



THE STATE OF WIC

Celebrating 50 Years
of Impact



ACKNOWLEDGEMENTS

THE NATIONAL WIC ASSOCIATION (NWA)

is the nonprofit voice of the 12,000 public health nutrition service provider agencies who serve more than 6.7 million mothers, babies, and young children served by WIC. NWA provides education, guidance, and support to WIC staff; and drives innovation and advocacy to strengthen WIC as we work toward a nation of healthier families. For more information, visit www.nwica.org.

NWA BOARD OF DIRECTORS

Jennifer Nicklas, MS-MPH, RDN, LDN
Chair-Elect
Director, Bureau of Nutrition Services
Louisiana Department of Health

Kate Franken, MPH, RD
Chair
State WIC Director
Minnesota Department of Health

Amanda Hovis, MPH
Treasurer
Director of Nutrition Education and Clinical Services
Texas WIC Program, Health, Developmental, and Independence Services Department

Samar McGregor, MPH, RDN
Secretary
Deputy Director
PHFE WIC, California

Georgia Machell, PhD
President & CEO, Ex-officio
National WIC Association

Cheri Nemec, RDN, CD, CLS, IBC
Indigenous Agencies, NINAWC Chair, State Agency Standing Committee
WIC Program Director
Great Lakes Inter-Tribal Council, Inc.

Tracy Sabo
Local Agency Standing Committee, Co-Chair
WIC Program Coordinator
Konza Prairie Community Health Center, Kansas

SPECIAL THANKS TO:

Dr. David Paige, Jennifer Folliard, Victoria Micalizzi, Alison Hard, Stacy Davis, Marie Gualtieri, Nell Menefee-Libey, Darlena Birch, Whitney Carlson, and Chloe Dillaway for their invaluable contributions to this report.

Tami Kupa'a
Local Agency Standing Committee, Co-Chair
WIC Coordinator
Jefferson County Public Health, Oregon

Filomena Ahlefeld
Local Agency Standing Committee
WIC Program Director
The Foundation for Delaware County, Pennsylvania

Sarah Nix
Local Agency Standing Committee
Public Health Dietitian
Eau Claire City County, Wisconsin



Melody Schrank, RD, LD
Chair, Nutrition Services Standing Committee
Senior Program Manager
Chickasaw Nation, Oklahoma

Amanda Varriano, MBA, RDN, LRD
Chair, State Agency Section Standing Committee
State WIC Director
North Dakota Department of Health and Human Services, Family and Wellness

Kelli Darland
Chair, Vendor Management Section Standing Committee
Vendor Management & WIC FMNP Supervisor
Kentucky Department of Public Health, Nutrition Services Branch

Rachel August
Chair, Breastfeeding Section Standing Committee
Health Services Consultant
Washington State Department of Health

TABLE OF CONTENTS

	INTRODUCTION	4
	BY DR. GEORGIA MACHELL, NWA PRESIDENT & CEO	
1	CHAPTER 1:	6
	50 YEARS OF WIC: ORIGINS AND EARLY HISTORY	
2	CHAPTER 2:	13
	THE FIRST FOOD AS MEDICINE PROGRAM	
3	CHAPTER 3	19
	50 YEARS OF THE MOST STUDIED FEDERAL NUTRITION PROGRAM	
4	CHAPTER 4: 50 YEARS OF WIC	27
	WIC'S UPDATED FOOD PACKAGE	
5	CHAPTER 5: 50 YEARS OF WIC	34
	THE WIC PARTICIPANT JOURNEY	
6	CHAPTER 6	42
	INCREASING WIC PARTICIPATION AND POLICY IMPLICATIONS	
	CONCLUSION	46
	BY KATE FRANKEN, NWA BOARD CHAIR	
+	APPENDIX	47
+	SOURCES	53

INTRODUCTION



**BY DR. GEORGIA MACHELL
NWA PRESIDENT & CEO**

Fifty years ago, in a small clinic in Pineville, Kentucky, something remarkable began.

What started as a humble effort to help local families has grown into one of the most powerful forces for public health in American history. That's WIC - not just a program, but a promise to nurture health right where it matters most: in our communities.

This year, WIC reached over 6.75 million participants.

It's a number that fills me with pride, but also with a sense of responsibility. Each of those millions represents a family, a story, a future we're helping to shape. And thanks to recent wins in Congress, including a necessary \$1 billion boost in funding, we can keep our doors open wide for every family that needs us.

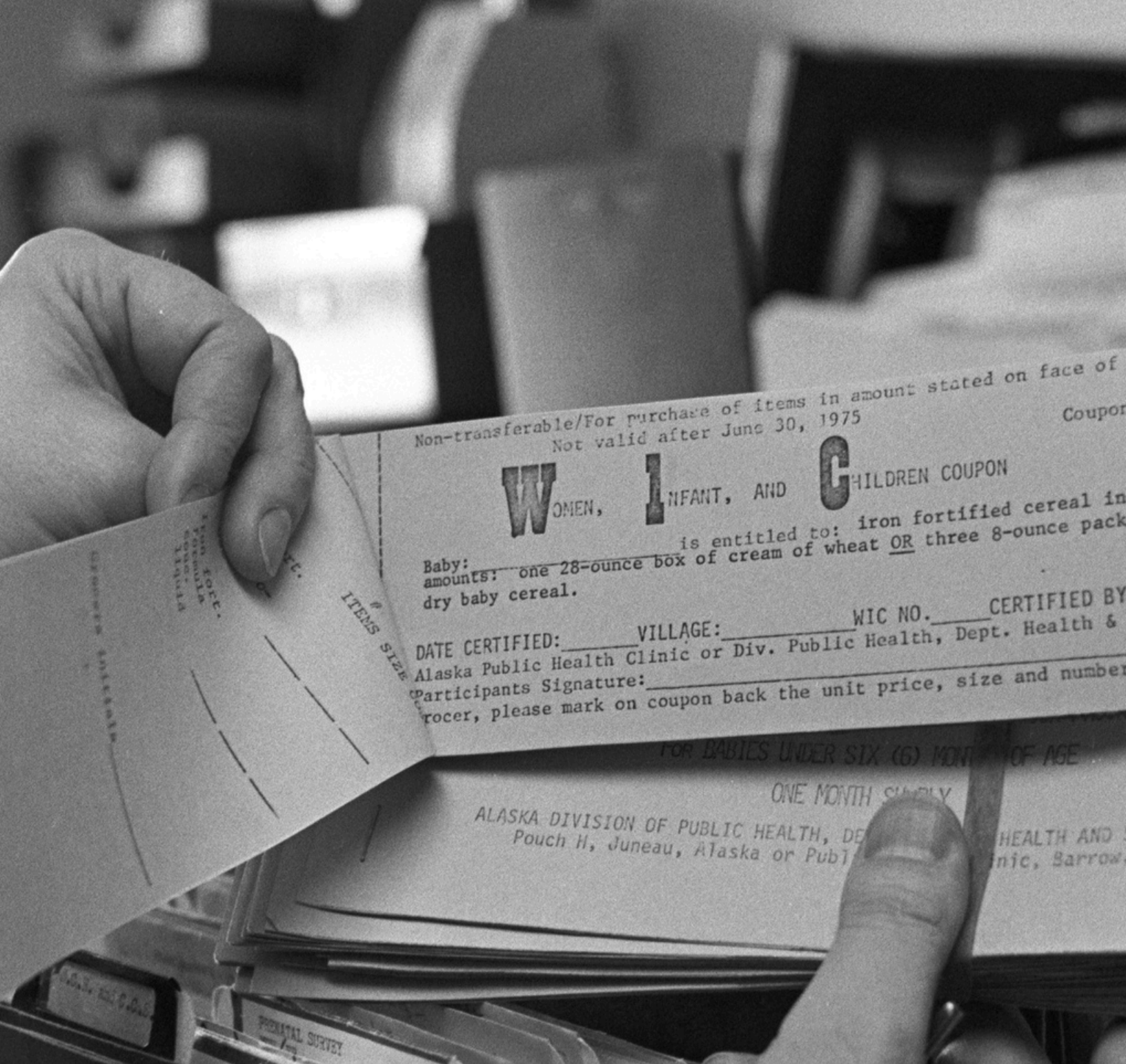
But, we're not just growing - we're evolving. The new food package is a perfect example. It's built for today's diverse American families, with more variety and culturally meaningful choices - including expanded dollars to purchase more fruits and vegetables. It's about nourishment, yes, but also about respect and understanding for the communities we serve.

