



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



2016 NWA WIC Research Needs to Support an Effective and Efficient WIC Program

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
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.

Overview

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has benefited greatly from program evaluation and high quality quantitative and qualitative research focused on program impact. It is crucial that such research continues to update, reinforce, and expand the rigorous documentation of WIC's positive effects on the women, infants and young children served by the program. To date, WIC studies have been wide ranging in theme and scale and have covered issues from the impact WIC has on obesity and cognitive development, to how the WIC food package meets the cultural needs of WIC populations across the country. In this document, we outline the need for focused research on women's health, the impact WIC has on obesity, and improving the quality and use of WIC data. Each of the areas of focus serve to bolster the four pillars of WIC – nutrition education, breastfeeding support, referrals to health and social services and the healthy food package.

WIC is the only USDA nutrition assistance program with legislative and regulatory requirements to provide nutrition education. Breastfeeding support and referrals to health and social services are also integral for day-to-day WIC service delivery. Research that examines the impact of these services on participant behavior change and identifies best practices continues to be essential. As WIC stays committed to providing participant centered services, considering the needs of the population WIC serves should be central to WIC research.

The benefit most widely known and associated with the WIC Program is

the food package. Currently, the WIC food packages are under review by the National Academy of Medicine (formerly called the Institute of Medicine) with recommendations expected in January of 2017. USDA is required to review the food packages every ten years so that they align with the most current nutrition science and the latest Dietary Guidelines for Americans. It is essential that the nutrition community continue to rigorously examine the food and nutrient intake of low income pregnant and breastfeeding women, postpartum women, infants and children to identify the types of foods and nutrients of greatest benefit to these population groups. A myriad of questions related to the maternal and young child populations have great relevance to the program; and well designed studies, even small in scale, have great potential to impact both current and future WIC food packages.

Appropriate resources are needed to support quality WIC research and evaluation. For this reason, the NWA 2017 Legislative Agenda asks for a minimum of \$5 million to support ongoing research efforts and additional funds for grant based research. Some exciting work is being supported by USDA grants and contracts. Currently, the USDA is supporting focused research on how WIC impacts nutrition in the periconception period. In addition, the USDA funded two new research centers: The Center for Collaborative Research on WIC Nutrition Education Innovations, and most recently The Center for Behavioral Economics and Healthy Food Choice Research (see Appendix A).

Participant focused WIC research

and evaluation benefits from strong partnerships between state and local WIC agencies, universities and the USDA. NWA can help facilitate such valuable collaborations. Visit www.nwica.org for basic guidance on planning, conducting and communicating a WIC research project.

Women's Health

Each year just under half of all women who give birth in the United States are enrolled in WIC. The majority of women enroll while pregnant and can continue in the program through six months or one year postpartum, depending on their breastfeeding status. By initiating services in the prenatal period and continuing them into the postpartum phase, WIC has the unique opportunity to interact with women between pregnancies to improve their own health as well as positively influence the outcomes of future births.

There are numerous health issues faced by the women served by WIC. More than half have a pre-pregnancy body mass index (BMI) that is classified as overweight or obese, half gain more than the recommended amount of weight during their pregnancy and many retain the weight beyond the early postpartum period. Just over 5% of WIC participants have gestational diabetes and over 6% have gestational hypertension. Depression and other mental and emotional health issues are prevalent with 20% of WIC mothers experiencing postpartum depression.

This multitude of health issues faced by women highlights the need to better understand the underlying causes of these maternal health risk factors in the WIC population, as well as how WIC can modify and enhance its current services to better address them. This includes

(1) exploring innovative approaches to addressing postpartum health issues that fall within the appropriate scope of practice for WIC and (2) building partnerships with the medical community to provide services that are beyond that scope. One example that falls within WIC's scope is improving breastfeeding duration and exclusivity, as breastfeeding has been shown to reduce disease risk for both mother and infant. Although WIC has made great strides in breastfeeding promotion, disparities still exist between WIC and non-WIC mothers and within WIC from state to state. Strategies that focus on innovative approaches within the scope of WIC services and/or linkages to the medical community to support breastfeeding are encouraged.

