REFERENCE: ELECTRONIC MANUAL
http://apps.sd.gov/applications/ph01icds/ph01icdsnet/index.aspx

A. Allocation of Caseload
B. Caseload Monitoring
C. Referral
D. Outreach/Marketing
E. Waiting List Management

ALLOCATION AND MONITORING CASELOAD

The State Office determines the number of participants that can be served statewide with monies allocated to the WIC Program. Local Agencies do not have jurisdiction over which participants can be served in their area. Priorities served are consistent throughout the state. Currently, all counties serve Priorities I-VI and Priority VII from other states if a Transfer (VOC). Priorities may be limited throughout the state based upon funding. Should funding not be available to serve all priorities statewide, the lowest priority, Priority VII's, would not be eligible first, then Priority VII's and so forth. Alternative means of eliminating an entire Priority would be considered, such as only one and two year old children at Priority V may be eligible but not three and four year olds, or one time certification as a Priority V only.

Through management integrity of budgetary planning, marketing efforts, and efficiencies, South Dakota has been fortunate not to experience significant problems in maintaining planned participation levels at a time of food cost escalation, reduction of infant formula contract rebates, and enormous caseload increase or participation demands.

PROGRAM AVAILABILITY

GOAL: To provide a system for reaching potential WIC participants in accordance with Federal guidelines.

Objectives:

Provide the overall work plan for publicizing the availability of the Program and utilizing networking to reach potential participants.

Implementation:

A. A Network has been developed by the State Agency whereby all agencies, offices, and organizations within a county that deal directly with potentially eligible persons can coordinate efforts and refer as appropriate.

B. A Marketing Plan was developed in an effort to reach potentially eligible WIC clients in the state with an emphasis on special populations. With limited funding, efforts will be targeted at the populations most in need of WIC benefits.

C. State Agency's responsibilities include:

1. Providing, through each Regional Manager/Nurse Consultant, contact with all outreach agencies in each region.

2. Accompanying Community Health Nursing representatives to meetings with County Commissioners to provide input on WIC whenever appropriate.

3. Providing press release statements and public service announcements annually for distribution by Local Agency Staff. The press releases and announcements must include eligibility criteria, information on Program benefits which include supplemental foods, nutrition education and access to ongoing health care. Press releases will focus on maintenance of caseload and reaching the high-risk participants. These announcements will be in foreign languages, where appropriate.

4. Preparing materials such as posters, brochures, and audio-visual programs for Local Agencies to use in enlisting new clients. These materials will include the location and phone number of the Local Agency.

5. Providing Health Professionals (physicians, nurses, hospitals, dentists, or orthodontists, etc.) with information on WIC, referral forms, WIC poster, and educational materials on maternal, infant and child nutrition targeting women during early months of pregnancy.

6. Informing the State Food Stamp Program, TANF (Temporary Assistance for Needy Families), CHIP, and Medicaid Programs of WIC Regulations regarding referrals, providing them with a list of Local Agencies and information about WIC for distribution to their clients; and obtaining materials from their programs to distribute to the local WIC offices for distribution to clients.

7. Informing centers serving the Homeless and Migrant Offices of the WIC Program Regulations for referrals and distributing materials.

8. Informing unemployment offices of WIC program and information for distribution to unemployed recipients.

   Informing the State EFNEP Program and other nutrition education programs (e.g., Headstart) of WIC Regulations regarding integration of their services into the nutrition education services provided to WIC participants.

9. Inviting interested agencies to State or Regional WIC workshops to make presentations.

10. Distributing WIC brochures, posters, and referral forms to the following community programs and/or agencies:

    Health and Medical Organizations
    Family Planning Programs
    Alcohol and Drug Abuse Programs
    Hospitals, Clinics--includes Well-Child and Early and Periodic Screening, Diagnosis and Treatment Programs
    Welfare Programs--includes TANF, Food Stamps, Social Services agencies, unemployment offices
    Indian Tribal Organizations
    Migrant/Farm worker Organizations
    Centers serving the Homeless, “Soup” Kitchen, shelters
    Community Action Programs
    Headstart
    EFNEP--Expanded Foods and Nutrition Education Program
    Child Abuse Detection Teams
    Department of Health Division Programs
    Minority Assistance Offices
    Military facilities

C. Local Agency responsibilities include:

   1. Facilitating referral of potential WIC clients by distributing to cooperating agencies, appropriate program materials.

