



NATIONAL WIC ASSOCIATION 2022 CHILD NUTRITION REAUTHORIZATION PRIORITIES

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: INCORPORATING LESSONS LEARNED DURING COVID-19

For nearly fifty years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has improved nutrition and health outcomes for new parents, babies, and young children. WIC serves over 6.2 million people, including nearly half of all infants in the United States.¹

The COVID-19 pandemic presented the greatest public health challenge to WIC families, with WIC providers adapting rapidly to sustain WIC support. Modified WIC services remedied longstanding barriers to access and offered a blueprint for a new generation of WIC services.

The National WIC Association calls for a Child Nutrition Reauthorization process that will enhance access to WIC services and strengthen WIC's public health nutrition efforts. These steps to incorporate lessons learned during COVID-19 will smartly leverage an effective program to address the nation's most pressing public health priorities.



ADDRESSING NUTRITION GAPS

EXTEND POSTPARTUM ELIGIBILITY TO TWO YEARS

The United States has the highest rate of maternal mortality among comparable nations.² WIC's efforts to resolve micronutrient deficiencies and address chronic diet-related conditions improve birth outcomes, including reduced risk of preterm birth, low birthweight, and infant mortality.³ With nearly 40% of women aged 20 to 39 affected by obesity,⁴ WIC is well positioned to improve maternal nutrition outcomes in the interpregnancy interval. WIC eligibility currently expires at six months postpartum or one year after delivery for breastfeeding mothers. Consistent nutrition support for new mothers sets up healthier future pregnancies while continuing WIC's work to strengthen dietary behaviors and improve health outcomes.

EXTEND CHILD ELIGIBILITY TO SIX YEARS

Since the 2009 food package changes, WIC has increasingly demonstrated its role in improving the variety and quality of children's diets⁵ - including reduced rates of childhood obesity.⁶ Although WIC ensures that children are ready to learn upon entry to school, eligibility expires on the child's fifth birthday - regardless of whether a child is yet enrolled in school. The sudden cessation of WIC support before a child is eligible for school meals disrupts the child's eating patterns and introduces new stressors to families' grocery budgets.

The majority of children do not enter kindergarten until at least halfway through their fifth year.⁷ In 2019, over 14% of children were not yet enrolled in school by their sixth birthday.⁸ These families would benefit from sustained WIC support that seamlessly prepares the child for full-day kindergarten and nutrition support through the school meals programs.



WISE INVESTMENT IN OUR CHILDREN ACT (WIC ACT) (S. 853/H.R. 2011)

Sponsored by Sens. Bob Casey (D-PA) and Susan Collins (R-ME) and Reps. Rosa DeLauro (D-CT), Jenniffer González-Colón (R-PR), Linda Sánchez (D-CA), Kim Schrier (D-WA), and Don Young (R-AK)

The WIC Act would:

- Extend postpartum eligibility to two years
- Extend child eligibility to age six or the beginning of kindergarten
- Extend infant certification periods to two years

REDUCE BURDEN WITH STREAMLINED CERTIFICATIONS

EXTEND CERTIFICATION PERIODS TO TWO YEARS

Although WIC is time-limited to ensure a targeted nutrition intervention, the frequent recertification requirements inhibit ongoing participation for the duration of program eligibility. Infants and children must reapply for WIC services each year, replicating in-person paperwork processes that consume WIC staff time at the expense of individualized nutrition counseling.

Children age 1-5 are the largest WIC participant group, yet there remain many more eligible children who are not connected with WIC services. 30% of infants drop off the program by their first birthday, in part due to the recertification requirement.⁹ The share of eligible children participating in the program diminishes as they age, until only 26% of eligible 4-year-olds are certified for services.¹⁰

Extending certification periods to two years for infants, children, and postpartum women will reduce administrative burden on both clinic staff and participating families, while ensuring that face-to-face time is invested in WIC's core public health nutrition mission.

PERMIT FAMILY CERTIFICATIONS

WIC certifies participants on an individual basis, but the certification process should reflect the reality of serving families. Income proofs must currently be produced whenever an individual is certified, even if income eligibility was recently verified for another member of the family. This requirement adds to administrative burden and may deter families from continuing to obtain WIC services. Certification processes should be streamlined to carry over recent documentation from another family member. Similarly, recent certification of a pregnant WIC participant should permit automatic certification of an infant upon birth.

