



National WIC Association  
Your child has you. And you have WIC.



## 2015 NWA WIC Research Needs Assessment

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—insuring the health of our children.

**NWA'S MISSION**  
Providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

### Overview

Historically, the WIC program has benefited greatly from program evaluation and high quality research focused on program impact. Given the current federal fiscal and political landscape and competition for resources, it is crucial for WIC to continue to update, reinforce and expand the rigorous documentation of its positive impacts on the women, infants and young children served by the program, including its cost-effectiveness as a nutrition education and breastfeeding support program. With the Healthy Hunger Free Kids Act mandating a WIC food package review every ten years to ensure the package's scientific integrity and appropriateness, research that focuses on the food package and related areas will also be of considerable importance. Significant efforts have been undertaken since 2010 related to WIC research. Following a July 2010 Institute of Medicine (IOM) conference titled "Planning a WIC Research Agenda," the United States Department of Agriculture, Food and Nutrition Service (USDA FNS) embarked on funding numerous studies suggested by the IOM. Similarly, USDA Economic Research Service (ERS) has funded a series of research projects that will further enhance our understanding of the impact of WIC across multiple domains. A listing of currently funded FNS and ERS studies is included in the Appendices.

The 2015 WIC Research Needs Assessment highlights areas of research that our community feels will have significant potential to (1) provide essential information to document the program's impact on the women, infants and children served by the program, and/or (2) improve the program's effectiveness.

### Recommendations

#### 1. IMPROVE QUALITY AND USE OF WIC ADMINISTRATIVE DATA.

WIC Programs collect vast amounts of health data through their management information systems (MIS). However, most MIS are not designed for easy data retrieval and analysis. In addition, non-standardized definitions make it difficult to compare variables across states, and efforts to aggregate state-level data for national-level analysis are expensive and time intensive. As tighter budgets have resulted in reduced research funds, it is critical to consider how to make WIC Program data more easily available for both internal programmatic evaluations and for the broader research community that plays an important role in documenting WIC impacts. The sunset of the Centers for Disease Control and Prevention's (CDC) Pregnancy and Pediatric Nutrition Surveillance Programs (PedNSS/PNSS) has further contributed to a lack of data for program planning and monitoring, for national surveillance, and as a benchmark with which to compare state data. This data vacuum has led many states to consider the need to invest in administrative data systems that can efficiently serve multiple purposes, such as program planning, monitoring, surveillance, and research.

Given the diversity of state MIS designs and capabilities, a top priority for WIC is to determine the best approach to improving the quality and usability of WIC program data. Such an endeavor is heavily dependent on identification of top research priorities and key variables, careful assessment of data systems and data sharing capacities across WIC programs, and identification of appropriate funding streams. It is also critical to enhance state and local agency WIC Programs'

understanding that improving their data systems not only enables the WIC community to (1) better utilize existing data to achieve caseload goals and answer questions about efficiency and effectiveness of day-to-day service delivery, but can also (2) enhance business functionality by facilitating the development and implementation of an electronic state-to-state transfer system for WIC certification records, enable comparisons across states and conduct national-level analysis.

There are at least five possible options that could be explored in order to identify the most promising strategies for improving the quality and use of WIC administrative data. Across all strategies, careful consideration should be made to the evolution of state MIS as many states and regions are currently upgrading these systems and these changes may inform decisions regarding data access.

**a. Explore options for data collection and analysis such as the expansion of Michigan WIC's PedNSS and PNSS data importing, analysis, and reporting structure, which Michigan WIC has successfully piloted with states in their region.** Michigan WIC has recreated the PedNSS and PNSS architecture and successfully duplicated the original reporting functions.

**b. Explore data warehouse application and reporting systems that give local agency WIC programs access to their administrative data in a user-friendly format, allowing agencies to document trends in participation, participant demographic characteristics and health outcomes.** An example of such a system was developed by PHFE WIC in California ([www.phfewic.org](http://www.phfewic.org)), and is currently in use by 30 local agency WIC programs.

**c. Identify and standardize key variables of interest from WIC adminis-**

**trative data from 5-7 diverse states/regions.** As an initial step, these sentinel states could agree to conduct a series of similar analyses using their own data, which would make the findings more relevant to the WIC Program overall. A second step would be to determine how to aggregate the data to create a WIC administrative dataset spanning different regions and programs. Eventually, the potential to link WIC family members and follow them longitudinally could also be explored.