      These materials will include income guidelines, nutritional risk criteria and the location and phone number of the Local Agency. These materials will be produced in the appropriate foreign languages when necessary.

   2. Documenting in participants’ files any outreach/referral done.

   3. Sharing care plans, whenever appropriate, with referral agencies.

   4. Working with community agencies listed in this section to coordinate as much as possible nutrition education programs, medical/health or nutritional assessments and other services when dealing with the same population.

   5. Attempting to arrange for bilingual staff in areas that have migrant populations, in order to help the staff better relate to this population group.

6. Refer alcohol and drug counseling to community resources. If a participant is at nutritional risk due to alcohol or drugs, then goals are set in the individual nutrition education care plan.

7. Refer WIC participants not participating in Medicaid to Social Services offices and provide information about Medicaid to them.

Evaluation:

Participant surveys will include a question asking each participant how they learned about the Program.

The implementation will be reviewed and/or revised annually.

EXPANSION OF AWARENESS EFFORTS

State Level

(1) A committee, established by the Governor to review the various nutrition programs in state government, develops avenues of cooperation and establishes priorities. Representatives from the majority of public and commodity representatives agencies that serve children in the state: such as Food Stamps, CSFP, Extension Services, EFNEP, School Food Service, Child Care Feeding and Elderly Nutrition, Department of Health, USD Medical School, SDSU Department of Nutrition and Food Science Hospitality, are involved as part of an inter-agency group.

Individuals in this group provide information on the programs they represent to other members of the group for dissemination to their local staff members and work on ways to improve referral between agencies/programs and enhance cooperative efforts.

(2) On-going meetings have been established with Social Services and the Division of Health and Medical Services for program awareness, sharing/disseminating information, planning, avoiding duplication of services, and facilitating early enrollment of pregnant women in the program and infants.

(3) Informational flyers, "Pass WIC On" are distributed annually to the Department of Social Services for a mass mailing to DSS recipients and then monthly to brand new recipients on the Program as well as to migrant workers, unemployment recipients.

(4) A marketing plan developed will be used to target efforts at attracting high risk WIC participants. The plan includes marketing strategies and materials to use by the Local Agency staff in their individual communities for special populations as well as general potential eligible.

Each year emphasis will be placed on a different component of the plan in an effort to reach the most in need of WIC services. Sections of the plan include marketing strategies by the State Office and Local Agency staff. These include:

State Office: 1) Marketing through outreach to health care facilities, colleges, institutions and tribal officials; 2) Marketing through outreach to legislatures; 3) Marketing through coordination with Department of Social Services Program (Food Stamps, TANF, CHIP, and Medicaid); 4) Marketing through National Nutrition Month Campaign.

Local Agencies: 1) Community Needs Assessment; 2) Marketing through news release/news articles and public services announcements; 3) Marketing through newspaper/magazine feature stories; 4) Marketing through professional organization and agency newsletters; 5) Marketing through nutrition education presentations; 6) Marketing through the participants; 7) Marketing through outreach to new parents; 8) Marketing through outreach to community resources; 9) Marketing through outreach to local and area businesses; 11) Marketing through outreach to schools; 11) Marketing through outreach to government officials.

Each Local Agency must select 1 marketing goal and plan at least 3-5 marketing activities during the year.

(5) March National Nutrition Month provides an excellent opportunity to share the importance of nutrition across the state. Campaign materials about National Nutrition Month are utilized and distributed to Local WIC Agencies. Cooperation between the

South Dakota Department of Health, The Nutrition Coordinating Committee and other nutrition education programs/agencies in the state are done to proclaim March as National Nutrition Month.

(6) Title XIX has expanded Medicaid coverage for pregnant women up to 133% of federal poverty level to receive prenatal care. Pregnant women under Title XIX are referred to the Local WIC Agencies for potential eligibility. The program "Baby Care" is case management of pregnant women to improve and expand health care for pregnant women and infants. A formal coordinated process for referrals to and from WIC is part of the program.

Local Level

(1) Each Local Agency is required to contact each of the agencies listed in the referral network which has an office/representative in their area. They must provide these individuals with WIC Program information and their address and phone number for referrals.

(2) Periodically, news articles about WIC are distributed to local newspapers through a system of awareness of public health services by the Department of Health.

(3) Radio stations and newspapers are utilized monthly on the Pine Ridge Indian Reservation to keep WIC participants aware of voucher pick-up days at the clinics.

(4) Efforts are made for Native American women and their babies to be certified for WIC at the Pine Ridge Indian Hospital prior to discharge from the hospital.

