Refer your clients to WIC

WIC—a nutrition program for Women, Infants, and Children—provides a variety of services to eligible clients.

- *Healthy Foods*
- *Nutrition Assessment*
- *Breastfeeding Support*
- *Nutrition Counseling and Education*
- *Immunization Referrals and Reminders*
- *Referrals to Health Care*

Florida HEALTH

Florida Department of Health
WIC Program

For more information or additional materials contact your local WIC office, or go to the Florida WIC website at: www.FloridaWIC.org or call 1-800-342-3556

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program that serves low to moderate income:

- **women who are pregnant, breastfeeding, or postpartum;**
- **infants; and**
- **children under 5 years of age.**

WIC's purpose is to improve the client's health by providing nutritional support during critical periods of growth and development. This occurs through the provision of healthy foods, nutrition education and counseling, breastfeeding promotion and support, and referrals to health and social services. WIC is effective in preventing and improving nutrition-related health problems.

Why refer to WIC?

When you refer clients to WIC, you are helping make a difference in the health of Florida's women, infants, and children. Improving maternal and child health is a common goal you share with the WIC program. By referring potentially eligible women, infants, and children to the local WIC office, you will be providing a valuable service for your clients. Your clients who participate in WIC will receive free, professional nutrition services as well as healthy foods. The clients served by WIC are most vulnerable to the effects of poor nutrition and are most likely to benefit from the WIC program. Your help is needed to reach all potentially eligible clients.

It is critical that prenatal clients participate in WIC services beginning in the first trimester of pregnancy in order to help improve pregnancy outcomes.

To Refer a Client to WIC

If you are a health care provider, please complete a **Florida WIC Program Medical Referral Form** for each client you are referring to WIC. See information in the box below. Give the completed referral form to the client, and tell the client to call the local WIC office for an appointment. The client must bring the completed referral form to the WIC certification appointment. Or, the form can be mailed or faxed to the local WIC office.

If you are <u>not</u> a health care provider, please have your client call the local WIC office for an appointment. The WIC office will assist the client in obtaining the required medical referral information.

The **Florida WIC Program Medical Referral Form** is available from your local WIC office or you can download a copy from the Florida WIC website at: www.FloridaWIC.org. Read the back of the form for complete instructions. When completing the Florida WIC Program Medical Referral Form:

- **Enter a current height and weight measurement.** These measurements must have been taken no more than 60 days before the WIC certification appointment.
- **Enter the results of the most recent hemoglobin or hematocrit test.** Infants under 9 months of age do not require a blood test.
- **Identify any nutrition-related health problems** by placing a check mark in the appropriate box or boxes.
- **Specify any nutrition or breastfeeding counseling** requested of the WIC nutritionist.

Who is eligible for WIC?

WIC Eligibility Criteria

WIC is available to pregnant, breastfeeding, and postpartum women; infants; and children under 5 years of age. In order to participate, these persons must meet the following criteria at each certification:

Please refer all potentially eligible clients to the local WIC office. The actual determination of WIC eligibility will be made at the local WIC office.

Be currently living in Florida. Undocumented immigrants are eligible to apply as long as they currently live in Florida.

Be at nutrition risk. The assessment of nutrition risk is made by a nutritionist or other health professional, usually at the local WIC office, at no cost to the client. Examples of nutrition risk conditions are:

- Abnormal growth or blood level measurements;
- Documented nutrition-related medical conditions;
- Inappropriate nutrition practices; and
- Conditions that predispose a person to inadequate nutrition patterns such as lead poisoning, mental retardation, alcohol or drug abuse, or factors associated with high risk pregnancies.

Be income eligible. The family's gross income must not exceed 185% of the U.S. Poverty Income Guidelines. A person currently receiving Medicaid, Temporary Cash Assistance (TCA), or Food Assistance automatically meets the income eligibility requirement regardless of actual gross income. A person does not have to be on a public assistance program to qualify for WIC; a person may apply for WIC if they are employed.

The Florida WIC income guidelines are available at www.FloridaWIC.org or call 1-800-342-3556.

WIC Certification Periods

- Pregnant women are certified through their pregnancy and 6 weeks postpartum. By 6 weeks postpartum, they must reapply as breastfeeding or postpartum women.
- Breastfeeding women are certified up to 12 months postpartum.
- Non-breastfeeding postpartum women are certified after delivery and are eligible until 6 months postpartum.
- Infants are certified until their first birthday.
- Children are certified every 12 months, and can remain eligible until they are 5 years of age. They are no longer eligible after their fifth birthday.

What food does WIC provide?