**d. Evaluate the WIC state agency management information systems and the types of data collection that WIC agencies are already engaged in, as well as automation and other efforts aimed at reducing the burden of data reporting.**

Review state and local agency practices to inform updates to WIC Program Characteristics (PC) and other data collection efforts providing information that supports more in-depth analyses of program management and performance, program and participant characteristics, integrity, and monitoring.

**e. Engage in discussions with the Bureau of the Census to expand their work to include WIC data.** The Bureau of the Census is currently working with Supplemental Nutrition Assistance Program data and has offered to provide technical assistance, analysis, and reporting in exchange for receipt of program administrative data. As of November 2014, Census was in the process of negotiating agreements with WIC programs in Michigan, Nevada and New York, and in active discussions with Arizona and Colorado.

## 2. EXAMINE WIC SERVICE DELIVERY Nutrition Education

The WIC Program is the only FNS nutrition assistance program with legislative and regulatory requirements to provide nutrition education. One of the goals of nutrition education is to affect positive

behavioral change among participants, making WIC a wise investment in the future health of our country. A variety of studies have demonstrated the positive impacts of WIC nutrition education on a range of participant outcomes, many highlighting that client-centered educational strategies are particularly effective. As illustrated in Appendix A, significant resources have recently been allocated to continue to examine both the delivery of nutrition education in WIC Programs across the country, and to measure the impact of nutrition education on participant behavioral change. While these efforts are expected to provide a rich description of the intended findings, research must be ongoing to ensure the attainment of WIC nutrition education program goals.

### Electronic Benefits Transfer (EBT)

State WIC agencies are required to have an EBT system in place by October 1, 2020. Currently, approximately 15% of all states and territories have completed this process. EBT systems should offer greater flexibility at the point of purchase and make it more convenient for participants to redeem their full food benefits. EBT systems will also provide state agencies with more information on participant purchasing patterns as well as the specific foods, brands, quantities and costs of the foods purchased with the WIC benefit, which can assist agencies in maintaining viable food lists, develop effective cost-containment measures, and target meaningful nutrition education.

The detailed information provided by EBT systems can be especially useful in evaluating the impact of state food policies on participants' food benefit utilization. A recent study funded by USDA and conducted by the Altarum Institute examined WIC family food purchasing and redemption patterns in three states that have online EBT systems (Kentucky, Michigan and Nevada). They reported that participants found the EBT system

to be more convenient, portable and flexible compared to the previous paper system. However, they also reported that the majority of WIC families in these states did not fully redeem their WIC food benefits. Future studies should examine this under-redemption more closely to identify possible opportunities to increase food benefit utilization. Studies could also look at food purchases made by WIC participants using their own funds to gain a better insight into the impact of WIC on family food purchases. This work could be facilitated through the establishment of a national EBT database so that states can compare their data with other states and examine the impact of variations in food policies on redemptions. Finally, the impact of both online and offline EBT processes on WIC participant services should be evaluated.

### Functional Ingredients

Since the WIC food package expanded in October 2009, state WIC agencies have been asked to approve a growing number of food products for purchase with WIC vouchers. During this time frame, there has also been an increase in the number of food products with added functional ingredients, which often increases the cost of these products to consumers and to the WIC Program. Some examples of added functional ingredients that are now commonly found in WIC food categories are Omega-3 fatty acids in juices, breads and cereals; added fiber in juices, bread, tortillas and cereals; and ARA and DHA in infant formula. Studies are needed at the local, regional and/or national level to document the changes in functional ingredients in foods allowable for purchase by WIC program participants, and to document the cost impact to WIC of these functional ingredients.

### 3. IMPROVE MATERNAL HEALTH DURING PERICONCEPTIONAL AND INTERCONCEPTIONAL PERIODS.

It is becoming increasingly evident that

nutrition during the periconceptional period (the time period immediately prior to conception and in the first few days and weeks following conception) can impact placental and embryonic development, with critical lifelong implications. While WIC does not serve women prior to their first pregnancy, WIC serves millions of women between pregnancies. This presents an opportunity to optimize women's nutrition and weight status prior to conception. Research is needed to examine the impact of WIC participation during an earlier pregnancy on subsequent health and nutritional status of mothers and fetal/birth outcomes. Research is also needed on how WIC might enhance its effectiveness in improving postpartum women's health during the course of regular service delivery.