Exploring ways to encourage pregnant women to enroll earlier in WIC is a promising approach to have a greater impact on the critical periods of early fetal development. A minority of women enroll in WIC during the early weeks of their pregnancy. As such, most have passed the early critical time periods for fetal development before they began interacting with WIC. This makes the postpartum contact with women that much more important as many of these moms go on to have additional children and remain connected to WIC through multiple pregnancies. WIC therefore, has a unique opportunity to engage women between pregnancies. Designing and testing postpartum health messages or interventions tailored to a woman's health, nutritional, and breastfeeding status, as well as her future pregnancy plans, is equally important. Creating and evaluating partnerships between WIC and behavioral or mental health professionals to address maternal depression is another critical area for research. This is particularly relevant in light of recent recommendations from the US Preventive Services Task Force for all pregnant women to receive

maternal mental health screening. Improving the health of women during their reproductive years not only holds promise for improving pregnancy outcomes but for reducing the mothers' risk of chronic disease over her lifetime.

Obesity Trends and WIC's Impact on Obesity and Other Health Outcomes

In recent years the USDA has directed various efforts at addressing and preventing obesity through WIC. Examples of these efforts include Fit WIC, Value Enhanced Nutrition Assessments (VENA) and WIC specific breastfeeding training and support materials such as Loving Support. Obesity continues to be a focus of the WIC program and an important area of focus for research. WIC serves over half of the infants born in the United States and one-quarter of the nation's children under age 5. Given this vast influence on a majority of the nation's children, combating overweight and obesity within the WIC population would have a tremendous impact on obesity rates nationwide. Childhood obesity is linked to adult obesity and obesity early in life accelerates the onset of obesity-related chronic health problems. Once an individual becomes overweight or obese, it can be difficult to revert back to a healthy weight. Therefore, it is imperative that efforts be focused on preventing individuals, particularly young children, from becoming overweight and obese in the first place.

Multiple components of the WIC Program directly address childhood obesity and must be carefully evaluated. For instance, breastfeeding has been shown in some studies to be associated with lower rates of obesity. Breastfeeding support is a key component of the WIC Program and further studies are needed to

explore the associations between breastfeeding and childhood overweight and obesity among WIC participants. In 2009, WIC implemented a revised food package, aligning with US Dietary Guidelines and dietary recommendations for children younger than 2 years of age. The implementation of the revisions started in 2009 and concluded in 2014. Research is needed to determine how the WIC food package changes and accompanying nutrition education impacts participant behavioral and lifestyle changes and how these changes, in turn, influence health and behavioral outcomes. These outcomes may include food purchasing habits, dietary intake patterns, breastfeeding initiation rates and duration, infant feeding patterns, pregnancy and postpartum weight status, and childhood overweight/obesity trends.

WIC height and weight data have the potential to continue to fill an important data gap in the evaluation of national, statewide and local obesity prevention efforts, especially those targeting low-income, high-risk communities. In light of the loss of a centralized coordination function for the Centers for Disease Control and Prevention's (CDC) Pregnancy and Pediatric Nutrition Surveillance Programs (PedNSS/PNSS) it is important that state WIC programs continue to maintain standardization in measurement, analysis and reporting of childhood obesity prevalence estimates from WIC height and weight measures. These data can be used to support comparable analyses by state WIC programs to assess differential trends and levels of obesity in high-risk and special populations. They can also be used in conjunction with maternal data to assess the relationship between maternal weight gain and childhood obesity. Coordination is needed at the national and regional levels to facilitate the standardization,

planning, and implementation of WIC data-derived obesity reports.

Data Quality and Use

WIC is a discretionary program and a crucial consideration for the Program is to be able to demonstrate that it is both efficient and effective. High quality data is essential for this endeavor. Although WIC Programs collect vast amounts of data through their Management Information Systems (MIS), most MIS are not designed for easy data retrieval and analysis. First and foremost, MIS systems are designed to support frontline WIC services. Methods of collecting data through MIS systems vary across state WIC programs. Therefore, non-standardized definitions and data collection procedures make it difficult to compare variables across State agencies. A top priority of the WIC program nationally, as demonstrated by the WIC Data Collection Project funded by FNS (see Appendix A), is to improve the quality and use of WIC data. It is critical to consider how to make WIC Program data more easily available for both internal programmatic evaluations and for the broader research community who play an important role in documenting WIC's impact. The discontinuation of the Centers for Disease Control and Prevention's (CDC) Pregnancy and Pediatric Nutrition Surveillance Programs (PedNSS/PNSS) has contributed to a lack of data for program planning and monitoring, for national surveillance, and for setting benchmarks with which to compare state and local agency data. This data vacuum has led many states to consider the need to invest in data systems that can efficiently serve multiple purposes, such as program planning, monitoring, surveillance, and research. Many of these systems are very effective and provide examples of how states and local agencies have

enhanced their use of WIC data to maximize program impact.