As you flip through this report, you'll find stories that get to the heart of what WIC is all about. They're **stories of families overcoming obstacles, of dedicated staff going above and beyond, of communities coming together.** Combine those with the research and data that demonstrate the short and long term impacts WIC participation can have, and we are reminded why we do this work and inspired to push even further.

But let's be real - we're not done yet. Not even close. There are still too many families out there who despite being eligible are not participating in WIC. **Every policy we change, every new way we find to reach people, brings us one step closer to a country where every child has the opportunity for a healthy start in life.**

So here we are, 50 years in, and I feel like we're just getting started. The spirit that built WIC - that fierce determination to make a difference - it's alive and well. As we look to the next 50 years, I'm asking you to keep that fire burning. Together, we'll keep fighting, keep innovating, and keep delivering on our promise of a healthier future for all.

LET'S GET TO WORK.



CHAPTER ONE

Origins and Early History

CHAPTER 1

50 YEARS OF WIC: ORIGINS AND EARLY HISTORY*

WHAT IS WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was piloted in 1972 and permanently established in 1975. It is administered by the Food and Nutrition Service (FNS) of the US Department of Agriculture (USDA). WIC is the first Food as Medicine¹ program and has served as the model for subsequent Food as Medicine programs. WIC provides eligible participants—low-income (<185% of poverty level) pregnant, postpartum, and breastfeeding women, infants, and young children up to the age of 5 who are at nutritional risk—with nutrition education, supplemental foods, and referrals to healthcare and social services. Participants receive tailored WIC food packages that include specific items such as milk, eggs, fruits, vegetables, whole grains, and iron fortified commercial milk formula (CMF) based on nutritional needs and age group. Encouraging breast-feeding, a critical objective of the program, is actively promoted. These benefits aim to improve health outcomes, promote healthy eating habits, and prevent nutrition-related health issues among vulnerable populations.

MORE THAN
6.7 MILLION
WIC PARTICIPANTS
SERVED ANNUALLY

Background

In the late 1960s, amidst rising poverty and food insecurity, a CBS television documentary called “Hunger in America” shocked the country by unmasking the extent of malnutrition and its corrosive consequences. This new awareness was reinforced by the Poor People’s March for Jobs and Freedom orchestrated by Dr. Martin Luther King, Jr., and Sen. Robert Kennedy’s (D-NY) tour of Appalachia, focusing national attention on the rising numbers of pregnant women and children and nutritional risk.

THE IMPACT

Poverty and malnutrition were responsible for increased levels of perinatal morbidity: low birthweight, preterm birth, developmental delays, and, at its worst, maternal and infant mortality. Iron deficiency anemia, a problem later addressed by WIC’s early emphasis on iron-fortified CMF, caused multiple health issues for very young children. The anemia was often the result of a sharp decline in breastfeeding and its substitute, the increasing use of home-prepared evaporated CMF. Families frequently ran out of CMF, diluting it with water, further contributing to iron deficiency anemia, slow growth and development, and malnutrition in infants.

ACTION

The time was ripe for action. A White House Conference on Food, Nutrition, and Health was convened in 1969. **The conference aimed to develop recommendations for adoption into national nutrition policy by a bipartisan coalition.** The comprehensive conference report

¹ This report uses the term Food as Medicine, however Food is Medicine is also used.

* Adapted from a report prepared by Dr. David Paige for NWA in celebration of WIC’s 50th Anniversary

included over 1,800 recommendations that catalyzed significant advancements in federal food and nutrition policy. The recommendations included the expansion of the Food Stamp Program and School Breakfast and Lunch Programs, as well as advancements in nutrition and ingredient labeling. The recommendations also supported the creation of a program that targeted maternal and child nutrition, which would later be known as WIC.

FROM RECOMMENDATION TO LEGISLATION

Working with Rodney Leonard, President of the Community Food Institute, a staff member of the Senate Agriculture Committee, Jim Thorton, drafted legislation to authorize WIC in 1972. The bill was inspired by two local nutrition assistance and medical care projects at St. Jude's Hospital and John Hopkins University. As the moving force behind the legislation, Senator Hubert Humphrey (D-MN) declared, "I believe it is time now, to take the action which can end the tragic cost of mal- and sub-nutrition among the young ... especially when it occurs during the later months of pregnancy and the first 6 to 12 months following birth." He enlisted the support of Senators George McGovern (D-SD) and Bob Dole (R-KS) and introduced the text as an amendment to the 1972 National School Lunch Act (P.L. 92-433), noting,

"We have acted to improve the nutritional welfare of every group with the voice and ability to speak for its interest, and we have continued to ignore the one group which cannot speak and which is the most vulnerable to be permanently [stunted] both physically and mentally. We have done little to assist the group which is at the greatest risk."

Senator Hubert Humphrey (D-MN)



His amendment was to authorize a two-year pilot program to supplement the diets of infants and pregnant and lactating women "at greatest nutritional risk."

Humphrey succeeded in his quest on September 26, 1972, the date WIC was formally established as a two-year pilot program to demonstrate its effectiveness. The legislation was predicated on the Johns Hopkins voucher program as the prototype with the expectation that the program's benefits would be so overwhelming that it would be continued as a full program (Leonard, 1994). The pilot study was conducted in Baltimore at Johns Hopkins School of Hygiene and Public Health under the direction of Dr. David Paige. In 1973, legislation (P.L. 93- 150) was enacted that authorized federally recognized Indian Tribal Organizations (ITOs) to act as their own WIC State Agencies (USDA ERS).

HOPKINS PROTOTYPE

As a Hopkins pediatric resident, Dr. Paige was disturbed by the frequency of young children flowing through the emergency room, many requiring hospitalization, with low birthweight, preterm birth, poor nutrition, stunted growth, developmental delay, and iron deficiency anemia. In response, the Food as Medicine model he created was based on a simple concept: A prescription for medicine is written to treat a disease, and a prescription for food can be written to treat malnutrition.



At the same time, Dr. Paige was invited to serve as a student scribe on a Baltimore City school lunch task force. There he met two public health nurses, Susan Tippet and Anne Miller. They agreed with his judgment, which was grounded in emerging nutrition science. School lunch programs are critically important, but nutritional supplementation during the perinatal period and early childhood is preventive care with both immediate and life-long benefits. After forming the Maryland Food Committee, they lobbied Congress tirelessly in support of the program, fiercely defending the Baltimore model.