Because of the short certification period for the postpartum mother, it may prove cost-effective to lengthen the postpartum certification period to improve the health of the postpartum woman prior to her next pregnancy. Furthermore, under current federal guidelines, if WIC funding is reduced such that all eligible participants cannot be served, non-breastfeeding postpartum mothers are the first to be moved to "wait-list" status. This has great potential to cause significant adverse impacts in the future. For postpartum mothers likely to become pregnant again, reducing services to these mothers represents not only a significant loss of nutritional support but also lessens the focus of WIC staff on this participant population.

Across the country, seven teams of researchers, funded by USDA and directed by UCLA, are working to examine WIC's impact on periconceptional nutrition. The projects focus on the roles that the WIC program is playing and can play in improving nutrition in pre- and periconceptional periods in the following four priority areas: 1) nutrition risk assessment; 2) nutrition and health promotion; 3) nutrition interventions; and 4) WIC as

a gateway to periconceptional health. The seven teams will meet in the summer of 2015 in Washington D.C. to present their findings and recommendations.

### 4. EXAMINE OBESITY TRENDS AND WIC'S IMPACT ON OBESITY.

With WIC serving over half of the infants born in the United States and one-quarter of the nation's children, combatting overweight and obesity within the WIC population would have a tremendous impact on obesity rates nationwide. Childhood obesity is linked to adult obesity; and obesity early in life accelerates the onset of obesity-related chronic health problems such as type 2 diabetes. Once an individual becomes overweight or obese, it can be difficult to revert back to a healthy weight. Therefore, it is imperative that efforts be focused on preventing individuals, particularly young children, from becoming overweight and obese in the first place.

Multiple components of the WIC Program directly address childhood obesity and must be carefully evaluated. Breastfeeding, for example, has been shown in some studies to be associated with lower rates of obesity. Breastfeeding support is a key component of the WIC Program and further studies are needed to explore the associations between breastfeeding and childhood overweight and obesity among WIC participants. In 2009, WIC revised its food package such that it is now consistent with the current US Dietary Guidelines and established dietary recommendations for children younger than 2 years of age. Research is needed to determine how the new WIC food benefits and accompanying nutrition education impact participant behavioral changes and health outcomes. These outcomes may include food purchasing habits, dietary intake patterns, breastfeeding initiation rates and duration, infant feeding patterns, pregnancy and postpartum weight status, and childhood overweight/obesity trends.

