



FISCAL YEAR 2021 WIC LEGISLATIVE AND APPROPRIATIONS AGENDA

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 NEARLY 50 YEARS

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted, time-limited public health nutrition program serving approximately 6.9 million pregnant and postpartum women and young children across the United States,¹ including roughly half of all infants born in the United States and a quarter of all young children.² For nearly fifty years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income women and infants and led to positive growth and development for at-risk, low-income children up to age five. By addressing nutrient deficiencies and chronic diet-related conditions at the earliest stages of life, WIC ensures that every child gets a healthy start and is kindergarten ready.

WIC is a proven and effective nutrition intervention, helping to grow new generations of self-sufficient Americans. WIC services are especially critical at reducing the likelihood of preterm birth, low birthweight, and infant mortality.³ WIC's nutrition support for young children is associated with reducing the prevalence of childhood obesity.⁴ In addition to increasing access to healthy foods and nutrition education, WIC supports breastfeeding and enhances access to healthcare services through referrals and screenings.

WIC more than doubles its return on investment, saving \$2.48 in healthcare costs for every dollar spent on WIC

services.⁵ Preterm birth alone carries an annual economic cost of over \$26 billion, with each preterm delivery costing families \$65,000.⁶ WIC's early interventions can prevent costly, lifelong conditions through a targeted investment at the beginning of life.

NWA's members – including state WIC directors, local agency directors and clinic supervisors, frontline clinic staff, and nutritionists – work tirelessly each day to address the nutrition and health needs of WIC families. On their behalf, NWA has worked for nearly four decades to build bipartisan and broad-based support for WIC's programmatic goals and public health mission. For fiscal year 2021, NWA offers the following recommendations:

SUMMARY OF NWA FISCAL YEAR 2021 FUNDING REQUESTS

ITEM	BUDGET CODE	NWA FY 2021 REQUEST	FY 2020 APPROPRIATED	PRESIDENT'S BUDGET REQUEST
Total WIC Funding Request	012-3510-0-1-605	\$6.00 billion	\$6.00 billion	\$5.45 billion
Set Aside for Breastfeeding Peer Counselor Program	0020	\$90 million	\$90 million	\$60 million
Set Aside for WIC Infrastructure	0010	\$14 million	\$14 million	\$14 million
Set Aside for WIC Management Information Systems	0004	\$35 million	\$0	\$0
WIC Farmers Market Nutrition Program	012-3507-0-1-605 0115	\$20 million	\$18.5 million	\$0
Economic Research Service	012-1701-0-1-352	\$87 million	\$84.8 million	\$62.1 million





The National WIC Association requests **\$6 billion in budget authority** to meet projected WIC caseload and to fund set-asides for designated program purposes in fiscal year 2021. This funding level will build upon the investments made over the past decade to enhance WIC service delivery and expand WIC's public health impact.

WIC IN THE 2020S: INVESTING IN THE NEXT GENERATION

Last decade, Congress set the stage for a new era of WIC service delivery by passing the Healthy, Hunger-Free Kids Act of 2010. The landmark reauthorization required that state WIC agencies transition from a paper check transaction model to electronic-benefit transfer (EBT) systems, commonly known as e-WIC. EBT/e-WIC systems improve program integrity and streamline the shopping experience for participants and retailers alike by providing WIC benefits through a debit card. 36 of the 50 states have implemented EBT/e-WIC systems as of January 1, 2020.

EBT/e-WIC is one of many program innovations designed to enhance the participant experience and ensure retention of participants throughout the length of the program. WIC has faced declining participation since reaching a record caseload of over 9 million participants in the midst of the Great Recession in 2010.⁷ In particular, WIC is reaching a smaller share of older children (aged 2-4),⁸ despite recent evidence demonstrating WIC's effectiveness in reducing the prevalence of childhood obesity.⁹

State and local innovations have paved the way to reach participants in hard-to-access communities, including rural counties and on tribal lands. With the introduction of shopper apps and online nutrition education platforms, WIC agencies have embraced technology as a means to reach a new

WHAT DOES IT MEAN TO FULLY FUND WIC?

