

WIC Program Facts

Proven Track Record:

- Improves pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies
- Reduces infant mortality by reducing the incidence of low birth weight (infants under 5 ½ pounds are at greater risk of breathing problems, brain injuries and physical abnormalities)
- Provides infants and children with a healthy start in life by combating poor and/or inadequate diet

Effectiveness:

WIC is a proven effective health care program. The National WIC Evaluation, conducted by the Research Triangle Institute of Raleigh, North Carolina and Dr. David Rush of the Albert Einstein College of Medicine of Yeshiva University of New York City, which was released on January 10, 1986, shows that WIC has significant impact on maternal and child health. The findings indicate significant health benefits for WIC participants including the following:

- WIC helps pregnant women see physicians earlier and increases the number of women receiving timely prenatal care
- WIC participation improves the length of pregnancy and birth weight
- WIC participation reduces late fetal deaths
- WIC improves the diets of women and children
- WIC participation results in increased head circumference (reflecting brain growth) of infants whose mothers receive WIC during pregnancy
- WIC children are better immunized and are more likely to have a regular source of health care
- Children in WIC do better on vocabulary scores

WIC is a proven cost-effective program. The WIC/Medicaid report, conducted by Mathematica Policy Research, Inc., (using 1987-1988 data from Florida, Minnesota, North Carolina, South Carolina and Texas) shows WIC lowers medical costs by improving prenatal care use, improving length of pregnancy and increasing birth weight. The WIC/Medicaid report's findings include the following:

- WIC lowers Medicaid costs. Prenatal WIC participation reduced Medicaid costs in the first 60 days after birth for newborns and their mothers by \$277 in Minnesota, \$347 in Florida, \$493 in Texas, \$565 in South Carolina and \$598 in North Carolina.
- WIC saves money. Every dollar invested in WIC for pregnant women produced Medicaid savings of \$1.77 in Florida to \$3.13 in North Carolina. Minnesota saved \$1.83 while South Carolina and Texas saved \$2.44 in Medicaid costs for every dollar in WIC expenditures.

- WIC increases birth weight. Prenatal WIC participation improved average birth weights by 113 grams in South Carolina and 117 grams in North Carolina. Birth weights rose by 51 grams in Minnesota, 73 grams in Florida and 77 grams in Texas.
- WIC improves birth outcomes. The average birth weight of preterm infants whose mothers received WIC increased between 138 grams in Minnesota and 259 grams in South Carolina. Birth weight is an especially critical factor in the survival of infants born at less than 37 weeks gestation.
- WIC improves prenatal care use. While WIC and non-WIC participants had similar demographic characteristics, WIC participants were far less likely to receive inadequate prenatal care, 9.6 percent compared to 22.4 percent. In addition, WIC participants average one or two more prenatal care visits than nonparticipants.
- WIC yields even greater Medicaid savings. An October 1991 addendum to the original Mathematica WIC/Medicaid study includes in its estimates the cost of Medicaid claims for illnesses that began in the first 60 days after birth but extended beyond the 60-day period. When these costs are included, **the new data show that every dollar in WIC yields Medicaid savings from \$1.92 in Florida to \$4.21 in Minnesota**, with Texas at \$2.57, South Carolina at \$3.17, and North Carolina at \$3.94. **Prenatal WIC enrollment is now found to reduce Medicaid costs from \$376 in Florida to \$753 in North Carolina**, with Texas at \$519, Minnesota at \$636 and South Carolina at \$736.

Additional WIC studies information can be found at the following USDA link:

<http://www.fns.usda.gov/ora/MENU/Published/WIC/WIC.htm>

Ohio WIC Program Profile

Caseload: Fiscal Year 2016 Monthly Average 234,719

- Number of Women: 55,306
- Number of Infants: 73,934
- Number of Children: 105,480
- Overall grant of \$158,432,731 (\$105,346,545 food, \$53,086,186 nutrition services and administration) and \$58,476,845 in infant formula and infant foods rebates;
- Actual average monthly net food package cost of \$31.67 per participant
- Actual average monthly nutrition services and administration cost of \$19.28 per participant
- One of the largest programs in the Midwest – eighth largest WIC program in the United States
- Program is 100 percent federally funded
- Operates in all 88 of Ohio's counties