The prescription, in effect a voucher, was based on a modified traveler's check. The vouchers, predating electronic transfers, were redeemable at local groceries and negotiable at local banks. The hard-won cooperation of the Maryland National Bank to pay and credit the merchant-deposited "voucher" as if it were an ordinary check was critical to the pilot's early success. This cooperation paved the way for merchants to participate in the innovative program model.

The WIC prototype was piloted in a Baltimore Health Department clinic located in the basement of a high-rise housing project in a small, low-income community in Cherry Hill, Baltimore. Dr. Paige took the model, supported by a federal grant, to multiple counties in Maryland for proof of concept to demonstrate that the problem of food insecurity was the same in urban, suburban, and rural areas, with different racial and ethnic profiles, due to one common problem: poverty.

NIXON ADMINISTRATION ATTEMPTS TO BLOCK IMPLEMENTATION

Immediately following the passage of the bill authorizing the 1972 pilot program, the Nixon administration withheld the appropriated funds. Richard Lyng, Assistant Secretary of Agriculture at the time, who tried to block WIC from being authorized in Congress, targeted WIC. While trying to reduce federal spending, along with the President, Lyng argued that WIC was a medical program and outside the purview of the USDA and should be transferred to the US Department of Health, Education, and Welfare. He ordered that the funds not be released. The strategy ultimately failed.

Ronald Pollock, an attorney at the Food Research and Action Center (FRAC), filed a lawsuit in 1973, contending that the use of the word "shall" in the authorizing legislation was mandatory and therefore precluded discretionary action by the Secretary or the President. The federal judge agreed, but the USDA still did not act. FRAC twice filed motions to hold the Secretary in contempt for not complying and to require him to spend the full two-year \$40 million appropriation in the remainder of the fiscal year. The Secretary finally acceded.

Dotson v Butz was a historic decision in the war against hunger in America.

Because of the delay in funding, Judge Oliver Gasch ordered the two-year \$40 million appropriation to be spent in the remaining quarter. Humphrey, learning of the funding level, would use the figure in the next WIC reauthorization bill.

In 1976, a second lawsuit was filed by 10 states charging the USDA with once again withholding funds. After much back and forth, the USDA conceded, a solid victory for WIC, and the program was off to a running start.

ADVOCACY

Stefan Harvey, a national advocate with the Children's Foundation, worked tirelessly to accelerate the implementation of the program and secure its future. Crisscrossing the country, she was instrumental in securing plaintiffs willing to take risks inherent in joining legal action against the government. Her community action included publicizing WIC, community organizing, and encouraging state participation.

The first WIC site officially opened in Pineville, Kentucky, on January 15, 1974. By the end of the year, WIC was operating in 45 states. On October 7, 1975, P.L. 94-105 established WIC as a permanent program. By 1978, 49 states were participating. Wyoming joined in 1980, finally making WIC a national program.

The permanent legislation was written by Alan Stone, counsel to the Senate Select Committee on Nutrition and Human Needs, and in his own right, a warrior to save children, end poverty, and fight to win passage of the WIC legislation. The legislation stated, "Congress finds that substantial numbers of pregnant women, infants, and young children are at special risk in respect to their physical and mental health by reason of poor or inadequate nutrition or healthcare, or both. It is, therefore, the purpose of the program authorized by this section to provide supplemental nutritious food as an adjunct to good health during such critical times of growth and development in order to prevent the occurrence of health problems."

Pineville first in nation to receive food program



PINEVILLE-The nation's first pilot Special Supplemental Food Program for Women, Infants and Children opened here Tuesday, under the guidance of the Bureau for Health Services, Kentucky Department for Human Resources.

The pilot program is administered nationally by the U.S. Department of Agriculture's Food and Nutrition Service.

The eastern Kentucky project here is one of some 216 project areas in 45 states, Puerto Rico and the Virgin Islands that have been selected to take part in the pilot program.

Among the federal and state officials on hand for opening ceremonies at the Pineville Maternity and Infant Care Project were Dr. Clayton Yeutter, Assistant Secretary of Agriculture for Marketing and Consumer Services, Washington, D.C., and Dr. Jorge Deju of the Department for Human Resources, Bureau for Health Services, Frankfort.

The Assistant Secretary commended the State of Kentucky for moving ahead with plans for inaugurating the WIC program and noted that more than 1,800 persons are estimated to be eligible for assistance under the program in the four-

county area, of which the other three counties in the project are Floyd,

Kentucky's growth made December 31, 1974, more than 30 days late in being issued in the chief nutritionist Services, and he made Pineville the first in the nation ready to go. The remainder of the

Laurel W. Yeutter, Department for Human Resources, commended the Pineville for the help to them and efficiency. Kentucky first particularly when important resources, "True

Dr. Yeutter noted that the program was made recent School of Public Health been chosen for evaluation tra

Union College
offer evening c

Celebrating in Pineville

In January 2024, NWA hosted a special event at the Bell Theater in Pineville, KY, to commemorate the 50th anniversary of WIC, marking the place where it all began. The celebration brought together WIC community members, local leaders, and state officials.

Highlights of the event included speeches from the Pineville mayor, WIC and USDA leaders, and Kentucky Governor Andy Beshear, who emphasized the program's significance for families nationwide and presented a proclamation honoring WIC's 50-year legacy in Pineville. The ceremony also recognized Dr. David Paige, Betty Hopkins, and other distinguished individuals from the WIC and Pineville communities for their contributions.



NWA hosted 100 people at the Bell Theater.



Dr. David Paige speaking at the Bell Theater in Pineville.



Betty Hopkins with NWA Board Chair, Kate Franken and NWA President & CEO, Georgia Machell



Betty Hopkins worked at the first WIC clinic.

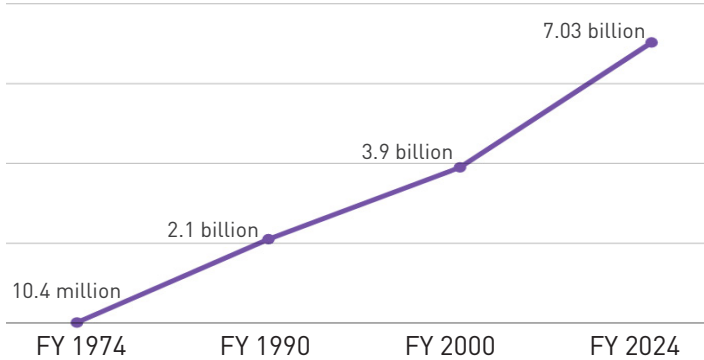
WIC GROWTH

Since the program's inception through 2023, there have been hundreds of millions of WIC clinic visits from pregnant women, infants, and children up to five years of age throughout the 50 states and US territories. In the 50 years since the program was established, the number of participants has grown from 88,000 in 1974 to 1.9 million in 1980, 4.5 million in 1990, and peaking at 9.1 million, including 2.2 million infants, in 2009.

While recent participation levels have hovered between six and seven million participants annually, the program is reaching only half of those eligible. Many in need are not participating and are therefore excluded from the documented health benefits of WIC.

Approximately two-thirds of program participants are below 100% of the federal poverty level and more than one-third are below 50% of the poverty level. Trends in program costs mirror the increase in participation.

WIC COSTS



(USDA ERS).

Until recently, despite inflationary pressures, food costs remained relatively stable, with increases related to the redesign and expansion of the food packages. Cost containment has been accomplished in large part through a nationwide, competitive iron fortified CMF bidding rebate program instituted in the 1980s.