ENHANCE ADJUNCTIVE ELIGIBILITY

Adjunctive eligibility is the hallmark of WIC's efforts to streamline processes, reducing the burden on clinics and participants by waiving duplicative production requirements during certification when a participant is also obtaining services through Medicaid, SNAP, or TANF. More than 80% of participants demonstrate adjunctive eligibility for WIC through their participation in another program.¹¹

Building deeper programmatic relationships with services reaching children age 1-5 is a critical step in connecting all eligible individuals with WIC services. Some WIC agencies have leveraged a state option to extend adjunctive eligibility to other programs, most notably Head Start and the Food Distribution Program on Indian Reservations (FDPIR). The Head Start programs, including Early Head Start, collectively serve over one million children, the overwhelming majority of which live below the federal poverty line.¹² This state option has proven effective when local WIC staff can certify families at Head Start locations, combining required health assessments for both programs in a single visit.

WIC can also strengthen its linkages with healthcare by deeming the Children's Health Insurance Program (CHIP) as adjunctively eligible. WIC's partnership with Medicaid connects families with healthcare and leads to improved health outcomes. As several states organize CHIP as part of their Medicaid program, including both programs in WIC adjunctive eligibility can reduce confusion among families and at the clinic level.

Even among current adjunctively eligible programs, aligning different constructions of household across TANF, SNAP, and Medicaid can create consistency for applicants and clinic staff while connecting eligible families with WIC services.

STREAMLINE ACCESS FOR MILITARY FAMILIES

WIC supports military families with young children and serves as a critical community support as military spouses care for young children during deployment. Certifying these families is challenging at the local level due to differing income rules for military families and the lack of adjunctive eligibility for TRICARE. A modified version of adjunctive eligibility tied to the military pay scale can simplify certification processes and promote WIC as an accessible resource for active-duty military families. Military families who accessed TRICARE's WIC Overseas support while stationed abroad should be seamlessly certified for WIC upon return to a domestic post.

WIC FOR KIDS ACT (H.R. 4455)

Sponsored by Reps. Jahana Hayes (D-CT) and Jenniffer González-Colón (R-PR)

The WIC for Kids Act would:

- Extend child certification periods to two years
- Permit adjustment of certification periods to align family members
- Allow for automatic certification of infants
- Enhance adjunctive eligibility, including programs affecting children like Head Start, CHIP, and FDPIR
- Direct outreach to kinship families

MODERN WIC ACT (S. 3226)

*Sponsored by Sens. Kirsten Gillibrand (D-NY)
and Roger Marshall (R-KS)*

The MODERN WIC Act would:

- Permit remote certifications by video or phone
- Allow flexibility for families to demonstrate nutrition risk within 90 days, promoting greater collaboration with healthcare providers
- Affirm remote benefit issuance through EBT technology
- Invest \$60 million in annual WIC technology funding

ALLOW REMOTE CERTIFICATIONS

During the COVID-19 pandemic, Congress waived the requirement that certifications and recertifications must be conducted in person. These physical presence requirements had been a longstanding barrier to access, as families struggled to arrange time off work, transportation, and childcare to make WIC appointments. In the first year of the pandemic, nationwide child participation increased by 10%.¹³

Increased child retention is attributed to the broader range of WIC service options, including virtual certification and telehealth appointments. WIC services after the pandemic must reflect industry practices in healthcare settings, with consistent dedicated funding to assure WIC providers can develop appropriate technologies.

WIC must balance a shift toward remote options by coordinating with healthcare providers. In a nationwide survey, 60% of WIC participants identified obtaining health metrics at a doctor's office during the COVID-19 pandemic.¹⁴ By permitting families to submit data collected at a doctor's office within 90 days of a certification appointment, WIC can effectively integrate remote certifications into service delivery without sacrificing WIC's public health character.



AFFIRM REMOTE BENEFIT ISSUANCE

Under the Healthy, Hunger-Free Kids Act of 2010, WIC transitioned to electronic-benefit transfer (EBT) technology. Instead of requiring families to collect paper vouchers at a WIC clinic every three months, WIC providers can now remotely load benefits onto a participant's EBT card - a practice widely conducted during the COVID-19 pandemic. The statute should be updated to reflect new transaction technologies and affirm the viability of this common practice after the COVID-19 pandemic.

