



# FISCAL YEAR 2020 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 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 POLICY PRIORITIES

1. Fully fund WIC in FY 2020 and provide food-cost flexibility
2. Invest in the Contingency Fund to ensure continued WIC operations
3. Expand the WIC Breastfeeding Peer Counselor Program
4. Support the integration of community health into WIC practice
5. Ensure access to WIC for all eligible families
6. Extend WIC eligibility to age six
7. Extend post-partum WIC eligibility to two years
8. Extend WIC certifications for all family members to two years
9. Protect and preserve the scientific integrity of the WIC food package
10. Support the inclusion of WIC in maternal mortality legislation
11. Support WIC's continued transition to electronic benefits service delivery

# 1. FULLY FUND WIC IN FY 2020 AND PROVIDE FOOD-COST FLEXIBILITY

Full funding is essential to ensure that WIC continues to fulfill its mission of building a healthier, 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 costs due to tariffs and inflation
- » respond adequately to unexpected increases in caseload due to unexpected economic downturns and recessions
- » 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

Robust NSA funding 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). NSA funding is also critical to paying WIC staff a living wage. Currently, many WIC staff wages are insufficient, leading to some employees themselves being eligible for the WIC program.

In fiscal year 2017, total NSA funding amounted to 30.9% of the WIC appropriation, with 18% for nutrition education, breastfeeding promotion, and other client services and only

9.9% for program management/administration.<sup>2</sup> WIC's administrative costs have remained at under 10% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to ensure administrative and program management savings.

**NWA RECOMMENDS THAT CONGRESS EXPAND THE DEFINITION OF ALLOWABLE FOOD COSTS TO INCLUDE TRANSACTION AND PROCESSING FEES RELATED TO THE USE OF ELECTRONIC BENEFITS TRANSFER (EBT/eWIC).**

EBT/eWIC is a critical program improvement but comes at increased cost to state WIC agencies. Currently, EBT/eWIC costs compete for limited NSA funding with nutrition and breastfeeding counseling and education and critical referral services (e.g., prenatal and pediatric health care, oral health, immunizations, tobacco cessation, addiction, and social services). Since it is intricately related to the purchase of food, NWA believes that it would be both administratively helpful and appropriate to allow the transaction and processing fees from EBT/eWIC to be considered allowable food costs. Similar administrative flexibility is already in place to allow states to consider the costs of breast pumps as part of food costs. Both represent food-delivery mechanisms and ensure delivery of healthy foods.

## 2. INVEST IN THE CONTINGENCY FUND TO ENSURE CONTINUED WIC OPERATIONS

**NWA URGES CONGRESS TO INVEST IN THE CONTINGENCY FUND TO ENSURE THAT WIC CAN CONTINUE TO SERVE ALL ELIGIBLE PARTICIPANTS DURING UNFORESEEN CIRCUMSTANCES SUCH AS A LAPSE IN APPROPRIATIONS OR A RECESSION.**

The contingency fund ensures that WIC clinics could continue to serve

all eligible participants, instead of prioritizing vulnerable categories or adopting waiting lists. WIC operational costs are roughly \$500 million per month, with states obligating funds out for at least three months at a time. The current \$125million contingency fund is insufficient to sustain clinic operations at a time of unexpected increase in caseload, during an economic recession, or increase in the unemployment rate. A robust contingency fund will strengthen Congress' commitment to serving all eligible participants, especially in times of uncertainty.

## 3. EXPAND THE WIC BREASTFEEDING PEER COUNSELOR PROGRAM

Breastfeeding is the best source of nutrition for infants, and WIC currently sets aside funds for breastfeeding promotion and support activities.<sup>3,4,5</sup> All WIC staff members have a role in promoting and supporting 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 as mutually desired by mother and infant.<sup>6</sup>

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 they 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.<sup>7,8</sup> The US 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 requires expansion at the national level.

The overwhelming success of the peer counseling initiative warrants that WIC offer breastfeeding peer counselor services at all WIC clinics nationwide. Currently, roughly 31% of local agencies do not have funding to operate any peer counseling program.<sup>9</sup> Of the programs that do have access to a peer counselor, the peer counselor is often working part-time and is not able to assist every individual in need.

Funding needs for breastfeeding peer counselors—to ensure breastfeeding success for mothers and their infants—exceed the appropriated level.

## 4. SUPPORT THE INTEGRATION OF COMMUNITY HEALTH INTO WIC PRACTICE

**NWA SUPPORTS EFFORTS IN CONGRESS TO AUTHORIZE ADDITIONAL FUNDING FOR INITIATIVES TO ENHANCE COMMUNITY HEALTH LINKAGES.**

WIC works in tandem with other federal programs, healthcare providers, and food industry and retail partners to improve maternal and child health outcomes in every community. Despite WIC's impressive public health achievements, many WIC participants live in communities

that do not support healthy lifestyles. Food deserts stemming from limited community infrastructure, gaps in healthcare services, and social norms discouraging breastfeeding are a few of the many challenges that put healthy living out of reach for especially at-risk families served by the WIC program. Additional targeted funding will support WIC agencies in deliberate efforts to implement policy, systems, and environmental changes to improve access to healthy foods, improve referral networks, and create breastfeeding-friendly environments in the community.

## 5. ENSURE ACCESS TO WIC FOR ALL ELIGIBLE FAMILIES

Under current law, state agencies may serve all families eligible for WIC, regardless of immigration status,<sup>11</sup> reflecting the common-sense fact that children born in the United States are conferred with birthright citizenship. However, the Department of Homeland Security has advanced proposals that would penalize immigrants for accessing public assistance programs that they are legally permitted to use. As a result of this process, many immigrant families are fearful of accessing WIC services and have withdrawn from the program, risking their children's nutrition and the public's health. Growing healthy children is the bedrock of WIC's mission. Congress should immediately take action to oppose any Department of Homeland Security actions that would further restrict immigrants' access to critical public assistance programs, including WIC.