Since 1998, Congress has committed to full funding for WIC to ensure that any eligible woman or child would be able to receive services. Full funding is essential to ensure that WIC continues to actualize 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;
- » ensure that waiting lists or priority lists are avoided;
- » 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 economic downturns;
- » provide ample Nutrition Services and Administration (NSA) grants for critical nutrition services, breastfeeding support, and health and social service referrals; and
- » account for rising costs of delivering high-quality services, including the increased cost of retaining credentialed nutrition professional staff and the annual costs of maintaining EBT/e-WIC systems.

generation of WIC families. Continued investment in WIC's capacity to innovate is critical to maximize the program's public health impact.

NWA LEADS A NATIONAL RECRUITMENT AND RETENTION CAMPAIGN TO ENSURE ALL ELIGIBLE INDIVIDUALS ARE CONNECTED WITH WIC SERVICES. THE CAMPAIGN LEVERAGES SOCIAL MEDIA AND PRINT RESOURCES AT KEY POINTS-OF-CONTACT TO INFORM EXPECTANT MOTHERS AND PARENTS ABOUT WIC SERVICES AND DIRECT THEM TO A WIC CLINIC IN THEIR COMMUNITY.

ROBUST OVERALL FUNDING TO STRENGTHEN WIC GRANTS TO STATES

Robust budget authority is necessary to ensure that states are adequately funded to effectively deliver WIC's quality nutrition services to all eligible families. WIC grants to state health departments determine the scope of WIC's community-based and participant-centered care, special projects and innovations, and the state's ability to shape health and nutrition outcomes for the WIC-eligible population.

States receive two grants to administer WIC: the food grant and the Nutrition Services & Administration (NSA) grant. The food grant is statutorily limited to only permit certain expenditures, namely for supplemental foods and breast pumps.¹⁰ NSA grants must be sufficient to fund both administrative costs and a wide range of WIC's core public health initiatives, including the nutrition education programming and breastfeeding support services that are crucial to counseling WIC families to adopt positive and healthy long-term dietary habits.

In fiscal year 2018, NSA funding amounted to 34% of the total WIC grants to states. Over two-thirds of the NSA grant is devoted to WIC's participant-oriented public health initiatives, including nutrition education, breastfeeding support, and client services.¹¹ While WIC agencies consistently implement cost efficiencies to ensure administrative and program management savings, WIC agencies face increasing pressures to meet the rising fixed costs of providing WIC services (i.e., rent, overhead, etc.).

As WIC seeks to maximize its impact on public health, state flexibility to fully utilize NSA funding is increasingly tighter given the increased costs of operating EBT/e-WIC systems. The transition to EBT/e-WIC systems is a critical program improvement, but state agencies consistently estimate that it has doubled the administrative costs of operating a food purchasing system. With robust funding of the NSA grant, WIC agencies can devote attention to new innovative projects that support the program's core public health mission.

PROVIDE CRUCIAL SET-ASIDE FUNDING FOR DESIGNATED PROGRAM ACTIVITIES

SUSTAIN THE EXPANDED BREASTFEEDING PEER COUNSELOR PROGRAM

NWA requests \$90 million for WIC's highly successful breastfeeding peer counselor program. First established at a federal level in 2004, WIC peer counselor services are associated with increases in three key breastfeeding metrics: initiation, duration, and exclusivity.¹² In FY 2020, Congress expanded the Breastfeeding Peer Counselor Program to the fully authorized level of \$90 million set by the Healthy, Hunger-Free Kids Act of 2010.

Breastfeeding is the optimal source of infant nutrition.¹³ Consistent with the recommendations of the American Academy of Pediatrics, WIC clinics promote exclusive breastfeeding through the first six months of an infant's life, followed by continued breastfeeding to at least one year postpartum as complementary foods are introduced.¹⁴ Peer counselors aid WIC mothers in their choice to breastfeed, addressing barriers to breastfeeding and offering education, support, and role modeling. The program has been particularly effective at addressing the historic disparities of breastfeeding rates among African-American WIC mothers.¹⁵

NWA urges Congress to continue the investments made in the FY 2020 expansion of the Breastfeeding Peer Counselor Program. Consistent funding levels are necessary for states to effectively plan, manage resources, and retain staff. Before the expansion, many states were unable to fund or sustain peer counselor positions at every local agency. Other states rely on NSA funding to supplement their peer counselor grants, reducing the overall funds for program administration and additional public health priorities. The program expansion realized in the FY 2020 appropriations bill has created new jobs – especially in rural states – while ensuring that more WIC mothers have access to breastfeeding support.