STRENGTHEN WIC'S NUTRITION SERVICES

INVEST IN THE WIC WORKFORCE

WIC's public health success is a credit to the nutrition, dietetics, and lactation support professionals who tirelessly sustain WIC's community-based services. WIC increasingly struggles to retain professional staff due to increasing costs of obtaining higher credentials, more competitive placements outside of WIC, and state policies restricting staff salaries.

USDA should play a leading role in building a pipeline to sustainable jobs in the WIC workforce, while ensuring increased diversity in the professions that serve WIC families. Targeted workforce initiatives, including partnerships with higher educational institutions, USDA-housed programs, and professional development opportunities, can grow and diversify the WIC workforce to prepare for the next decade of service delivery.

**FOR NEARLY FIVE
DECADES, WIC HAS
DELIVERED PREVENTIVE
HEALTH SERVICES AND
NUTRITION SUPPORT. WIC
IS THE GATEWAY TO
HEALTHCARE FOR
MILLIONS OF MOTHERS
AND YOUNG CHILDREN.**

**NWA RECOMMENDS THAT
CONGRESS RECOGNIZE
THE PROGRAM'S BROAD
MISSION BY RENAMING
WIC AS THE PUBLIC
HEALTH NUTRITION
PROGRAM FOR WOMEN,
INFANTS, AND CHILDREN.**



INCREASE INVESTMENT IN WIC BREASTFEEDING EFFORTS

WIC is the nation's largest program to promote and support breastfeeding, helping to close disparities in initiation and support mothers in sustaining their choice to breastfeed. WIC's highly successful Peer Counselor Program pairs paraprofessionals with WIC mothers with proven results.¹⁵

WIC's modest set-aside investment in breastfeeding of only \$90 million per year should be expanded to strengthen WIC's breastfeeding promotion efforts. As WIC deepens collaboration with healthcare providers, peer counselors and lactation support professionals could be placed in healthcare settings - including hospitals, physician offices, and home visiting programs - to bolster community breastfeeding initiatives and expand WIC's public health impact.

SUPPORT STATE NUTRITION EDUCATION EFFORTS

Individualized nutrition counseling is the cornerstone of WIC services, supporting WIC parents in making more nutritious choices and adopting healthier behaviors. USDA should support ongoing nutrition education priorities by developing uniform materials on key topics, including allergies and early introduction, food safety and clean water, and opioid use and neonatal abstinence syndrome.

FUND PROJECTS TO PROMOTE HEALTHCARE INTEGRATION

WIC's professional workforce is equipped to provide a broader scope of healthcare services for the low-income families served by WIC. Registered Dietitians (RDs) are trained to provide medical nutrition therapy and other services that, in many states, are billable to Medicaid. Integrated services, especially delivered at hospital or healthcare settings, can effectively coordinate care for patients and reduce healthcare visits and costs, while improving health outcomes. USDA should explore new service models that leverage the expertise of WIC staff.

ESTABLISH DISASTER AUTHORITIES

Although WIC was not established as an emergency feeding program, the COVID-19 pandemic challenged providers to adapt to changing circumstances. With waivers, WIC was able to stand up remote services, expand allowable food options, and extend certification periods.¹⁶ Waiver authorities employed during COVID-19 were specific to the pandemic, reflecting the need for broader disaster authorities to adapt WIC regulations to emergency conditions without sacrificing the program's nutritional emphasis.

WIC is seen as a critical resource for infant feeding during emergencies, and families may struggle to find clean water during a natural disaster. With additional authority, WIC can program food benefits for bottled water that are activated upon emergencies to support safe infant formula preparation and the hydration needs of pregnant women and families with young children.

ENHANCE FUNDING FOR BREASTFEEDING SUPPLIES

Roughly 70% of the WIC grant is reserved for providing food and breast pumps to participants.¹⁷ Additional supplies beyond breast pumps are integral to the success of breastfeeding - including nipple shields and breast pads.¹⁸ NWA urges inclusion of a wider range of breastfeeding supplies within allowable food costs.