## Appendix A: USDA FNS Currently Funded and Recently Completed Studies

PROJECT NAME	PROJECT DESCRIPTION
<p><b>The WIC Nutrition Education Study:</b>  <b>Contractor:</b> Research Triangle Institute  <b>Expected Interim Report Publication:</b>                      Fall 2015  <b>Expected Final Report Publication:</b>                      2017</p>	<p>The WIC Nutrition Education Study aims to provide a nationally representative description of WIC nutrition education and to perform a pilot of an impact study of WIC nutrition education on behavioral and physical activity outcomes in six sites. This two-phase study includes multiple modes of data collection from State agencies, local agencies, nutrition educators, and WIC participants. The multi-method approach includes the use of web surveys, paper-based surveys, telephone interviews, in-person focus groups and interviews, observations, and administrative data reviews to fully capture WIC nutrition education dosage, duration, and frequency of use by geographic distribution and local agency characteristics. Currently the study is in Phase I, which focuses on collecting survey data from local agencies and survey and in-depth interview data from a sample of sites.</p>
<p><b>WIC Infant and Toddler Feeding Practices:</b>  <b>Contractor:</b> Westat  <b>Expected Report Publication:</b>                      A series of eleven reports, examining the first, second and third years of life, and the three years combined, along with several special-topic reports will begin to be released in spring 2015.</p>	<p>This study will provide updated information on the feeding patterns of WIC infants, with expanded information on infant and toddler feeding behaviors. To address relative effectiveness in achieving appropriate feeding patterns and behaviors, the study will measure the different approaches to nutrition education and breastfeeding promotion and support services provided by WIC and other sources. The study will identify aspects of WIC nutrition education that could influence feeding practices to address the problem of high body weight among young children in WIC. The contract funds the design, sampling and data collection through 36 months of age; options would allow for data collection in future years, contingent upon availability of funding.</p>
<p><b>WIC Breastfeeding Peer Counseling Study Phase II:</b>  <b>Contractor:</b> Abt Associates  <b>Expected Report Publication:</b>                      Fall 2015</p>	<p>This study updates a 2010 survey of WIC State Agencies' Peer Counseling Practices for three reasons: 1) funding for the Loving Support Peer Counseling Program increased dramatically, from \$15 million to up to \$80 million annually in FY 2010, 2) FNS made changes in the WIC food packages, in part to promote breastfeeding among WIC participants, and 3) there has been an evolution of best practices to support breastfeeding which have been adapted by many State and local WIC agencies more generally as well as specifically for Loving Support Peer Counseling. In the spring of 2014, a web-based survey was administered to the 50 State WIC agencies and the District of Columbia to gather information about how State agencies used the Loving Support Peer Counseling funding and supported the implementation of the program.</p>
<p><b>WIC Breastfeeding Policy Inventory:</b>  <b>Contractor:</b> Mathematica  <b>Expected Report Publication:</b>                      January 2015</p>	<p>The WIC Breastfeeding Policy Inventory (WIC BPI) collected data on breastfeeding policies and practices, as well as the breastfeeding measures in use by SAs and LAs. The WIC BPI was a census of the 90 WIC State agencies (including Indian Tribal Organizations (ITOs) and U.S. Territories) and the approximately 1,800 local WIC agencies. The report is available on the FNS web page at:   <a href="http://www.fns.usda.gov/wic-breastfeeding-policy-inventory">http://www.fns.usda.gov/wic-breastfeeding-policy-inventory</a></p>

## Appendix A: USDA FNS Currently Funded and Recently Completed Studies

PROJECT NAME	PROJECT DESCRIPTION
<p><b>WIC Nutrition Services and Administrative (NSA) Costs:</b>  <b>Contractor:</b> Altarum  <b>Expected Report Publication:</b> Late 2015</p>	<p>The WIC NSA Cost Study will provide an updated assessment of the amounts and categories of costs charged to WIC NSA grants and the variation of these costs among State and local agencies. This study will conduct a census of State and local agencies and include 14 case studies to gain a more detailed assessment of NSA cost categories compared to other similar federal programs such as SNAP and TANF.</p>
<p><b>Indicators of High Risk WIC Vendors in EBT States:</b>  <b>Contractor:</b> T3 Tiger Tech  <b>Expected Publication:</b> Mid-2015</p>	<p>This study will examine indicators of High Risk WIC Vendors by identifying practices from other government and non-governmental programs in identifying high risk vendors, developing and testing a micro-simulation model using WIC EBT data to identify high risk WIC vendors, and identifying design specifications for a national WIC fraud detection system.</p>
<p><b>Assessment of WIC Vendor Management Practices – EBT Study:</b>  <b>Contractor:</b> Altarum  <b>Expected Report Publication:</b> Early Winter 2016</p>	<p>Although the 2013 WIC Vendor Management Study satisfies Improper Payments Elimination and Recovery Act of 2010 (IPERA) requirements, the electronic benefits transfer (EBT) study is designed to augment these findings and provide a unique opportunity to closely examine compliance issues and rates of violations among vendors in states with an EBT system. The latter is important as all state WIC agencies are required to have an EBT system in place by 2020. EBT is the wave of the future for WIC and will be the predominant, if not only, form of payment accepted by WIC vendors when the next Vendor Management bookend study is undertaken. The purpose of this study is to determine the extent to which WIC-authorized retail grocers (WIC vendors) transacting WIC EBT purchases adhere to program rules. Foremost among the rules that will be examined are the extent to which WIC vendors complete the WIC transaction at checkout in accordance with proper WIC program procedures, allow only WIC-authorized foods to be purchased by participants, and charge the WIC program appropriately for the foods purchased. The results will be used to update the annual projections of WIC erroneous payments to vendors.</p>
<p><b>Vendor Risk Reduction Study:</b>  <b>Contractor:</b> Altarum  <b>Expected Report Publication:</b> Late 2015</p>	<p>While the Child Nutrition and WIC Reauthorization Act of 2004 mandates that State WIC agencies establish peer groups, the Act does not specify particular criteria for peer groups or acceptable methods of setting competitive price criteria and allowable reimbursement levels. This study will collect information and data to identify competitive pricing strategies and vendor peer group systems, both current and ideal, that are effective at cost containment and that can be applied and potentially implemented in all States.</p>
<p><b>WIC Participant and Program Characteristics:</b>  <b>Contractor:</b> Insight Policy Research  <b>Expected Report Publication:</b> Early Winter 2015</p>	<p>This biennial census provides detailed information on the demographic characteristics, economic circumstances and health conditions of WIC clients, along with information on the operational characteristics of State and local WIC agencies. The data are used for policy development, budget projections and regulatory impact analyses of WIC. Information about WIC participation characteristics has been prepared biennially since 1992 from administrative records provided by State agencies. This project supports preparation of WIC PC reports for 2012 (published in December 2013) and 2014 (forthcoming in 2015).</p>