BEFORE THE EXPANSION OF THE BREASTFEEDING PEER COUNSELOR PROGRAM IN FY 2020, RURAL STATES PARTICULARLY STRUGGLED TO SUSTAIN PEER SERVICES AT EVERY LOCAL AGENCY. ARKANSAS, MONTANA, MINNESOTA, NEBRASKA, OKLAHOMA, AND OREGON REPORTED THAT FEWER THAN HALF OF ALL LOCAL AGENCIES COULD SUPPORT A PEER COUNSELOR BEFORE THE EXPANSION. IN FY 2018, ONLY 19% OF LOCAL AGENCIES IN NORTH DAKOTA OPERATED A BREASTFEEDING PEER COUNSELOR PROGRAM.

PROVIDE ADEQUATE INFRASTRUCTURE AND RESEARCH FUNDING

NWA requests \$14 million in unencumbered WIC infrastructure funding. WIC's infrastructure line funds various competitive grants to support state projects related to brick-and-mortar infrastructure improvements, special breastfeeding projects, or special projects of regional and national significance. State agencies rely on special project grants to fund tailored projects that enhance program access, including retention of younger children (aged 2-4), addressing transportation barriers in rural communities, and exploring telehealth technologies. Full funding of the infrastructure set-aside is critical to empowering state strategies to reach eligible families and maximize WIC's public health impact.

IN THE MOST RECENT AWARD OF SPECIAL PROJECT GRANTS, TEXAS WIC WAS FUNDED TO DEVELOP AN ONLINE SCREENING TOOL THAT ALLOWS POTENTIAL PARTICIPANTS TO IDENTIFY IF THEY ARE ELIGIBLE AND SCHEDULE APPOINTMENTS. THE SCREENING TOOL STREAMLINES CLINIC TIME TO REDUCE ADMINISTRATIVE EXPENSES WHILE ENHANCING THE PARTICIPANT EXPERIENCE.

INVEST IN WIC TECHNOLOGY INFRASTRUCTURE

NWA requests \$35 million in technology funding to support enhancements and projects related to WIC management information systems (MIS). MIS platforms are the main state database to track participant data and issue benefits. The Healthy, Hunger-Free Kids Act of 2010 provided for annual funding to administer and improve MIS platforms, anticipating evolving technologies and accounting for replacement and enhancement of aging equipment. MIS funding has historically been leveraged to support state transitions to EBT/e-WIC systems.

MIS funding has not been specifically set-aside since FY 2015. With state agencies completing the implementation of EBT/e-WIC systems, additional updates and enhancements to MIS platforms will be needed to accommodate the new transaction system and build out new client-facing platforms to streamline clinic processes. State agencies are actively exploring new measures to monitor, consolidate, and evaluate EBT/e-WIC data to better track participant behaviors in the retail setting. NWA urges full funding of the MIS set-aside to complement state efforts to leverage available technologies to enhance WIC service delivery.



PROVIDE FUNDING FOR ADDITIONAL USDA PRIORITIES

CONTINUE FUNDING THE WIC FARMERS MARKET NUTRITION PROGRAM

NWA requests \$20 million to sustain the WIC Farmers' Market Nutrition Program (FMNP). WIC participation is associated with higher consumption of fruits and vegetables by young children.¹⁶ First established in 1992, WIC FMNP is a separate USDA program that increases fruit and vegetable access to WIC families, complementary with WIC's nutrition education efforts. A modest increase in WIC FMNP funding will ensure that additional states can establish programs, linking WIC participants with local farmers in their community.

