

South Dakota Department of Health WIC Program



WIC

Healthy Choices for Healthy Families



Annual Report Federal Fiscal Year 2011

Table of Contents

WIC Overview.....	Page 2
South Dakota State Plan Goals.....	Page 6
Program Accomplishments.....	Page 7
WIC Income Guidelines.....	Page 8
WIC Closeout Expenditures... ..	Page 9
South Dakota WIC Expenditures.....	Page 11
Nutrition Education.....	Page 12
Breastfeeding Education.....	Page 13
WIC Clinic Sites.....	Page 14
WIC Caseload.....	Page 15
Racial and Ethnic Characteristics.....	Page 16
Average Monthly Participation and Number of Retailers.....	Page 20
Annual Redeemed Amounts and Number of Retailers.....	Page 21
Food Packages.....	Page 22
Approximate Quantities of WIC Food Purchased.....	Page 26
Annual WIC Participant Survey Results.....	Page 27

OVERVIEW OF THE WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, is a nutrition program for pregnant, postpartum, and breastfeeding women, infants, and children up to age five, who are at nutritional risk, meet income eligibility, and reside in South Dakota.

MISSION

Promote and maintain the health and well-being of women infants and children with inadequate income who are determined to have a nutritional risk.

“Healthy Choices for Healthy Families”

HISTORY

The WIC Program began in the U.S. in 1972, when Congress saw substantial numbers of pregnant, post-partum, and breastfeeding women, infants, and young children with inadequate income that were at risk both physically and mentally by reason of inadequate nutrition, health care, or both. Since its inception, WIC has been a preventive program with the goal of reducing and improving nutrition-related health problems.

The first WIC services provided in South Dakota were in 1974. Currently there are 63 Local Agencies and 16 clinic sites throughout the state.

ADMINISTRATION/FUNDING

WIC is implemented and funded by the United States Department of Agriculture 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, January 2002.

The South Dakota Department of Health is the State Agency that administers the WIC Program. It is responsible for all aspects of management, fiscal, and operational requirements of the program in accordance with federal regulations and instructions.

Funds for food and administrative costs are transferred from USDA, Food and Nutrition Service (FNS), to the State Agency, which in South Dakota is the State Department of Health, Health and Medical Services – WIC Program.

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible person to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year.

THE PROGRAM PROVIDES

Nutrition and breastfeeding education and counseling to improve healthy lifestyle choices, promote sound food buying habits, access to preventive health and social programs, and referral to health providers. Selected foods are provided to supplement diets lacking in nutrients needed during pre-pregnancy, as well as infant's and children's critical time of growth and development.

ELIGIBILITY

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 the infant or the end of the pregnancy).

Breastfeeding (up to the infant's first birthday).

Infants

Up to age one.

Children

Up to the 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 poverty level. Applicants who meet the criteria and are on Medicaid, SNAP (formerly Food Stamps), or Temporary Assistance for Needy Families (TANF) automatically meet income guidelines.

Nutrition Risk

Applicants must be seen by a WIC Program Health Professional who determines whether the person is at nutritional risk. "Nutrition Risk" means that a person has medical-based or dietary-based conditions. At a minimum the applicant's height and weight must be measured and blood work taken to check for anemia.

BENEFITS

WIC is considered one of the most successful of all public health programs. The benefits of WIC participation are documented in numerous studies. Not only does WIC improve the health of mothers and babies it serves, but also reduces health care costs. Some of the effects of WIC that national research finds:

- WIC is recognized for its success in improving birth outcomes. It is one of the most respected programs nationally in making a difference in the lives of people.

- Every dollar invested in WIC for pregnant women produces Medicaid savings for newborns and their mothers.
- Prenatal WIC participation reduces the likelihood of infant death and reduces Medicaid costs.
- WIC decreases the risk of low birth weight babies and reduces medical costs for very low birth weight births.
- WIC motivates women to seek prenatal care earlier in their pregnancies.
- WIC has a major impact on reducing anemia among children.
- WIC significantly increases the head size of infants whose mothers received WIC services during their pregnancy.
- Children participating in WIC are better prepared for school, including having higher vocabulary test scores.
- Children who participate in WIC are better immunized.
- WIC is recognized for reducing infant mortality in the U.S.

THREE-PART SERVICE DELIVERY

Nutrition Education and Counseling

Nutrition education and counseling fosters long-term use of nutritious foods and encourages positive nutrition and health habits following participation in the program. The goal of nutrition education is to achieve positive changes in participant knowledge, attitude, and behavior about food consumption. Nutrition education is designed to show the relevancy of the nutrition education received and why a nutritional risk is assigned when determining eligibility for the Program. Nutrition education emphasizes the relationship between proper nutrition and good health to assure positive changes in food habits, promote breastfeeding, and provide support to pregnant women and new mothers. All education is provided in the context of the participant's ethnic, cultural, and geographic preferences and with consideration of educational limitations. Individual nutrition care plans are developed by every participant. Participants are certified for 6 to 12 months or through pregnancy and are scheduled for counseling appointments by a nutrition staff person during that period of time.

Supplemental Nutritious Foods

Foods are intended to supplement the foods normally purchased by participants through other means, such as family income or benefits received from other programs. WIC authorized foods contain beneficial nutrients for the participants and are high in protein, iron, calcium, and vitamins A and C. Food packages are individually prescribed to each participant. Food packages contain items such as cereal, whole grains, fresh fruits and vegetables, juice, milk, cheese, eggs, peanut butter, canned beans, dried beans/peas, infant formula, infant cereal, infant fruits and vegetables, and infant meats. Breastfeeding women may also receive canned fish such as tuna, salmon, or sardines. Participants come to the WIC Office monthly or every other month for nutrition ✓day and receive nutrition education. Participants take the food checks to WIC authorized local retail grocery stores and exchange the food checks for the foods listed on the checks. No cash is

exchanged at the grocery store. In turn, the retailers are reimbursed by the State WIC Agency.

Linkages/Referrals

WIC often serves as the bridge that links participants to preventive health care and an entry point into the public and private health care system. WIC facilitates referrals, coordinates activities, and links participants with services such as physician and other health care services, alcohol and drug abuse treatment, well-baby care, family health, family planning, and social services programs. Referral to these services is an important part of WIC. Immunizations are given to WIC participants. WIC also gathers a wide variety of health data that can be shared with other health care providers if agreed to be released by the participant.

WIC STATE PLAN

The State Agency submits a State Plan to USDA Food and Nutrition Services on an annual basis. The plan is composed of goals and objectives that describe how the State Agency implements and operates all aspects of program operations, administration, and service delivery. The WIC Policy and Procedure Manual is part of the State Plan requirements. Suggestions for improvement in the methods of operation and program requirements are shared with WIC Program staff on a routine basis.

SOUTH DAKOTA STATE PLAN GOALS Federal Fiscal Year (FFY) 2011

VENDOR MANAGEMENT

To detect, control and minimize improper retailer practices and improve program review of retailer practices.

NUTRITION SERVICES

To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants and special populations.

MANAGEMENT INFORMATION SERVICES

To ensure appropriate management information systems are in place for collection and reporting of data and program operations to satisfy federal reporting requirements, to improve the administration of the program at both the state and local level, and to increase the operational efficiency of the program.

