



STATE ADVOCACY PRIORITIES

WIC: IMPROVING HEALTH OUTCOMES FOR 46 YEARS

THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) IS A NATIONAL, TARGETED SUPPLEMENTAL PUBLIC-HEALTH NUTRITION PROGRAM WITH TIME-LIMITED PARTICIPATION. EVERY MONTH, THE PROGRAM SERVES ROUGHLY 7.3 MILLION LOW-INCOME MOTHERS, BABIES, AND YOUNG CHILDREN AT NUTRITIONAL RISK ACROSS THE UNITED STATES. FOR MORE THAN 46 YEARS, WIC HAS CONTRIBUTED TO HEALTHIER PREGNANCIES AND IMPROVED BIRTH OUTCOMES FOR LOW-INCOME MOTHERS, BABIES, AND YOUNG CHILDREN UP TO AGE FIVE.

While WIC is federally funded, state health departments administer WIC, and WIC services are provided in local, community-based clinics. Depending on the state, WIC clinics may be operated by county health departments, nonprofit health providers, or a combination of both. WIC's nutrition education and breastfeeding support is largely provided by nutrition professionals, including registered dietitians (RDs) and international board certified lactation consultants (IBCLCs). During a critical time in child development, WIC staff play a key role in public health screenings and referrals.

In addition to clinical services, WIC provides a monthly benefit to eligible mothers and young children for the purchase of supplemental nutritious foods that address a specific nutritional need linked to the healthy development of the child. State agencies compile an Approved Product List (APL) that determines which nutritious foods can



be purchased with WIC funds. A majority of states provide these benefits through an electronic benefit service (EBT)/eWIC card.

To maximize WIC's role in your state's public health efforts, NWA recommends the following:

SUPPORT EFFICIENT ADMINISTRATION OF THE STATE WIC PROGRAM

- » **SUPPORT FULL TRANSITION TO EBT/ eWIC:** Congress required that states transition from paper checks to an electronic benefit transfer (EBT/ eWIC) delivery system, known in many states as eWIC, by 2020. A majority of states have transitioned already. EBT/eWIC transition improves and enhances the WIC shopping experience, simplifying the redemption of WIC benefits for both participants and retailers.

SPOTLIGHT: WIC'S BREASTFEEDING PEER COUNSELOR PROGRAM

In 2004, WIC introduced the highly successful Breastfeeding Peer Counselor Program to provide additional breastfeeding support to mothers. Peer counselors supplement the work of WIC's professional lactation consultant staff to help mothers initiate and continue breastfeeding. The program is shown to support increased breastfeeding-initiation rates among WIC moms. NWA recommends that peer counselors be available in every WIC clinic.

- » **WISELY INVEST IN BREASTFEEDING PEER COUNSELOR FUNDS:** The WIC Breastfeeding Peer Counselor Program effectively encourages and supports mothers in their choice to breastfeed. Federal grant funding for this program has been flat for nearly a decade and is insufficient to ensure that peer counselors are available in each clinic. Congress should maximize resources to ensure that as many WIC participants as possible have access to a peer counselor.
- » **PROTECT IMMIGRANTS' ACCESS TO WIC:** WIC is available to all income-eligible families – regardless of their immigration status. WIC's broad eligibility reflects its targeted mission to grow healthy babies and young children. This distinction may be lost in the broader national conversations around immigration, including federal efforts to expand "public charge, a doctrine that would penalize immigrants for accessing programs like Medicaid and SNAP. State governments should continue to protect immigrants' access to WIC and promote its availability among immigrant communities. Babies born in this country are US citizens. Growing healthy communities assures a stronger nation.
- » **INCLUDE WIC IN NATURAL DISASTER PLANNING:** WIC clinics saw many natural disasters in the past year, including hurricanes, typhoons, and wildfires. Resources are available to assist WIC service delivery both in the midst of a natural disaster and in recovery. USDA permits certain regulatory flexibilities for benefit issuance and redemption during presidentially declared states of emergency. USDA also has set-aside infrastructure funding to assist with repairs and renovations, which can be used to assist WIC clinics damaged by a natural disaster. State governments should ensure that WIC is included in state disaster planning.