Regional Level

(1) Nutrition Staff provide in-service for the Community Health Nurses on a regular basis--interested health professionals are invited to attend.

(2) Nutrition Staff appear on radio programs from time to time to explain the Program and where and how to apply for benefits.

(3) Various weekly and daily newspapers do periodic features on the WIC Program and carry information on where to get additional information.

(4) Establish local contacts of supervisor areas with Social Services, MCH staff, etc. to coordinate efforts, early referrals, and program awareness.

(5) Nutrition Staff contact Social Service staff locally and attend staff meetings periodically to stay up-to-date on expanded coverage, eligibility requirements, and referrals and contact persons.

(6) A community needs assessment is done by Nutrition Staff with input from local staff. From results of the assessment, appropriate marketing activities from the Marketing Plan will be chosen to meet the needs of the community and special populations to target.

(7) Nutrition Staff target marketing WIC to the highest county within their respective area on the Affirmative Action annually, utilizing the established marketing plan.

NETWORKING SYSTEM

At all levels, program staff are encouraged to refer participants, actively seek referrals from cooperating agencies and cooperate with other agencies in providing comprehensive care for all eligible individuals.

A list of programs with which networking should be done is provided in the Local Agencies to assist them in establishing a referral system. Coordination with each program may vary on location. By large, referral and sharing of program availability is done. This list follows.

NETWORKING SYSTEM RESOURCE DIRECTORY

AGENCY DESCRIPTION	NAME OF PROGRAM
* Department of Social Services	* Baby Care * Child Care Services * Child Protection * Child Support Enforcement * CHIP (Child Health Insurance Program) * Domestic Abuse Program * Food Stamps * Foster Care * Healthy Kids Club (Formerly EPSDT) * Medicaid * TANF (Temporary Assistance to Needy Families) * LIF (Low Income Families)
* Department of Human Services	* Alcohol and Drug Abuse * Mental Health Services * Rehabilitation Services -Service to the blind and Visually Impaired
* Department of Health	* All Women Count * Baby Care * Bright Start * Children Special Health Needs * Community Health Services * Disease Prevention * Family Planning * Health Promotion * Health Protection * HIV Counseling and Test Sites * Local Interagency Coordinating Networks * WIC
* Department of Education & Cultural Affairs	* Birth to 3 Connections *Career Learning Centers * Child Care Food Program * Commodity Supplemental Food * Food Pantries/Shelters & Feeding Sites * Headstart * Homeless * Literacy Councils * School Food Service

* Department of Agriculture	* Cooperative Extension Service * Expanded Foods & Nutrition Education Program (EFNEP) * Family Nutrition Program (FNP)
* Department of Labor	* Career Learning Centers * Job Service * Literacy Counciles * Unemployment Services
* Department of Housing Development	* Housing
* Big Brother	* Match adult mentor to a child ages 7-14
* Blood Lead Screening	* Local medical resources who do blood lead screening for children
* Breastfeeding Contact	
* Car Seat Programs	
* Catholic Family Services	*Adoption and counseling services provided
* Citizens Against Rape and Violence	
* Community Banquets	*Organization or agencies that may distribute food, school supplies
* Cooperative Extension Services	
* Energy Assistance	*Provides supplemental payment to primary heating cost of a home
* Expanded Foods & Nutrition	
* Education Program (EFNEP)	*Provides family with basic food and nutrition educations
* Family Nutrition Program	
* Indian Health	* Healthy Start * Indian Health Services * Tribal Health Education Committees * United Sioux Tribes * Urban Indian Health
* Legal Services	* Civil legal services to eligible low income clients
*Lutheran Social Services	*Assist birthparents in reaching decisions regarding their future and future of child. Parenting and adoption options are explored
* Local Area	* Food Pantry or clothing resources * Breastfeeding contact * Shelters * Ministerial Associations * Community Banquets
* Migrant Offices	*Migrant health services
* Poison Control	
* Social Security	*Nation's basic method of assuring a continuing income to person when earnings stop/reduce because of disability, retirement or death.
*South Dakota Infant Loss Center	
*South Dakota Parent Connection	*Information and assistance for families of children with disabilities.