ADDRESS GAPS IN FEDERAL RESEARCH ON NUTRITION PROGRAMS

NWA requests \$87 million to address recent gaps in the Economic Research Service (ERS). NWA continues to monitor the ramifications of USDA's relocation of federal researchers to Kansas City, Missouri. The relocation has affected the continuity of federal research on nutrition, including program evaluation of federal nutrition programs like WIC. ERS research is foundational for WIC decision-making, including state efforts to enact cost containment policies. Reinvestment in ERS research will resolve existing gaps in researcher capacity and ensure renewed focus in the agency's critical nutrition mission.

HEALTH EQUITY

IN 2019, NWA ADOPTED A HEALTH EQUITY STATEMENT TO FORMALIZE AN ORGANIZATIONAL COMMITMENT TO ADVANCING HEALTH EQUITY OBJECTIVES IN WIC SERVICE DELIVERY. OPTIMAL MATERNAL AND CHILD HEALTH AND NUTRITION OUTCOMES CANNOT BE ACHIEVED WITHOUT ADDRESSING SYSTEMIC INEQUITIES, INCLUDING BARRIERS RELATED TO POVERTY, DISCRIMINATION, AND INSTITUTIONAL RACISM. HEALTH EQUITY CONSIDERATIONS INFORM NWA'S RECOMMENDATIONS FOR WIC PROGRAM IMPROVEMENTS AND BROADER POLICY REFORMS.

WIC POLICY PRIORITIES

CHILD NUTRITION REAUTHORIZATION

WIC has not been reauthorized since the Healthy, Hunger-Free Kids Act of 2010, which transformed the landscape of WIC by requiring state agencies to implement EBT/e-WIC systems. As WIC moves forward in embracing technology and other

innovations, additional reforms would benefit service delivery and program administration. The 116th Congress is considering a reauthorization process to enhance the critical work of WIC and other child nutrition programs, including the Child and Adult Care Food Program (CACFP), school meals, and summer meals. Throughout the reauthorization process, NWA has endorsed several proposals to strengthen WIC services:

WIC ACT (S. 2358) – The Wise Investment in our Children Act – introduced by Senators Bob Casey (D-PA) and Susan Collins (R-ME) – contains three common-sense provisions that will enhance WIC’s public health impact:

- » **EXTEND CHILD ELIGIBILITY:** Over half of the children entering kindergarten are at least 5½ years old. When children lose eligibility for WIC on their fifth birthday, they could go months without receiving nutrition support that is provided through the school meals programs.
- » **EXTEND POSTPARTUM ELIGIBILITY TO TWO YEARS:** WIC’s nutrition support can play a role in supporting the nutrition needs of women during the inter-conception period, ensuring a healthy start for subsequent pregnancies.
- » **EXTEND INFANT CERTIFICATION PERIODS TO TWO YEARS:** The burdensome re-certification appointment discourages families from transitioning their infant to the child food package. At such a critical moment for the child’s nutrition, WIC services should be focused on nutrition education instead of duplicative paperwork.

CARE FOR FAMILIES ACT (H.R. 3117) – The Community Access, Resources, and Education for Families Act – introduced 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 – would create a \$15 million grant program to support local WIC

agency collaborations with healthcare providers and additional community health stakeholders. The grants would be targeted to enhance referral networks and connect WIC moms with healthcare providers.

SUPPORTING HEALTHY OUTCOMES FOR MOTHERS AND INFANTS ACT (H.R. 5429)

– This legislation – introduced by Reps. David Trone (D-MD), Glenn Thompson (R-PA), Ann McLane Kuster (D-NH), and Brett Guthrie (R-KY) – would require USDA and the Department of Health and Human Services to develop nutrition education materials for pregnant women impacted by substance use disorder and infants affected by opioid-related neonatal abstinence syndrome.

PRESERVE THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGE

– Congress supported NWA’s call for an independent scientific review process for the WIC food package, conducted by USDA in partnership with the National Academies of Sciences, Engineering, and Medicine (NASEM). The process ensures that WIC foods are tailored to the unique nutritional needs of pregnant and postpartum women, infants, and children, as reflected in the Dietary Guidelines for Americans. NWA does not support legislative efforts to alter the food package outside of the independent NASEM process.

