



FISCAL YEAR 2019 WIC POLICY 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: IMPROVING HEALTH OUTCOMES FOR 45 YEARS

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted, time-limited public health nutrition program serving roughly 7.6 million mothers and young children across the United States.¹ For nearly 45 years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income women and infants at nutritional risk and led to healthier growth and development for at-risk, low-income children up to age five.

NWA'S 2018 WIC POLICY PRIORITIES

1. Fully Fund WIC in FY 2019.
2. Strengthen the WIC Breastfeeding Peer Counselor Program.
3. Protect and Preserve the Scientific Integrity of the WIC Food Packages.
4. Support WIC Research and Evaluation.
5. Support WIC's Continued Transition to Electronic Benefits Service Delivery.
6. Support WIC Initiatives to Raise Awareness about Maternal and Infant Mortality.

1. FULLY FUND WIC IN FY 2019

Full funding is essential to ensure that WIC continues to fulfill its mission of building a better future for America's women and young children. Funding for WIC must: ensure that no eligible applicants are turned away; maintain current and anticipated WIC participation levels; respond adequately to economic forecasts of rising food cost inflation; and provide ample Nutrition Services and Administration (NSA) grants for critical nutrition services, health and social service referrals, and to maintain clinic staffing and ensure competitive salaries.

Adequate NSA funding, in particular, allows WIC staff to deliver quality nutrition services – the key to influencing and transforming eating habits and addressing the nation's epidemic of obesity and overweight, type 2 diabetes, and other nutrition-related diseases. NSA funding includes nutrition and breastfeeding counseling

and education, prevention as well as critical referral services (e.g., prenatal and pediatric health care, oral health, immunizations, tobacco cessation, addiction, and social services).

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 to 9% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to ensure administrative and program management savings.

2. STRENGTHEN THE WIC BREASTFEEDING PEER COUNSELOR PROGRAM

Breastfeeding is the normal and most healthful way to feed infants, conferring numerous benefits for both children and mothers.



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 healthcare costs.^{3,4} 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.⁵

WIC maintains that breastfeeding is the best source of infant nutrition and currently sets aside funds for breastfeeding promotion and support activities.^{6,7,8} All WIC staff members have a role in promoting and providing support for the successful initiation and continuation of breastfeeding. Consistent with the American Academy of Pediatrics' recommendation, WIC promotes exclusive breastfeeding through the first six months of an infant's life, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer.⁹

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.^{10,11} The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) seeks 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. PROTECT AND PRESERVE THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGES

The nutritional value of the WIC food packages and the kinds of food products included in the food packages are and must remain science-based and immune from politics and the legislative process. This promotes public trust and confidence in the health and nutritional value of WIC foods. Congress supported NWA's call for a scientific review of the WIC food packages at least once every ten years by the National Academies of Sciences, Engineering, and Medicine (NASEM, formerly the Institute of Medicine) as prescribed in the Healthy, Hunger-Free Kids Act of 2010.

In January 2017, NASEM published the final report of their second review of the WIC food packages, recommending increased options and flexibility to meet participant 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.

USDA should begin the rulemaking process to implement the 2017 NASEM recommendations. These WIC food package changes will ultimately increase WIC participant satisfaction and help all 7.6 million low-income mothers, infants, and young children in the US on WIC supplement their diets with nutritious food to support healthy growth and development.

4. SUPPORT WIC RESEARCH AND EVALUATION

Meaningful research allows regular evidence-based updates to WIC services to reflect the latest nutrition, breastfeeding, and public health science. WIC program evaluation and high quality, focused program impact research have helped WIC innovate, streamline, and improve program effectiveness over the last two decades. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC's positive effects on participants, but also help WIC identify areas for improvement and test innovative solutions.

5. SUPPORT WIC'S CONTINUED TRANSITION TO ELECTRONIC BENEFITS SERVICE DELIVERY

Technology provides a critical foundation for quality WIC services and program integrity. Electronic benefits transfer (EBT) is the most efficient, cost-effective, and sustainable way of delivering participant benefits. WIC EBT ensures program integrity, improves the shopping experience for participants, and makes WIC benefit redemption easier for WIC consumers and retailers alike. WIC state agencies should be supported in their transition to EBT so that all states can meet the congressionally mandated deadline of full EBT implementation by 2020.

6. SUPPORT WIC INITIATIVES TO RAISE AWARENESS ABOUT MATERNAL AND INFANT MORTALITY

Maternal mortality in the United States—26.4 deaths per 100,000 live births in 2015—is rising as it declines in comparable countries. The maternal mortality rate is significantly higher for low-income women. Likewise, the infant mortality rate—5.9 deaths per 1,000—is unacceptably high, with disproportionately high rates of infant deaths in communities of color.¹³ WIC, serving almost two million low-income pregnant and postpartum women and nearly two million infants each month, has an indispensable role to play in helping mothers recognize key risk factors associated with maternal and infant mortality. WIC agencies should be supported to build on past achievements and explore new innovations that raise awareness of risk factors associated with maternal mortality such as cardiovascular disease, hemorrhage, and infections and those associated with pre-term births, low birth weight, and sudden infant death syndrome.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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¹ United States Department of Agriculture, Food and Nutrition Service (2017) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

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 Stolzer, JM (2011) Breastfeeding and Obesity: A Meta-analysis. *Open Journal of Preventive Medicine*: Vol.1 Issue 3, pp. 88-93.

⁴ Duijts L, Ramadhani MK, Moll HA (2009) Breastfeeding Protects against Infectious Diseases During Infancy in Industrialized Countries. A Systematic Review. *Maternal and Child Nutrition*: Vol.5 Issue 3, pp. 199-210.

⁵ Office of Women's Health, US Department of Health and Human Services (2014) Why Breastfeeding is Important. Accessed online: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>.

⁶ Stolzer, JM (2011) Breastfeeding and Obesity: A Meta-analysis. *Open Journal of Preventive Medicine*: Vol.1 Issue 3, pp. 88-93.

⁷ Duijts L, Ramadhani MK, Moll HA (2009) Breastfeeding Protects against Infectious Diseases During Infancy in Industrialized Countries. A Systematic Review. *Maternal and Child Nutrition*: Vol.5 Issue 3, pp. 199-210.

⁸ Office of Women's Health, US Department of Health and Human Services (2014) Why Breastfeeding is Important. Accessed online: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>.

⁹ American Academy of Pediatrics Section on Breastfeeding (2012) Breastfeeding and the Use of Human Milk Policy Statement. *Pediatrics*: Vol.129 Issue 3, pp. e827-41. Accessed online: <http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf>.

¹⁰ Gross SM, Resnick AK, Cross-Barnet C, Nanda JP, Augustyn M, Paige DM (2009) The Differential Impact of WIC Peer Counseling Programs on Breastfeeding Initiation across the State of Maryland. *Journal of Human Lactation*: Vol.25 Issue 4, pp. 435-43.

¹¹ Yun S, Liu Q, Mertzlufft K, Kruse C, White M, Fuller P, Zhu BP (2010) Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counselling Programme. *Public Health Nutrition*: Vol.13 Issue 2, pp. 229-37.

¹² Global Burden of Disease 2015 Maternal Mortality Collaborators (2016) Global, Regional, and National Levels of Maternal Mortality, 1990-2015: A Systematic Analysis for the Global Burden of Disease Study 2015. *The Lancet*: Vol.388 Issue 10053: pp.1775-1812.

¹³ Centers for Disease Control and Prevention (2018) Infant Mortality. Accessed online: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.