WIC PROGRAM GROWTH

In February 1974, South Dakota opened its first WIC Program for the Sisseton-Wahpeton Sioux Tribe. The Rosebud Sioux Tribe became a Local Agency in April 1974, and then opted to become their own State Agency in February 1975. Since that time the following Local Agencies have been incorporated into the State Agency:

Yankton Sioux Tribe	March 1975
Brown County	January 1976
Crow Creek Sioux Tribe	August 1976
Lower Brule Sioux Tribe	August 1976
City of Sioux Falls Health Department***	November 1976
Pennington County	March 1977
Kingsbury County	June 1977
South Central CAP*	March 1978
Davison County	August 1978
Stanley County	August 1978
Butte County	September 1978
Lawrence County	September 1978
Sully County	September 1978
Fall River County (CAP Agency) **	November 1978
Dewey County (CAP Agency) **	December 1978
Charles Mix County	January 1979
Douglas County	January 1979
Gregory County	January 1979
Meade County	March 1980
Brule County	April 1980
Buffalo County	April 1980
Aurora County	April 1980
Hutchinson County	April 1980
Union County	April 1980
Hamlin County	April 1980
Lyman County	April 1980
Spink County	April 1980
Deuel County	May 1980
Potter County	May 1980
Brookings County	May 1980
Lake County	May 1980
Tripp-Todd County	June 1980
Edmunds County	July 1980
Walworth-Corson County	July 1980
Bon Homme County	July 1980
Campbell County (closed after 1-2 years)	August 1980
Clark County	August 1980
Clay County	August 1980
Day County	August 1980
McCook County	August 1980
McPherson County	August 1980
Yankton County	August 1980
Beadle County	September 1980
Faulk County	September 1980
Grant County	September 1980
Haakon County	September 1980
Hughes County	October 1980
Hanson County	November 1980
Sanborn County	November 1980
Hand County	December 1980
Jerauld County	December 1980
Marshall County	December 1980

Lincoln County	January 1981
Miner County	January 1981
Moody County	January 1981
Turner County	January 1981
Perkins County	February 1981
Mellette County	April 1981
Roberts County	May 1981
Jones County	March 1982
Custer County	April 1982
Hyde County	May 1982
Codington County	May 1982
Ziebach County	July 1983
Jackson County	June 1984
Wanblee****	July 1990
Bennett County	February 1985
Harding County	November 1986
Brown County	
Hecla	Closed 1986-1987
Minnehaha County	July 1987
Bennett County	June 1987
Batesland****	
Shannon County	December 1987
Kyle****	July 1989
Manderson****	Closed November 2006
Porcupine****	July 1990
Oglala****	Closed October 2002
Brown County	
Enemy Swim	Closed June 1990
Dewey County	
Isabel****	April 1993
Minnehaha County	
East Site WIC Clinic	Closed February 2004
Pennington County	
Lakota Homes	February 1994
Minnehaha County	
West Site WIC Clinic	Closed February 2004
Pennington County	
Lakota Homes	Closed July 1996
Bennett County	
Batesland	Closed March 1997
Pennington County	
Sioux San	Closed July 1998
Hand County*****	April 1996
Miller	
Faulk County*****	April 1996
Faulkton	
Tripp County*****	May 1996
Winner	
Edmunds County*****	October 1996
Bowdle	
Hosmer	
Ipswich	
Roscoe	
McPherson*****	October 1996
Eureka	
Leola	
Brule County*****	December 1996
Chamberlain	
Kimball	

Walworth County*****	January 1997
Mobridge	
Selby	
McLaughlin	
Moody County*****	March 1997
Flandreau	
Deuel County*****	May 1997
Clear Lake	
Hutchinson County*****	July 1997
Freeman	
Parkston	
Douglas County*****	January 1998
Armour	
Turner County*****	April 1999
Parker	
Viborg	
Potter County	
Gettysburg	Closed December 2000
Shannon County	Closed July 2002
Oglala	
Mellette County	Closed October 2002
White River	

*Covered Charles Mix, Douglas and Gregory Counties which subsequently became their own Local Agencies.
**Administered by CAP agencies until January 1, 1980; now offered through Office of Community Health Services in each county.
***Administered by City of Sioux Falls Health Department until July 1, 1987 when it became State administered as Minnehaha County.
****Satellite Clinics have been made available in several counties for easier access to the WIC clinic. Documentation for other satellite clinics is not available as to start up.
*****Local Agencies that became Public Health Alliance (contracted) sites.

Shannon County (Oglala) and Mellette County (White River) were closed due to cost effectiveness and availability of other clinics in the demographic area.

