



FISCAL YEAR 2020 NUTRITION & PUBLIC HEALTH 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 46 YEARS

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a national, targeted supplemental public-health nutrition program with time-limited participation. Every month, the program serves roughly 7.3 million low-income mothers, babies, and young children at nutritional risk across the United States. For more than 46 years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income mothers, babies, and young children up to age five.

NWA'S FY 2020 WIC-ADJACENT NUTRITION & PUBLIC HEALTH PRIORITIES

1. Advance policies that support breastfeeding
2. Maintain science-based nutrition standards and food labels
3. Advance policies that reflect the realities of pregnancy and raising children
4. Expand access to quality care through public health programs
5. Support nutrition-assistance programs, including SNAP
6. Support continued lead screening in WIC



1. ADVANCE POLICIES THAT SUPPORT BREASTFEEDING

Despite the preponderance of evidence on the benefits of breastfeeding, mothers face enormous barriers to breastfeeding their children. Breastfeeding women can face unsupportive work environments and often lack access to hygienic and private lactation spaces.² Outside the workplace, many public spaces and buildings are not required by law to have a hygienic and private lactation space. There are even a few jurisdictions that do not exempt breastfeeding from public indecency laws.³ State and federal law should be amended to encourage breastfeeding and support pregnant women and mothers in both the workplace and in public spaces.

NWA SUPPORTS FEDERAL LEGISLATIVE PROPOSALS THAT WOULD ENSURE A FAIR AND UNIFORM NATIONAL POLICY TO PROVIDE REASONABLE BREAK TIME AND A PRIVATE, NON-BATHROOM PLACE FOR ALL WORKERS TO EXPRESS BREAST MILK AT WORK.

NWA also supports federal legislation to require government buildings to have a lactation space that is available to the public.

NWA urges the Food and Drug Administration to maintain and enforce strict regulations on the contents of breast milk substitutes. Congress should also take steps to regulate toddler milk products, which are breast milk substitutes marketed to children above the age of one.

NWA supports federal policy to support the inclusion of high-quality breastfeeding support services and breastfeeding supplies in health insurance coverage.

2. MAINTAIN SCIENCE-BASED NUTRITION STANDARDS AND FOOD LABELS

NWA SUPPORTS STRONG, SCIENCE-BASED NUTRITION STANDARDS FOR FEDERAL PROGRAMS AND COMPREHENSIVE FOOD LABELING TO INFORM CONSUMERS AND SUPPORT HEALTHY DECISION-MAKING.

The Dietary Guidelines for Americans provide critical analysis of nutrition science to inform nutrition practitioners. WIC nutritionists rely on the Dietary Guidelines to provide evidence-based nutrition information and guidance to families. The addition of Dietary Guidelines for pregnancy, infants, and toddlers through 24 months (“P-24 Guidelines”) will provide much-needed analysis of nutrition recommendations for these populations. This analysis will help to inform future assessments of the WIC food package and will guide nutrition education provided through WIC.

NWA urges Congress to support strong, science-based, user-friendly nutrition and menu labeling.

Providing nutrition information on menus helps all families, including WIC program participants and their families, make informed decisions when eating at restaurants, supporting nutrition education in WIC. Similarly, clear and comprehensive nutrition facts panels help WIC families make informed selections at the grocery store.

NWA URGES CONGRESS AND US DEPARTMENT OF AGRICULTURE (USDA) TO MAINTAIN STRONG NUTRITION STANDARDS FOR SCHOOL AND SUMMER MEAL PROGRAMS AND FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP).

These programs build on the nutrition education and nutritious foods offered in the WIC program. According to USDA’s Food and Nutrition Service, 95% of schools were in compliance with updated nutrition standards in 2014.⁴ Maintaining strong nutrition standards across federal programs

ensures that children have access to healthy food at home, in childcare, and in school.

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

NWA SUPPORTS FAMILY-ORIENTED POLICIES THAT REFLECT THE REALITY OF PREGNANCY AND RAISING YOUNG CHILDREN, INCLUDING A NATIONAL PAID FAMILY LEAVE POLICY.