STAFFING AND ORGANIZATION

To assure a functional organization and adequate resources are available to carry out program operations and deliver services to the WIC population.

STATE OFFICE AND LOCAL AGENCY STAFF TRAINING

To ensure comprehensive training availability for all staff associated with the delivery of WIC services.

NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

To maintain integrity in the management of Nutrition Services and Administrative (NSA) funds and allocation of WIC resources.

FOOD FUNDS MANAGEMENT

To maintain integrity of management of food funds within budget allotments and to enhance quality assurance and compliance of policies in the food delivery component through proper administration oversight and education to staff, participants, and retailers.

CASELOAD MANAGEMENT

To ensure program benefits are provided to eligible persons most in need.

ELIGIBILITY/CERTIFICATION AND COORDINATION OF SERVICES

To assure determination of eligibility and provision of benefits are delivered efficiently, appropriately, and conveniently to participants and to enhance coordination of activities with other health services.

PROGRAM ACCOMPLISHMENTS

Federal Fiscal Year 2011

During FY 2011, the WIC Program served 247,500 participants, including 59,220 infants, 133,524 children and 54,756 women (pregnant, 23,904; breastfeeding, 13,176; postpartum, 17,676).

The WIC Program served an average monthly caseload of 20,625 participants, including 4,935 infants, 11,127 children and 4,563 women (pregnant, 1,992; breastfeeding, 1,098; postpartum, 1,473).

Due to infant formula rebates the WIC Program secured more than \$3.15 million to purchase additional food products and breast pumps. The company supplying the standard contract formula issues rebates when contract formula is purchased at full service grocery stores and some pharmacies authorized to accept WIC checks.

During FY2011, the WIC Program issued food checks totaling \$14.6 million which were used to purchase fresh fruits and vegetables, milk, cereal, juice, peanut butter, whole grains (bread, rice, tortillas, oatmeal), cheese, eggs, tuna, carrots, dried peas and beans, soy beverages, infant fruits, vegetables, and meats, infant cereal, and regular and non-contract formula.

The WIC Program provided breastfeeding support to approximately 3,090 pregnant and breastfeeding women in Aberdeen, Belle Fourche, Huron, Mitchell, Rapid City, Sioux Falls, Sisseton, and Watertown through the USDA-funded breastfeeding Peer Counseling Programs administered by Growing Up Together. WIC achieved steadily increasing rates of breastfed infants in these counties through the support and promotion provided by peer counselors.

WIC INCOME GUIDELINES

Federal Fiscal Year 2011

FAMILY SIZE	185% OF FEDERAL POVERTY LEVEL ANNUAL
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
9	\$76,683
10	\$83,750
11	\$90,817
12	\$97,884
13	\$104,951
14	\$112,018
15	\$119,085
Each addt'l member	\$ 7,067

WIC CLOSEOUT EXPENDITURES

WIC is federally funded through the US Department of Agriculture. WIC receives some in-kind contributions from counties, such as, space and staff time. There are several components to the funding allocations. The grant award is distributed to State Agencies according to an allocation formula based on population and participants served. The WIC grant award is in two categories:

1. Nutrition Services and Administration Funds (NSA)
2. Food Funds

Nutrition Services and Administration Funds

WIC must spend no less than 1/6 of the allocated NSA dollars on Nutrition related activities, such as purchase of materials, equipment, interpreter services, evaluating and monitoring of nutrition education, and training costs for staff to conduct nutrition education.

Annually the Regional Office determines a target amount of NSA funds that must be spent on breastfeeding promotion and support.

NSA funds must be used for costs associated with the following:

- Delivery of services to participants
- Breastfeeding promotion and support
- Nutrition education (development of nutrition materials, education to participants)
- 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 Funds

Funds may only be spent for foods provided to WIC participants. Breast pumps and supplies for breast pumps are considered food supplies and may be purchased with Food funds.

In South Dakota, Rebate funds are used to purchase breast pumps and breast pump aids.

Rebate Funds

South Dakota currently has an agreement with Mead Johnson for infant formula rebates. These funds are used to supplement Food funds received and to purchase breast pumps and aids.

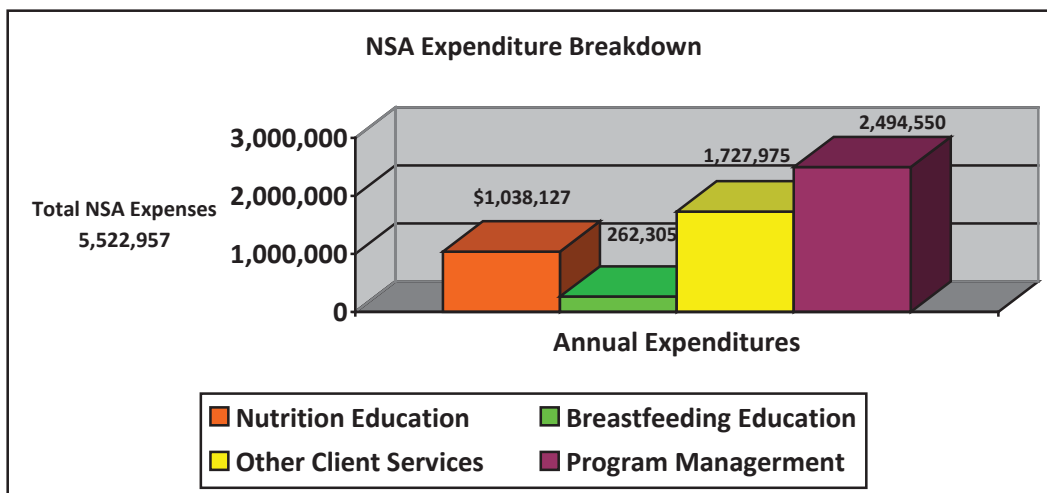
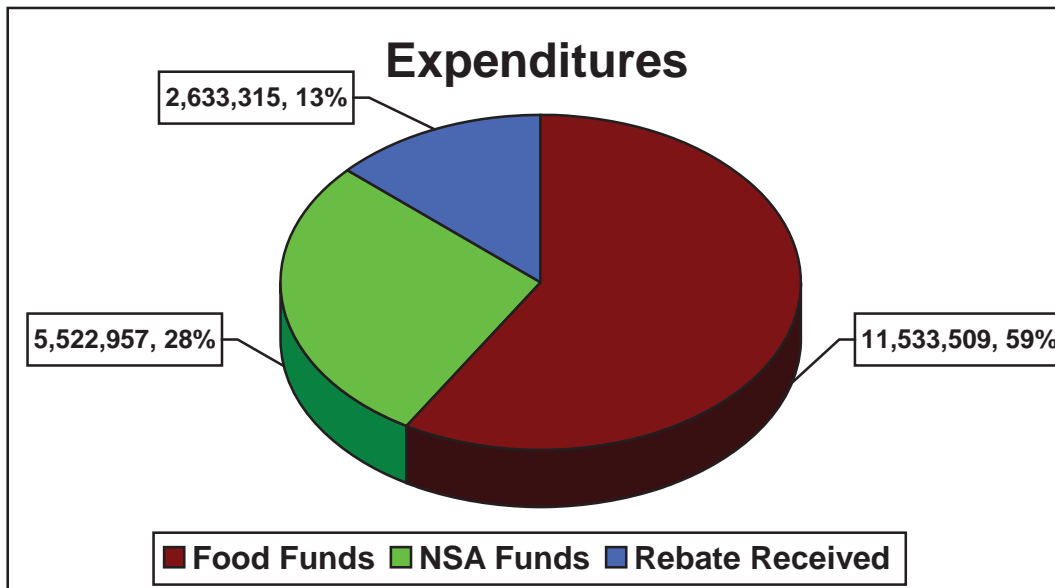
Discretionary Funds

The Regional Office keeps 10% of all NSA dollars at the Regional level each grant year. These funds are designated as operational adjustment funds and must be applied for by individual WIC Programs. Funds are used to assist WIC Programs who are not able to meet all operations with the base grant received. South Dakota requests and has received our fair share of these funds. When these funds are received they become part of the NSA grant award.

