



National WIC Association
Your child has you. And you have WIC.



2017 Legislative and Funding Agenda

Summary of NWA Fiscal Year 2017 Funding Requests

Request	Amount
Total Funding Request	\$6.37 billion + contingency fund
Set Aside for Breastfeeding Peer Counselor Program	\$90 million
Set Aside for Management Information Systems (MIS) and Electronic Benefit Transfer (EBT)	\$75 million
Set Aside for WIC Infrastructure	\$14 million
Set Aside for Program Initiatives and Evaluation	\$26 million
\$2/month increase in fruit and vegetable vouchers for fully breastfeeding women	\$6.02 million
Maintain the Contingency Fund at \$150 million	Up to \$150 million

As the nation’s premier public health nutrition program, WIC is a cost-effective, sound investment—ensuring the health of our children.

NWA’S MISSION
NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and assure effective management of WIC.

WIC for A Healthier, Stronger America!

The Special Supplemental Nutrition Program for Women, Infants, and Children – WIC – has improved children’s health, growth and development, and prevented health problems for over 40 years. **WIC children enter school ready to learn,** showing better cognitive performance.¹ Participation in WIC also helps young children achieve and maintain a healthy weight.

WIC serves approximately 8 million mothers and young children, over half of all America’s infants and one-quarter of its children 1–5 years of age. The United States Department of Agriculture (USDA), using National Research Council methodology, estimates that there remains significant unmet need—coverage rates of WIC-eligible women, infants, and children range from a low of 42% to a high of 85% among different states.²

Quality Nutrition Services – at WIC’s Heart

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding counseling and education, nutritious foods, and improved healthcare access for low and moderate income women and children with or at risk of developing nutrition-related health problems including overweight, obesity, and type 2 diabetes. WIC’s committed, results-oriented, entrepreneurial staff stretch resources to serve the maximum numbers of women, infants, and children and ensure program effectiveness and integrity.

As the nation’s premier public health nutrition program, **WIC is a science-based, rigorously studied, cost-effective, sound investment – ensuring the health of our children.**

WIC has Strong Bi-Partisan Support

Voters across Political, Ideological, Ethnic and Socio-Economic Groups Hold WIC in High Regard – A vast majority of voters (69%) have a strongly favorable view of WIC, ranking it just behind Social Security and Medicare and above National Defense. That favorability grows to 72% when voters learn more about WIC's nutrition and health services. Two thirds of voters, including a majority of Republicans, view WIC as effective, and by 2:1, voters (including independents, Hispanics, moms, and a majority of Republican women) oppose cutting WIC funding as a deficit strategy. Moreover, opposition to cuts remains strong even after hearing valid arguments from both sides of the ideological spectrum.³

WIC's bipartisan support was recently demonstrated by the release of a 2015 report from the National Commission on Hunger, a bipartisan commission of Congress aimed at reducing hunger in the United States. The report, based on testimony from 53 experts from across the country, indicated that WIC has reduced hunger in families with young children by 68% nationwide and diminished the effects of food insecurity on WIC-eligible women and children.⁴ It also emphasizes WIC's positive impacts beyond reducing hunger, including reduction in low birth weight births and attenuation of multiple stressors, including maternal depression.⁵

NWA Fiscal Year 2017 Detailed Funding Recommendations

Fiscal Year 2017 Appropriation – NWA recommends: Congress fund the WIC Program at \$6.37 billion. It includes: \$14 million for WIC infrastructure, \$26 million for program initiatives and evaluation, \$75 million for Management Information Systems (MIS) and Electronic Benefit Transfer (EBT), \$90 million for breastfeeding peer counselors, and \$6.02

million for cash value vouchers.

