



2018

LEGISLATIVE PRIORITIES

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.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has improved children's health, growth and development and prevented health problems for over 40 years. WIC children enter school ready to learn, showing better cognitive performance.¹ Participation in WIC also helps young children achieve and maintain a healthy weight.²

WIC serves roughly 7.5 million mothers and young children, over half of all America's infants and one-quarter of its children 1-5 years of age. The United States Department of Agriculture (USDA), using National Research Council methodology,

estimates that there remains significant unmet need—coverage rates of WIC-eligible women, infants, and children range from a low of 42% to a high of 85% among different states.³

WIC'S NUTRITION SERVICES IMPROVE HEALTH OUTCOMES

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding counseling and education, nutritious foods, and improved healthcare access for low and moderate income women and children with or at risk of developing nutrition-related health problems including overweight, obesity, and type 2 diabetes. WIC's committed, results-oriented, entrepreneurial staff stretch resources to serve the maximum numbers of women, infants, and children and ensure program effectiveness and integrity.

Across the United States, in urban and rural areas, WIC's time-limited services and benefits ensure that children get a strong, healthy start

in life. The evidence is clear—good nutrition during pregnancy and in the early years of life has long-term positive impacts on health. When children have a healthy start, their prospects, and America's prospects, are brighter.

WIC SAVES HEALTHCARE DOLLARS

By providing low-cost preventive health services during critical periods of growth and development, WIC helps to lower healthcare costs for the U.S. For example, participation in WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies, and improves birth outcomes for high-risk mothers. Preterm births cost the U.S. over \$26 billion a year, with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications⁴ WIC—which costs only about \$775 per participant per year—is therefore contributing to substantial healthcare cost savings.

WIC LEGISLATIVE PRIORITIES FOR FISCAL YEAR 2018

1. Protecting and Preserving the Scientific Integrity of the WIC Food Package
2. Strengthening WIC's Breastfeeding Peer Counseling Program
3. Supporting WIC's Transition to Electronic Benefits Transfer (EBT)
4. Maintaining Adjunctive Eligibility and Strengthening WIC-Medicaid Linkage



Another example of WIC's healthcare savings potential is its contributions to improved breastfeeding rates among WIC moms. A 2009 American Academy of Pediatrics cost analysis found that if 90% of women breastfed exclusively for 6 months, the United States would save \$13 billion and prevent nearly 1,000 infant deaths per year.⁵ As WIC is helping to contribute to higher breastfeeding rates across the United States, this is another way that WIC is helping to save healthcare dollars.⁶

WIC IS STRONGLY BI-PARTISAN SUPPORTED

A vast majority of voters (69%) have a strongly favorable view of WIC. That favorability grows to 72% when voters learn more about WIC's nutrition and health services. Two thirds of voters, including a majority of Republicans, view WIC as effective, and by 2:1, voters (including independents, moms, and a majority of Republican women) oppose cutting WIC funding as a deficit strategy.⁷

WIC's bipartisan support was recently demonstrated by the release of a 2015 report from the National Commission on Hunger, a bipartisan commission aimed at reducing hunger in the United States. The report, based on testimony from 53 experts from across the country, indicated that WIC has reduced hunger in families with young children by 68% nationwide and diminished the effects of food insecurity on WIC-eligible women and children.⁸

2018 LEGISLATIVE PRIORITIES

In light of the vital role WIC plays in building a better future for America's women and children and the significant unmet need, it is critical that WIC is supported and strengthened at the federal level.

Based on current trends and emerging needs, NWA has identified the following national priorities for Fiscal Year 2018:

1. Protecting and Preserving the Scientific Integrity of the WIC Food Package
2. Strengthening WIC's Breastfeeding Peer Counseling Program
3. Supporting WIC's Transition to Electronic Benefits Transfer (EBT)
4. Maintaining Adjunctive Eligibility and Strengthening WIC-Medicaid Linkage

1. PROTECTING AND PRESERVING THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGES ENSURES HEALTHFULNESS AND EFFECTIVENESS OF WIC FOODS

The nutritional value of the food packages and the types and kinds of food products included in the WIC food packages are and must remain science-based and immune from politics and the legislative process. This assures public trust and confidence in the health and nutritional value of WIC foods. Congress supported NWA's call for a regular scientific review of the WIC food packages, leading to recommendations from the National Academies of Science, Engineering, and Medicine (NASEM, formerly the Institute of Medicine) to create healthier food packages by including fruits and vegetables, culturally appropriate foods, milk substitutes, low fat dairy products, and reduced quantities of eggs and juice in the food packages.

The food package was last updated in 2009 after an independent scientific review in 2006. Since that update, a growing body of literature has emerged that demonstrates the positive impact WIC foods have on the families that participate.^{9 10 11 12 13} In early January 2017, NASEM published their final report from their most

recent WIC food package review.

Review of WIC Food Packages: Improving Balance and Choice: Final Report is the culmination of three years of scientific inquiry by NASEM's independent committee tasked by the USDA Food and Nutrition Service to review the WIC food package and recommend culturally suitable, cost-neutral, efficient for nationwide distribution, and non-burdensome to administer revisions.¹⁴

The recommendations in this final report focus on providing WIC families with options and flexibility to meet their dietary and nutrient needs, increasing consumption and choice in whole grains and fruits and vegetables, decreasing amounts of certain foods that were found to be offered in too large a quantity or were burdensome to WIC families, and improving support for breastfeeding moms.