## 6. EXTEND WIC ELIGIBILITY TO AGE SIX

Extending WIC eligibility for children by one year—until their sixth birthday—would ensure that no children are

slipping through the nutrition gap between WIC and the National School and Breakfast Lunch Programs. The National Center for Education Statistics indicates that roughly half of children start kindergarten after the age of 5 1/2. This means many of these children could be facing six months or more without targeted nutrition support. The WIC Act would make sure that all children who are income-qualified can make a seamless transition from WIC to school lunches, thereby leading to healthier diets and improved physical and cognitive health outcomes.

## 7. EXTEND POST-PARTUM WIC ELIGIBILITY TO TWO YEARS

Giving states the option to extend eligibility for breastfeeding and postpartum mothers to two years would help WIC reduce the administrative burden and to better meet the unique health and nutrition needs of postpartum women. Currently, WIC provides services to postpartum women up to six months after the birth of their baby and breastfeeding women for up to one year. While the provision of these services during the postpartum period has helped to improve diets, increase breastfeeding rates, and increase access to healthcare and social services, there is potential for WIC to have an even greater impact through expanded eligibility under the WIC Act. Medical professionals recognize that good maternal health prior to pregnancy is of vital importance to improving health outcomes for both mother and infant. Inter-natal care, the period between the birth of a woman's child and until the birth of her next child, is now seen as a critical opportunity to improve the health of mothers and outcomes for subsequent births. WIC has a crucial role to play in ensuring that mothers are receiving the nutritious foods, nutrition

counseling, breastfeeding support, health screenings, and resource referrals that they need during the inter-natal period.

## 8. EXTEND WIC CERTIFICATIONS FOR ALL FAMILY MEMBERS TO TWO YEARS

Giving states the option to certify WIC participants for two years would allow WIC agencies to eliminate duplicative paperwork and encourage families to stay on WIC longer, reducing healthcare costs. In particular, many WIC families drop out of the program when an infant turns one. One reason for this is the long and burdensome certification appointment required at an infant's first birthday. If all certifications could be for two years rather than one, more children would remain in the program past their first birthday, and more women would stay on WIC longer, benefiting from WIC's critical nutrition and public health services.

## 9. PROTECT AND PRESERVE THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGE

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 Science, 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 its 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.

### NWA DOES NOT SUPPORT CONGRESSIONAL ACTION TO CHANGE THE WIC FOOD PACKAGE AND INSTEAD ENDORSES USDA RULEMAKING TO FULLY IMPLEMENT THE 2017 NASEM RECOMMENDATIONS.

These WIC food package changes will ultimately increase WIC participant satisfaction and help all 7.3 million low-income mothers, infants, and young children in the US continue to supplement their diets with nutritious food to support healthy growth and development.

## 10. SUPPORT THE INCLUSION OF WIC IN MATERNAL MORTALITY LEGISLATION

Maternal mortality—particularly among African-American women—is a crisis in the US. WIC, which serves approximately 1.7 million low-income women each month,<sup>11</sup> is well-positioned to play a bigger role in the national conversation around solutions to this crisis. In states where WIC has been a part of Maternal Mortality Review Committees and other interagency collaborations, members report that WIC has been able to provide unique data and perspective to inform preventive, solution-based decision-making. WIC is also a key messenger to pregnant and post-partum women and has been able to collaborate with other state agencies

on public health education campaigns. In order to ensure WIC is able to actively participate in addressing this crisis,

### NWA RECOMMENDS:

- » ensuring WIC is a mandatory participant on state Maternal Mortality Review Committees and other collaborative efforts to address maternal mortality.
- » ensuring WIC providers are given access to training relevant to addressing maternal mortality, including implicit bias training. This should occur both through education and training programs for Registered Dietitians, International Board Certified Lactation Consultants, and Certified Lactation Consultants, and through continuing education opportunities for WIC staff.

## 11. SUPPORT WIC'S CONTINUED TRANSITION TO ELECTRONIC BENEFITS SERVICE DELIVERY/eWIC

Technology provides a critical foundation for quality WIC services and program integrity. Electronic benefits transfer (EBT/eWIC) is the most efficient, cost-effective, and sustainable way of delivering participant benefits. EBT/eWIC ensures program integrity, improves the shopping experience for participants, and makes redemption of WIC benefit easier for WIC consumers and retailers alike. Over half of the 90 state agencies have completed the transition to EBT/eWIC.

NWA encourages Congress to continue to support WIC state agencies in their transition to EBT/eWIC so that all states can meet the congressionally mandated deadline of full EBT/eWIC implementation by 2020.

# WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, Senior Public Policy Counsel, at 202.232.4150 or [bdittmeier@nwica.org](mailto:bdittmeier@nwica.org).

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

<sup>2</sup> Calculated using: U.S. Department of Agriculture, Food and Nutrition Service (2017) WIC Combined Federal and State WIC NSA Outlays and In-Kind Report FY 2017 (FNS-798A) and FY 2017 WIC Grant Levels by State. Accessed online [12/19/18] <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

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

<sup>4</sup> 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.

<sup>5</sup> 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>.

<sup>6</sup> 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>.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory: Final Report. Mathematica Policy Research for the United States Department of Agriculture. Accessed online: <http://www.fns.usda.gov/sites/default/files/ops/WICBPI.pdf>.

<sup>10</sup> 8 U.S.C. § 1615(b).

<sup>11</sup> United States Department of Agriculture, Food and Nutrition Service (2017) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