Reallocation Funds

Throughout the year the Regional Office asks each of the States to complete Reallocation Surveys. The surveys determine which states need additional funding. The funds collected from these reallocation surveys are then run through the allocation formula and redistributed to the States requesting additional funding to meet caseload needs.

SOUTH DAKOTA WIC EXPENDITURES Federal Fiscal Year 2011



Food Funds: WIC checks redeemed for food.

Nutrition Services and Administration Funds (NSA) includes: participant services, nutrition education, breastfeeding promotion and support, retailer contracting, monitoring, reporting, equipment and supplies for State and Local Agency staff, management information systems development and maintenance, WIC checks and distribution, staffing, and general administration.

Rebate: Rebate from Mead Johnson & Company, formula purchased by participants, supplements food dollars, and purchase of breast pumps and breastfeeding aids.

NUTRITION EDUCATION

Nutrition Education is the most vital aspect of the WIC Program and the services provided to participants. Nutrition Education is available to all participants at no cost. A minimum of two nutrition education contacts are available to each participant during a 6-month certification period on at least two separate occasions. Pilot programs are in place to allow for year-long certifications that provide quarterly nutrition education contacts, one of which consists of a nutrition and health assessment.

Nutrition Education is tailored to meet the needs of each participant. It is thoroughly integrated into participant health care plans and used to tailor the supplemental foods offered to the participants to improve the health status of the participants and their families.

- WIC is a short-term intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors in a targeted, high-risk population.
- WIC provides a gateway to good health with its combination of nutrition education, supplemental nutritious foods, breastfeeding support, and access/referral to health care.

Nutrition Education is designed to bear a practical relationship to the participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition Education is designed to achieve the following goals:

1. Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children up to age five (5) years.
2. Assist the participant at nutritional risk to achieve a positive change in food habits, resulting in improved nutritional status and prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods.

BREASTFEEDING EDUCATION

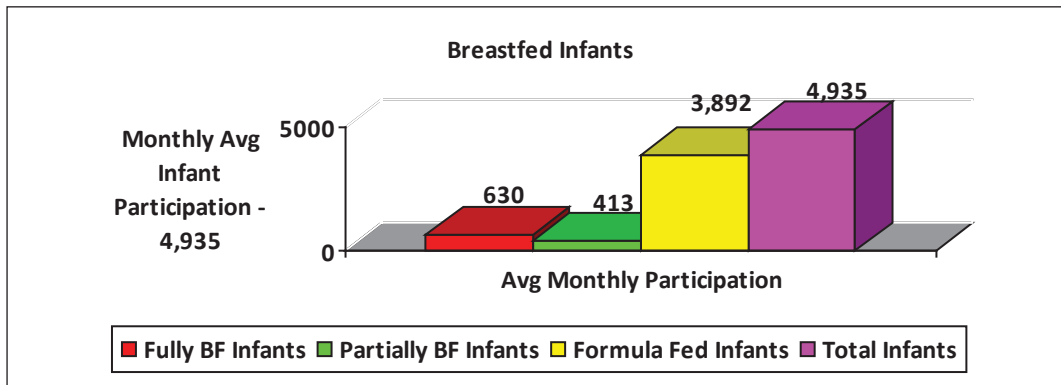
The South Dakota WIC Program advocates breastfeeding as the ideal and expected method of infant feeding during the first twelve months of life or as long as mutually agreeable between mother and child unless medically contraindicated. Breast milk is considered the optimum food for infants under most circumstances.

Breastfeeding is promoted in South Dakota in various ways including:

- Nutritional messages and Governors Proclamation during World Breastfeeding Week
- Coordinated breastfeeding efforts with other service providers and organizations such as Cooperative Extension Services, hospitals, physicians, and other private and public healthcare agencies
- Providing breastfeeding educational materials to participants and the general public
- Breastfeeding Peer Counseling Program

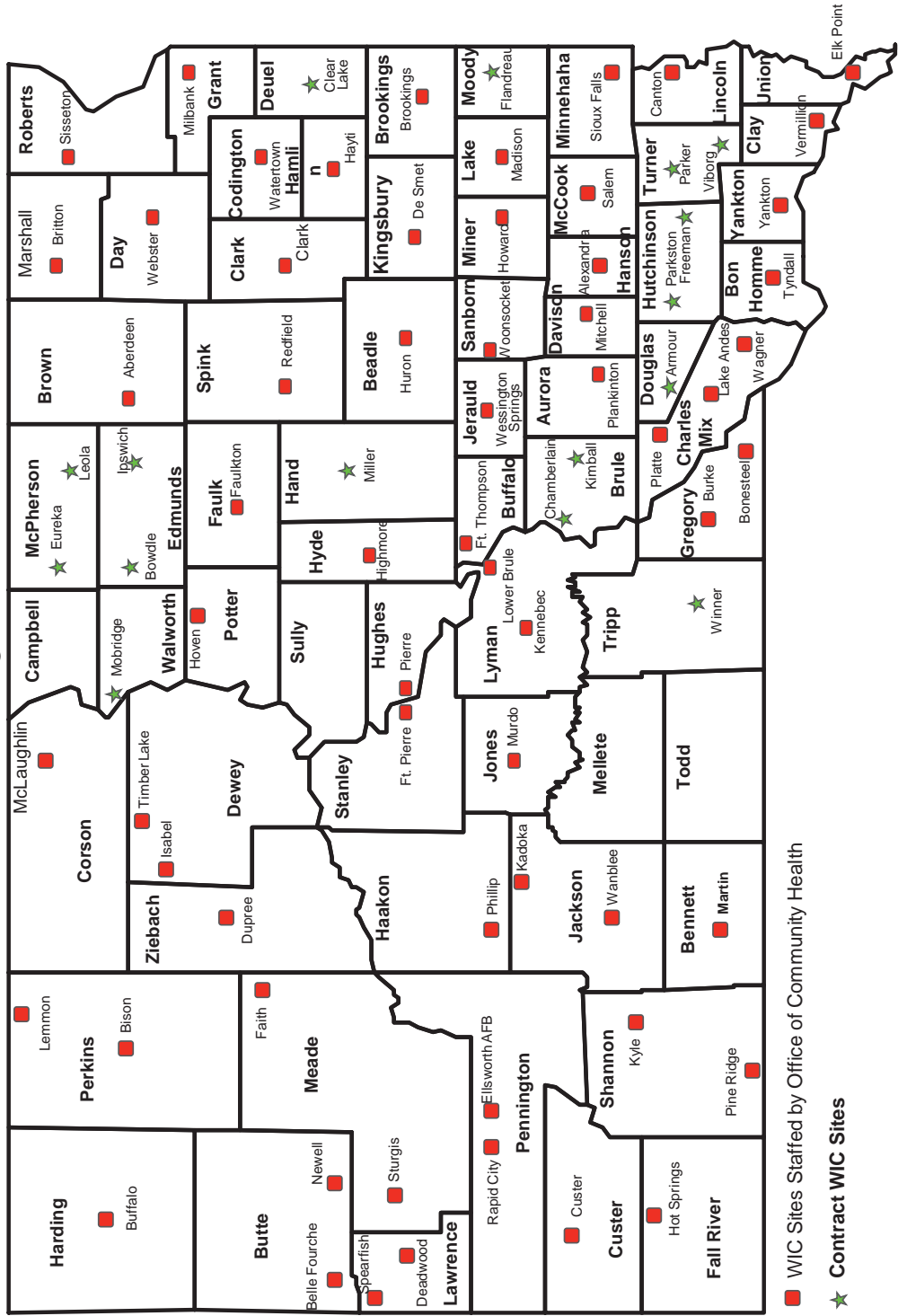
South Dakota's Breastfeeding Peer Counseling Program began in 2004. The State receives federal dollars designated for breastfeeding education and promotion. In FFY2011 the Breastfeeding Peer Counseling Program operated in the following counties Brown, (Aberdeen), Beadle (Huron), Butte (Belle Fourche), Codington (Watertown), Davison (Mitchell), Minnehaha (Sioux Falls), Pennington (Rapid City), and Roberts (Sisseton) .