WIC provides supplemental, nutritious foods for low to moderate income pregnant, breastfeeding, and postpartum women; infants; and children under 5 years of age who are at nutrition risk. Clients receive a Florida WIC EBT card which allows them to buy specific types and quantities of WIC foods. The WIC EBT card can be used at approved retail grocery stores throughout Florida. In some cases, formulas for specific medical conditions are distributed directly to the client from the local WIC agency.

Foods for Infants (birth to 12 months of age)

The program strongly encourages and provides support for breastfeeding. It recognizes that breastfeeding is the best method of infant feeding and nurturing. Those mothers and caregivers who choose to formula feed their infants may receive a WIC contract infant formula (artificial baby milk) for the first year of life. By using a WIC contract formula instead of other formulas, WIC is able to serve more women, infants, and children. Check with the local WIC agency for the current WIC contract formulas. Beginning at 6 months of age, all infants may receive baby cereal and baby food fruits and vegetables. Infants who are fully breastfed will receive higher amounts of baby food fruits and vegetables and also baby food meats beginning at 6 months of age.

In some cases, when medical conditions contraindicate the use of a WIC contract infant formula, an infant may be issued another formula for specific medical conditions. The issuance of another formula requires a written request from a physician, advanced registered nurse practitioner (ARNP), or physician assistant (PA), stating the formula name and amount needed per day, the qualifying medical condition and length of use (not to exceed 6 months), and the medical provider's contact information. The request must also indicate whether or not the infant should receive baby cereal and baby food fruits and vegetables at 6 months of age. All requests will be evaluated by WIC staff to determine if WIC is able to provide the formula requested and if the medical condition meets WIC policy.

Foods for Women and Children

(1 to 5 years of age)

Women and children who participate in WIC receive a variety of food items. Children who are 1 year of age will receive whole milk as the standard type of milk. Women and children who are 2 years of age and older will receive fat free or 1% lowfat milk as the standard type of milk. Women and children 2 years of age and older may request soy milk in place of cow's milk. Lactose free milk is also available when requested.

Other foods offered to most women and children are: cheese; eggs; breakfast cereal; dry or canned beans; 100% fruit juice; 100% whole wheat bread, pasta, and tortillas; brown rice; corn tortillas; and fruits and vegetables. Women and children who are 2 years of age and older may also receive yogurt and peanut butter. Women who are fully breastfeeding their babies receive larger quantities of the WIC foods. Also, women who are pregnant with more than one baby or who are breastfeeding more than one baby may receive larger quantities of WIC foods.

Formulas are also available to women and children participants for specific medical conditions. The issuance of formula requires a written request from a physician, ARNP, or PA, stating the formula name and amount needed per day, the qualifying medical condition and length of use (not to exceed 6 months), and the medical provider's contact information. The request must also indicate whether or not the woman or child should receive other WIC foods. All requests will be evaluated by WIC staff to determine if WIC is able to provide the formula requested and if the medical condition meets WIC policy.

What services does WIC provide?

Nutrition Counseling and Education

Nutrition counseling and education are available to all adult WIC clients and parents or caregivers of infant and child clients. Whenever possible, children also receive nutrition education. The goals of nutrition counseling and education are:

- to teach the relationship between proper nutrition and good health;
- to achieve a positive change in the food consumption habits related to the client's nutrition risk;
- to promote the optimal use of WIC supplemental foods and other nutritious foods; and
- to provide nutrition education within the context of the ethnic and cultural preferences of the client, as well as the client's language, educational background, and environmental limitations.

Referrals for Health Care

WIC does not provide routine health care, but serves as an adjunct to the health care system. WIC enjoys a reciprocal relationship with the health care community, receiving referrals from private and public health care providers and providing referrals as needed for health and social services, including immunizations and substance abuse counseling and treatment.

A WIC client who is already receiving medical services is encouraged to remain under the care of his/her health care provider while receiving WIC benefits. Individuals who are not receiving medical care are encouraged to seek and maintain appropriate care.

Breastfeeding Promotion and Support

Breastfeeding promotion and support are integral parts of the WIC program. WIC is striving to increase the incidence and duration of breastfeeding among women enrolled in the program.

All WIC agencies have trained personnel who are ready to assist mothers in making informed decisions about their infant feeding choice and in instructing them in the basics of breastfeeding. WIC agencies also have breastfeeding peer counselor support programs which provide mother-to-mother counseling. In addition, the local WIC agency may provide breastfeeding aids such as breast pumps when they are needed.

A special WIC food package is also available for participants who are fully breastfeeding their babies. This food package includes additional amounts of WIC foods.