PROMOTE DIRECT PARTNERSHIPS WITH THE STATE WIC PROGRAM

- » **FARMERS' MARKETS:** WIC connects families with healthy foods, and many states have explored options to encourage WIC families to access farmers' markets. States are continuing to innovate WIC benefit redemption at farmers' markets, including WIC's Cash Value Voucher (CVV) for fresh fruits and vegetables, although transactions have proven challenging with the transition to EBT/eWIC. The WIC Farmers' Market Nutrition Program, adopted by a majority of states, provides additional vouchers for fresh, locally grown fruits and vegetables at farmers' markets. States should explore opportunities to facilitate WIC transactions at farmers' markets to promote local agriculture among WIC families.
- » **MEDICAID AND CHIP:** Over 70% of WIC families access health coverage through Medicaid or the Children's Health Insurance Program (CHIP). As a result, Medicaid and CHIP participants are adjunctively income-eligible for WIC, which permits a simplified income-screening process during WIC certification. Medicaid is in a unique position to refer eligible families to WIC and can collaborate at the state level to ensure that WIC is reaching all families in need.
- » **SNAP:** Participants in the Supplemental Nutrition Assistance Program (SNAP) are also adjunctively eligible for WIC. SNAP's nutrition benefit is significantly larger than WIC's, largely because SNAP is meant to address all nutrition needs of a family, as opposed to those specific to pregnancy and early childhood. WIC actively refers participants to SNAP. SNAP and WIC agencies must partner to ensure that referrals are reciprocated in order to maximize the effectiveness of both programs.

- » **HOME VISITING PROGRAMS:** State home-visiting programs – funded through the Title V Maternal and Child Health (MCH) Block Grant or the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) – play a crucial role in identifying and addressing the needs of new mothers and newborn infants. Collaborative partnerships between state home-visiting programs and WIC could identify mothers at risk of postpartum complications, promote interventions that reduce the likelihood of infant and maternal mortality, and connect families to WIC's essential nutrition support.

INCLUDE THE STATE WIC PROGRAM IN BROADER PUBLIC HEALTH INITIATIVES

- » **BREASTFEEDING:** Breastfeeding is the optimal infant feeding method. WIC's breastfeeding support, including the Peer Counselor Program, has helped raise breastfeeding initiation and duration rates among WIC mothers. WIC has a body of evidence, a wide range of strategies, and an enthusiastic workforce that can contribute to state initiatives that promote breastfeeding.
- » **MATERNAL AND INFANT MORTALITY:** The US has staggeringly high rates of maternal and infant mortality, among the worst when compared to other industrialized nations. When evaluating trends in the US, we cannot ignore racial disparities – specifically, black women and black babies are significantly more likely to die than their white counterparts. WIC is a key point-of-contact throughout pregnancy, after birth, and throughout the first year of life. WIC participation has also been shown to improve birth outcomes. WIC can be an active part of the broader public-health response to this crisis by participating in mortality-review committees,

identifying risk factors among participants, and linking data to state public health systems.

- » **COMMUNITY HEALTH:** Despite WIC's public health achievements, many communities remain systemically underfunded and overlooked when it comes to food access, especially for healthy foods. State efforts to attract retail investment, promote healthier food options, and increase community infrastructure can be enhanced by including WIC in community health initiatives.

ADVANCE POLICIES THAT IMPROVE THE HEALTH AND ECONOMIC SECURITY OF WIC FAMILIES

- » **BREASTFEEDING:** Consistent with WIC's breastfeeding mission, state policies that promote breastfeeding provide needed support for breastfeeding mothers. These may include labor laws that provide reasonable break times for women who are breastfeeding or expressing breastmilk and laws that require safe, hygienic, and private lactation spaces in public accommodations and workplaces. States should also ensure that health insurance plans cover quality breastfeeding support and supplies, such as breast pumps.
- » **ACCESS TO HEALTH COVERAGE:** WIC's public health contributions are significantly enhanced when WIC families have stable, affordable, and quality health-insurance coverage. Under the Affordable Care Act, states have the option to extend Medicaid and CHIP coverage to cover more pregnant women and young children. WIC moms may also rely on Medicaid expansion to cover health needs during the preconception and interconception periods. In both Medicaid plans and private marketplace plans, states can ensure that there is quality coverage for prenatal, perinatal, and postpartum services, which will

complement WIC's efforts to ensure healthy pregnancies and births.

- » **PAID FAMILY AND MEDICAL LEAVE:** Federal law does not require paid family or medical leave, including maternity or paternity leave. Family leave is associated with positive effects on the growth and health of young children, breastfeeding rates, and parental involvement. Comprehensive paid family and medical leave policies permit new parents to bond with their infants, protect workers as they expand their family, and ensure economic security for all working families.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.