



# FISCAL YEAR 2019 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 45 YEARS

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted, time-limited public health nutrition program serving roughly 7.6 million mothers and young children across the United States.<sup>1</sup> For nearly 45 years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income women and infants at nutritional risk and led to healthier growth and development for at-risk, low-income children up to age five.

### SUMMARY OF NWA FISCAL YEAR 2019 FUNDING REQUESTS

REQUEST	AMOUNT
Total Funding Request	\$6.3 Billion + Contingency Fund
Set Aside for Breastfeeding Peer Counselor Program	\$90 Million
Set Aside for WIC Infrastructure	\$14 Million
Set Aside for WIC Research and Evaluation	\$25 Million
Set Aside for Addressing Maternal and Infant Mortality	\$5 Million
Set Aside for Community Health Integration	\$15 Million
Maintain the Contingency Fund at \$250 Million	Up to \$250 Million

## FUNDING PRIORITIES

Full funding is essential to ensure that WIC continues to fulfill its mission of building a 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 cost inflation; and 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. The National WIC Association requests **\$6.3 billion in budget authority**, along with \$250

million in contingency funds, to meet projected WIC caseload and to fund set-asides for designated essential purposes.

NWA recognizes that WIC currently has an unprecedented level of carryover funds from a decline in caseload, the result of an improving economy, declining fertility and birthrates, and barriers to access. NWA supports a one-time rescission of those funds while assuring that NWA's total funding request, including set asides and contingency funding, are met.

## ADEQUATELY FUND NUTRITION SERVICES AND ADMINISTRATION (NSA) GRANTS

Adequate 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).

In Fiscal Year 2015, total NSA funding amounted to 28.8% of the WIC appropriation with 19.5% for nutrition education, breastfeeding promotion, and other client services and only 9.3% for program management/administration.<sup>2</sup> WIC's administrative costs have remained at about 6 to 9% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to ensure administrative and program management savings.

## PROVIDE CRUCIAL SET ASIDE FUNDING FOR DESIGNATED PROGRAM ACTIVITIES

### EXPAND THE BREASTFEEDING PEER COUNSELOR PROGRAM

NWA requests **\$90 million**—the full authorized amount—for the WIC breastfeeding peer counselor program to ensure more breastfeeding mothers have access to critical breastfeeding support.

WIC maintains that breastfeeding is the best source of infant nutrition and 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 providing support for 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.<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 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 United States 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 should continue to be supported, strengthened, and expanded at the national level.

The overwhelming success of the peer counseling initiative warrants that WIC 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.<sup>9</sup> Funding needs for breastfeeding peer counselors – to ensure breastfeeding success for mothers and their infants – exceed the appropriated level.

### PROVIDE ADEQUATE WIC INFRASTRUCTURE FUNDING

NWA requests **\$14 million** in unencumbered WIC infrastructure funding. Infrastructure funding helps WIC state agencies improve efficiency, strengthen program integrity, enhance food delivery systems, and repair and renovate facilities. The National WIC Association was pleased that Congress fulfilled our request for an additional \$14 million in disaster supplemental appropriations for WIC agencies in Puerto Rico and the U.S. Virgin Islands impacted by the hurricanes in the fall of 2017.

### SUPPORT WIC RESEARCH AND EVALUATION

NWA requests at least **\$25 million** for FNS studies, research through schools of public health nutrition, and to support new, innovative pilot projects. Meaningful research allows regular evidence-based updates to WIC services to reflect the latest nutrition, breastfeeding, and public health science. WIC program evaluation and high quality, focused program impact research have helped WIC innovate, streamline, and improve program effectiveness over the last two decades. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC's positive effects on participants, but also to help WIC identify areas for improvement and test innovative solutions.