Given the diversity of state MIS designs and capabilities, a top priority for WIC is to determine the most feasible approach to improve the quality and usability of WIC program data. Such an endeavor is heavily dependent on the identification and standardization of key variables that demonstrate program impact and/or facilitate effective delivery of program services. An assessment of data systems and data sharing capacities across WIC programs is needed, and appropriate and sustainable funding streams must be identified. It is also critical to enhance state and local agency understanding of how improving their data systems directly benefits their programs. For example, better use of existing data may help achieve caseload goals, answer questions about efficiency and effectiveness of day-to-day service delivery, facilitate the development and implementation of an electronic state-to-state transfer system for WIC certification records, enable comparisons across states, and make it possible to conduct national-level impact analysis. Consideration is also needed to help states capture data on the characteristics of eligible non participants- an invaluable resource for helping programs understand caseload trends.

In order to use WIC data efficiently to improve client services, health outcomes and program effectiveness, there is a clear need to begin comprehensive planning for a new infrastructure for collecting and standardizing WIC data in a robust system that is easily accessible and aggregated, both within and across state agencies. A first step in facilitating high quality data collection is to identify and standardize key variables of interest to WIC. Ideally this takes place at the national level, with identification of top data

priorities and a revisiting of the Federal Minimum Dataset. Given that efforts to aggregate state-level data for National-level analysis are expensive and time intensive, standardization of variables may be more successful by focusing on a representative group of state agencies that would act as sentinel states, five to seven states could be identified, and these states could agree to conduct a series of similar analyses using their own data. The inclusion of multiple and diverse states would make the findings more relevant to the WIC Program overall, with expansion beyond these sentinel states coming as a second step.

Finally, strategies for improving WIC data reporting and analysis must take into account the nationwide move toward Electronic Benefit Transfers (EBT) and the evolution of state MIS, as many states and regions are currently upgrading these systems. These changes may both inform decisions regarding data access and be informed by improvements in data access and usability. Considering the 2020 EBT mandate and the rate of uptake of new WIC MIS systems, the creation of a comprehensive data system that combines administrative data, health outcome data, and benefit redemption data could hold great potential for WIC strategic planning, funding advocacy, and future research. In addition, EBT data will be a valuable resource in future National Academy (IOM) Reviews of the WIC Food Package.

In summary, the following approaches should be further explored in an effort to maximize the collection, utilization, and dissemination of WIC data:

- **Identify and standardize key variables of interest from WIC administrative and health outcomes data**, including variables that all states collect, and supplemental data collected by all states or by sentinel states

as a first step.

- **Evaluate WIC State agency management information systems (MIS) and the type of data collection in which WIC agencies are engaged.**
- **Explore data warehouse application and reporting systems that give local agency WIC programs access to their administrative data in a user-friendly format.**
- **Examine linkages with other data sources to explore characteristics of eligible non-participants.**
- **Explore best practices for utilizing Electronic Benefit Transfer (EBT) data for program management, caseload management, health outcome analysis, and strategic planning, as well as for cost containment and program integrity.**

Conclusion

Looking forward, some encouraging research efforts are already underway:

The four pillars of WIC – nutrition education, breastfeeding support, referrals to health and social services and the healthy food package, are built on a foundation of data and research. Despite the wide range of research that supports WIC program effectiveness and efficiency, there is a need to focus on WIC's unique opportunity to reach women during critical child-bearing years, and WIC's impacts on obesity prevention. Cross-cutting the need for research on both maternal health and obesity, is the broader topic of how to make better use of WIC data. WIC program data is one of the program's biggest resources, and, if utilized effectively and efficiently, has the potential to support and enhance the WIC participant experience.

To further support the WIC participant experience, there are a number of

practical considerations for future WIC research. As more research and evaluation projects are pursued, it is essential to share information on what is both effective and ineffective. Sharing such findings within the WIC community can support further efficiency and innovation. In addition, research that can demonstrate processes for implementing findings from successful interventions enables research findings to translate into practical implications for state and local programs.