Research proves WIC makes a difference!

WIC has been around for over 30 years for a reason: It works!

Many studies have proven WIC's health benefits for the women, infants, and children who participate.

Research has shown that coordinated nutrition education in WIC can significantly influence consumption toward more healthful food choices. Impacts were similar for Spanish and English speakers. Source: Ritchie LD, Whaley SE, Spector P, Gomez J, Crawford PB. Favorable Impact of Nutrition Education on California WIC Families. *Journal of Nutrition Education and Behavior.* 2010; 43: S2-S10.

Prenatal WIC participation is associated with significant improvements in African American Infant Mortality Rate (IMR). Source: Khanani I, Elam J, Hearn R, Jones C, Maseru N. The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities. *American Journal of Public Health.* 2010; 100(Suppl 1): S204-S209.

Negative nutrition and non-nutrition-related outcomes have been associated with food insecurity including substandard academic achievement, inadequate intake of key nutrients, poor health, chronic disease risk and development, poor disease management, and poor psychological and cognitive functioning. Source: Position of the American Dietetic Association: Food Insecurity in the United States, *Journal of the American Dietetic Association*. 2010; 110(9): 1368-1377.

WIC does not affect average birth weight and average gestational week, however, WIC participation has significantly reduced the probability of very premature birth and (very) low birth weight. Source: Feng L, Gai Y. Effects of federal nutrition program on birth outcomes. *Atlantic Economic Journal.* 2012; 40:61-83.

Research has shown that for every dollar spent on the prenatal component of the WIC program, there is a savings of $3.50 over the next 18 years in other costs such as hospitalization, outpatient care, special education, and supplemental income for disabled children. The majority of the savings comes during the infant's first year after birth. Source: United States General Accounting Office. *Early Intervention: Federal Investments Like WIC Can Produce Savings*. April 1992.

An extensive body of research over four decades shows that WIC participation is associated with healthier births, reduced infant mortality, better infant-feeding practices, more nutritious diets, better access to primary and preventive health care, and improved cognitive development and academic achievement. Source: Carlson S, Neuberger Z. WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years. Center on Budget and Policy Priorities. *Policy Futures Report.* May 2015.

WIC participation was associated with a statistically significant increased probability of breastfeeding initiation (approximately 52 percent WIC versus 45 percent comparison) and WIC participation had a statistically significant positive association with the receipt of at least 4 well-child visits (approximately 93 percent WIC versus 87 percent comparison). Source: Chatterji P, Brooks-Gunn J. WIC participation, breastfeeding practices, and well-child care among unmarried, low-income mothers. *American Journal of Public Health*. 2004; 94:1324-1327.

WIC saves public and private health care dollars. In Florida, $1.77 was saved in associated Medicaid costs during the first 60 days after birth for every $1.00 spent to serve a pregnant woman in WIC. Source: United States Department of Agriculture Food and Nutrition Service. *The Savings in Medicaid Costs for Newborns and their Mothers from Prenatal Participation in the WIC Program.* October 1990.

Either joint or separate participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Food Stamp Program reduces the risk of child abuse or neglect and several nutrition-related health problems, such as anemia, failure to thrive, and nutritional deficiency. Source: Lee BJ, Mackey-Bilaver L, Chin M. Effects of WIC and Food Stamp Program Participation on Child Outcomes. Economic Research Service, U.S. Department of Agriculture. *Food Assistance and Nutrition Research Report No. 27*. December 2006.

Florida WIC supports breastfeeding

The Florida WIC Program is a public health nutrition program that supports breastfeeding as the normal way of feeding and nurturing children. At present, approximately 80 percent of Florida WIC mothers start out breastfeeding, compared to 30 percent in 1990. Florida's success in increasing breastfeeding rates among WIC mothers is a result of dedicated staff members who provide breastfeeding information, counseling, and support to WIC clients.

Research has shown that children who are not breastfed have an increased risk of infections and illnesses that include diarrhea, ear infections, pneumonia, asthma, obesity, diabetes, some childhood cancers, learning disabilities, and Sudden Infant Death Syndrome (SIDS). Studies also show that women who breastfed have a decreased risk of breast and ovarian cancers, diabetes, and osteoporosis. Additionally, breastfeeding can help women lose the extra weight gained during pregnancy. Better health outcomes for both children and women are associated with increasing exclusivity and duration of breastfeeding. For more information, see **The Surgeon General's Call to Action to Support Breastfeeding** at www.surgeongeneral.gov/library/calls/breastfeeding/index.html.

