

House Committee on Education and Labor

Statement of Rev. Fr. Douglas Greenaway President & CEO, National WIC Association

Thank you Chairman Scott, Ranking Member Foxx, and Members of the Committee for the invitation to join you today for this roundtable discussion on WIC and child nutrition programs. I am Rev. Douglas Greenaway, President & CEO of the National WIC Association. The National WIC Association is the non-profit education arm and advocacy voice of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). We advocate on behalf of the 90 state WIC agencies, the over 10,000 service delivery sites across the nation, and the nearly 7 million mothers and young children who benefit from WIC nutrition and health services.

WIC is not welfare or a hand out. Families know that WIC is a hand up. They turn to WIC because it has a demonstrated record of success in improving healthy pregnancies, healthy birth outcomes, and growing healthy babies, toddlers, and young children.

WIC's successes are the outcome of an over 45-year partnership between families, policymakers, governments, public health, healthcare providers, farmers, food manufacturers, and retail grocers. The collaboration and cooperation of everyone in this chain is essential to raising up a nation of healthy babies, toddlers, and young children.

A strong body of evidence highlights WIC's preventative health successes – including reduced risk of preterm birth or low birthweight, infant mortality and SIDS, and childhood obesity, as well as increased rates of immunizations. WIC's targeted breastfeeding support has markedly increased initiation, duration, and exclusivity rates among WIC moms, leading to healthier outcomes for both infants and mothers. WIC's documented positive health outcomes have long-term effects. Established and new research confirms that WIC more than doubles its return on investment in healthcare cost savings.

Historically, child nutrition reauthorization has played a crucial role in strengthening the public health success of WIC. Past reauthorizations led to the independent scientific review process for WIC's food package, established WIC's Breastfeeding Peer Counselor Program, and, most recently, mandated that state agencies transition from paper vouchers used to purchase healthy WIC foods to electronic-benefit transfer (EBT) or e-WIC cards. I appreciate this opportunity to engage the Committee and its Members on opportunities to streamline service delivery and enhance the program's already successful public health interventions.

EBT Transition

The Healthy, Hunger-Free Kids Act of 2010 required that state WIC agencies transition to EBT/e-WIC service delivery by 2020. E-WIC systems increase efficiency and program integrity, reduce administrative burden, and improve the participant shopping experience. Over half of WIC state agencies have completely implemented e-WIC, with all agencies expected to meet the

2020 deadline. This is an important improvement that has helped modernize the program for the 21st century.

However, e-WIC is more expensive to operate than a paper voucher model. In states that have fully implemented, operating costs – driven mainly by transaction processing fees paid to e-WIC vendors – are generally double the bank fees owed under a paper voucher system. In rural states, agencies have assumed the burden to pay for stand-beside devices used largely by smaller vendors authorized to maintain access in underserved communities. These new, burdensome administrative costs pose a substantial strain on already taxed agency budgets. They reduce resources otherwise available for critical nutrition services. State WIC agencies would benefit from measures to relieve this burden.

E-WIC transition has also led to innovative technology projects that enhance the participant experience, such as WIC shopper apps. Special Project Grants funding continues to support these new investments. As with SNAP, there is continued interest by state agencies and industry partners in exploring options for online ordering and online payment. Rigorous evaluation of new projects in this field is needed to ensure program integrity.

Streamlining Services

E-WIC transition is a major step in moving the WIC shopping experience into the 21st century. The program's clinical model could benefit from streamlining and similar administrative improvements. Repetitive certification appointments for already enrolled participants – especially infants transitioning to the child category – administratively burden clinical staff and pose barriers to access for participants. The certification appointment involves both the production of numerous documents and physical evaluations, including a blood draw. Each of these requirements can be duplicative of prior review by either WIC clinic staff in a previous certification appointment or pediatricians during a medical appointment. Efforts to streamline the certification appointment and avoid repetitive tests will allow WIC to spend additional time conducting critical nutrition counseling and education and otherwise supporting WIC families' health needs.

WIC's targeted nutrition support plays a crucial role in growing the next generation of healthy, self-sufficient Americans. Among WIC's more vulnerable participants, the program's interventions can reverse or alleviate negative health indicators throughout pregnancy and in early childhood. Modest expansions of eligibility can address crucial nutrition gaps among postpartum women and children and strengthen positive pregnancy outcomes.

In closing, I wanted to thank the Committee for your openness to hear from the groups today. We hope to serve as a resource as you consider improvements to WIC and the child nutrition programs in the months ahead.