



# SUPPORT THE CARE FOR FAMILIES ACT

## HOW THE CARE FOR FAMILIES ACT WOULD SUPPORT FAMILIES:

- » Creates \$15 million funding stream to support community health partnerships
- » Strengthens referral networks between WIC's nutrition support and healthcare providers, including OB/GYNs and pediatricians
- » Improves access to comprehensive prenatal and postpartum care for women and infants

The Community Access to Resources and Education (CARE) for Families Act, sponsored by Reps. Alma Adams (D-NC), Lauren Underwood (D-IL), and Bobby Scott (D-VA) in the House and Sen. Sherrod Brown (D-OH) in the Senate, makes critical investments in community health partnerships led by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The CARE for Families Act would enhance connections between WIC's proven public health support and healthcare providers – particularly obstetricians/gynecologists and pediatricians – in an effort to strengthen overall care for pregnant and postpartum women, infants, and young children.

WIC is an effective intervention to improve pregnancy and birth outcomes, but WIC services are best complemented by adequate healthcare coverage.<sup>1</sup> The CARE for Families Act strategically leverages WIC's role in

the community to ensure that pregnant and postpartum women, their young children, and their families are receiving comprehensive care.

## CONNECTING MOMS WITH CARE

Between 1990 and 2015, the maternal mortality rate in the United States increased by 56% when it was decreasing in other industrialized nations.<sup>2</sup> Higher rates of maternal mortality in the United States are significantly driven by persistent inequities and racial disparities, with black and Native women more likely to die than white women.<sup>3</sup> The majority of maternal deaths are preventable.<sup>4</sup> While the causes of maternal deaths are varied, adequate prenatal nutrition is an important step in addressing several leading causes, such as cardiovascular disease or hypertension.

WIC's tailored food package and nutrition counseling support families in making healthy choices, managing chronic disease, and raising awareness about risk factors. Despite WIC's demonstrated success, approximately half of all eligible pregnant women do not access WIC services.<sup>5</sup> Likewise, low-income pregnant and postpartum women face several barriers in accessing quality care, including societal factors such as transportation and policy factors such as limited Medicaid coverage for postpartum women or doula services.<sup>6</sup> The CARE for Families Act wisely recognizes that programs supporting pregnant women do not work in vacuums – a community health approach is necessary to connect pregnant and postpartum women with adequate care.

## MAXIMIZING WIC SUPPORT

The CARE for Families Act would prioritize and invest in existing work to enhance partnerships between WIC services and healthcare providers. The bill's grants are modeled after a Centers for Disease Control and Prevention project implemented by the National WIC Association, which funded local WIC agencies to strengthen collaborations to improve access to chronic disease prevention and management services. The project included efforts to furnish WIC outreach materials in pediatrician and OB/GYN offices, train community partners on WIC's public health impact, design "WIC prescription" pads that healthcare practitioners can use to refer participants, and establish local community health coalitions.

WIC is a central hub that connects families with a wide range of services, including healthcare, immunizations, tobacco cessation, oral health, and domestic violence services. Referrals, especially to healthcare providers, are a core WIC program responsibility.<sup>7</sup> With \$15 million to support additional partnerships, this bill would improve access, coverage, and health outcomes in communities across the country. The CARE for Families Act invests in the community health coalitions that will effectively collaborate to assure the support that pregnant and postpartum women and their families sorely need.

**THE CARE FOR FAMILIES ACT FURTHER CONNECTS WIC CLINICS WITH LOCAL HEALTHCARE PROVIDERS, IMPROVING HEALTH OUTCOMES FOR ALL.**



# WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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

<sup>1</sup> Soneji S, Beltran-Sanchez H (2019) Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality. *JAMA* 2(12), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2756257>.

<sup>2</sup> GBD 2015 Maternal Mortality Collaboration. (2016) Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet* 338, pg. 1775–812. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf).

<sup>3</sup> Peterson EE, Davis NL, Goodman D, et al. (2019) Racial/ethnic disparities in pregnancy-related deaths – United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 68, pg. 762–765.

<sup>4</sup> Centers for Disease Control and Prevention (2018) Report from Nine Maternal Mortality Review Committees. <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>.

<sup>5</sup> Creanga A, Syverson C, Seed K, Callaghan W (2017) Pregnancy-related mortality in the United States, 2011–2013. *Obstetrics & Gynecology* 130(2), pg. 366–373. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5744583/>.

<sup>6</sup> United States Department of Agriculture, Food and Nutrition Service (2019) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017: Final Report, 29. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>.

<sup>7</sup> See Weir SDP, Posner HE, Zhang J, Willis G, Baxter JD, Clark RE (2011) Predictors of Prenatal and Postpartum Care Adequacy in a Medicaid Managed Care Population. *Women's Health Issues* 21(4), pg. 277–285. <https://doi.org/10.1016/j.whi.2011.03.001>.