## Appendix A: USDA FNS Currently Funded and Recently Completed Studies

PROJECT NAME	PROJECT DESCRIPTION
<p><b>National and State-level Estimates of WIC Eligibles and WIC Program Reach, 2013 Update:</b>  <b>Contractor:</b> Urban Institute  <b>Expected Report Publication:</b> Winter 2014/2015</p>	<p>This study will update the estimates of the WIC-eligible population for the U.S., for each of the 7 FNS regions, and for each of the 50 States, the District of Columbia, and five U.S. territories: the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Estimates at the national and FNS regional levels will include breakdowns by participant subgroup: pregnant women, postpartum women, infants, and children. At the national level, estimates for postpartum women will be further broken down by breastfeeding status, and estimates for children will be provided by year of age (1 to 4). The most recent update with estimates for 2012 was published in January 2015.</p>
<p><b>WIC Food Package Policy Options Study II:</b>  <b>Contractor:</b> Insight Policy Research  <b>Expected Report Publication:</b> Fall 2015</p>	<p>In 2011, FNS published a report on the choices each WIC State agency had made in 2009 in exercising the flexibilities allowed under the new WIC food packages. Since this early implementation, the WIC food package final rule has been published and States have made numerous adjustments to their policy choices. This study will update the previous study with an examination of which foods States offer in their food packages after 5 years of experience with the new food packages.</p>
<p><b>WIC Data Collection Study:</b>  <b>Contractor:</b> Manhattan Strategy  <b>Expected Report Date:</b> Fall 2015</p>	<p>This study is designed to provide information that will allow FNS to update WIC data reporting efforts in order to provide information to support more in-depth analyses of program management, program performance, program &amp; participant characteristics, integrity and monitoring. Convening a task force of subject matter experts, this study will identify a set of data elements that will be used to help determining future WIC data collections and the timing of those collections.</p>
<p><b>National Survey of WIC Participants-3:</b>  <b>Contractor:</b> TBD  <b>Expected Report Publication:</b> TBD</p>	<p>Approximately every ten years, FNS conducts a nationally-representative survey of the characteristics of WIC participants and State and local agency characteristics. The findings are used to calculate IPIA reporting requirements for erroneous payments due to participant certification error. The last study collected data in 2009 and was published in 2012. The next in the series will be included in a future R&amp;E Plan, with data collection in approximately 2018-2019.</p>
<p><b>Comprehensive Scientific Review of WIC Food Package:</b>  <b>Contractor:</b> IOM  <b>Letter Report on White Potatoes Published:</b> February 3, 2015  <b>Interim Report Expected Report Publication:</b> Winter 2015  <b>Final Report Expected Report Publication:</b> Early 2017</p>	<p>The Healthy Hunger Free Kids Act (Section 232) requires a review of the WIC food package at least every ten years to ensure that it conforms to current nutrition science, public health concerns, and cultural eating patterns. This comprehensive scientific review updates and expands upon the 2006 IOM expert report "WIC Food Packages: Time for a Change". The primary aims of this review are: 1) Review and assess the nutritional status and food and nutritional needs of the WIC- eligible population; 2) Provide specific scientifically-based recommendations based on this review and the preponderance of scientific evidence including the most recently available science; and 3) Ensure that the recommendations would result in WIC Food Packages that: (a) are consistent with the most recently available edition of the Dietary Guidelines for Americans (DGA), (b) address the health and cultural needs of the widely diverse WIC participant population, and(c) can operate efficiently and be effectively administered across the Nation. Public input will be obtained by the IOM expert committee at key points in this process.</p>