The US is the only industrialized nation with no national paid family leave policy. Although the Family and Medical Leave Act (FMLA) offers 12 weeks of family and medical leave to bond with a new child, recover from a serious health condition such as pregnancy, or care for a seriously ill child or other family member; that time is unpaid, and less than 60% of the workforce is eligible for FMLA coverage.⁵ Only 17% of the workforce has access to a paid family leave policy through their employer.⁶ Paid family leave is associated with significant positive effects on the growth and health of young children, breastfeeding rates, and parental involvement.⁷ State and national family and medical leave policies should be improved—including at least 12 weeks and up to six months of paid maternity and paternity leave—to provide greater economic security to working families. In addition, pregnant women and new mothers in the workforce deserve stronger protections to avoid discrimination, reassignment, and job loss.

There are a wide range of other federal programs that support families, especially in their time of need.

- » NWA encourages continued funding and strengthening of the Temporary Assistance for Needy Families (TANF) program, Supplemental Security Income (SSI), and the Federal Unemployment Insurance

Program. In addition, families often rely on the Earned-Income Tax Credit (EITC) and the Child Tax Credit (CTC), and Congress should continue to protect both provisions in the tax code.

4. EXPAND ACCESS TO QUALITY CARE THROUGH PUBLIC HEALTH PROGRAMS

WIC is a public health program that supports healthy pregnancies, births, and early childhood development. 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. Over 70% of WIC participants are enrolled in Medicaid, in part due to the program's expansion, especially for pregnant women and young children, enacted under the Affordable Care Act (ACA).⁸ WIC families that are not enrolled in Medicaid often rely on the Children's Health Insurance Program (CHIP) or the ACA marketplaces to obtain health coverage for their young children.

NWA SUPPORTS EFFORTS TO EXPAND AFFORDABLE AND QUALITY HEALTH CARE FOR LOW-INCOME INDIVIDUALS AND OPPOSES ANY EFFORT TO CUT OR SCALE BACK THE MEDICAID AND CHIP PROGRAMS.

Congress should work to stabilize the insurance markets and reduce premiums for all families.

NWA encourages full funding of the ACA premium tax credit and cost-sharing reduction (CSR) subsidies, continued support for Medicaid and CHIP, and restoration of the ACA individual mandate. In addition, full funding for community health centers and the Prevention and Public Health Fund will enhance health outcomes and help to address the preventative and urgent care needs of women and young children.

WIC also plays a role in combatting the increasing rates of infant and maternal mortality, particularly among communities of color.

NWA SUPPORTS FURTHER INVESTMENT IN BOTH WIC AND PARTNER PROGRAMS, INCLUDING THE MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT UNDER TITLE V OF THE SOCIAL SECURITY ACT AND THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV), that seek to address the unique health and treatment needs of pregnant and postpartum women, newborn infants, and young children.

5. SUPPORT NUTRITION ASSISTANCE PROGRAMS THAT HELP END HUNGER, INCLUDING SNAP

Food insecurity—the limited or uncertain access to enough food—pushes many WIC families to also enroll in other nutrition-assistance programs, especially the Supplemental Nutrition Assistance Program (SNAP). SNAP is the largest federal program combatting food insecurity, with over 42 million participants—nearly six times the size of WIC.⁹ Unlike WIC, which is a targeted program aimed at pregnancy and early childhood, SNAP serves families with nutrition risk at all points of life. Accordingly, WIC agencies work closely with their SNAP counterparts to cross-refer eligible participants, streamline services and the application process, and build vendor relationships.

NWA OPPOSES EFFORTS TO UNDERMINE SNAP THROUGH LEGISLATION OR REGULATORY CHANGES.

Congress should fund SNAP at current levels through the farm bill process without making structural changes to the program. Neither Congress nor USDA should attempt to limit SNAP eligibility or stigmatize participants through burdensome requirements or waivers provided to states.

NWA SPECIFICALLY OBJECTS TO EFFORTS TO IMPOSE ADDITIONAL WORK REQUIREMENTS¹⁰ OR REQUIRE PHOTOGRAPHS ON EBT/eWIC CARDS,¹¹ measures that provide no meaningful programmatic benefits and serve only as barriers to participation by eligible families.

Other programs, such as the National School Lunch Program, School Breakfast Program, Summer Food Service Program, and Child and Adult Care Food Program, work in tandem with WIC and SNAP to support low-income families with their nutritional needs and to combat hunger.

NWA advocates full funding of these programs and discourages structural changes that would negatively impact participation by eligible children and families.