Minnehaha County (Eastside), (Westside), and (Downtown) were closed in February of 2004 and re-opened as one location. The Minnehaha Downtown location was closed first due to black mold. When trying to re-locate staff from that office to the remaining Eastside and Westside office it was determined that one location would be picked as a new office site for WIC and other Department of Health employees.

ESTIMATE OF STATEWIDE PARTICIPATION FOR FFY09

Based on October 2007 through April 2008 average participation, outreach efforts, projected funding levels and rebates, the following caseload is anticipated.

CATEGORY	ESTIMATED AVERAGE MONTHLY PARTICIPATION
Women	4,705
Infants	5,464
Children	10,165
TOTAL PARTICIPATION	20,334

Estimate of WIC Eligible Children and Women in South Dakota Counties, 2009

Resident County	Children aged 0-5 years plus Eligible Women	% of Persons in Poverty - 185% level	Number Eligible at 185% level
Aurora	234	48.7	114
Beadle	1,475	34.4	507
Bennett	420	59.4	249
Bon Homme	499	45.8	229
Brookings	2,355	38.7	911
Brown	3,330	31.8	1,059
Brule	476	41.7	198
Buffalo	342	76.0	260
Butte	844	43.6	368
Campbell	113	49.7	56
Charles Mix	1,098	58.2	639
Clark	310	46.1	143
Clay	1,029	43.7	450
Codington	2,703	36.3	981
Corson	569	63.9	364
Custer	512	35.1	180
Davison	1,809	36.1	653
Day	492	45.6	224
Deuel	336	47.2	159
Dewey	871	67.1	584
Douglas	265	50.0	133
Edmunds	322	42.3	136
Fall River	463	34.9	162
Faulk	186	45.7	85
Grant	642	30.1	193
Gregory	329	50.0	165
Haakon	160	43.6	70
Hamlin	567	40.8	231
Hand	275	45.9	126
Hanson	318	40.7	129
Harding	81	46.6	38
Hughes	1,564	27.3	427
Hutchinson	598	43.0	257
Hyde	145	40.6	59
Jackson	405	59.9	243
Jerauld	123	42.2	52
Jones	85	43.4	37
Kingsbury	417	38.9	162
Lake	907	31.4	285
Lawrence	1,634	30.3	495
Lincoln	3,491	24.2	845
Lyman	451	44.8	202
McCook	546	40.1	219
McPherson	195	51.2	100
Marshall	378	48.4	183

Meade	2,558	36.8	941
Mellette	281	62.0	174
Miner	201	41.6	84
Minnehaha	16,219	22.4	3,633
Moody	580	34.4	200
Pennington	9,442	32.6	3,078
Perkins	243	37.9	92
Potter	188	39.8	75
Roberts	1,015	53.9	547
Sanborn	228	47.3	108
Shannon	2,135	86.1	1,838
Spink	566	43.0	243
Stanley	227	38.8	88
Sully	133	36.0	48
Todd	1,608	71.5	1,150
Tripp	542	47.2	256
Turner	695	43.3	301
Union	1,241	38.7	480
Walworth	501	42.8	214
Yankton	1,931	35.3	682
Ziebach	347	72.6	252

Total	75,245	27,845

SD Department of Health
WIC Participation Report
Local Agency Totals

Run: 1 **April 2008**

Local Agency		Client Count
04F	Beadle Co FP	2
AUX	Aurora / Plankinton	84
BEX	Beadle / Huron	587
BFX	Buffalo / Fort Thompson	232
BHX	Bon Homme / Tyndall	171
BNX	Bennett / Martin	204
BOX	Brown/Aberdeen	785
BRX	Brookings / Brookings	537
BTB	Butte / Belle Fourche	323
BTN	Butte / Newell	30
BUC	Brule / Chamberlain	132
BUK	Brule / Kimball	28
CDX	Codington / Watertown	810
CLX	Clark / Clark	51
CML	Charles Mix / Lake Andes	155
CMP	Charles Mix / Platte	54
CMW	Charles Mix / Wagner	317
COX	Corson / McLaughlin	12
CUX	Custer / Custer	102
CYX	Clay / Vermillion	348
DAX	Day / Webster	157
DOX	Douglas / Armour	47
DUX	Deuel / Clear Lake	70
DVX	Davison / Mitchell	599
DWI	Dewey / Isabel	16
DWT	Dewey / Timber Lake	28
EDB	Edmunds / Bowdle	35
EDI	Edmunds / Ipswich	20
FAX	Faulk / Faulkton	30
FRX	Fall River / Hot Springs	176
GGB	Gregory / Burke	103
GGS	Gregory / Bonesteel	24
GRX	Grant / Milbank	155
HAX	Haakon / Philip	36
HDX	Hand / Miller	52
HMX	Hamlin / Hayti	233
HNX	Hanson / Alexandria	49
HRX	Harding / Buffalo	8
HTF	Hutchinson / Freeman	41
HTP	Hutchinson / Parkston	45
HUX	Hughes / Pierre	372
HYX	Hyde / Highmore	34
JAK	Jackson / Kadoka	63
JAW	Jackson / Wanblee	183