## Appendix A: USDA FNS Currently Funded and Recently Completed Studies

PROJECT NAME	PROJECT DESCRIPTION
<p><b>Impact of Affordable Care Act on WIC:</b>  <b>Contractor:</b> Mathematica (MPR)  <b>Expected Report Publication:</b> 2015</p>	<p>The Affordable Care Act (ACA) will expand eligibility for the Medicaid program, and require all Americans to obtain health insurance. Two white papers examined the potential impact of ACA on WIC enrollment. One of the papers used microsimulation modeling to estimate the impact.</p>
<p><b>WIC Medicaid Simulation Study:</b>  <b>Contractor:</b> Teracore  <b>Expected Report Publication:</b> 2015</p>	<p>FNS and its contractor are collaborating with one State (Illinois) to see what it would take to develop the capability to electronically query Medicaid information systems at the time of application for WIC benefits to see if the applicant is on Medicaid and has income below a selected threshold (such as 250% of poverty). The project will determine the start-up and ongoing costs to use this system as a routine component of certification, but is only exploratory and would not impact the WIC certification decision. The information will better position WIC in case legislation at a later date requires an upper bound on Medicaid adjunctive income eligibility.</p>
<p><b>WIC Medicaid Study II:</b>  <b>Contractor:</b> Mathematica  <b>Expected Report Publication:</b> Fall/Winter 2015</p>	<p>The first WIC Medicaid Study, published in 1991, found that every dollar spent on WIC services to low-income pregnant women saved \$1.77 to \$3.13 in Medicaid cost during the first 60 days following delivery. This study will reexamine the impacts of WIC in today's environment. It will examine the characteristics of Medicaid births and estimate the impact of WIC on the following prenatal and birth outcomes: 1) maternal health behaviors (prenatal care adequacy, smoking, weight gain), 2) birth outcomes (birth weight, gestational age, type of delivery, breastfeeding at discharge), 3) maternal risk factors (such as gestational diabetes and hypertension), and 4) Medicaid costs (delivery and newborn costs through 60 days and one year postpartum). Building on work conducted in North Carolina, the study will also examine health utilization and outcomes for children participating in WIC.</p>
<p><b>Assessment of WIC Impacts on Periconceptional Nutrition:</b>  <b>Expected Report Publication:</b> Grantees will report their findings at a grantee conference in August 2015</p>	<p>The University of California at Los Angeles (UCLA) is managing a small-grants research program, funded by USDA FNS. Through a competitive process, UCLA awarded seven grants in June 2012. The two-year projects to academic researchers, in partnership with WIC agencies, will focus on the role that the WIC program is playing and can play in improving nutrition in pre-conceptional and periconceptional (between pregnancies) periods. FNS and UCLA anticipate that the grants will foster future collaboration and additional outside funding, along with findings that can inform WIC program development and nutrition education nationwide. Descriptions of the 6 small grants awarded to date are available on the web at: <a href="http://www.fns.usda.gov/es/node/9368">http://www.fns.usda.gov/es/node/9368</a></p>
<p><b>USDA Center for Collaborative Research on WIC Nutrition Education Innovations:</b>  <b>Grantee:</b> Baylor College of Medicine            Grantees will present their findings at a grantee conference in July 2016</p>	<p>The USDA Center for Collaborative Research on WIC Nutrition Education Innovations, funded by USDA FNS supports researcher-initiated projects that demonstrate creative approaches to nutrition education for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Center has awarded 4 sub-grants. Dr. Rafael Perez-Escamilla from Yale University and Dr. Lorrene Ritchie from the University of California at Berkeley were the recipients of the 2013 sub-grants and Dr. Jennifer Di Noia from William Paterson University and Dr. M. Jane Heinig from UC Davis were the recipients of the 2014 sub-grants.</p>

