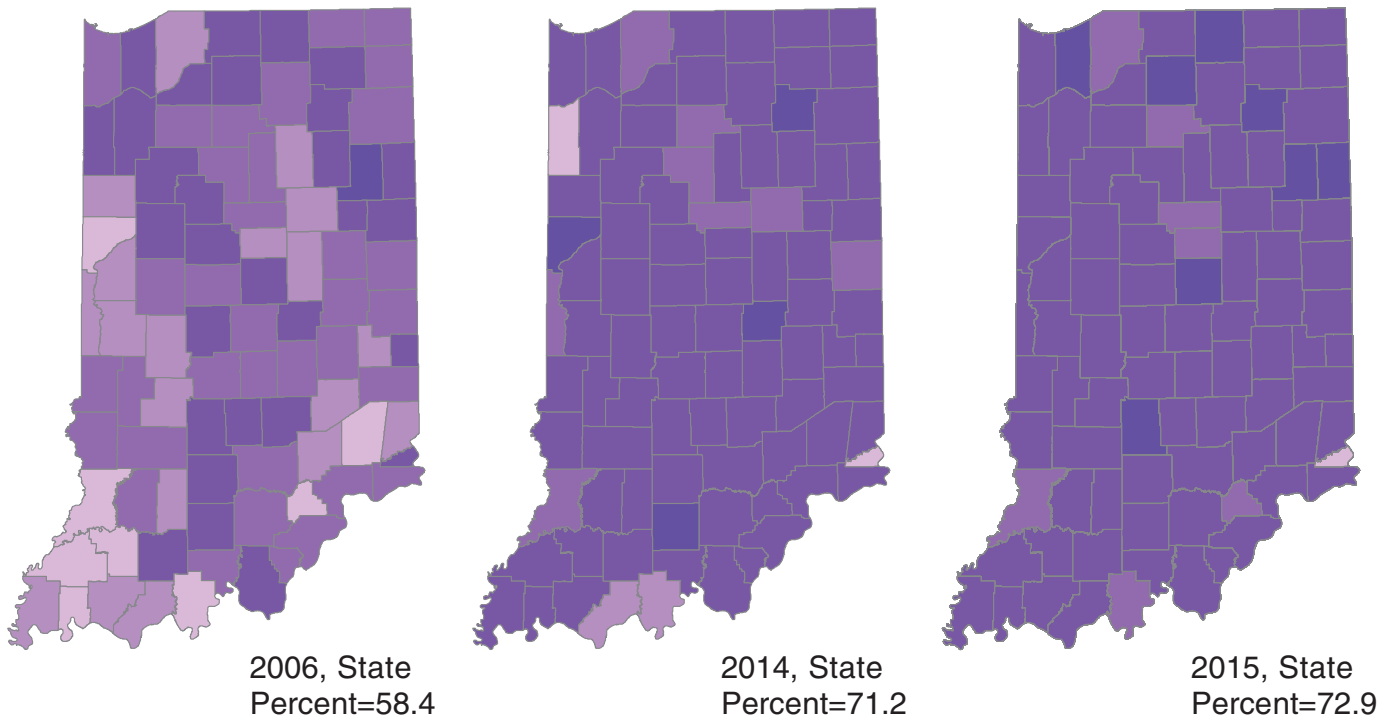
58.4% to 72.9%, a **14.5%** increase.

The program attained a **1.7%** increase in 2015 compared to 2014.

Due to this steady increase, the Indiana WIC program anticipates

attaining the **Healthy People 2020** goal of an **81.9%**

breastfeeding initiation rate.



Breastfeeding Intitation Rate (Healthy People 2020 Goal=81.9%)

24.1 44.0 53.9 62.2 81.9 90.0



FACT:

Indiana strives to reach the **Healthy People 2020** objective to increase the percentage of children ever breastfed to **81.9%** statewide. In 2015, three Indiana WIC agencies met this goal:

- Marshall County: 84.5%**
- Whitley County: 83.5%**
- Elkhart County: 82.7%**



NUTRITION EDUCATION

Nutrition education

Participant Centered Services is an approach which emphasizes collaboration with the participant, giving them the freedom to choose options that work for them; it is a more comprehensive approach to supporting healthy lifestyle and eating behaviors.

Through the implementation of Participant Centered Services, the Indiana WIC program staff support the following nutrition education goals set by WIC federal regulations (246.11):

- **Highlight** the relationship between nutrition, physical activity and health, with special focus on the nutritional needs of WIC participants;
- **Assist** the individual who is at nutritional risk in achieving a positive change in dietary and physical activity habits;
- **Provide** nutrition education in the context of the ethnic, cultural and geographic preferences of the participants, with consideration for educational and environmental limitations they experience.





FACT:

WIC provides nutrition education and healthy foods to help families make healthy choices. The WIC food package includes vegetables, fruits, low-fat dairy and whole grains.

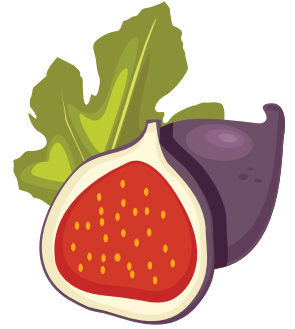
Battle against obesity

The continuing epidemic of adult and early childhood obesity has become one of the most serious public health threats for Hoosiers.

In fiscal year 2015,

15.8% of children ages 2-5 on the Indiana WIC program were obese. This number has increased slightly from

15.4% in 2014.



The program aims to reach the **Healthy People 2020** objective to decrease the percentage of obese children to **9.6%**.

Only one Indiana county met this goal:

Boone: 7.5%

Indiana WIC is making prevention of obesity a priority by supporting **breastfeeding** and **promoting healthy nutrition** and **physical activity**, offering WIC families healthy foods and a broad variety of nutrition education materials and activities.

The Indiana WIC program continues to actively promote consumption of fruit and vegetables by offering Cash Value Vouchers (CVV) to WIC children and women. In fiscal year 2015, the Indiana WIC CVV

redemption rate continued to hold steady at **80.2%**.

References

1. El-Bastawissi, A., Peters, R., Sassen, K., Bell, T., & Manopoulos, R. (2007). "Effect of Washington Special Supplemental Nutrition Program for Women, Infants and Children (WIC) on pregnancy outcomes." *Maternal and Child Health Journal*, 11(6):611-621
2. Khanani, I., Elam, J., Hearn, R., Jones, C., & Mazeru, N. (2010). "The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities." *American Journal of Public Health*, 100(S1):204-209.
3. Chen, A., & Rogan, W. (2004). "Breastfeeding and the Risk of Postneonatal Death in the United States." *Pediatrics*, 113(5): e435-e439.
4. Campbell, L., Wan, J., Speck, P., & Hartig, M. (2014). "Women, infant and children (WIC) peer counselor contact with first time breastfeeding mothers." *Public Health Nursing*, 31 (1): 3-9.

For more information about the Indiana
WIC program, visit WIC.in.gov



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