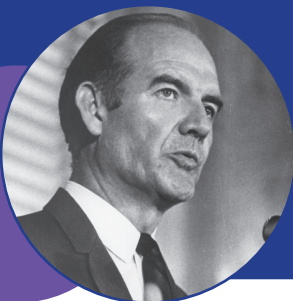
HEALTH IMPACT

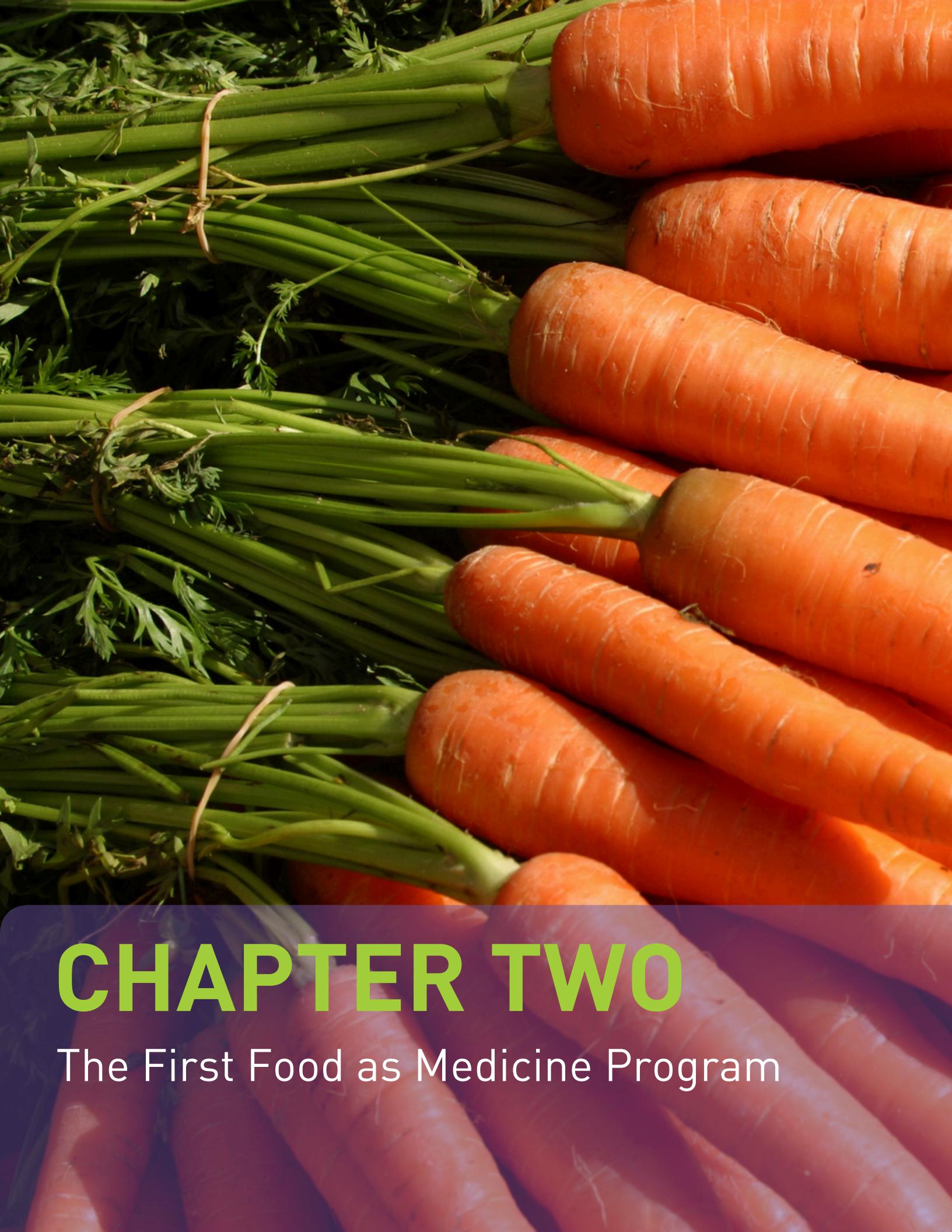
From its inception, WIC has been structured as a public health nutrition program focused on driving health outcomes. **WIC's primary focus is delivering the targeted nutrition support needed for optimal growth and development during critical periods such as pregnancy, birth, and early childhood.** WIC provides nutritional and educational support to ensure optimal pregnancy outcomes, a nutritional head start in early childhood, as well as the protective factors necessary to maximize the health and well-being of the population throughout life. It is an extraordinarily cost-effective program. As Sen. George McGovern (D-SD), one of the original legislative sponsors of WIC, reflected many years later, "I believe this is one of the most successful public health pieces of legislation ever passed by the US Senate and has helped millions of young mothers, has helped tens of millions of infants and children."



"I believe this is one of the most successful public health pieces of legislation ever passed by the US Senate and has helped millions of young mothers, has helped tens of millions of infants and children."

Sen. George McGovern (D-SD)





CHAPTER TWO

The First Food as Medicine Program

CHAPTER 2: THE FIRST FOOD AS MEDICINE PROGRAM

The 1969 White House Conference on Food, Nutrition, and Health birthed significant efforts to champion hunger in America including the creation of WIC, a program that was designed for disease prevention through nutrition.

In September 2022, the White House hosted its second Conference on Hunger, Nutrition, and Health, the first in over 50 years. The conference issued a call to end hunger and reduce the prevalence of chronic disease in the US by 2030. One approach to achieving this goal is through Food as Medicine programs. Focusing on integrating consistent access to diet- and nutrition-related resources, these approaches are increasing in prevalence across many communities and systems in the US. Additionally, federal investment and action to support Food as Medicine approaches in a variety of settings has increased (HHS, 2024).

The 2022 White House Conference marked a historic moment to refocus the nation’s efforts toward Food as Medicine efforts. The Biden-Harris Administration released a National Strategy on Hunger, Nutrition, and Health alongside the conference. The second of five pillars upon which the strategy is built is to “integrate nutrition and health” by prioritizing the role of nutrition and food security in overall health—including disease prevention and management—and ensure that the nation’s healthcare system addresses the nutrition needs of all people (White House, 2022).

This pillar emphasizes the crucial importance of nutrition and food security in disease prevention and management, aiming to integrate these elements into the healthcare system. By addressing the nutritional needs of all individuals, especially those from historically underserved communities, this initiative strives to bridge the gap between nutrition and health. The pillar also recognizes the need to strengthen and diversify the nutrition workforce, while bolstering the broader healthcare workforce with a focus on nutrition professionals. This multifaceted approach recognizes the critical importance of having a robust and diverse pool of nutrition experts to support the health and well-being of all individuals.

By strengthening and diversifying the nutrition workforce, the National Strategy seeks to ensure that nutrition professionals are equipped with the necessary knowledge and skills to provide comprehensive, culturally responsive care.



Additionally, the strategy calls for integrating nutrition education and expertise into the training and practice of medical professionals beyond just those specializing in nutrition. This holistic approach will help to embed nutrition as a fundamental component of comprehensive healthcare, empowering all medical providers to better address the nutritional needs of their patients.

Multiple efforts of the National Strategy are relevant to WIC and its Food as Medicine approach. From expanding Medicaid beneficiaries' access to Food as Medicine interventions to increasing access to nutrition-related services through private insurance and federal programs beyond Medicaid, WIC cuts across these barriers. Not only are Medicaid participants adjunctively eligible for WIC,

meaning that WIC applicants can establish their income eligibility by showing proof of participation in Medicaid, but individuals who have private insurance may also meet income qualifications to participate in WIC and gain access to the program's Food as Medicine approach. NWA has spearheaded efforts to diversify the WIC workforce through the AHEAD 2.0: Strengthening & Diversifying the WIC Workforce project, funded by the Walmart Foundation in January 2023.