This program provides basic breastfeeding information and encouragement on a monthly basis to approximately 3,090 pregnant and breastfeeding mothers. Counseling is offered through individual and group counseling. This program helps promote breastfeeding efforts through participation in community health fairs, Breastfeeding Peer Counseling meetings, working with lactation consultants, hospitals, and through word of mouth.



The South Dakota Department of Health, WIC Program operates 79 WIC clinic sites throughout South Dakota. Services are delivered to participants through Family and Community Health Services offices and Public Health Alliance sites. The following map shows the location of the sites and designates which service delivery office staffs (state employees or public health alliance employees) the clinics.

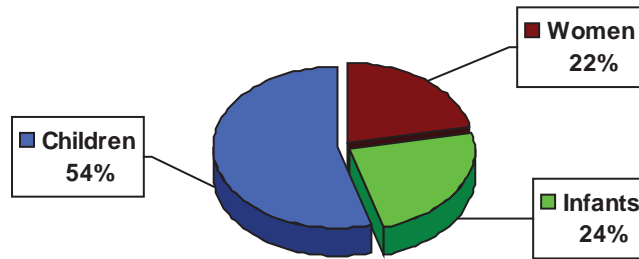
SD Supplemental Nutrition Program WIC Clinic Sites (79) FFY 2011