Currently, strides are underway to address some of the recommendations outlined in this document. For example, the USDA Food and Nutrition Service, Economic Research Service, as well as the United States Census Bureau are all engaged with such research projects (see Appendix A - C).

To ensure research has optimum utility for both program and policy decision-making, it is important that the WIC community is vocal in what their research and data needs are and takes opportunities to engage with research efforts. Synergies between researchers and state and local WIC staff will enable WIC research projects to have a meaningful impact on WIC programs at the local, state and national levels.

Appendix A: USDA FNS Currently Funded Research and Evaluation

PROJECT NAME	PROJECT DESCRIPTION
<p>National and State-level Estimates of WIC Eligibles and WIC Program Reach Contractor: Urban Institute Expected Publication: Annually, every Winter</p>	<p>FNS publishes annual estimates of the number of people eligible for WIC and the rates of participation for the U.S., for each of the 7 FNS regions, and for each of the 50 States, the District of Columbia, and five U.S. territories: the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The analyses include rates by subgroups: pregnant women, postpartum women, infants, and children.</p>
<p>WIC Breastfeeding Policy Inventory: Contractor: Mathematica Report Publication: January 2015</p>	<p>The WIC Breastfeeding Policy Inventory (WIC BPI) collected data on breastfeeding policies and practices, as well as the breastfeeding measures in use by State Agencies (SAs) and Local Agencies (LAs). The WIC BPI was a census of the 90 WIC State agencies (including Indian Tribal Organizations (ITOs) and U.S. Territories) and the approximately 1,800 local WIC agencies.</p>
<p>WIC Breastfeeding Peer Counseling Study Phase II: Contractor: Abt Associates Report Publication: October 2015</p>	<p>This study updates a 2010 survey of WIC State Agencies' Peer Counseling Practices for three reasons: 1) funding for the Loving Support Peer Counseling Program increased from \$15 million in FY 2008 to \$80 million in FY 2010 and subsequently declined to \$60 million in FY 2014, 2) FNS made changes in the WIC food packages, in part to promote breastfeeding among WIC participants, and 3) there has been an evolution of best practices to support breastfeeding which have been adapted by many State and local WIC agencies more generally as well as specifically for Loving Support Peer Counseling. In the spring of 2014, a web-based survey was administered to the 50 State WIC agencies and the District of Columbia to gather information about how State agencies used the Loving Support Peer Counseling funding and supported the implementation of the program.</p>
<p>WIC Food Package Policy Options Study II: Contractor: Insight Policy Research Report Publication: October 2015</p>	<p>In 2011, FNS published a report on the choices each WIC State agency had made in 2009 in exercising the flexibilities allowed under the new WIC food packages. Since this early implementation, the WIC food package final rule has been published and States have made numerous adjustments to their policy choices. This study will update the previous study with an examination of which foods States offer in their food packages after 5 years of experience with the new food packages.</p>
<p>WIC Participant and Program Characteristics: Contractor: Insight Policy Research 2014 Report Publication: November 2015</p>	<p>This biennial census provides detailed information on the demographic characteristics, economic circumstances and health conditions of WIC clients, along with information on the operational characteristics of State and local WIC agencies. The data are used for policy development, budget projections and regulatory impact analyses. Information about WIC participation characteristics has been prepared biennially since 1992 from administrative records provided by State agencies.</p>