JEX	Jerauld / Wess Springs	41
JOX	Jones / Murdo	37
KIX	Kingsbury / Desmet	37
LAX	Lake / Madison	207
LIX	Lincoln / Canton	134
LWD	Lawrence / Deadwood	90
LWS	Lawrence / Spearfish	343
LYK	Lyman / Kennebec	38
LYL	Lyman / Lower Brule	203
MAX	Marshall / Britton	63
MCX	McCook / Salem	116
MDF	Meade / Faith	40
MDS	Meade / Sturgis	332
MIX	Miner / Howard	37
MNX	Minnehaha / Sioux Falls WIC	3,735
MOX	Moody / Flandreau	177
MPE	McPherson / Eureka	14
MPL	McPherson / Leola	16
PNE	Pennington / Ellsworth	343
PNH	Pennington / Hill City	85
PNR	Pennington / Rapid City	3,604
PNW	Pennington / Wall	14
PRB	Perkins / Bison	28
PRL	Perkins / Lemmon	74
PTH	Potter / Hoven	34
ROX	Roberts / Sisseton	507
SAX	Sanborn / Woonsocket	33
SHK	Shannon / Kyle	451
SHP	Shannon / Pine Ridge	786
SHQ	Shannon / Porcupine	118
SPX	Spink / Redfield	156
STX	Stanley / Ft. Pierre	121
SUX	Sully / Onida	12
TRX	Tripp / Winner	206
TUP	Turner / Parker	54
TUV	Turner / Viborg	68
UNX	Union / Elk Point	142
WAM	Walworth / Mobridge	136
WAS	Walworth / Selby	5
YAX	Yankton / Yankton	516
ZIX	Ziebach / Dupree	48
Total		**20,741**

WIC Participation Report
Statewide Ethnicity/Race
April 2008

Ethnicity/Race Description		Participants
Unknown		
Unknown		14
	Total	**14**
Non-Hispanic/Latino		
American Indian or Alaskan Native		5,425
Asian		123
Black or African American		557
Native Hawaiian or Other Pacific Islander		75
White		12,330
American Indian or Alaskan Native; White		383
Asian; White		40
Black or African American; White		193
American Indian or Alaskan Native; Black or African American		29
American Indian or Alaskan Native; Asian		15
American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander		68
Asian; Black or African American		3
Asian; Native Hawaiian or Other Pacific Islander		1
Black or African American; Native Hawaiian or Other Pacific Islander		2
Native Hawaiian or Other Pacific Islander; White		49
American Indian or Alaskan Native; Asian; White		5
American Indian or Alaskan Native; Black or African American; Native Hawaiian or Other Pacific Islander		2
American Indian or Alaskan Native; Black or African American; White		19
American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander; White		6
Asian; Black or African American; Native Hawaiian or Other Pacific Islander		1
Asian; Black or African American; White		1
Asian; Native Hawaiian or Other Pacific Islander; White		1
Black or African American; Native Hawaiian or Other Pacific Islander; White		1
	Total	**19,329**
Hispanic/Latino		
American Indian or Alaskan Native		165
Asian		14
Black or African American		18
Native Hawaiian or Other Pacific Islander		21
White		1,092
American Indian or Alaskan Native; White		44
Asian; White		4
Black or African American; White		11
American Indian or Alaskan Native; Black or African American		1
American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander		4
Black or African American; Native Hawaiian or Other Pacific Islander		1
Native Hawaiian or Other Pacific Islander; White		21
American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander; White		2
	Total	**1,398**
	Grand Total	**20,741**

SD Department of Health
WIC Participation Report Statewide
Certification Category

April 2008	Category	Client Count
	Breastfeeding Woman	1,015
	Child	10,450
	Exclusively Breastfeeding Infant	342
	Infant	5,182
	Post Partum Woman	1,605
	Pregnant Woman	2,147
	Total:	**20,741**