■ WIC Sites Staffed by Office of Community Health
★ Contract WIC Sites

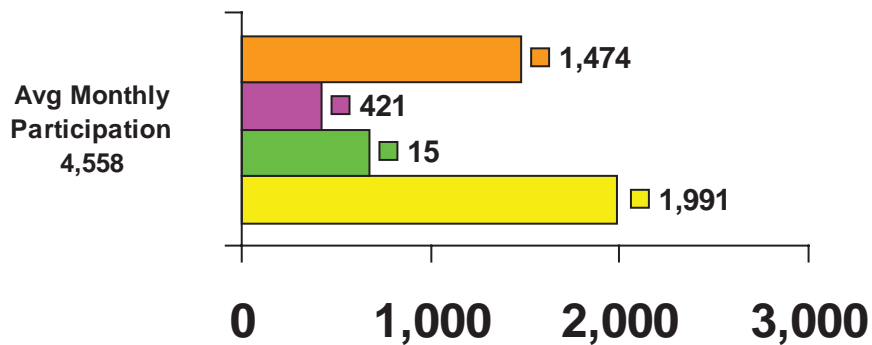
WIC Caseload Federal Fiscal Year 2011

Participant Certification Categories



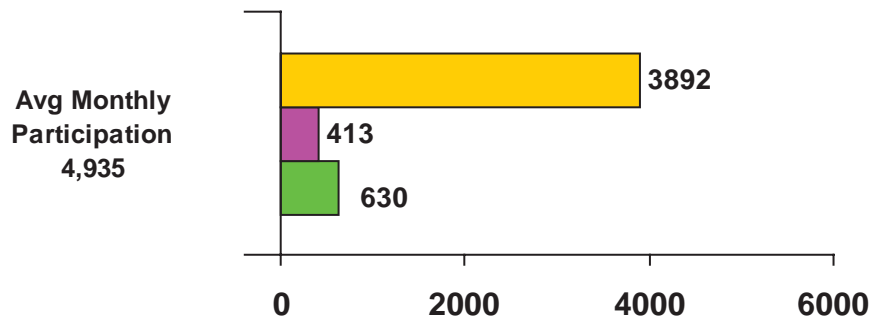
■ Women ■ Infants ■ Children

Characteristics of Women



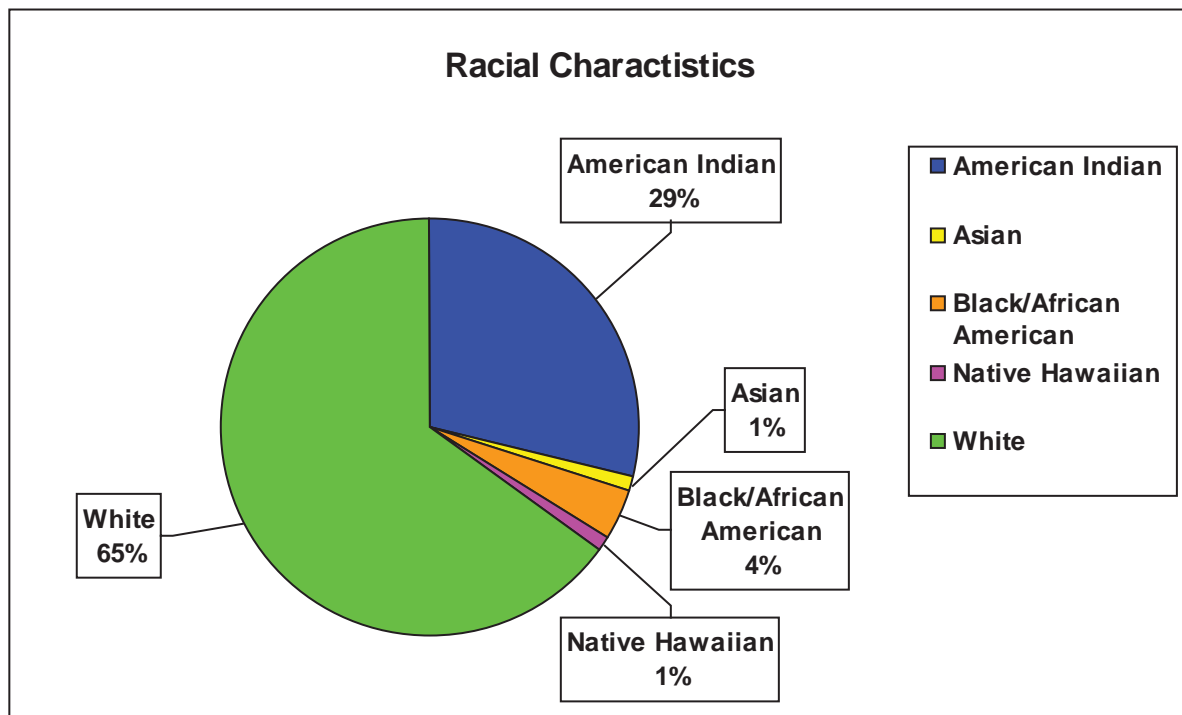
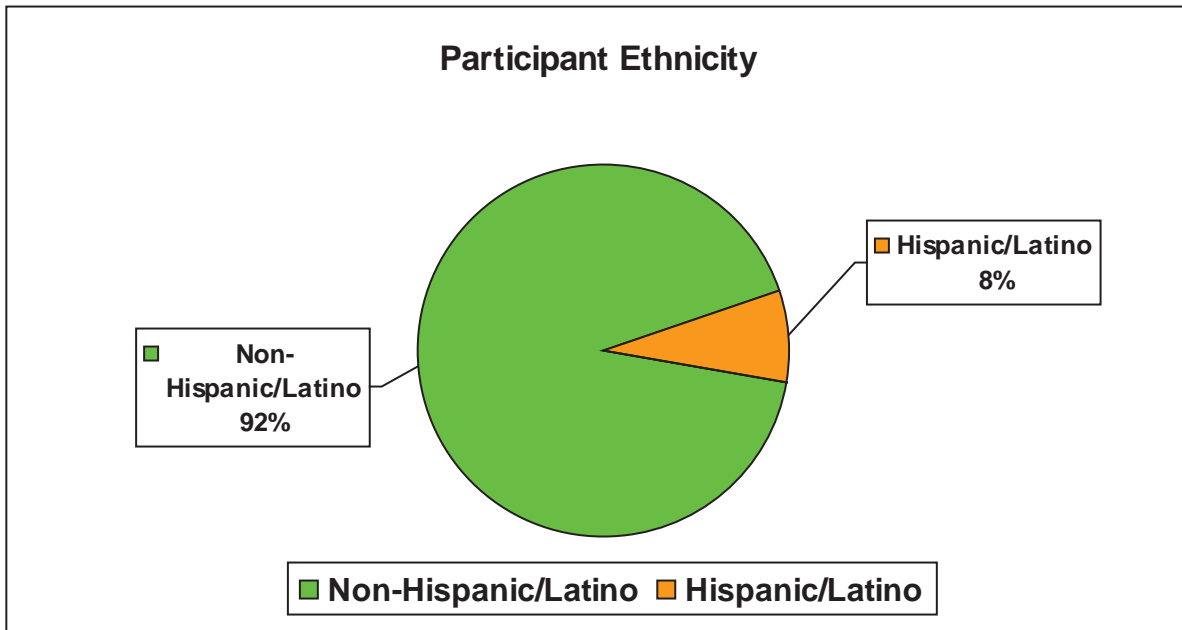
■ Pregnant ■ Fully Breastfeeding ■ Partially Breastfeeding ■ Postpartum

Characteristics of Infants

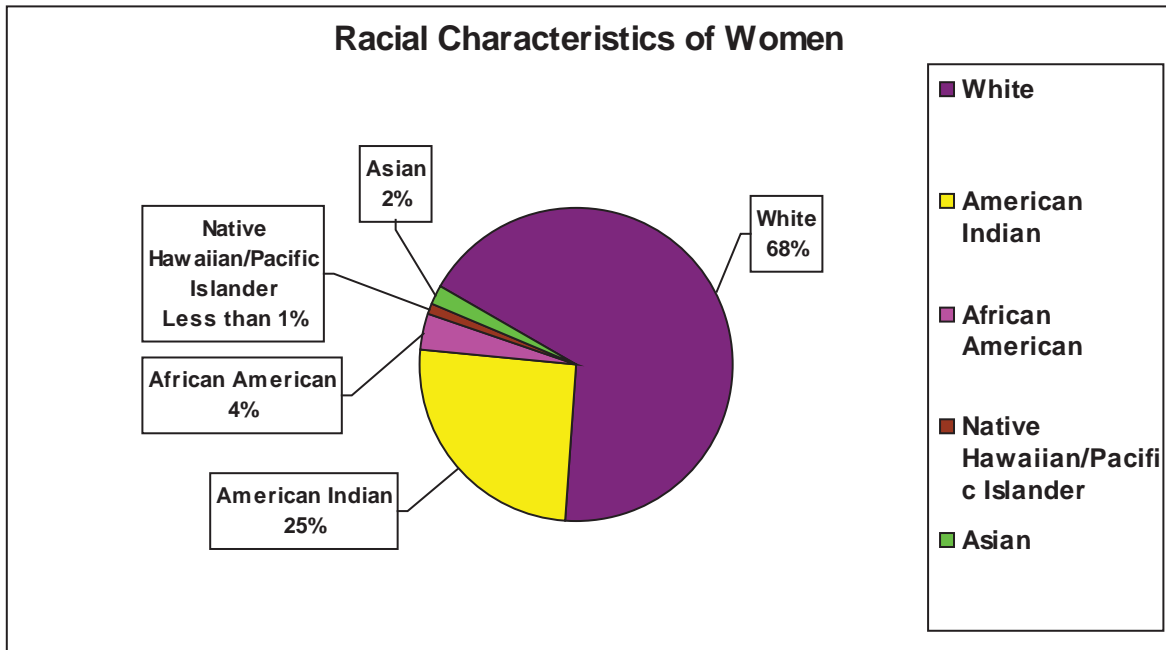
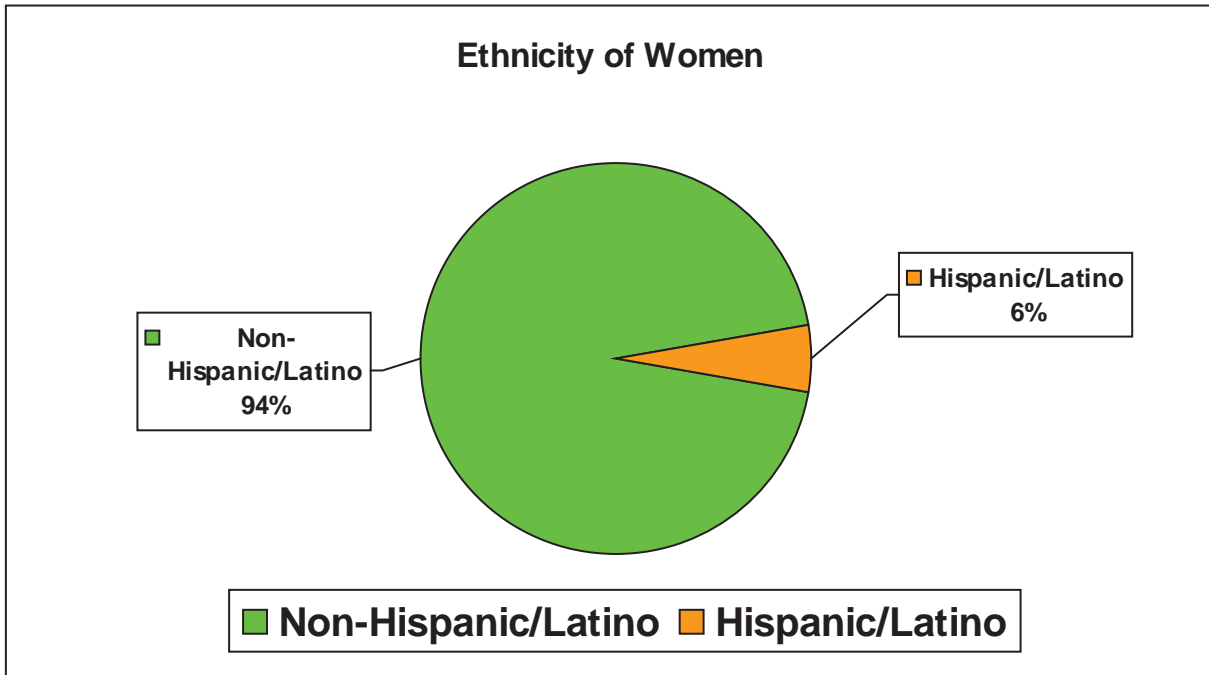