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PROJECT NAME	PROJECT DESCRIPTION
<p>WIC Nutrition Services and Administrative (NSA) Costs: Contractor: Altarum Expected Report Publication: 2016</p>	<p>The WIC NSA Cost Study will provide an updated assessment of the amounts and categories of costs charged to WIC NSA grants and the variation of these costs among State and local agencies. This study will conduct a census of State and local agencies and include 14 case studies to gain a more detailed assessment of NSA cost categories compared to other similar federal programs such as SNAP and TANF.</p>
<p>Indicators of High Risk WIC Vendors in EBT States: Contractor: T3 Tiger Tech Expected Publication: 2016</p>	<p>This study will examine indicators of High Risk WIC Vendors by identifying practices from other government and non-governmental programs in identifying high risk vendors, developing and testing a micro-simulation model using WIC EBT data to identify high risk WIC vendors, and identifying design specifications for a national WIC fraud detection system.</p>
<p>Assessment of WIC Vendor Management Practices - EBT Study: Contractor: Altarum Expected Report Publication: 2016</p>	<p>The electronic benefits transfer (EBT) study is designed to augment findings from the 2013 WIC Vendor Management Study, which satisfies Improper Payments Elimination and Recovery Act of 2010 (IPERA) requirements. The EBT sub-study provides a unique opportunity to closely examine compliance among vendors in states with an EBT system. The findings will help inform the design of the next national Vendor Management study, at which time all States will have moved to EBT systems.</p>
<p>WIC Medicaid Study II: Contractor: Mathematica Expected Report Publication: 2016</p>	<p>The first WIC Medicaid Study, published in 1991, found that every dollar spent on WIC services to low-income pregnant women saved \$1.77 to \$3.13 in Medicaid cost during the first 60 days following delivery. This study will reexamine the impacts of WIC in today's environment. It will examine the characteristics of Medicaid births and estimate the impact of WIC on the following prenatal and birth outcomes: 1) maternal health behaviors (prenatal care adequacy, smoking, weight gain), 2) birth outcomes (birth weight, gestational age, type of delivery, breastfeeding at discharge), 3) maternal risk factors (such as gestational diabetes and hypertension), and 4) Medicaid costs (delivery and newborn costs through 60 days and one year postpartum). Building on work conducted in North Carolina, the study will also examine health utilization and outcomes for children participating in WIC.</p>

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<p>USDA Center for Behavioral Economics and Healthy Food Choice Research: Grantee: Duke University / University of North Carolina Grantee Roundtable: August 2015 Expected Report Date: Spring 2016</p>	<p>In October 2014, USDA's Economic Research Service (ERS) and the Food and Nutrition Service (FNS) awarded a 3-year, \$1.9 M grant to Duke University and the University of North Carolina at Chapel Hill (UNC) to establish the USDA Behavioral Economics Center for Healthy Food Choice Research (BECR Center). BECR will conduct behavioral economics research to benefit the nutrition, food security and health of all Americans, with special emphasis on facilitating food choice behaviors that would improve the diets of SNAP participants and WIC participants and promote cost-effective program operations. As part of this grant, the BECR Center has funded the development of 5 conceptual white papers that explore innovative behavioral economic approaches to improve the food cost-management of the WIC program while maintaining program participation and effectiveness in promoting improved diets. These papers will be available in Spring 2016 on the BECR website at: https://becr.sanford.duke.edu/.</p>
<p>Assessment of WIC Impacts on Periconceptual Nutrition Grantee: University of California at Los Angeles (UCLA) Expected Final Report: Summer 2016</p>	<p>The University of California at Los Angeles (UCLA) is managing a small-grants research program, funded by USDA FNS. Through a competitive process, UCLA awarded seven grants in June 2012. The two-year projects to academic researchers, in partnership with WIC agencies, focus on the role that the WIC program is playing and can play in improving nutrition in pre-conceptual and periconceptual (between pregnancies) periods. FNS and UCLA anticipate that the grants will foster future collaboration and additional outside funding, along with findings that can inform WIC program development and nutrition education nationwide. Grantees presented their findings at a grantee conference in August 2015. Descriptions of the small grants awarded are available on the web at: http://www.fns.usda.gov/ops/role-wic-program-improving-peri-conceptual-nutrition-small-grants-program.</p>
<p>USDA Center for Collaborative Research on WIC Nutrition Education Innovations Grantee: Baylor College of Medicine Final Report Expected: Summer 2016</p>	<p>The USDA Center for Collaborative Research on WIC Nutrition Education Innovations, funded by USDA FNS supports researcher-initiated projects that demonstrate creative approaches to nutrition education for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Center has awarded 4 subgrants. Grantees will present their findings at a grantee conference in July 2016. Descriptions of the grants awarded are available on the web at: https://www.bcm.edu/departments/pediatrics/sections-divisions-centers/childrens-nutrition-research-center/research/wic-nutrition-education.</p>
<p>WIC Data Collection Study: Contractor: Manhattan Strategy Expected Report Date: Fall 2016</p>	<p>This study is designed to provide information that will allow FNS to update WIC data reporting efforts in order to provide information to support more in-depth analyses of program management, program performance, program & participant characteristics, integrity and monitoring.</p>