Researchers found a 60 percent reduction in the risk of SIDS for infants who received any amount of breast milk for any time period. Exclusive breastfeeding increases the risk reduction rate up to 73 percent. Source: Hauck FR, et al. Breastfeeding and reduced risk of Sudden Infant Death Syndrome: A meta-analysis. *Pediatrics*. 2011 Jul;128(1):103–10.

Breastfeeding has a positive impact on brain development. Source: Deoni SCL, Dean III DC, Piryatinsky I, O'Muircheartaigh J, Waskiewicz N, Lehman K, Han M, Dirks H. Breastfeeding and early white matter development: A cross-sectional study. *NeuroImage*. 2013; 82:77–86.

Among postmenopausal women, increased duration of lactation was associated with a lower prevalence of hypertension, diabetes, hyperlipidemia and cardiovascular disease. Source: Schwarz EB, Ray RM, et al. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstetrics and Gynecology*. 2009 May; 113(5):974–82.

Shorter duration and non-exclusivity of breastfeeding were associated with increased risks of asthma-related symptoms in preschool children. Source: Sonnenschein-van der Voort AM, et al. Duration and exclusiveness of breastfeeding and childhood asthma-related symptoms. *European Respiratory Journal*. July 20, 2011. http://www.ncbi.nlm.nih.gov/pubmed/21778163.

Exclusive breastfeeding until the age of 4 months and partially thereafter was associated with a significant reduction of respiratory and gastrointestinal morbidity in infants. Source: Duijts L, Jaddoe VW, Hofman A, Moll HA. Prolonged and exclusive breastfeeding reduces the risk of infectious diseases in infancy. *Pediatrics*. 2010; 126(1):e18-25.

Mothers who have breastfed have better metabolic profiles. Source: Gunderson EP, et al. Lactation and changes in maternal metabolic risk factors. *Obstetrics and Gynecology*. 2007; 109(3):729-38.

Breastfeeding was inversely associated with pregnancy-related weight retention at 6 months postpartum. Source: Krause KM, Lovelady CA, Peterson BL, Chowdhury N et. al. Effect of breast-feeding on weight retention at 3 and 6 months postpartum: data from the North Carolina WIC Program. *Public Health Nutrition*. 2010; 13:2019-2016.

An estimated 53 percent of diarrhea hospitalizations and 27 percent of lower respiratory tract infections could have been prevented monthly by exclusive breastfeeding and 31 percent and 27 percent respectively by partial breastfeeding. Source: Quigley MA, Kelly YJ, Sacker A. Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom millennium cohort study. *Pediatrics*. 2007; 119(4):e837-e842.

Adult women who were breastfed have lower levels of C reactive protein, a marker of risk for cardiovascular disease. Having been breastfed for longer durations was also associated with lower cholesterol levels for women, compared to shorter durations. Source: Williams MJA, Williams SM, Poulton R. Breastfeeding is related to C reactive protein concentration in adult women. *Journal of Epidemiology and Community Health*. 2006; 60:146-48.

Having been breastfed is associated with a lower risk of Type 2 diabetes in adolescence and adulthood. Source: Owen CG, et al. Does breastfeeding influence risk of Type 2 diabetes in later life? A quantitative analysis of published evidence. *American Journal of Clinical Nutrition*. 2006; 84: 1043-54.

There is evidence that prolonged and exclusive breastfeeding improves children's cognitive development. Source: Breastfeeding and Child Cognitive Development. *Archives of General Psychiatry*. 2008; 65(5):578–584.

Websites for U.S. Department of Agriculture Reports

USDA Food and Nutrition Service www.fns.usda.gov/fns/

USDA Food and Nutrition Service Office of Research and Analysis www.fns.usda.gov/ops/research-and-analysis

USDA Economic Research Service (USDA/ERS) www.ers.usda.gov

USDA National Agricultural Library (NAL) www.nal.usda.gov

The National Technical Information Service www.ntis.gov

Websites for Breastfeeding Resources

The National Women's Health Information Center, U.S. Department of Health and Human Services www.womenshealth.gov/breastfeeding/

La Leche League International www.lalecheleague.org

Florida Breastfeeding Coalition, Inc. www.flbreastfeeding.org

World Alliance for Breastfeeding Action www.waba.org.my

Centers for Disease Control and Prevention cdc.gov/breastfeeding

WIC Works Resource System, U.S. Department of Agriculture wicworks.fns.usda.gov/

World Health Organization www.who.int/topics/breastfeeding/en/

U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. www.surgeongeneral.gov/library/calls/breastfeeding/index.html

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