■ Fully Breastfed ■ Partially Breastfed ■ Fully Formula Fed

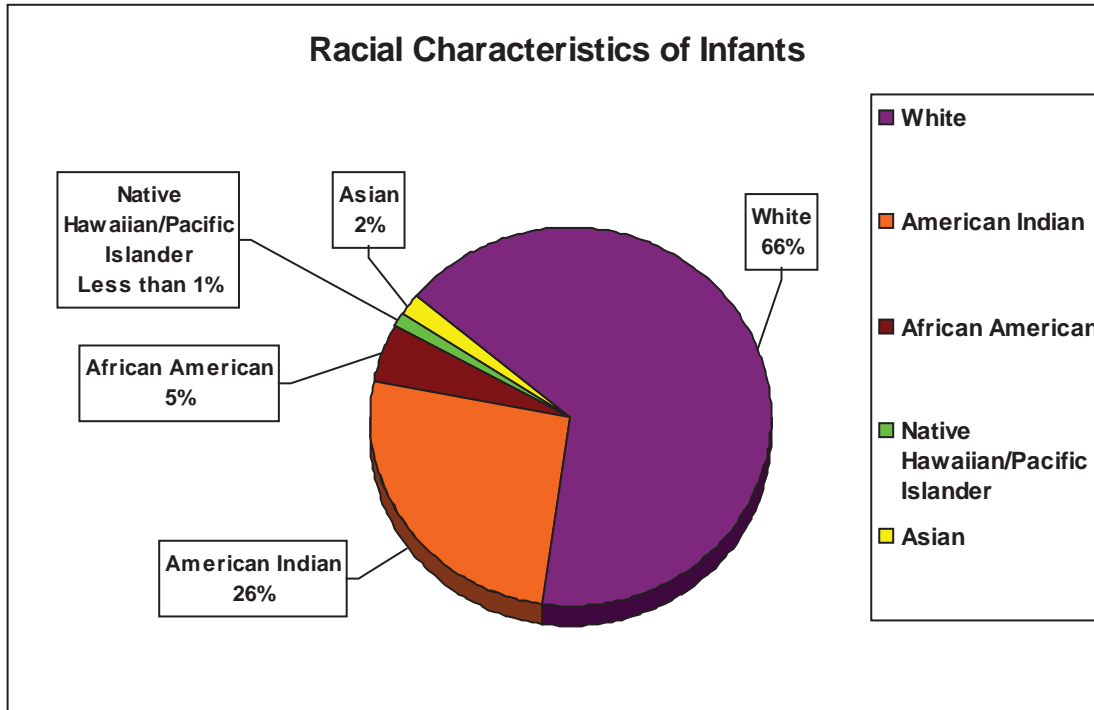
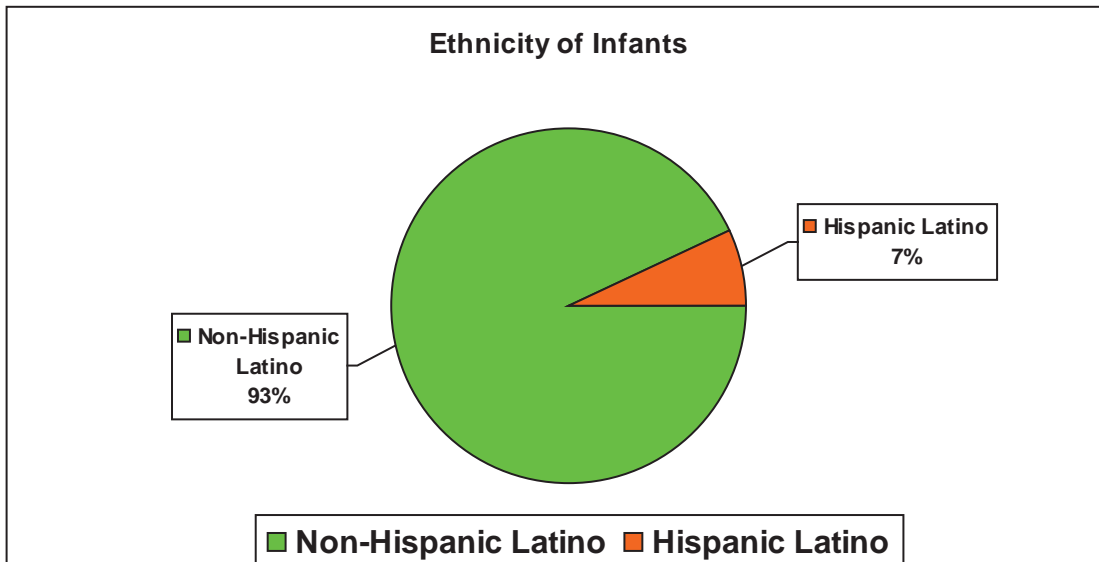
Racial and Ethnic Characteristics Total Caseload