## FUND WIC INITIATIVES TO RAISE AWARENESS ABOUT MATERNAL AND INFANT MORTALITY

NWA requests **\$5 million** for WIC initiatives to raise awareness of risk factors linked to maternal and infant mortality. Maternal mortality in the United States—26.4 deaths per 100,000 live births in 2015—is rising as it declines in comparable countries.<sup>10</sup> The maternal mortality rate is significantly higher for low-income women. Likewise, the infant mortality rate—5.9 deaths per 1,000—is unacceptably high, with disproportionately high rates of infant deaths in communities of color.<sup>11</sup> WIC, serving almost two million low-income pregnant and postpartum women and nearly two million infants each month, has an indispensable role to play in helping mothers recognize key risk factors associated with maternal and infant mortality. This funding would allow WIC to evaluate innovations that raise awareness of risk factors associated with maternal mortality such as cardiovascular disease, hemorrhage, and infections or sepsis, and those that educate mothers on the risks associated with pre-term births, low birth weight, and sudden infant death syndrome. Findings would provide guidance to WIC agencies across the country on which approaches work best.

## SUPPORT THE INTEGRATION OF COMMUNITY HEALTH INTO WIC PRACTICE

NWA requests **\$15 million** for community health initiatives that would improve community settings where WIC participants reside by making the healthy choice the default or easy option. Despite WIC's impressive public health achievements, many WIC participants live in communities that do not support healthy lifestyles, undermining the foundation provided by WIC. 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 at-risk families served by the WIC program. This funding would allow over 100 local WIC agencies to implement policy, systems, and environmental (PSE) changes to improve access to healthy foods, improve referral networks, and create breastfeeding friendly environments.

## PROVIDE FUNDING FOR WIC-ADJACENT INITIATIVES

### CONTINUE FUNDING THE WIC FARMERS MARKET NUTRITION PROGRAM

NWA requests **\$18.5 million** to maintain the WIC Farmers' Market Nutrition Program (FMNP). WIC's nutrition education and provision of healthy foods has led to increases in daily fruit and vegetable consumption by children who participate in WIC.<sup>12</sup> Another way that WIC agencies help to increase access to fresh fruits and vegetables is through WIC FMNP. Congress established WIC FMNP in 1992 to provide fresh, unprepared, locally grown fruits and vegetables to WIC participants, and to expand the awareness, use of, and sales at farmers' markets. In addition to increasing participants' fruit and vegetable consumption and nutrition knowledge, WIC FMNP also boosts local farmers' income.

### FUND THE DIETARY GUIDELINES FOR PREGNANCY AND BIRTH THROUGH 24 MONTHS

NWA urges Congress to appropriate adequate funds for the completion of the Dietary Guidelines for pregnancy, infants, and toddlers through 24 months (P-24 Guidelines). The

addition of 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 packages, and will guide nutrition education provided through WIC.

## WIC POLICY PRIORITIES

1. Protect and Preserve the Scientific Integrity of the WIC Food Packages
2. Support WIC's Continued Transition to Electronic Benefits Service Delivery

### 1. PROTECT AND PRESERVE THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGES

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 Sciences, 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 their 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 rule-making to fully implement the 2017 NASEM recommendations. These WIC food package changes will ultimately increase WIC participant satisfaction and help all 7.6 million low-income mothers, infants, and young children in the US on WIC supplement their diets with nutritious food to support healthy growth and development.

## 2. SUPPORT WIC'S CONTINUED TRANSITION TO ELECTRONIC BENEFITS SERVICE DELIVERY

Technology provides a critical foundation for quality WIC services and program integrity. Electronic benefits transfer (EBT) is the most efficient, cost-effective, and sustainable way of delivering participant benefits. WIC EBT ensures program integrity, improves the shopping experience for participants, and makes WIC benefit redemption easier for WIC consumers and retailers alike. NWA encourages Congress to continue to support WIC state agencies in their transition to EBT so that all states can meet the congressionally mandated deadline of full EBT implementation by 2020.

# ADDITIONAL POLICY PRIORITIES

1. Support Nutrition Assistance Programs – Including SNAP
2. Expand Access to Quality Care through Public Health Programs
3. Advance Policies that Reflect the Realities of Pregnancy and Raising Children
4. Maintain Science-Based Nutrition Standards and Food Labels

## 1. SUPPORT NUTRITION ASSISTANCE PROGRAMS – INCLUDING SNAP

Food insecurity challenges many WIC families to dual enroll in other nutrition assistance programs – especially the Supplemental Nutrition Assistance Program (SNAP). SNAP is the largest federal program combating food insecurity, with over 42 million participants – nearly six times the size of WIC.<sup>13</sup> Unlike WIC, which is a targeted program aimed at pregnancy and early childhood, SNAP serves families with nutritional 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 fully fund SNAP 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 requirements<sup>14</sup> or require photographs on EBT cards<sup>15</sup> – measures which 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.