As part of the Biden-Harris Administration's ongoing work to end hunger and reduce the prevalence of chronic disease by 2030, President Biden issued a White House Challenge to End Hunger and Build Healthy Communities. NWA answered the call, making the following commitments:



Enhancing WIC Participation: By developing a WIC 50th Anniversary Communications Campaign, NWA aims to increase program enrollment, reduce stigma, and elevate awareness of WIC's benefits. This campaign will leverage high-impact messages, compelling stories, and a broad coalition of partners to reach eligible families who have yet to benefit from WIC.



Diversifying the WIC Workforce: A diverse workforce is key to a program's success. NWA plans to invest in the professional development of WIC staff from underrepresented communities, fostering a more inclusive and effective service delivery system.



Facilitating WIC Enrollment: Recognizing the importance of accessibility, NWA is set to revamp the www.signupwic.com website. This enhancement will make the enrollment process more user-friendly and informative, ensuring that families can easily access the support they need.



Cultivating Health Equity Champions: Through specialized training in equity, diversity, inclusion, and belonging (EDIB), NWA is preparing WIC staff to be leaders in creating a more equitable and supportive environment for all participants.

FOOD AS MEDICINE SUMMIT

In 2024, the Biden-Harris Administration held its first-ever Food as Medicine Summit demonstrating federal momentum and commitment to advance the Food as Medicine priority included in the Biden-Harris National Strategy on Hunger, Nutrition & Health (HHS, 2024 FIM). A collaborative partnership between the Office of Disease Prevention and Health Promotion (ODPHP) and the Office of Intergovernmental & External Affairs, this event engaged policymakers, advocates, researchers, and other stakeholders in discussing the importance of Food as Medicine, what actions are currently underway to support Food as Medicine efforts, and how stakeholders can engage to further this work (HHS, 2024 FIM 2).

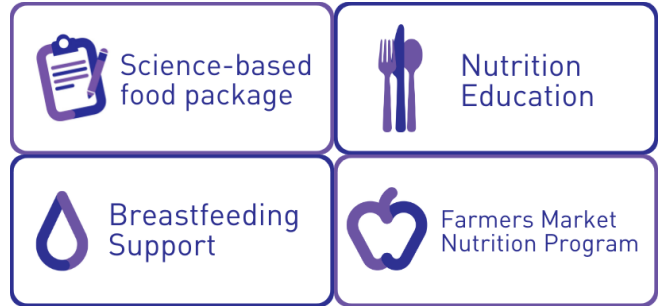
The Food as Medicine Summit served as a reminder of how food plays a critical role in preserving the nation's health, resilience, and well-being.

(HHS, 2024 FIM 3).

From the moment it was piloted in 1972 as a supplemental food program aimed at improving the health of pregnant mothers, infants, and children, WIC has taken a Food as Medicine approach. In response to growing concern over malnutrition among many low-income mothers and young children, WIC has issued a science-based food package to meet the nutritional requirements of participants since the program was first written into legislation in 1974 (NWA, 2024). Therefore, WIC is the nation's first Food as Medicine program.

WIC, THE NATION'S FIRST FOOD AS MEDICINE PROGRAM

From the program's inception, WIC has set itself apart as a Food as Medicine program through four key aspects:



Science-Based Food Packages

One way in which WIC demonstrates itself as the first Food as Medicine program is through its science-based food packages. As mandated by the Healthy, Hunger-Free Kids Act of 2010, the WIC food packages must undergo scientific review every 10 years. With each successive review of the WIC food packages, the nutritional integrity of the food packages is strengthened. The first substantive food package changes took place in 2009 after decades of advocacy from NWA, WIC providers, and partners in the medical and scientific communities. As a result, the 2009 changes strengthened the foundation of WIC's public health success by improving diet quality and variety, increasing access to and availability of healthy foods, and reducing childhood nutrient deficiencies (NWA, 2021).



Research showed that after the 2009 update to the food packages, significant decreases in purchases of calories (-11%), sodium (-12%), total fat (-10%) and sugar (-15%) were reported by WIC households. Additionally, decreases in purchases of refined grains, grain-based desserts, higher-fat milks, and sugar-sweetened beverages took place alongside increased purchases of fruits and vegetables with no added sugar, fats, or salt. Therefore, the 2009 WIC food package revisions were associated with improved nutritional profiles of food purchases among WIC-participating households compared to low-income nonparticipating households (Ng SW et al, 2018).

In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) completed their second review of the WIC food packages, and in 2024, FNS issued its newest revisions to the WIC food package based on the 2017 report.

Current changes to the WIC food packages will improve balance and choice for participants while better aligning the food packages with current nutrition science including the Dietary Guidelines for Americans (DGAs).

Nutrition Education

WIC supports families in making healthy changes to their lifestyle through nutrition education that can take various forms, from online modules to group classes to one-on-one counseling. The nutrition education in WIC helps families connect the dots among health, growth, and development. The nutrition counseling approach used by WIC staff is participant-centered and highlights participant capacities, strengths, and needs, rather than problems or negative behaviors. WIC nutrition educators (i.e. dietitians, nutritionists, and other professionals) are trained in nutrition counseling and serve as credible sources of nutrition information (NWA 2019).

In one FNS research study, mothers reported that WIC helped them make positive changes in how they feed themselves and their families (May et al., 2016). For mothers whose children were receiving WIC at 42 months, 92% indicated the nutrition education they received was as important as the food they received.

ABOUT 70% of WIC mothers reported having made at least one change due to something they learned at WIC.

MOST FREQUENTLY REPORTED CHANGE made was knowing how to choose more healthy food for themselves and their families.

92% of mothers whose children were receiving WIC at 42 months indicated the nutrition education they received was as important as the food they received.

(Borger et al., 2020).



Breastfeeding

Initially started as a nutrition program to help fight malnutrition including iron deficiency anemia, which included the issuance of iron-fortified CMF, WIC has evolved over the years to better support participants in their breastfeeding journeys. In 1992, the WIC food package VII, for fully breastfeeding women, was created to encourage breastfeeding. It included fish and increased amounts of other foods—the most substantive change made to the food package between 1975 and the 2007 issuance of the interim rule. In 1997, the Secretary of Agriculture officially launched the Loving Support© campaign during the celebration of World Breastfeeding Week. In 2004, FNS launched the Loving Support© Peer Counseling Program, an initiative that brought the importance of breastmilk for babies to the forefront in WIC (NWA, 2019).



WIC's Breastfeeding Peer Counseling Program (BFPC) effectively utilizes peer counselors to support mothers in their breastfeeding efforts. Peer counselors come from the WIC community and ideally represent similar racial/ethnic and cultural norms of the mothers they serve (USDA). Mothers who had at least one contact with a peer increased their chances of having a positive breastfeeding outcome by 35-164% (Assibey-Mensah, et al, 2019). Participating in the BFPC Program has been linked to increased breastfeeding initiation and duration among WIC participants. Early WIC participation among women with one or more children increased breastfeeding duration by 15% at 3 months, 25% at 6 months, and 33% at 12 months (Metallinos-Katsaras et al, 2017)

Farmers Market Nutrition Program

The WIC Farmers Market Nutrition Program (FMNP) provides vouchers for WIC participants to purchase fresh, locally grown fruits and vegetables at farmers markets, roadside stands, and directly with farmers. In 2022, 1.3 million WIC participants received FMNP benefits.