REVISE SPEND-FORWARD AUTHORITIES

WIC's shift toward remote options and increased technology will require more strategic state-level investment, as adjustments to state management systems are often multi-year projects. During the COVID-19 pandemic, states sought waivers to permit greater and more flexible utilization of spend-forward authorities. These fiscal levers should be adapted to reflect the realities of WIC program management in an era of increased technology investment.



MODERNIZE BENEFIT REDEMPTION

INVEST IN ONLINE SHOPPING SOLUTIONS

At the onset of COVID-19, USDA was positioned to rapidly scale up online shopping solutions for SNAP, reflecting six years of investment and stakeholder engagement. WIC must rapidly develop online ordering and transaction technologies to ensure equitable shopping options that are comparable to the experience of a SNAP recipient or general shopper.

USDA is currently overseeing grant-funded WIC online ordering projects with Walmart, Hy-vee, and other grocers. State agencies, EBT processors, and retailers will need additional resources to build new systems and integrate technologies across platforms. The USDA Task Force evaluating WIC online shopping recommended an additional \$75 million in investments in the WIC shopping experience.¹⁹

Similarly, USDA is evaluating electronic transaction models at farmers markets, which could be used to redeem both WIC and WIC Farmers Market Nutrition Program (FMNP) benefits. Additional funding should be inclusive of farmers market transactions.

STREAMLINE VENDOR AUTHORIZATION

As WIC transitions to online shopping solutions, new forms of virtual retailers could be authorized as WIC vendors. The national scope of virtual retailers requires a reimagining of vendor authorization and monitoring responsibilities, which are currently handled at a state-by-state basis for individual store locations.

The USDA Task Force recommended a nationwide authorization framework that would facilitate cross-state monitoring of physical store locations and distribution centers.²⁰ Such an option may require statutory flexibility, such as a national list of approved infant formula suppliers.

The shift to online shopping presents a new opportunity to coordinate vendor authorization across federal nutrition programs. While the requirements of authorized vendors differ sharply between SNAP and WIC, authorization periods could be aligned at five years and USDA could develop technologies that streamline the application process between programs.

PERMIT HOME DELIVERY FOR A-50 STORES

In 2004, Congress enacted specific rules to ensure program integrity for vendors that conduct more than 50% of their business as WIC sales. The prohibition on incentive items at A-50 stores should be revised to permit this business model to scale up online shopping solutions and offer home delivery in a manner consistent with other WIC-authorized vendors.

PUBLISH INFANT FORMULA BID SOLICITATIONS

Since 1989, WIC has employed sole-source contracting of infant formula to contain program costs and conserve taxpayer resources. This process generates approximately \$1.7 billion in savings each year. WIC can strengthen this effective process by publishing infant formula bid solicitations in a national and publicly accessible database, ensuring transparency of competitive bid solicitations.

WIC HEALTHY BEGINNINGS ACT (S. 3216)

Sponsored by Sens. Roger Marshall (R-KS) and Kirsten Gillibrand (D-NY)

The WIC Healthy Beginnings Act would:

- Establish a public database of active WIC bid solicitations for infant formula

ENHANCE WIC FARMERS MARKET NUTRITION PROGRAM

Since 1992, WIC Farmers Market Nutrition Program (FMNP) has worked hand-in-hand with WIC to support the nutritional needs of WIC families while bolstering the local farm economy. FMNP issues benefits on a seasonal basis, capped at an *annual* benefit of \$30 per participant. This statutory limitation should be removed to permit FMNP programs greater flexibility in issuing appropriated funds.

As USDA innovates to scale up electronic transaction technologies at farmers markets, FMNP must adapt to more nimbly respond to changes in funding levels and evolving models of farmers market administration. Removing or relaxing restrictions on FMNP - such as the state-match requirement - will strengthen the potential of the program to illuminate the interconnected relationship between WIC families and local farmers.



WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, NWA's Senior Director of Public Policy, at bdittmeier@nwica.org.

¹ U.S. Department of Agriculture, Food and Nutrition Service. WIC Data Tables, National Annual Summary. <https://www.fns.usda.gov/pd/wic-program>.