## 2. 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. Nearly 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).<sup>16</sup> 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 healthcare 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 combating 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.

### 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. Although the Family and Medical Leave Act (FMLA) offers twelve weeks of maternity leave, that time is *unpaid*, and less than 60% of the workforce is eligible for FMLA coverage.<sup>17</sup> Only 14% of the workforce has access to a paid family leave policy.<sup>18</sup> Family leave is associated with significant positive effects on the growth and health of young children, breastfeeding rates,

and parental involvement.<sup>19</sup> State and national family leave policies should be improved – including 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. Breastfeeding women, in particular, can face unsupportive work environments and often lack access to hygienic and private lactation spaces.<sup>20</sup> Outside of 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 – and one state that does not protect public breastfeeding *at all*.<sup>21</sup> State and federal law should be amended to encourage breastfeeding and support pregnant women and mothers in both the workplace and in public spaces.

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. 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.

#### *Dietary Guidelines for Americans, Including the Pregnancy and Birth to 24 Months Project*

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 packages, and will guide nutrition education provided through WIC.

#### *Menu and Nutrition Facts Panel Labeling*

NWA urges Congress to support strong, science-based nutrition and menu labeling. Labeling nutrition information on menus helps all families, including WIC program participants and their families, make informed decisions when eating out, supporting nutrition education in WIC. Similarly, clear and comprehensive nutrition facts panels help WIC families make informed selections at the grocery store.

#### *School and Summer Meals, and the Child and Adult Care Food Program*

NWA urges Congress and USDA to maintain strong nutrition standards for school and summer meal programs and for the Child and Adult Care Food Program (CACFP). According to FNS, 95% of schools were in compliance with updated nutrition standards in 2014. Maintaining strong nutrition standards across federal programs ensures that children have access to healthy food at home, in childcare, and in school.

# WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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<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> U.S. Department of Agriculture, Food and Nutrition Service (2015) WIC Combined Federal and State WIC NSA Outlays and In-Kind Report FY2015 (FNS-798A).

<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> Global Burden of Disease 2015 Maternal Mortality Collaborators (2016) Global, Regional, and National Levels of Maternal Mortality, 1990-2015: A Systematic Analysis for the Global Burden of Disease Study 2015. *The Lancet*: Vol.388 Issue 10053: pp.1775-1812.

<sup>11</sup> Centers for Disease Control and Prevention

(2018) Infant Mortality. Accessed online: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.

<sup>12</sup> Chiasson MA, Findley SE, Sekhobo JP, Scheinmann R, Edmunds LS, Faly AS, McLeod NJ (2013) Changing WIC Changes What Children Eat. *Obesity*: Vol.21 Issue 7, pp. 1423-29. Accessed online: <http://onlinelibrary.wiley.com/doi/10.1002/oby.20295/abstract>.

<sup>13</sup> 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>.

<sup>14</sup> 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>.

<sup>15</sup> 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>.

<sup>16</sup> United States Department of Agriculture, Food and Nutrition Service (2015) WIC Participant and Program Characteristics 2014. Accessed online: <https://www.fns.usda.gov/wic/wic-participant-and-program-characteristics-2014>.

<sup>17</sup> United States Department of Labor (2018) Wage and Hour Division (WHD) FMLA Surveys. Accessed online: <https://www.dol.gov/whd/fmla/survey/>.

<sup>18</sup> Desilver D (2017) Access to Paid Family Leave Varies Widely Across Employers, Industries. Pew Research Center FactTank: News in Numbers. Accessed online: <http://www.pewresearch.org/fact-tank/2017/03/23/access-to-paid-family-leave-varies-widely-across-employers-industries/>.

<sup>19</sup> 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>.

<sup>20</sup> 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/>.

<sup>21</sup> National Conference of State Legislatures (2017) Breastfeeding State Laws. Accessed online: <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>.