ADDITIONAL POLICY PRIORITIES

BREASTFEEDING

WIC plays a leading role in promoting breastfeeding as the optimal infant feeding choice. Despite the strong evidence of nutritional and developmental benefits of breastfeeding,¹⁷ mothers continue to face enormous barriers to breastfeeding their children. Federal policy should consistently encourage breastfeeding-friendly environments and take positive steps to support breastfeeding. NWA supported

recent legislation signed into law that ensured public access to private lactation spaces through the Fairness for Breastfeeding Mothers Act (federal buildings) and the Friendly Airports for Mothers Act (large and mid-sized airports).

NWA RECOMMENDS:

- » ensuring breastfeeding-friendly hospital and health insurance policies to support new parents with breastfeeding initiation, including provision of hospital-grade breast pumps and single-use pumps;
- » evaluating labor and employment laws to require reasonable break time for breastfeeding and pumping of breast milk;
- » assuring private and hygienic lactation spaces for use by a breastfeeding parent; and
- » creating pathways to expand the lactation support workforce, including equitable pathways for new International Board Certified Lactation Consultants (IBCLCs).

NUTRITION

WIC’s healthy food package is grounded in the most recently available science, ensuring the nutritional quality of foods tailored to the participant’s unique needs throughout pregnancy and the early stages of life. WIC’s nutrition education efforts shape behaviors beyond the provision of WIC foods – counseling families how to identify healthy foods in retail settings and encouraging the whole family to adopt healthy changes to their eating habits and lifestyle.

WIC’s food package is evaluated every ten years in an independent scientific review process led by the National Academies of Sciences, Engineering, and Medicine (NASEM). WIC’s nutrition support does not exist in a vacuum, and other federal programs complement WIC’s nutrition mission as the child grows into adulthood, including school meals programs and the Supplemental Nutrition Assistance Program (SNAP).

NWA RECOMMENDS:

- » ensuring the scientific integrity of the pending Dietary Guidelines for Americans process (USDA/HHS), which will include recommendations for pregnant women and children up to age two;
- » strengthening nutrition standards for the other federal child nutrition programs, including school meals, summer meals, and CACFP;
- » opposing efforts to restrict SNAP, including USDA rulemaking to limit eligibility or reduce benefits; and
- » improving consumer access to nutritional information in all settings, including menus and retail packaging.

MATERNAL HEALTH

Comprehensive and affordable access to maternal health services – including prenatal and postpartum care – is vital to assuring healthy pregnancies and positive birth outcomes. Over 70% of WIC participants turn to Medicaid for healthcare services.¹⁸ Medicaid generally covers critical pregnancy-related services, including access to prenatal vitamins, ultrasounds, amniocentesis, genetic counseling, and breast pumps.¹⁹ Additional services related to pregnancy and delivery, including doula care, vary from state-to-state.²⁰

NWA is committed to addressing the systemic racial disparities in maternal outcomes, with black and Native American women significantly more likely to die from pregnancy-related conditions. The United States has the highest maternal mortality rate of any industrialized country, in large part due to racial disparities. NWA worked last Congress to pass the Preventing Maternal Deaths Act, which supports state efforts to track maternal deaths through review committees.

NWA RECOMMENDS FURTHER ACTION:

- » extending Medicaid's postpartum coverage to at least one year;
- » evaluating healthcare provider (including hospitals) and insurance practices to ensure quality of care, address racial disparities, and assure positive maternal health outcomes;
- » funding implicit bias training in healthcare and community health settings, including for WIC clinic staff; and
- » strengthening home visiting programs, including those funded through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

IMMIGRATION

Congress purposefully exempted child nutrition programs – including WIC – from restrictions on public benefit use by noncitizens,²¹ reflecting the common-sense fact that children born in the United States are conferred with automatic citizenship at birth.²² Nearly six million children under age six live in the United States with at least one foreign-born parent – over 93% of those children are United States citizens at birth.²³

Increased immigration enforcement, policy change, and rhetoric has led to a profound chilling effect, prompting immigrant and mixed-status families to withdraw from WIC services.