Funding for WIC must be adequate to:

- ➔ assure that no eligible applicants are turned away
- ➔ maintain current and anticipated WIC participation levels
- ➔ assure adequate nutrition services and administration (NSA) funding
- ➔ respond adequately to economic forecasts of rising food cost inflation
- ➔ provide funds for nutrition services to maintain clinic staffing and assure competitive salaries

NWA recommends: Congress and the Administration carefully monitor WIC participation and food cost inflation to assure that the approved appropriation responds to economic conditions and meets unmet needs.

NWA recommends: Congress assure that the WIC Contingency Fund is maintained and adequately funded at \$150 million – to meet the demand for WIC services in situations of unpredictable caseload or food costs affected by multiple factors including fuel price spikes and weather-related conditions.

Assuring WIC Nutrition Services and Administration (NSA) Funding

Adequate nutrition services and administration (NSA) funding allows WIC staff to deliver quality nutrition services – the key to influencing and transforming eating habits and affecting the nation's epidemic of obesity and overweight.

- ➔ NSA funding includes nutrition counseling and education, prevention, coordination, and referral services (e.g., prenatal and pediatric health care, oral health, social services), and promotion of breastfeeding and immunizations.
- ➔ In Fiscal Year 2014, total national NSA funding amounted to 25.99% of the WIC appropriation with 16.52% for

nutrition education, breastfeeding promotion, and other client services and only 9.47% for program management/administration.

- ➔ WIC's administrative costs have remained at about 10% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to assure administrative and program management savings.

WIC Infrastructure Funding

Infrastructure funding helps WIC State agencies build capacity, including technology, to reduce the risks of systemic problems.

NWA recommends: Congress provide no less than \$14 million in unencumbered infrastructure funding.

Moving WIC to Electronic Benefits Service Delivery by 2020

Improving the Use of Information Technology to Enhance Service Delivery and Building Management Information Systems (MIS) – Technology provides a critical foundation for quality WIC services and Program Integrity. Limited resources compromise WIC's ability to deliver services and develop responsive MIS systems. Current limits on funding prevent roughly one in three WIC State agencies from meeting USDA core MIS functions. Funding is needed to develop and maintain MIS and render systems electronic service delivery (EBT) ready.

Providing for a Participant and Vendor Friendly Electronic Benefits Delivery System (EBT) – EBT is the most efficient, cost effective, green way of delivering participant benefits. NWA strongly supports the need for consistent, national standards for both on-line and off-line EBT technology solutions to assure systems integrity, ease of implementation, and service

delivery effectiveness. NWA urges that State agencies have full choice in determining the EBT system that is most appropriate for a given state's unique circumstances and encourages State agencies to partner collaboratively with their retail community to assure smooth implementation.

WIC EBT (eWIC) assures program integrity providing data on the type and amount of foods purchased, allowing for accurate rebate billing on infant formula, ensuring retailer claims do not exceed the shelf price, assuring secure transactions, timely and accurate claims, reducing resources spent on retailer compliance activities, monitoring and reconciling retailer overcharges, reducing forgery and fraud opportunities, increasing accountability, reducing paperwork, improving administrative efficiencies, and streamlining clinic operations increasing the time available for nutrition counseling and education.

WIC EBT (eWIC) assures participants convenience and the ability to purchase the full complement of food benefits within the valid period, through easy, quick, secure, discreet, confidential single transactions for all items purchased in a particular shopping trip, an accurate listing of food benefits remaining prior to and after shopping. EBT also allows for focusing clinic time on more thorough nutrition education, and improved targeted nutrition counseling and education based on redemption patterns rather than spending that time on education about how to use the checks and administration related to the checks.

WIC EBT (eWIC) assures retailers participant purchases of only WIC-authorized foods; eliminates improper substitutions, reduces cashier error and the need for intensive training; provides for a secure, single transaction for all items purchased, allows for timely claims, settlements, fast and easy operation, and reduced paperwork by eliminating paper food instruments; makes available

numerous activity reports; and allows more trips to the store by participants resulting in increased purchases.