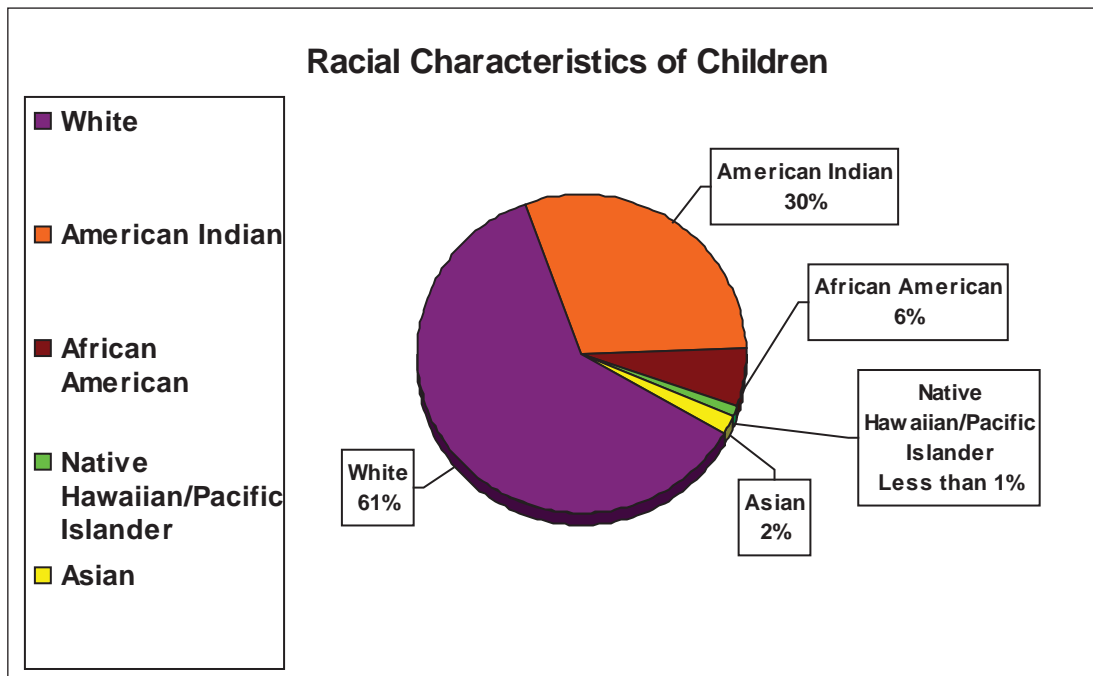
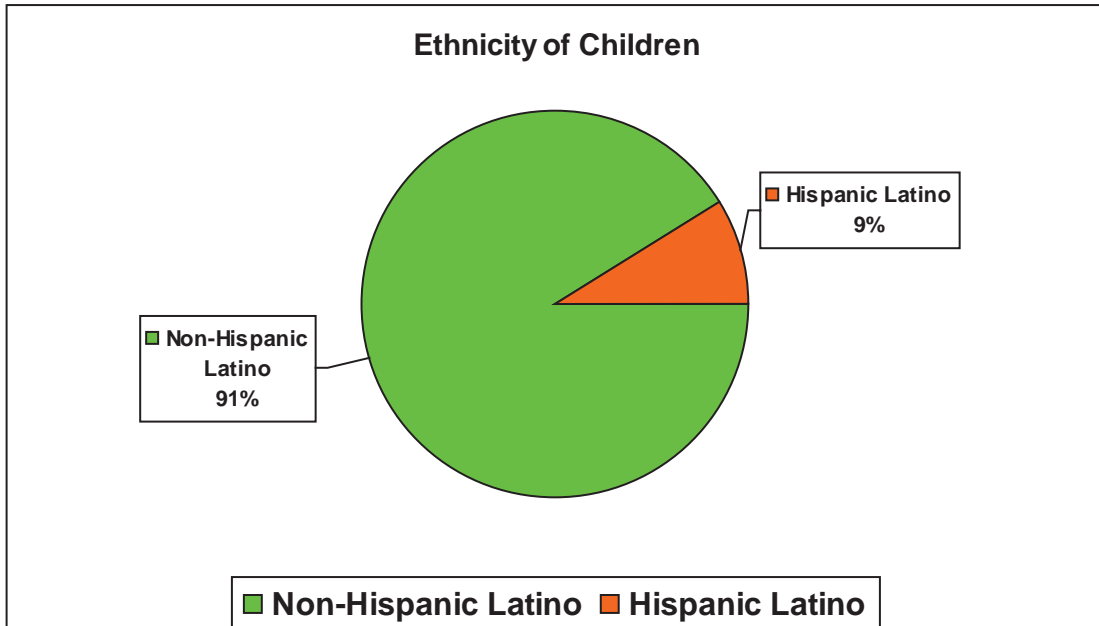
Racial and Ethnic Characteristics of Women



Racial and Ethnic Characteristics of Infants



Racial and Ethnic Characteristics of Children



FOOD PACKAGES

Food Packages are individually prescribed to participants based on nutritional needs identified by the Health Professional.

WIC eligible foods are high in protein, iron, calcium, and vitamins A & C to supplement the diet. The WIC foods do not provide all the foods a participant needs in a month. The foods are intended to supplement the foods normally purchased by participants through other means.

WIC Eligible Foods

Fresh or Frozen Fruits and Vegetables
Whole Grain Options (tortillas, rice, bread)
Cereal
Milk and Soy Beverage
Juice
Cheese
Eggs
Peanut Butter
Dried Beans/Peas
Infant Formula
Infant Cereal
Infant Fruits, Vegetables, and Meats

Exclusively Breastfeeding Women

Canned Fish (Tuna, Salmon, Sardines)

Homeless Participants

Canned Beans or Peas
Single Strength Juice

Participants must come to the Local Agency to receive nutrition education and WIC checks. Generally they receive checks for a two month period unless determined as high risk or in need of special attention due to dietary risks.

Participants may take the checks to any WIC authorized retailer in South Dakota to cash the checks for the prescribed foods. No cash is transferred between the participant and the retailer.

GENERAL FOOD PACKAGES AND COST Federal Fiscal Year 2011

In Fiscal Year 2008 many cost containment measures were put into place due to increasing participation and food inflation. These measures were put into place to assure that WIC could continue to provide services to all eligible participants. These measures affected the food package costs and included reducing the amount of cheese issued to only participants with a medically documented need for cheese; and peanut butter is only offered to fully breastfeeding mothers as required by federal regulation. In 2009, WIC implemented the Interim Food Package Rule. With the rule, infant juice is no longer issued, infant fruits and vegetables were added for all infants and infant meats were added to infant packages for those that are fully breastfeeding. Another addition to the food packages for women and children was the cash value voucher in the amounts of \$6.00 for children and \$10.00 for women.

Canned peas/beans were added to the options for legumes and whole grain products added for all children and breastfeeding women categories. The additions to the food package did have a direct effect on the average price for each food package.

GENERAL FOOD PACKAGES AND COST

Federal Fiscal Year 2011

Infant Food Packages

	INFANT FOOD PACKAGES FBF	INFANT FOOD PACKAGES PBF				INFANT FOOD PACKAGES FFF		
FOOD	IFBF 6-12	IPBF1-3	IPBF 4-5	IPBF 6-12	IFFF1-3	IFFF 4-5	IFFF 6-12	
Infant Formula	0	4 cans	5 cans	4 cans	9 cans	10 cans	7 cans	
Infant Cereal	24 ounces	0	0	24 ounces	0	0	24 ounces	
Infant Fruits/Vegetables	64 4 oz jars	0	0	32 4 oz jars	0	0	32 4 oz jars	
Infant Meats	31 2.5 oz jars	0	0	0	0	0	0	
Total	\$ 100.09	\$ 72.10	\$ 90.13	\$ 106.11	\$ 162.23	\$ 180.25	\$ 160.18	

Women and Children's Food Packages

FOOD	WFBF	WPBF	WPG	WPP	Chld 13-23 mos	Chld 2-4 yrs
Milk -fluid	21 quarts	19 quarts	19 quarts	13 quarts	13 quarts	13 quarts
Cheese	2 pounds	1 pound	1 pound	1 pound	1 pound	1 pound
Eggs	2 dozen	1 dozen	1 dozen	1 dozen	1 dozen	1 dozen
Cereal	36 ounces	36 ounces	36 ounces	36 ounces	36 ounces	36 ounces
Fluid Fruit Juice					2/64 oz = 128 oz	2/64 oz = 128 oz
Frozen Juice 12 oz can	36 / 144 fluid	36 / 144 fluid	36 / 144 fluid	24/ 96 fluid		
Peanut Butter	1/18 oz jar	1/18 oz jar	1/18 oz jar			1/18 oz jar
Canned Beans	4 cans	4 cans	4 cans	4 cans	4 cans	
Tuna Fish	6 / 5 oz cans	0				
Whole Grain	1# loaf	1# loaf	1# loaf		1# loaf	1# loaf
CVV-\$6.00					1/\$6.00	1/\$6.00
CVV-\$10.00	1/\$10.00	1/\$10.00	1/\$10.00	1/\$10.00		
CVV-\$15.00						
Annual Total Cost	\$ 106.06	\$ 86.00	\$ 86.00	\$ 66.09	\$ 73.49	\$ 70.85

Children 13-35 months may only receive canned/dried peas/beans.