CONSISTENT WITH LONGSTANDING FEDERAL POLICY, WIC IS EXPRESSLY EXCLUDED FROM THE DEPARTMENT OF HOMELAND SECURITY'S FINAL PUBLIC CHARGE RULE.²⁴

Federal immigration policy must recognize the reality of immigrant and mixed-status families living in the United States and meaningfully consider the unique health and nutrition needs of pregnant and postpartum women, infants, and young children.

NWA RECOMMENDS:

- » reversing the final public charge rule and other guidance – including at the State Department – that expands consideration of public benefits in immigration determinations;
- » designating all WIC clinics as sensitive locations exempt from ICE enforcement actions;
- » upholding the *Flores* standard to expeditiously release children from immigration detention; and
- » ensuring access to adequate nutrition and health services for pregnant and postpartum women, infants, and young children in immigration detention.

FAMILY ECONOMIC SECURITY

Healthy child development is dependent on adequate family resources to provide for basic needs. Comparable countries have adopted sensible, business-friendly policies that accommodate the needs of pregnant employees and working parents. NWA worked with other advocates to advance the National Defense Authorization Act in 2019 that guaranteed paid parental leave for federal workers. Despite this important achievement, only 19% of workers currently have access to paid leave through an employer.

WIC eligibility is limited to low-income families, but the modern economy is not structured to realize the realities of raising children. Young adults of childbearing age are having a harder time accumulating financial resources than past generations, in part due to stagnating wages, underemployment, and student loans. These economic conditions impact both WIC participants and clinic staff, especially as Registered Dietitians (RDs) are soon facing a new credentialing requirement for a graduate-level degree. Federal policy – including tax and student loan policy – should account for pregnancy and raising children while fostering upward mobility to the middle class.



NWA RECOMMENDS:

- » adopting a comprehensive, universal federal paid family and medical leave program that provides at least twelve weeks of paid leave for new parents;
- » strengthening labor protections for pregnant workers to ensure ongoing job security throughout pregnancy;
- » reorienting the federal tax code to support incomes for households raising children, including expansions of the Earned Income Tax Credit and Child Tax Credit; and
- » addressing the student loan debt crisis, especially by preserving public service loan forgiveness for WIC employees.

COMMUNITY HEALTH AND SAFETY

WIC is a public health program that supports healthy pregnancies, birth, and early childhood development. WIC's direct services improve outcomes, but an individual's growth is also intricately connected with various social determinants. Community resources may affect a family's ability to holistically improve health outcomes, with several communities across the country working to address transportation barriers, improve access to grocery stores and healthy food options, and assure clean air and safe water systems. In addition to health outcomes, a family's zip code can determine their overall economic security.

Safe community environments are essential to healthy child development. Early childhood exposure to violence – particularly intimate-partner violence – is associated with subsequent trauma and negative health status. When appropriate, WIC clinics refer participants to domestic violence services. Additional policy changes can strengthen community safety by centering the concerns of women and young children.

NWA RECOMMENDS:

- » addressing social determinants of health at the community level, including access to healthy food options;
- » reducing contaminants, toxins, and pollutants in the air and water systems that impact pregnancy outcomes and infant and child development;
- » enacting measures that reduce firearm-related violence, including safe storage of firearms and efforts to reduce intimate partner violence; and
- » advancing consumer protections to assure the safety of infants and young children.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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

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

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⁶ Institute of Medicine, Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007) Preterm Birth: Causes, Consequences, and Prevention. Behrman RE, Butler AS, eds. <http://ncbi.nlm.nih.gov/books/NBK11358>; March of Dimes (2019) 2019 March of Dimes Report Card. https://www.marchofdimes.org/materials/MOD2019_REPORT_CARD_and_POLICY_ACTIONS_BOOKLET72.pdf.

⁷ United States Department of Agriculture, Food and Nutrition Service (2017) WIC Program Data. <https://www.fns.usda.gov/pd/wic-program>.

⁸ 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->