NWA recommends: Congress provide \$75 million, to implement MIS core functions, upgrade WIC technology systems, maintain MIS and electronic services, and provide for the smooth transition of WIC service delivery from paper based systems to EBT systems, assuring State WIC EBT (eWIC) implementation by the close of fiscal year 2020.

Shifting Costs Associated with Ongoing EBT Maintenance – Current law asks WIC to absorb a retail vendor's costs of transition to an EBT environment. NWA does not believe that it was Congressional intent to have WIC serve as the primary payer for ongoing retail vendor WIC EBT (eWIC) costs once EBT has been adopted by the store.

NWA recommends: Current law be amended to clarify that WIC is not expected to pick up the on-going costs of communications lines, processing fees, maintenance, and new and replacement equipment costs, and further that where an authorized vendor accepts both SNAP and WIC benefits that the vendor assume the incremental costs for EBT.

Promoting and Supporting Breastfeeding in WIC

Breastfeeding is the normal and most healthful way to feed infants – The benefits to infants and mothers are numerous.

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 health care costs.^{6,7}

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.⁸

WIC promotes breastfeeding as the best source of infant nutrition and currently funds are authorized to be set aside for breastfeeding promotion and support activities. All WIC staff members have a role in promoting and providing support for the successful initiation and continuation of breastfeeding. NWA promotes exclusive breastfeeding for infant feeding through the first year of life and beyond, with the addition of appropriate complementary foods when the infant is developmentally ready, usually around six months of age.

A 2009 study published in *Pediatrics* performed a cost analysis that found that if 90% of women breastfed exclusively for 6 months, the United States would save \$13 billion and prevent nearly 1,000 infant deaths per year.⁹

Enhancing a Successful Breastfeeding Initiative – *Since 2005, Congress has set aside monies to fund what has become a successful breastfeeding peer counseling initiative.* Peer counselors provide support to mothers both inside and outside the WIC clinic, answering questions mothers have about breastfeeding, helping them troubleshoot common issues, and flagging more complicated issues for medical attention. A large body of evidence demonstrates that participation in the WIC breastfeeding peer counseling program is associated with an increased rate of breastfeeding initiation; *between 2004 and 2014 the breastfeeding initiation rate increased from 55% of WIC mothers to 70% of WIC mothers.*^{10,11}

Previous year funding needs for breastfeeding peer counselors exceed the appropriated level. Due to the overwhelming success of the peer counseling initiative, WIC aims to ultimately offer breastfeeding peer

counselor services at all of its clinics nationwide. Currently, only 69% of local agencies operate a peer counseling program, and among these local agencies, an average of 83% of clinic sites actually have access to a peer counselor.¹²

NWA recommends: Congress provide \$90 million, the full authorized amount, for breastfeeding peer counselor initiatives to assure more breastfeeding mothers access to critical breastfeeding support.

Maintaining the Enhanced Value of the Breastfeeding Food Package

– In 2005, the Institute of Medicine (IOM) recommended an enhanced breastfeeding food package to encourage and support mothers who choose to fully breastfeed. USDA Food & Nutrition Service (FNS), in publishing its Interim Final Rule on the WIC Food Packages, correctly emphasized the distinction between the fully breastfeeding food package and other food packages for women when it set the fruit and vegetable cash value vouchers for this food package at \$2 above the value for other food packages for women. However, in the last five years, two policies have been enacted which, together, increased the value of the fruit and vegetable cash value vouchers to \$11 for all women, eliminating that important distinction.

NWA recommends: To maintain the enhanced value of the fully breastfeeding food package, as recommended by the IOM and as proposed by FNS in the Interim Final Rule, the monthly cash value voucher benefit for fully breastfeeding women be increased by \$2 for a total funding increase of \$6.02 million based on an average monthly (FY 2014) participation of roughly 250,700 fully breastfeeding women.