APPROXIMATE QUANTITIES OF WIC FOOD PURCHASED

January 1, 2011-December 31, 2011

Food Item	Number of Units	Unit Size
Fluid Milk	584,558	Gallons
Evaporated Milk	1,194	12-oz. cans
Dry Milk	582	Quarts
Buttermilk	506	Quarts
Goat Milk	2,847	Quarts
Lactose-Reduced Milk	39,193	Quarts
Acidophilus Milk	138	Quarts
Soy Beverage	11,522	½ Gallons
Cheese	143,185	Pounds
Eggs	178,401	Dozen
Cereal	139,565	Boxes or Polybags
Frozen Juice	123,696	12 oz. cans
Fluid Juice	237,040	64 oz containers
Canned Juice	5,588	46 oz cans
Peanut Butter	100,920	18 oz jars
Dried Peas/Beans	28,940	Pounds
Canned Peas/Beans	248,472	16 oz cans
Tuna	35,493	5.0 oz cans
Fresh/Frozen Fruit Vouchers	120,403; 49,244; 77	\$6; \$10; \$15
Infant Formula		
Liquid Concentrate	8141	13 oz cans
Powdered	407,271	12, 12.3, 12.5, 12.6, 12.8, 12.9, 13.1, 14, 14.1, 16 and 24 oz. cans
Ready to Feed	5,958	2, 6.7 ,8, and 32 oz containers
Infant Fruits/Vegetables	741,668	3.5-4.0 oz containers
Infant Meats	67,928	2.5 oz jars
Infant Cereal	74,746	8 oz boxes

ANNUAL WIC PARTICIPANT SURVEY

Federal Fiscal Year 2012

WIC completes an annual Participant Survey to collect and use data to provide better services to participants served on the program. Each year the WIC Program asks questions about the supplemental foods, nutrition education, breastfeeding, and customer service. Some years WIC coordinates with the Office of Health Promotion and add questions related to their focus areas such as tobacco use or dental care.

Total Surveys Completed 6583

Nutrition

1. How would you like to get follow up nutrition counseling? (check all that fit)

1604 Web based learning modules	2842 One on One
786 Group discussion/counseling (with other WIC participants)	2205 Phone
987 Demonstration (cooking class, grocery store tour, etc.)	1625 Email
1176 Online contact with nutrition staff	20 Other

2. Since you have been on WIC, have you: (Circle **Yes** or **No** for each)

	Yes	No
❖ Made changes to you/your family's eating habits:		
• cut down on foods/drinks high in fat or sugar (potato chips, soda, ice cream, etc)?	5480	944
• cut down on eating processed foods (hot dogs, canned soups, cheese slices)?	4206	2217
• added more fruits & vegetables?	6105	360
• added more whole grains (breads, rice, tortillas)?	5726	722
• added more lean protein (seafood, beans, nuts, lean meats)?	4553	1866
• started drinking 1% or skim milk?	3393	3030
• cut down on salt intake?	4630	1770
❖ Added physical activity (activity that ups your heart rate):	Yes	No
• started walking at least 3 days a week?	3694	2718
• riding bicycles, swimming, or playing tag with your kids?	3706	2699
• started jogging?	1339	5038
• joined a gym or exercise program?	1607	4792
• strength training – lifting weights?	1312	5073
• joined a team sport (i.e. volleyball or softball)?	749	5614
❖ Cut down unhealthy behaviors such as:	Yes	No
• smoking?	3578	2000
• skipping meals?	3613	2540
• not getting enough sleep?	3411	2798
• too much tv or computer time?	3829	2410
• eating at fast food restaurants?	4532	1754
❖ Added healthy behaviors such as:	Yes	No
• making your own meals?	6059	337
• having kids help with shopping & preparing meals?	4656	1686
• drinking more water?	5943	477
• eating meals as a family?	5921	473
• trying new foods?	5415	986
• controlling portion sizes?	5220	1174
• eating a larger variety of healthy foods?	5736	654
• changed cooking method to reduce fat (grilling, broiling, roasting)?	4773	1592
• reading food labels?	4439	1935

3. Because of these healthy changes, have you:			Yes	No
•	had more energy?		4983	1408
•	lost weight?		3330	3033
•	been sick less?		4509	1826
•	had a better mood/frame of mind?		4994	1348
•	slept better?		4163	2188
4. Do you get time to talk with a dietitian or nurse when you go to the WIC office?				
			Yes	No
			5370	692
5. What information would you like to get from WIC?				
4153	Recipes	2191	Exercise ideas	1406
			Portion sizes	
2375	Cooking tips	1136	Nutrition Facts Label	19
			Other	
1978	Weekly menu's	1627	Food lists (e.g. protein sources)	

Using WIC Checks

6. If you return unused WIC checks, what is the reason?
- 231** Other services meet my needs (SNAP, Commodities, etc.)
 - 231** Too much food
 - 701** Grocery store did not have the foods listed on check
 - 3246** Forgot to use them within the timelines on the check
 - 146** Other

Breastfeeding (If you are not the birth mother, please answer based on what you know about the child getting WIC services. If you don't know the answers, or have never breastfed, please skip to question 10.)

7. Pick one: **2868** I have breastfed **694** I am currently breastfeeding
8. Who most encouraged you to breastfeed? (check only one answer)
- 826** Doctor
 - 168** Nurse
 - 129** Hospital Staff
 - 89** WIC Peer Counselor
 - 293** WIC Nurse or Dietitian
 - 1521** Family
 - 132** Friend
 - 672** Other

9. Did you use a Breast Pump from the WIC Program?	Yes	No
	1446	2312

If yes , did the breast pump help you breastfeed longer:	Yes	No
	1097	319

Customer Service

10. If you can't make appointments, what is the main reason? (check only one answer)

1250 Transportation issues	161 Office hours do not work	902 Forgot
1553 Scheduling conflict	220 No childcare	303 Bad weather
17 Don't want to attend	700 Hard to leave work	223 Illness
44 Other		

11. What word best describes the staff at the WIC office: (check only one answer)

4573 Friendly	550 Respectful	10 Mean	126 Responsive
189 Rushed	137 Honest	326 Understanding	11 Offensive
16 Bossy	138 Flexible	334 Knowledgeable	284 Caring

12. If you have questions about WIC, do you feel you can ask the WIC staff?	Yes	No
	5818	332