Appendix A: USDA FNS Currently Funded Research and Evaluation

PROJECT NAME	PROJECT DESCRIPTION
<p>Vendor Risk Reduction Study: Contractor: Altarum Expected Report Publication: Late 2016</p>	<p>This study will collect information and data to identify competitive pricing strategies and vendor peer group systems, both current and ideal, that are effective at cost containment and that can be applied and potentially implemented in all States.</p>
<p>The WIC Nutrition Education Study: Contractor: Research Triangle Institute/Altarum Expected Interim Report Publication: Fall 2016 Expected Final Report Publication: Fall-Winter 2017</p>	<p>The WIC Nutrition Education Study provides a nationally representative description of WIC nutrition education and includes a pilot of an impact study of WIC nutrition education on behavioral and physical activity outcomes in six sites. This two-phase study includes multiple modes of data collection from State agencies, local agencies, nutrition educators, and WIC participants. The multi-method approach includes the use of web surveys, paper-based surveys, telephone interviews, in-person focus groups and interviews, observations, and administrative data reviews to fully capture WIC nutrition education dosage, duration, and frequency of use by geographic distribution and local agency characteristics. Currently, the Phase I: Interim Report is under review and the study is collecting Phase II data.</p>
<p>Comprehensive Scientific Review of WIC Food Package: Contractor: IOM Letter Report on White Potatoes Published: February 3, 2015 Phase I Report Published: November 2015 Phase II Report Expected Publication: 2017</p>	<p>The Healthy Hunger Free Kids Act (Section 232) requires a review of the WIC food package at least every ten years to ensure that it conforms to current nutrition science, public health concerns, and cultural eating patterns. This comprehensive scientific review updates and expands upon the 2006 IOM expert report "WIC Food Packages: Time for a Change." FNS has again asked IOM to conduct a review of the WIC Food Packages. The primary aims of this review are to: 1) Review and assess the nutritional status and food and nutritional needs of the WIC-eligible population; 2) Provide specific, scientifically-based recommendations for the WIC food packages; and 3) Ensure that the recommendations would result in WIC Food Packages that: (a) are consistent with the most recently available edition of the Dietary Guidelines for Americans (DGA), (b) address the health and cultural needs of the widely diverse WIC participant population, and (c) can operate efficiently and be effectively administered across the Nation.</p>
<p>WIC Special Project Grants: Full Grantees: Arizona, Connecticut, Massachusetts, Mini Grantees: Colorado, Delaware, Vermont, Expected Report Dates: Late 2016 (mini grants), Early 2018 (full grants)</p>	<p>In December 2014, FNS awarded its latest round of funding for the WIC Special Project Grants to help WIC State Agencies develop, implement, and evaluate innovative methods of service to meet the changing needs of WIC participants. The focus of this year's grants is retaining children (ages 1 through 4 years) currently participating in WIC since participation rates drop significantly after a child's first birthday. Three full grants were awarded to Arizona, Connecticut, and Massachusetts, with all major project activities to be completed by September 30, 2017. Three mini grants were awarded to Colorado, Delaware, and Vermont, with all major project activities to be completed by March 30, 2016. Grantees will implement an innovative intervention, evaluate its results, and then submit a report to FNS detailing their findings. A new series of WIC SPG Full and Mini grants focused on program integrity will be awarded in 2016.</p>

Appendix A: USDA FNS Currently Funded Research and Evaluation

PROJECT NAME	PROJECT DESCRIPTION
<p>WIC Food Package Costs and Cost Containment: Contractor: Insight Policy Research Expected Report Publication: Summer 2019</p>	<p>Designed as an update to the 2003 Assessment of WIC Cost-Containment Practices, this study will incorporate changes to the WIC program that have occurred since then, including substantial revisions to food packages, expansion of EBT, and improvements in vendor management. The study will provide a census of the various cost-containment practices employed throughout State agencies, examine the impact of at least 6 cost-containment practices on WIC program goals, and ultimately develop at least 4 best practices in food package cost containment measures to be distributed to State agencies.</p>
<p>WIC Infant and Toddler Feeding Practices: Contractor: Westat Expected Report Publication: A series of reports being released on a yearly basis from 2015-2020. The first report, the prenatal report, was released in 2015 and the anticipated release date for the Year 1 Report is 2016, Year 2 is 2017, etc. with the Year 5 Report anticipated to be released in 2020.</p>	<p>This study will provide updated information on the feeding patterns of WIC infants, with expanded information on infant and toddler feeding behaviors. To address relative effectiveness in achieving appropriate feeding patterns and behaviors, the study will measure the different approaches to nutrition education and breastfeeding promotion and support services provided by WIC and other sources. The study will identify aspects of WIC nutrition education that could influence feeding practices to address the problem of high body weight among young children in WIC. The contract funds the design, sampling and data collection through 5 years of age.</p>
<p>National Survey of WIC Participants-III: Contractor: CCC/Abt/2M Expected Report Publication: 2020</p>	<p>Approximately every ten years, FNS conducts a nationally-representative survey of the characteristics of WIC participants and State and local agencies. The NSWP Series provides USDA with national estimates of certification-related errors and improper payments for use in USDA's required reporting under the Improper Payments Elimination and Recovery Act of 2010 (IPERA). The NSWP series also collects information on State and local WIC Agencies' certification-related policies and operations in order to better understand both the policies and their potential associations with error, provides statistical sample-based estimates of the size and characteristics of LWAs nationwide, and provides information from a nationally-representative sample of WIC participants about their experiences with the WIC program. The last study collected data in 2009 and was published in 2012. The next study in the series was awarded in September 2015. Data collection is anticipated to begin in 2017.</p>