Assessing the Effects of Nutrition Services

Providing for Innovation, Data Collection, and WIC Outcomes Research

Research – To support rigorous research and evaluation documenting WIC's continued success, NWA recommends: flexible use of Special Project Grants funds, State WIC funds and other grant resources for health outcomes research and evaluation to identify effective nutrition education and breastfeeding promotion and support services, to test innovative service delivery methods, and to support USDA's partnership with NWA to achieve WIC-sensitive research and evaluation objectives. **NWA urges Congress to provide \$26 million** for FNS studies as well as additional funds to conduct more research through universities and to support new pilot projects and other program initiatives.

Protecting and Preserving the Integrity of the WIC Food Packages

Securing Science Based Decisions – The nutritional value of the food packages and the types and kinds of foods included in the WIC food packages are and must remain science-based and immune from politics and the legislative process. This assures public trust and confidence in the health and nutritional value of WIC foods. Congress supported NWA's call for a regular scientific review of the WIC food packages, leading to recommendations from the National Academy of Sciences Institute of Medicine (IOM) to create healthier food packages by including fruits and vegetables, culturally appropriate foods, milk substitutes, low fat dairy products, and reduced quantities of eggs and juice in the food packages. The IOM is currently undertaking a second review of the food packages, expected to be released in 2017. The food packages will be updated to reflect the 2015 Dietary Guidelines for Americans.

NWA recommends: Congress support efforts to protect nutrition science and the regulatory and science review process.

Assuring Choice in the WIC Food Packages – WIC families should have access to similar choices as other U.S. families, including national and private label brands that meet WIC nutrition standards/requirements. They should be varied to encourage consumption and respect cultural preferences and have formats that align with family lifestyles. Limiting a WIC mother’s ability to choose the brands that best meet her family’s nutritional and cultural needs and family preferences, has a definite impact on WIC success. Restricting brands, product variety, size or formats of approved foods impacts enrollment, redemption of healthy foods, consumption of healthy foods and retention in the program. In short – the foods available to families through WIC impact a WIC mother’s willingness and ability to enroll in WIC, purchase and consume the nutritional foods provided by WIC, and remain in WIC. Additionally, limiting choice can have the converse effect of driving up program costs.

NWA recommends: Supporting IOM recommendations to maximize state flexibility to assure national and private label brand options to adequately and appropriately respond to consumer needs, cultural preferences, and family lifestyles.

Maintaining Adjunctive Eligibility and Strengthening the WIC-Medicaid Linkage

Enacted in 1989 to link WIC preventive services to other health and social service programs, adjunctive eligibility enables WIC applicants to show proof of participation in SNAP, TANF, Medicaid, or certain state-administered programs and be automatically income-eligible for WIC. These programs already document applicants’ income, relieving WIC of

duplication of effort. Approximately 72.8% of WIC participants apply for WIC through adjunctive eligibility. This includes infants, children and pregnant women in need of preventive nutrition services and access to healthful foods.

Adjunctive eligibility, particularly between WIC and Medicaid, should be maintained. First, it supports program integrity and assures lower administrative costs by reducing error, promoting clinic efficiency, streamlining paperwork, and improving coordination between WIC and other health and social services. It also reduces a barrier to participation for vulnerable women and children. Furthermore, the linkage between WIC, a preventive program, and Medicaid, a healthcare program, results in low-income families benefitting from an integrated approach that can help prevent medical or dietary nutrition risks from escalating into serious chronic conditions. Linking WIC to Medicaid and other safety net programs improves outcomes and saves healthcare costs.

NWA recommends: Congress protect the important enrollment mechanism of adjunctive eligibility and strengthen the relationship between WIC and Medicaid.

WIC for A Healthier, Stronger America!

As the nation’s premier public health nutrition program, WIC is a cost-effective, sound investment – ensuring the health of our children. It is a bi-partisan supported program that has been strengthening families, communities and America.

NWA’s mission: providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

Please direct all questions to NWA at 202-232-5492.

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