6. SUPPORT WIC'S ROLE IN LEAD SCREENING

According to the Centers for Disease Control and Prevention, almost one half a million children in the US have blood lead levels above the threshold at which health consequences are known to occur.¹² Children under the age of six are known to be most vulnerable to the long-term health effects of elevated blood lead levels.¹³ ¹⁴ ¹⁵ Low-income communities are disproportionately impacted by this issue.¹⁶ Thus, it is of direct relevance to the WIC program.

WIC agencies already screen all children enrolling in the program regarding their blood lead testing status, asking the parent or caregiver if the child has received a blood lead test. If the parent or caretaker reports that a child has not received a lead test, WIC providers must make a referral to a program or programs where a blood lead test can be conducted. Children screened with high blood lead levels are provided with appropriate nutrition education and counseling and categorized into the appropriate risk category. The administrative costs of conducting a blood lead test in

the clinic are borne by other funding streams, such as Medicaid.

NWA supports the current paradigm of Medicaid reimbursement for lead testing and encourages collaboration among WIC and local and state health departments and housing authorities. As good nutrition is only one part of the solution to high blood lead levels—the most important element being environmental mitigation—it is vital for other partners to be involved.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, Senior Public Policy Counsel, at 202.232.4150 or bdittmeier@nwica.org.

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 Murtagh L, Moulton AD (2011) Working Mothers, Breastfeeding, and the Law. *American Journal of Public Health*, Vol. 101 Issue 2, pp. 217-23. Accessed online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020209/>.

³ National Conference of State Legislatures (2017) Breastfeeding State Laws. Accessed online: <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>.

⁴ US Department of Agriculture Food and Nutrition Service (2018) Statement from Secretary Vilsack on New Data Showing the Vast Majority of Schools Now Meet the Updated Meal Standards. Accessed online: <https://www.fns.usda.gov/pressrelease/2015/012815>.

⁵ United States Department of Labor (2018) Wage and Hour Division (WHD) FMLA Surveys. Accessed online: <https://www.dol.gov/whd/fmla/survey/>.

⁶ United States Bureau of Labor Statistics, National Compensation Survey: Employee Benefits in the United States, March 2018 (Table 32). Accessed online: <https://www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf>

⁷ Gomby DS, Pei D-J (2010) *Newborn Family Leave: Effects on Children, Parents, and Business*. A Publication of the David and Lucile Packard Foundation. Accessed online: <http://paidfamilyleave.org/pdf/NewbornFamilyLeave.pdf>.

⁸ United States Department of Agriculture, Food and Nutrition Service (2018) WIC Participant and Program Characteristics 2016. Accessed online: <https://www.fns.usda.gov/wic/wic-participant-and-program-characteristics-2016>.

⁹ United States Department of Agriculture, Food and Nutrition Service (2017) SNAP Program Data. Accessed online: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.

¹⁰ Pavetti L (2017) The Empty Promise of Work Requirements. Center on Budget and Policy Priorities Off the Charts. Accessed online: <https://www.cbpp.org/blog/the-empty-promise-of-work-requirements>

¹¹ Mills GB, Lowenstein C (2015) Assessing the Merits of Photo EBT Cards in the Supplemental Nutrition Assistance Program. The Urban Institute Center on Labor, Human Services, and Population Brief. Accessed online: <https://www.urban.org/sites/default/files/publication/44641/2000159-Assessing-the-Merits-of-Photo-EBT-Cards-in-the-Supplemental-Nutritional-Assistance-Program.pdf>

¹² Centers for Disease Control and Prevention (2019) Childhood Lead Poisoning Prevention Program. Accessed online: <https://www.cdc.gov/nceh/lead/default.htm>.

¹³ United States Environmental Protection Agency Learn about Lead. Accessed online: <https://www.epa.gov/lead/learn-about-lead>.

¹⁴ Centers for Disease Control and Prevention (2016) Childhood Lead Poisoning Data, Statistics, and Surveillance. Accessed online: <https://www.cdc.gov/nceh/lead/data/index.htm>.

¹⁵ Centers for Disease Control and Prevention (2014) Prevention Tips. Access online: <https://www.cdc.gov/nceh/lead/tips.htm>.

¹⁶ Centers for Disease Control and Prevention (2014) Prevention Tips. Access online: <https://www.cdc.gov/nceh/lead/tips.htm>.