Founded in 1992, FMNP is currently offered in 49 states, 6 Indigenous agencies, and Puerto Rico. The program is a win-win for supporting local farmers and enhancing access to and consumption of fruits and vegetables among WIC

participants. Participants who redeem FMNP vouchers report a myriad of benefits, including increased access to and purchasing of fruits and vegetables (NWA, 2022).

FMNP can also introduce participants to farmers markets;

A study of WIC participants in Wisconsin found that 60% of new WIC participants visited a market for the first time because of FMNP.

In neighborhoods with limited access to fruits and vegetables, FMNP can be a catalyst for the creation or support of markets to serve WIC and SNAP participants (NWA 2022).

WIC has long been a beacon of innovation in nutrition and health, pioneering the concept of Food as Medicine long before it became a mainstream idea. By providing low-income women, infants, and children with access to nutritious supplemental foods, nutrition education, and healthcare referrals, WIC has been a trailblazer in harnessing the power of nutrition to prevent disease, improve health outcomes, and reduce healthcare costs. With decades of research demonstrating its profound impact on dietary quality, food security, birth outcomes, child development, and more, WIC has established itself as a model for how targeted nutrition interventions can be crucial for addressing health disparities and promoting equitable access to healthy foods. **As the nation continues to experience health and nutrition issues, WIC stands as a shining example of how a well-designed program can be a game-changer in the quest for better health and support.**





CHAPTER THREE

50 Years of the Most Studied
Federal Nutrition Program

CHAPTER 3: 50 YEARS OF THE MOST STUDIED FEDERAL NUTRITION PROGRAM

For 50 years, WIC has been a compelling program to learn from. WIC yields positive outcomes, which is supported by extensive research. Studies consistently show that WIC participation leads to improved health and developmental outcomes for children and mothers alike. The program's focus on nutrition intervention during critical stages such as pregnancy, infancy, and early childhood contributes significantly to reducing food insecurity, improving birth outcomes, enhancing cognitive development in children, and promoting overall maternal and child health. **Research underscores the effectiveness of WIC in mitigating adverse health conditions and highlights its role in supporting families, making a compelling case for continued investment and expansion of the program.**

IMPROVING PREGNANCY-RELATED AND INFANT HEALTH OUTCOMES

WIC has been shown to improve pregnancy and infant health outcomes through its comprehensive nutritional support and healthcare referrals. WIC's specialized nutritional assistance is designed to supply essential nutrients that can help reduce the likelihood of pregnancy-related complications, such as vitamin D, which lowers the risk of conditions like preeclampsia (Soneji and Beltrán-Sánchez, 2019) and gestational diabetes (Birati et al., 2022). Research finds that mothers with gestational diabetes who participate in WIC are less likely to have gestational hypertension, preterm delivery, low birthweight babies, and NICU admission than those who do not participate in WIC (Ghafari-Saravi et al., 2022).

Studies indicate that WIC participation is associated with reduced risks of preterm birth and low birthweight,

both of which are critical factors in infant health and development (Caulfield et al., 2022; Chorniy et al., 2018; Fingar et al., 2017; Venkataramani et al., 2022). Preterm



birth and low birthweight affect over 35 million newborns globally each year (WHO) and are leading contributors to neonatal and infant mortality, as well as risk factors for developmental disabilities, neurodevelopmental impairments, and chronic diseases later in life. Factors such as preterm labor, chronic health conditions, infections, and placental issues can lead to these conditions. However, effective interventions like optimal feeding practices can improve outcomes for preterm and low birthweight infants and promote better long-term health and development.

While more research is still needed, the existing evidence indicates the modest costs of WIC are outweighed by its benefits in helping avert poor birth outcomes and their associated health and economic consequences. In fact,

for every dollar spent on prenatal WIC services, the savings range from \$1.24 to \$6.83 due to improved birth outcomes and reduced healthcare costs.

(Nianogo et al, 2019).

The program's focus on providing nutritious foods, prenatal resources, and education on healthy behaviors during pregnancy helps ensure mothers receive essential nutrients and support. By addressing nutritional deficiencies and promoting healthy habits, WIC plays a crucial role in fostering optimal infant health outcomes and supporting maternal health throughout pregnancy.

INCREASING BREASTFEEDING RATES

Currently, the United States deviates from global norms in infant feeding practices by resisting international efforts to regulate CMF marketing, despite having lower breastfeeding rates and enduring significant disparities. Consistent with longstanding medical guidance that human milk offers optimal infant nutrition and benefits for both mother and child, WIC has a history of promoting breastfeeding and providing free, direct lactation support, care, and resources. As the nation's largest, coordinated breastfeeding support program, WIC is dedicated to ensuring that all babies have access to the nutrition necessary for their healthy growth and development. Since 1989, WIC has adopted standards to ensure the promotion, protection, and support of breastfeeding at the state and local levels (USDA FNS, 2013).

In 2020, the Dietary Guidelines for Americans (DGAs) issued their first recommendations on infant feeding, aligning with established medical consensus by endorsing exclusive breastfeeding for the first six months of a child's life (2020-2025 Dietary Guidelines for Americans, pg. 54).

Enhancing breastfeeding rates has become a significant federal public health objective, emphasized by the Healthy People 2030 Initiative, which targets increasing exclusive breastfeeding to six months and extending overall breastfeeding duration (HHS, 2020).





“Without that close relationship to WIC, I wouldn’t be able to breastfeed.”

Assa WIC Participant

Nationwide, the percentage of infants participating in WIC who initiate breastfeeding has steadily increased since 2004 when the national initiation rate was 56.9, to nearly 72% in 2020 (USDA FNS, 2020). WIC has embraced breastfeeding support and promotion as a core element of the program’s services. WIC is designed to help families set and achieve their breastfeeding goals, providing infants with the essential nutrients they need to grow and thrive. The program offers continuous support for parents in their choice to initiate breastfeeding.

In 1992, Congress mandated USDA create a national program to promote breastfeeding and provided funding for its implementation. Two years later, the Healthy Meals for Healthy Americans Act was passed, requiring State WIC agencies to allocate at least \$21 per pregnant or breastfeeding participant to promote breastfeeding and to collect and report breastfeeding initiation and duration data every two years. In 1998, WIC agencies were authorized to use funds to purchase breast pumps to distribute to participants returning to work or school full time and those who needed hospital-grade pumps to establish and maintain breastfeeding for infants in the NICU.

Multiple approaches implemented by WIC have helped support sustained breastfeeding, including WIC’s Breastfeeding Peer Counselor (BFPC) Program. The BFPC Program offers essential breastfeeding support to mothers enrolled in WIC. Peer counselors, often mothers who have breastfed themselves, provide personalized guidance and encouragement. They receive specialized training in breastfeeding techniques and counseling, ensuring they can offer effective help.

Research shows that mothers supported by peer counselors are more likely to start and continue breastfeeding

[Yang et al., 2024].

This program is culturally responsive and cost-effective, playing a crucial role in promoting breastfeeding and supporting maternal and infant health within WIC.

Workplace environments and managerial support play a crucial role in influencing a returning worker’s decision to keep breastfeeding. Many women who plan to continue breastfeeding upon returning to work rely on accommodations and support from their employer to facilitate pumping. In 2010, the Patient Protection and Affordable Care Act required that certain employers provide reasonable break time and a private, non-bathroom space to lactating employees for the purpose of expressing breast milk for one year after the birth of a child.