NASEM's specific recommendations include:

- Increasing the flexibility of the partially breastfeeding food package and allowing appropriate amounts of infant formula only after careful assessment of the breastfeeding mother and child
- Increasing the value of Cash Value Vouchers (CVV) for the purchase of fruits and vegetables
- Increasing the flexibility for use of CVV to substitute for other foods

2. STRENGTHENING WIC'S BREASTFEEDING PEER COUNSELOR PROGRAM INCREASES BREASTFEEDING RATES, LEADING TO IMPROVED HEALTH OUTCOMES FOR MOTHERS AND CHILDREN AND DECREASED HEALTHCARE COSTS

Breastfeeding is the normal and most healthful way to feed infants: The benefits to infants and mothers are numerous. For children, science shows that human milk: may lower

the risk of obesity in childhood and adolescence; promotes and supports development; protects against illness symptoms and duration; improves IQ and visual acuity scores; lowers cancer rates; decreases cavities; improves premature infants' health; and significantly reduces health care costs.^{15,16} For mothers, breastfeeding decreases the likelihood of ovarian and breast cancers; reduces the risk of osteoporosis and long-term obesity; increases bonding between mother and child; and significantly reduces the incidence of child neglect.¹⁷

WIC maintains that breastfeeding is the best source of infant nutrition and currently earmarks funds for breastfeeding promotion and support activities. All WIC staff members have a role in promoting and providing support for the successful initiation and continuation of breastfeeding. NWA promotes exclusive breastfeeding for infant feeding through the first six months of life, with the addition of appropriate complementary foods, along with breastmilk, when the infant is developmentally ready.

Since 2005, Congress has set aside monies to fund what has become a successful breastfeeding peer counseling initiative. Breastfeeding peer counselors add a critical dimension to WIC's efforts to help women initiate and continue breastfeeding by addressing the barriers to breastfeeding and by offering breastfeeding education, support, and role modeling. Peer counselors are familiar with the resource challenges of WIC mothers and the questions a new breastfeeding mother may ask, and recognize when to refer mothers to other resources during critical periods when mothers may experience difficulty.

A large body of evidence

demonstrates that participation in the WIC breastfeeding peer counseling program is associated with an increased rate of breastfeeding initiation.^{18,19} The goal of the USDA Food and Nutrition Service (FNS) is to integrate peer counseling as a WIC service in every WIC clinic. To further increase breastfeeding rates among WIC moms, the breastfeeding peer counseling program should continue to be supported, strengthened, and expanded at the national level.

3. SUPPORTING WIC'S TRANSITION TO ELECTRONIC BENEFITS TRANSFER (EBT) INCREASES PROGRAM INTEGRITY AND IMPROVES WIC SHOPPING EXPERIENCE FOR PARTICIPANTS AND RETAILERS

Electronic Benefits Transfer (EBT) is the most efficient, cost-effective, environmentally sustainable way of delivering participant benefits. WIC EBT (also known as "e-WIC"):

- Assures program integrity, providing data on the type and amount of foods purchased, allowing for accurate rebate billing on infant formula, ensuring retailer claims do not exceed the shelf price, assuring secure transactions, timely and accurate claims, reducing resources spent on retailer compliance activities, monitoring and reconciling retailer overcharges, reducing forgery and fraud opportunities, increasing accountability, reducing paperwork, improving administrative efficiencies, and streamlining clinic operations increasing the time available for nutrition counseling and education.
- Assures participants' convenience and the ability to purchase a partial or full complement of food benefits within the valid period, through easy, quick, secure, discreet, confidential single transactions for all items purchased in a particular

shopping trip, an accurate listing of benefits prior to and after shopping, increased time for nutrition education in the WIC clinic, and improved targeted nutrition counseling and education based on redemption patterns.

- Assures retailers that participants purchase only WIC-authorized foods; eliminates improper substitutions, reduces cashier error and the need for intensive training; provides for a secure, single transaction for all items purchased, allows for timely claims, settlements, fast and easy operation, and reduced paperwork by eliminating paper food instruments; makes available numerous activity reports; and allows more trips to the store by participants resulting in increased purchases.

For these reasons, the swift transition to EBT in all states, US territories, and Indian Tribal Organizations (ITOs) should be supported at the national level.

4. MAINTAINING ADJUNCTIVE ELIGIBILITY AND STRENGTHENING WIC-MEDICAID LINKAGE REDUCES ADMINISTRATIVE BURDEN, INCREASES PROGRAM EFFICIENCY, AND REDUCES HEALTHCARE COSTS

Enacted in 1989 to link WIC preventive services to other health and social service programs, adjunctive eligibility enables WIC applicants to show proof of participation in SNAP, TANF, Medicaid, or certain state-administered programs to be automatically income-eligible for WIC. These programs already document applicants' income, relieving WIC of duplication of effort. Approximately 72.8% of WIC participants report receiving benefits from at least one of these programs which classified them as adjunctively income eligible for WIC.²⁰ This includes infants, children

and pregnant women in need of preventive nutrition services and access to healthful foods.

Adjunctive eligibility, particularly between WIC and Medicaid, should be maintained for a number of reasons. First, it supports program integrity and assures lower administrative costs by reducing error, promoting clinic efficiency, streamlining paperwork, and improving coordination between WIC and other health and social services. Furthermore, the linkage between WIC, a preventive program, and Medicaid, a healthcare program, results in low-income families benefitting from an integrated approach that can help prevent medical or dietary nutrition risks from escalating into serious chronic conditions. Linking WIC to Medicaid and other safety net programs improves outcomes and saves healthcare costs.

With historically strong bipartisan support and clear evidence demonstrating how WIC is both efficient and effective at improving the health of low income children, WIC ensures the future health and safety of millions of Americans.

WIC: Empowering Families, Strengthening Communities

Please direct all questions to NWA at 202-232-5492

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¹² Whaley S, et al. (2012) Revised WIC food package improves diets of WIC families. *Journal of Nutrition Education and Behavior*. Vol. 44 Issue 3:204-209.

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