## Appendix A: USDA FNS Currently Funded and Recently Completed Studies

PROJECT NAME	PROJECT DESCRIPTION
<p><b>USDA Center for Behavioral Economics and Healthy Food Choice Research:</b>  <b>Grantee:</b> Duke University / University of North Carolina  <b>Grantee Roundtable:</b> August 2015  <b>Expected Report Date:</b> November 2015</p>	<p>In October 2014, USDA's Economic Research Service (ERS) and the Food and Nutrition Service (FNS) awarded a 3-year, \$1.9 M grant to Duke University and the University of North Carolina at Chapel Hill (UNC) to establish the USDA Behavioral Economics Center for Healthy Food Choice Research (BECR Center). BECR will conduct behavioral economics research to benefit the nutrition, food security and health of all Americans, with special emphasis on facilitating food choice behaviors that would improve the diets of SNAP participants and WIC participants and promote cost-effective program operations. As part of this grant, the BECR Center will fund the development of 6 conceptual white papers that explore innovative behavioral economic approaches to improve the food cost-management of the WIC program while maintaining program participation and effectiveness in promoting improved diets.</p>
<p><b>WIC Special Project Grants:</b>  <b>Mini Grantees:</b> Colorado, Delaware, Vermont  <b>Full Grantees:</b> Arizona, Connecticut, Massachusetts  <b>Expected Report Date:</b> Late 2016 (mini grants)            Early 2018 (full grants)</p>	<p>In December 2014, FNS awarded its latest round of funding for the WIC Special Project Grants to help WIC State Agencies develop, implement, and evaluate new or innovative methods of service to meet the changing needs of WIC participants. The focus of this year's grants is retaining children (ages 1 through 4 years) currently participating in WIC since participation rates drop significantly after a child's first birthday. Three full grants were awarded to Arizona, Connecticut, and Massachusetts, with all major project activities to be completed by September 30, 2017. Three mini grants were awarded to Colorado, Delaware, and Vermont, with all major project activities to be completed by March 30, 2016. Grantees will implement an innovative intervention, evaluate its results, and then submit a report to FNS detailing their findings.</p>

## Appendix B: USDA ERS WIC Studies Ongoing in 2014 - 2016

PROJECT NAME	PROJECT DESCRIPTION
<p><b>State Variation in WIC Food Package Costs: The Role of Prices, Caseload Composition, and Cost-Containment Practices:</b></p> <p><b>Principal Investigator:</b> David Davis, South Dakota State University</p> <p><b>Expected Completion Date:</b> September 30, 2016</p>	<p>This project will examine the role of food prices, caseload composition, and cost-containment practices on WIC food package costs. The project will use IRI scanner data on consumer prices and purchases, FNS administrative data on state-level caseload composition and average monthly food package costs for FY 2010-2012, and information on types and brands of WIC-approved foods and other cost-containment practices.</p>
<p><b>Price Variability Across WIC Foods:</b></p> <p><b>Principal Investigator:</b> Loren Bell, Altarum Institute</p> <p><b>Expected Completion Date:</b> August 1, 2016</p>	<p>With tighter budgets, there is interest in better understanding the choices that WIC participants make in selecting their WIC foods and the stores where they shop. For example, within the choices offered, do WIC participants tend to purchase the most expensive item, the least expensive, or an average-price item? Do WIC participants tend to purchase some items at more-expensive stores? How do WIC participants' choices compare to the choices participants make when using other sources of payment, or to the choices that non-participants make? This study will use WIC Electronic Benefits Transfer (EBT) redemption data to explore cost variations within and between WIC vendors, and to examine whether WIC participants show greater tendencies to purchase the lower cost, higher cost, or average cost foods within each food category.</p>
<p><b>Partial Redemptions of WIC Food Instruments: Frequency of Occurrence and Impacts on Allowable Reimbursement Rates</b></p> <p><b>Principal Investigator:</b> Richard Sexton, University of California, Davis</p> <p><b>Expected Completion Date:</b> September 30, 2016</p>	<p>WIC vendor-management regulations require that WIC State agencies establish vendor groups and maximum allowable reimbursement rates (MARR) for each voucher and each vendor peer group. Paper vouchers submitted for reimbursement do not provide information on the foods purchased, only the total reimbursement value. Since WIC State agencies allow a variety of products, brands, and package sizes, the reimbursement value of vouchers that include a combination of foods can reflect differences in the types and prices of the foods purchased by the participant, as well as differences in quantities (e.g., a partially-redeemed voucher). This project will examine the sensitivity of MARRs to different methods of identifying partially-redeemed vouchers.</p>