In a significant advancement, Congress passed additional protections for lactating workers in December 2022. NWA and WIC providers played a pivotal role in advocating for the PUMP for Nursing Mothers Act, which addresses gaps in coverage left by the 2010 law. Approximately nine million workers, previously excluded from protections for break time and a private space to pump, will now benefit from these provisions. Now, nearly all workers can access workplace policies that support their breastfeeding goals, potentially leading to improved breastfeeding exclusivity and duration nationwide.

YIELDING POSITIVE CHILD NUTRITION OUTCOMES

The National Strategy resulting from the White House Conference on Hunger, Nutrition, and Health emphasized the critical need to tackle hunger and reduce chronic diet-related illnesses. Early interventions that enhance children’s diets and health have long-term benefits, lowering health risks in adulthood and decreasing healthcare costs over time. Programs like WIC and other early supports are successful in shaping lifelong habits, addressing persistent inequalities, and guiding both individual lives and national health trajectories toward better outcomes.

WIC’s targeted nutrition support works in conjunction with other federal food assistance programs, including SNAP, to ensure that families have sufficient resources to meet their basic grocery needs. WIC’s food packages are customized to enhance an individual’s overall diet and provide essential nutrients during crucial periods of growth and development. The additional support from WIC also has an impact on reducing food insecurity.

Research finds that WIC participation correlates with reduced household food insecurity, including a 20% decrease in child food insecurity rates

(Kreider et al., 2016).

Moreover, WIC participation is linked with sustained reductions in food insecurity throughout later childhood and beyond (Insolera et al., 2022).

WIC goes beyond mere food assistance, providing a focused nutrition intervention supported by public health initiatives aimed at promoting healthier eating habits. WIC’s enduring commitment to public health nutrition aligns with Agriculture Secretary Tom Vilsack’s visionary plan for nutrition security, which emphasizes the significance of equitable access to nutritious foods to enhance well-being and prevent illness (USDA FNS, 2022).





For more than two decades, NWA has been at the forefront of a shift in federal nutrition programs to improve the healthfulness of food benefits and promote alignment with the DGAs. In 2009, WIC led the way among federal nutrition programs in improving diet quality by implementing revised food packages that enhanced access to fruits, vegetables, and whole grains for millions of adult and child participants (USDA FNS, 2007). This is a continued commitment; in April 2024, USDA announced revised food packages that further align with the latest nutritional guidance in the 2020-2025 DGAs and scientific recommendations from the National Academies of Sciences, Engineering, and Medicine (NASEM) (USDA FNS, 2024).

Research demonstrates WIC's crucial role in child nutrition outcomes.

Children participating in WIC generally have diets that better fulfill their nutritional requirements compared to those who do not participate in WIC

(Chiasson et al., 2013; Morshed et al., 2015; Tester et al., 2016).

This may be because infants and young children enrolled in WIC consume sufficient quantities of essential nutrients like iron, calcium, and vitamins A and C (Au et al., 2019; Shinyoung et al., 2018), which are critical for their growth and development (USDA FNS, 2023). In fact, participants in WIC demonstrated lower rates of iron deficiency anemia and healthier growth trajectories during early childhood

(USDA FNS, 2023), highlighting the program's impact on reducing nutritional deficiencies and promoting optimal health outcomes. Additionally, WIC food packages are designed to reflect cultural preferences and dietary needs, offering a variety of options that accommodate different family compositions and health conditions (USDA FNS, 2024).

The Cash Value Benefit (CVB) is a component of the WIC food packages designed to increase access to fresh fruits and vegetables among participants. In April 2021, this benefit was temporarily expanded from \$9-11 per person to \$35 per person, which yielded positive diet quality outcomes shortly thereafter (Anderson et al., 2023; Whaley et al., 2023). In September 2021, this temporary increase was extended, and the monthly benefit amounts were changed to \$24 per child and \$43-\$47 for women depending on whether they are pregnant, postpartum, or breastfeeding. Within a year,

April 2021 temporary CVB expansion

\$9-11/PERSON → \$35/PERSON

September 2021 temporary increase extended:

\$24 PER CHILD and \$43-\$47 FOR WOMEN

Within a year, the expansion led to a quarter-cup per day increase in fruit and vegetable consumption by WIC-enrolled children (NWA Multi-State WIC Participant Satisfaction Survey, 2022). The expansion was made permanent in the recently released revised food packages, and amounts will be adjusted annually for inflation.

Currently, CVB amounts are \$26 for child participants, \$47 for pregnant and postpartum participants, and \$52 for mostly and fully breastfeeding participants.

IMPROVING CHILD HEALTH AND DEVELOPMENT

Participation in WIC is linked to better outcomes in child health and development

[Bolbocean and Tylavsky, 2021; Guan et al., 2021].

WIC's referral policies and the relationships developed between WIC providers and families help connect them with comprehensive healthcare services, leading to increased use of regular medical and dental care (Sanjeevi et al., 2021). WIC's support and referrals contribute to improved cognitive development, decreased incidence of attention deficit disorders, and reduced behavioral issues when children start school (Chorniy et al., 2020; Hines and Ryan, 2021). Beyond improving health, WIC's comprehensive approach to nutrition and social support plays a crucial role in promoting child health, development, and school readiness, thereby potentially enhancing long-term educational outcomes and overall well-being (Hines and Ryan, 2021; Jackson, 2015).

Participation in WIC is associated with healthier growth patterns, including appropriate weight gain and reduced risk of stunted growth, particularly among children from low-income families. WIC collaborates with healthcare professionals to monitor children's growth and development, ensuring that nutritional interventions are tailored to individual needs and supporting early identification of any health concerns. By collaborating closely with medical professionals, WIC ensures coordinated care, monitors growth milestones, and promotes healthy lifestyle choices. This holistic approach not only mitigates nutritional risks but also contributes to long-term improvements in health, laying a foundation for healthier futures.



HEALTHCARE COST SAVINGS

US healthcare spending grew in 2022, reaching \$4.5 trillion, which accounts for 17.3% of the nation's Gross Domestic Product (CMS, 2024). Despite the accelerating spending, the US also experiences worse health outcomes than peer countries.

Early interventions focused on improving children's diets and health have shown significant long-term benefits, including reduced health risks in adulthood and decreased long-term healthcare expenditures. Poor nutrition stands as the primary cause of death and disability in the United States. The largest "hidden" cost of the food system is its impact on human health, amounting to nearly \$1.1 trillion annually in health-related costs by American taxpayers (Rockefeller Foundation, 2021). A substantial portion—\$604 billion— is attributed to healthcare expenses linked to diet-related conditions like hypertension, cancer, and diabetes (Rockefeller Foundation, 2021).

This is not new. In 2018, the Government Accountability Office (GAO) estimated that Medicaid and Medicare spent more than \$207 billion to treat chronic diet-related diseases like diabetes and cardiovascular disease (GAO, 2021)—approximately 15.3% of all Medicaid and Medicare spending (CMS, 2019).

WIC plays a pivotal role in ensuring healthier birth outcomes, fostering healthy child development, and enhancing dietary quality. For every dollar invested in WIC, approximately \$2.48 is returned in healthcare cost savings

(Nianogo et al., 2019).

This significant return on investment is attributed to WIC's comprehensive approach to improving maternal and child nutrition. By providing nutritious foods, nutrition education, breastfeeding support, and healthcare referrals, WIC helps to prevent and mitigate health issues early in life. This proactive approach not only fosters healthier birth outcomes and enhances child development but also reduces the incidence of diet-related chronic diseases later in life, such as diabetes and hypertension. Ultimately, the savings generated from improved health outcomes and reduced healthcare utilization demonstrate the critical role of WIC in promoting both individual and public health while effectively managing healthcare costs.