Appendix B: USDA ERS WIC Studies Ongoing in 2014 - 2016

PROJECT NAME	PROJECT DESCRIPTION
<p>Price Variability Across WIC Foods:</p> <p>Principal Investigator: Loren Bell, Altarum Institute</p> <p>Expected Completion Date: 2016</p>	<p>With tighter budgets, there is interest in better understanding the choices that WIC participants make in selecting their WIC foods and the stores where they shop. For example, within the choices offered, do WIC participants tend to purchase the most expensive item, the least expensive, or an average-price item? Do WIC participants tend to purchase some items at more-expensive stores? How do WIC participants' choices compare to the choices participants make when using other sources of payment, or to the choices that non-participants make? This study will use WIC Electronic Benefits Transfer (EBT) redemption data to explore cost variations within and between WIC vendors, and to examine whether WIC participants show greater tendencies to purchase the lower cost, higher cost, or average cost foods within each food category.</p>
<p>State Variation in WIC Food Package Costs: The Role of Prices, Caseload Composition, and Cost-Containment Practices:</p> <p>Principal Investigator: David Davis, South Dakota State University</p> <p>Expected Completion Date: 2016</p>	<p>This project will examine the role of food prices, caseload composition, and cost-containment practices on WIC food package costs. The project will use IRI scanner data on consumer prices and purchases, FNS administrative data on state-level caseload composition and average monthly food package costs for FY 2010-2012, and information on types and brands of WIC-approved foods and other cost-containment practices.</p>
<p>Partial Redemptions of WIC Food Instruments: Frequency of Occurrence and Impacts on Allowable Reimbursement Rates</p> <p>Principal Investigator: Richard Sexton, University of California, Davis</p> <p>Expected Completion Date: 2016</p>	<p>WIC vendor-management regulations require that WIC State agencies establish vendor groups and maximum allowable reimbursement rates (MARR) for each voucher and each vendor peer group. Paper vouchers submitted for reimbursement do not provide information on the foods purchased, only the total reimbursement value. Since WIC State agencies allow a variety of products, brands, and package sizes, the reimbursement value of vouchers that include a combination of foods can reflect differences in the types and prices of the foods purchased by the participant, as well as differences in quantities (e.g., a partially-redeemed voucher). This project will examine the sensitivity of MARRs to different methods of identifying partially-redeemed vouchers.</p>

Appendix C: Census WIC Studies Ongoing in 2014 - 2016

PROJECT NAME	PROJECT DESCRIPTION
<p>Project Name: WIC Administrative Records Project</p> <p>Conducted by: U.S. Census Bureau's Center for Administrative Records Research and Applications (CARRA)</p> <p>Completed by: Ongoing</p>	<p>Project Description: In a joint project with the USDA Economic Research Service, CARRA has been integrating data from state government agencies with existing Census Bureau data to evaluate and enhance public assistance programs. In 2014, CARRA and the National WIC Association began discussions to conduct similar research for state WIC agencies. By linking WIC administrative records with individual-level data from the American Community Survey, CARRA is able to identify the population in a state that is modeled as eligible for WIC benefits, those who participate in the program, and individuals who are modeled as eligible but do not participate. This project aims to provide state WIC agencies with trends over time and rates of eligibility, participation, and non-participation by various demographic and economic characteristics that can be used to improve state outreach efforts and maximize program efficiency.</p>