SNAP alone serves over 42 million participants – nearly six times the size of WIC.1 WIC agencies work closely with their nutrition program counterparts to cross-refer eligible participants, streamline services and the application process, and build vendor relationships. Federal nutrition programs should be adequately funded and should not be subject to any structural changes that could negatively impact participation by eligible children and families.

2. EXPAND ACCESS TO QUALITY CARE THROUGH PUBLIC HEALTH PROGRAMS

As a public health program, WIC plays a critical role in screening for and monitoring nutritional and growth deficits, while also referring participants to medical professionals for diagnosis and appropriate treatment. Nearly 70% of WIC participants are enrolled in Medicaid.2 WIC participants that are not enrolled in Medicaid often rely on the Children’s Health Insurance Program (CHIP) or the Affordable Care Act (ACA) marketplaces to obtain insurance coverage. Federal and state policy should be focused toward increasing coverage rates, lowering premium costs, and addressing preventative and urgent care needs.

3. ADVANCE POLICIES THAT REFLECT THE REALITIES OF PREGNANCY AND RAISING CHILDREN

Family-oriented policies that reflect the reality of pregnancy and raising young children should be advanced. Pregnant women and new mothers in the workforce deserve stronger protections to avoid discrimination and job loss – including paid family leave, which is associated with significant positive health effects for young children, breastfeeding rates, and parental involvement.3 Furthermore, breastfeeding women can face unsupportive work environments. Federal and state laws should ensure access to hygienic and private lactation spaces both in the workplace and in public spaces.4

4. MAINTAIN SCIENCE-BASED NUTRITION STANDARDS AND FOOD LABELS

Improvements in public health require strong science-based nutrition standards for federal programs and comprehensive food labeling to inform consumers and support healthy decision-making. Evidence-based standards should be applied during the development of the Dietary Guidelines for Americans and the Guidelines for pregnancy, infants, and toddlers through 24 months (P-24 Guidelines) as well as in updates to the school meals programs and CACFP.


