



2018 FUNDING AGENDA

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.

REQUEST	AMOUNT
Total Funding Request	\$6.36 Billion + Contingency Fund
Set Aside for Breastfeeding Peer Counselor Program	\$90 Million
Set Aside for WIC Infrastructure	\$14 Million
Set Aside for Program Initiatives and Evaluation	\$15 Million
Maintain the Contingency Fund at \$200 Million	Up to \$200 Million

SUMMARY OF NWA FISCAL YEAR 2018 FUNDING REQUESTS

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a targeted, supplemental public health nutrition program serving roughly 7.5 million vulnerable women, infants and young children across the United States.¹ For over 40 years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income women and infants, and healthier growth and development for low-income children up to age 5 who are at nutrition risk. By improving birth and health outcomes for so many vulnerable Americans, WIC contributes to

significant healthcare cost savings for the United States.

NWA FISCAL YEAR 2018 FUNDING RECOMMENDATIONS

WIC's vital role in building a better future for America's women and children requires adequate funding for WIC to fulfill its mission. Funding for WIC must: assure that no eligible applicants are turned away; maintain current and anticipated WIC participation levels; assure adequate nutrition services and administration (NSA) funding; respond adequately to economic forecasts of rising food cost inflation; and provide funds for nutrition services to maintain clinic staffing and assure competitive salaries.

NWA RECOMMENDS

Congress and the Administration carefully monitor WIC participation and food cost inflation to assure that the approved appropriation responds to economic conditions and meets unmet needs.



NWA RECOMMENDS

Congress assure that the WIC Contingency Fund is maintained and adequately funded at \$200 million — to meet the demand for WIC services in situations of unpredictable caseload or food costs affected by multiple factors including fuel price spikes, weather-related conditions, and marketplace uncertainty.

NWA recognizes that WIC currently has an unprecedented level of carryover funds from a decline in caseload, the result of an improving economy, declining fertility and birthrates, and barriers to access. NWA supports a one-time rescission of those funds while assuring that NWA's total funding request, including set asides and contingency funding, are met.

ASSURING NUTRITION SERVICES AND ADMINISTRATION (NSA) FUNDING

Adequate nutrition services and administration (NSA) funding allows WIC staff to deliver quality nutrition services – the key to influencing and transforming eating habits and affecting the nation's epidemic of obesity and overweight, increases in type 2 diabetes, and other nutrition-related diseases. NSA funding includes nutrition counseling and education, prevention, coordination, and referral services (e.g., prenatal and pediatric health care, oral health, social services), and promotion of breastfeeding and immunizations.

In Fiscal Year 2015, total NSA funding

amounted to 28.8% of the WIC appropriation with 19.5% for nutrition education, breastfeeding promotion, and other client services and only 9.3% for program management/administration.² WIC's administrative costs have remained at about 6-9% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to assure administrative and program management savings.

EXPANDING THE BREASTFEEDING PEER COUNSELOR PROGRAM

The overwhelming success of the peer counseling initiative warrants that WIC offer breastfeeding peer counselor services at all of its clinics nationwide. Currently, only 69% of local agencies operate a peer counseling program, and among these local agencies, an average of 83% of clinic sites actually have access to a peer counselor.³ Funding needs for breastfeeding peer counselors exceed the appropriated level.

NWA RECOMMENDS

Congress provide \$90 million for breastfeeding peer counselor initiatives to assure more breastfeeding mothers access to critical breastfeeding support. As WIC has already been appropriated adequate funding for the transition to electronic benefits transfer (EBT) in all states—a requested set-aside in previous years—NWA requests that the additional set-aside funding be allocated to the WIC Breastfeeding Peer Counselor Program.

MOVING WIC TO ELECTRONIC BENEFITS SERVICE DELIVERY BY 2020

Technology provides a critical foundation for quality WIC services and program integrity. NWA strongly supports the need for consistent, national standards for both on-line and off-line EBT technology solutions to assure systems integrity, ease of implementation, and service delivery effectiveness. NWA urges that State agencies have full choice in determining the EBT system that is most appropriate for a given state's unique circumstances and encourages State agencies to partner collaboratively with their retail community to assure smooth implementation.

SHIFTING COSTS ASSOCIATED WITH ONGOING EBT MAINTENANCE

Current law asks WIC to absorb a retail vendor's costs of transition to an EBT environment. NWA does not believe that it was Congressional intent to have WIC serve as the primary payer for ongoing retail vendor WIC EBT costs.

NWA RECOMMENDS

Current law be amended to clarify that WIC is not expected to pick up the on-going costs of communications lines, processing fees, maintenance, and new and replacement equipment costs, and further that where an authorized vendor accepts both SNAP and WIC benefits that the vendor assume the incremental costs for EBT.

WIC INFRASTRUCTURE FUNDING

Infrastructure funding helps WIC State agencies build capacity, including technology capabilities, to reduce the risks of systemic problems.

NWA RECOMMENDS

Congress provide no less than \$14 million in unencumbered infrastructure funding.

PROVIDING FOR INNOVATION, DATA COLLECTION, AND WIC OUTCOMES RESEARCH

WIC program evaluation and high quality quantitative and qualitative research focused on program impact has helped WIC innovate, streamline, and improve program effectiveness. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC's positive effects on the women, infants and young children served by the program, but also help WIC continue to creatively respond to nutrition-related health challenges and adapt to changes in technology, participant preferences, and program administration.

NWA RECOMMENDS

Congress allow flexible use of Special Project Grants funds, State WIC funds and other grant resources for health outcomes research and evaluation to identify effective nutrition education and breastfeeding promotion and support services, to test innovative service delivery and food prescriptions, and to support USDA's partnership with NWA to achieve WIC-sensitive research and evaluation objectives. NWA urges Congress to provide at least \$15 million for FNS studies as well as additional funds to conduct more research through universities and to support new pilot projects.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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

¹ Thorn B, Tadler C, Huret N, Trippe C, Ayo E, Mendelson M, Patlan K. L, Schwartz G, & Tran V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

² U.S. Department of Agriculture, Food and Nutrition Service (2015) WIC Combined Federal and State WIC NSA Outlays and In-Kind Report FY2015 (FNS-798A).

³ Forrestal, S., Briefel, R., and Mabli, J. (2015). WIC Breastfeeding Policy Inventory: Final Report. *Mathematica Policy Research for the United States Department of Agriculture*. <<http://www.fns.usda.gov/sites/default/files/ops/WICBPI.pdf>>. .





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

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