² Tikkanen R, Gunja MZ, FitzGerald M, Zephyrin L (2020) Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Commonwealth Fund Issue Briefs. <https://doi.org/10.26099/411v-9255>.

³ Soneji S, Beltran-Sanchez H (2019) Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality. JAMA Network 2(12), <https://doi.org/10.1001/jamanetworkopen.2019.16722>.

⁴ Hales CM, Carroll MD, Fryar CD, Ogden CL (2020) Prevalence of Obesity and Severe Obesity Among Adults: United States 2017-2018. NCHS Data Brief No. 360, <https://www.cdc.gov/nchs/data/databriefs/db360-h.pdf>.

⁵ Tester JM, Leung CW, Crawford PB (2016) Revised WIC Food Package and Children's Diet Quality. Pediatrics 137(5), <https://doi.org/10.1542/peds.2015-3557>.

⁶ Pan L, Blanck H, Park S, Galuska DA, Freedman DS, Potter A, Peterson R (2019) State-Specific Prevalence of Obesity Among Children Aged 2-4 Enrolled in the Special Supplemental Program for Women, Infants, and Children -- United States, 2010-2016. CDC Morbidity and Mortality Weekly Report 68(46):1057-1061. https://www.cdc.gov/mmwr/volumes/68/wr/mm6846a3.htm?s_%20cid=mm6846a3_w.

⁷ U.S. Department of Education, National Center for Education Statistics (2012) Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), Preliminary Restricted-Use Data File. See Digest of Education Statistics 2012, table 136. https://nces.ed.gov/programs/coe/pdf/coe_tea.pdf.

⁸ U.S. Department of Education, National Center for Education Statistics (2020) Percentage of 3- to 5-year-old children enrolled in school, by age and selected child and family characteristics: 2010 through 2019. https://nces.ed.gov/programs/digest/d20/tables/dt20_202.20.asp

⁹ See U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 with Updated Estimates for 2016 and 2017. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2018-Volumel.pdf>.

¹⁰ See *id.*

¹¹ U.S. Department of Agriculture, Food and Nutrition Service (2020) WIC Participant and Program Characteristics 2018, Final Report. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018.pdf>.

¹² See U.S. Department of Health and Human Services, Head Start, Early Childhood Learning & Knowledge Center (2020) Head Start Program Facts: Fiscal Year 2019. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet-2019.pdf>.

¹³ U.S. Department of Agriculture, Food and Nutrition Service. WIC Data Tables, Monthly Data - State Level Participation by Category and Program Cost, FY 2020 & FY 2021 (preliminary). <https://www.fns.usda.gov/pd/wic-program>.

¹⁴ National WIC Association, UCANR Nutrition Policy Institute, Pepperdine University (2021) Multi-State WIC Participant Satisfaction Survey: Learning from Program Adaptations during COVID. <https://s3.amazonaws.com/aws.upl/nwica.org/nwamulti-state-wic-participant-satisfaction-survey-national-report-final.pdf>.

¹⁵ Min Lee CH, O'Leary J, Kirk P, Lower T (2018) Breastfeeding Outcomes in Washington State: Determining the Effect of Loving Support Peer Counseling Program and Characteristics of Participants at WIC Agencies. Journal of Nutrition Education and Behavior 50(4):379-387, <https://doi.org/10.1016/j.jneb.2017.09.002>.

¹⁶ National WIC Association, Milken Institute (2020) State WIC Waiver Tracker. Available at: <https://www.nwica.org/covid-19-resources>.

¹⁷ National WIC Association (2021) *The State of WIC: Healthier Pregnancies, Babies, and Young Children during COVID-19*. <https://s3.amazonaws.com/aws.upl/nwica.org/state-of-wic-report-march-2021.pdf>.

¹⁸ American Academy of Pediatrics (2012) Breastfeeding and the Use of Human Milk. Pediatrics 129(3). <https://pediatrics.aappublications.org/content/129/3/e827.full#content-block>.

¹⁹ U.S. Department of Agriculture Task Force on Supplemental Foods Delivery (2021) Recommendations Report. <https://fns-prod.azureedge.net/sites/default/files/resource-files/Task-Force-Supp-Foods-Delivery-WIC-Recommend-Report.pdf>.

²⁰ *Id.*