"The fruits, vegetables, eggs, milk, yogurt - it all adds up. Especially in times where I really really really need [WIC], when we couldn't afford a lot, I was able to feel secure and safe that I was able to feed my babies whether I had the money or not because WIC was always there when I needed it."



**Whitney
WIC Participant**



CHAPTER FOUR

WIC's Updated Food Packages

CHAPTER 4: WIC'S UPDATED FOOD PACKAGES

Since its pilot in 1972, WIC has provided supplemental, nutritious foods to program participants to improve the health and nutritional well-being of the nation's women, infants, and children. Serving over 500,000 pregnant women and nearly 40% of all infants in the United States (USDA FNS 2024; USDA ERS 2024), this federal nutrition assistance program is integral for meeting national nutrition policy goals for a significant portion of the US population.

The WIC food packages—grounded in the most recently available science—have helped children score higher on the Healthy Eating Index,

a tool that measures adherence to the Dietary Guidelines of Americans, and helped WIC families employ healthier shopping habits, including buying more whole grain breads and brown rice.

Paired with WIC's clinic-based nutrition services, the WIC food package benefit brings healthy foods into reach for approximately 6.7 million participants each month.

As a result of more than a decade of advocacy from NWA, WIC providers, and the medical and scientific communities, USDA revised the WIC food packages in 2009. These revisions aligned the food packages more closely with the Dietary Guidelines for Americans (DGAs), introducing fruits, vegetables, and whole grains as WIC-approved foods. The first major haul to the WIC food packages since the program was written into legislation in 1974, the 2009 changes strengthened the foundation of WIC's public health success by

- ✓ improving diet quality and variety,
- ✓ increasing access to and availability of healthy foods,
- ✓ and reducing childhood nutrient deficiencies.



WIC FOOD PACKAGE TIMELINE

1974

WIC begins and the first food package is established.

2006

Institute of Medicine proposes revisions.

2009

Revised food package is implemented based on the interim rule.

2015

Yogurt is authorized as a milk substitution.

2022

USDA publishes proposed new food package rule.

1992

Food package VIII is created to encourage breastfeeding.

2007

USDA's Food and Nutrition Services publishes the interim rule outlining the new WIC food package. The rule includes a new cash value benefit for participants to purchase fresh fruits and vegetables.

2014

The WIC food package is better aligned with the 2010 Dietary Guidelines for Americans.

2017

The National Academies of Sciences, Engineering, and Medicine propose a new set of revisions to the food package.

2024

In April, 2024 USDA released the final updates to the WIC food package which made the CVB increase permanent, increased flexibilities for participants, and added more options for cultural foods.

INDEPENDENT SCIENTIFIC REVIEW OF THE WIC FOOD PACKAGES



To protect the scientific integrity of the WIC food packages and ensure the continued success of WIC, Congress mandated USDA to reevaluate the program's food packages every 10 years through the Healthy, Hunger-Free Kids Act of 2010 (US Congress, 2010). During each reevaluation of the food packages, USDA has commissioned the National Academies of Sciences, Engineering, and Medicine (NASEM), formerly the Institute of Medicine, to conduct the scientific review. Built upon the most recently available science including the publication of the DGAs every five years, the scientific strength and nutritional integrity of the WIC food packages cannot be understated.

Requiring scientific review before regulatory action has been fundamental in setting WIC apart from other public health programs and is a key factor in WIC as a Food as Medicine program.

IMPROVING BALANCE AND CHOICE IN THE WIC FOOD PACKAGE

NASEM's theme for the 2017 food packages report was improving balance and choice. Improving balance meant ensuring the food packages were proportional across the food groups and supplemental in amount. Improving choice meant increasing food package flexibility and options.

NASEM sought to develop WIC food packages that are more aligned with scientific dietary guidance and accommodate participants' dietary, cultural, religious, and individual food preferences, better reflecting the diversity within the program. The new food package rule can better ensure the effective utilization of food benefits, thus improving the nutritional well-being of the nation's women, infants, and children. By offering a stronger nutritional value and more participant choice, the new food packages may also lead to increased enrollment and retention of WIC participants.

Furthermore, increasing the variety of foods offered within the food packages increases opportunities for food manufacturers and vendors to participate in this amazing program. WIC positively impacts local food economies in a variety of ways, by:

- ✓ Bringing money and healthy food into local communities;
- ✓ Supporting local farmers; and
- ✓ Helping foster community partnerships to improve access to healthy food and ensure that local and social service networks are inclusive, strong, and efficient.



THE 2024 FINAL FOOD PACKAGE RULE

In April 2024, USDA published its final food package rule based on NASEM's 2017 review of the WIC food packages titled, Review of WIC Food Packages Improving Balance and Choice: Final Report (see Appendix A for a summary of the rule). The second major revision to the WIC food packages since the program began, these changes are pivotal to increasing flexibility and choice for participants and improving the nutritional quality of the foods provided.

The WIC food packages are changing in four key ways (USDA, 2024):



More choice: The food package changes will ensure participants have access to essential nutrients that promote healthy growth and development.



More balance: The food package changes will address key nutritional needs and support healthy diets.



More flexibility: The food package changes will increase flexibility and variety to accommodate personal and cultural food preferences and special dietary needs.



More support: The food package changes will provide more support for individual goals to establish and sustain long-term breastfeeding.

MORE CHOICE

The updated WIC food packages significantly enhance participant choice and flexibility while maintaining the program's commitment to nutrition and health. These revisions expand options across multiple food categories, including fruits and vegetables, whole grains, proteins, and dairy alternatives. Participants will have access to a wider variety of culturally relevant foods, such as quinoa, wild rice, and corn masa flour tortillas. The changes also address convenience and dietary needs by including options like canned beans and more lactose-free dairy products. Additionally, the increased Cash Value Benefit for fruits and vegetables allows for greater purchasing power and variety. By offering more diverse and flexible food choices, the updated packages aim to better accommodate personal preferences, cultural traditions, and special dietary requirements, ultimately making the program more inclusive and responsive to the needs of WIC participants.

MORE BALANCE

The updated WIC food packages promote a more balanced approach to nutrition by expanding options across various food categories while aligning with the current DGAs. These revisions offer a wider variety of fruits, vegetables, whole grains, and proteins, enabling participants to create more nutritionally balanced meals. The increased CVB for produce and the inclusion of diverse cultural foods like quinoa and corn masa flour tortillas support both nutritional balance and cultural inclusivity. By adjusting food quantities, enhancing breastfeeding support, and balancing protein options, the new packages better reflect the supplemental nature of the program. Additionally, the emphasis on whole grains in cereals further contributes to a balanced diet. These changes collectively ensure that WIC participants can access a more diverse and balanced range of nutritious foods, supporting overall health while respecting individual and cultural preferences.

MORE FLEXIBILITY

The updated WIC food packages offer significantly more flexibility for participants. The revisions expand the options across multiple food categories, including fruits, vegetables, whole grains, proteins, and dairy alternatives. Participants now have access to more culturally relevant foods, such as quinoa, wild rice, and corn masa flour tortillas, allowing them to make choices that better align with their personal preferences and dietary needs. The increased CVB for fruits and vegetables provides more purchasing power and flexibility in selecting produce. Additionally, the new rules allow for more convenience options, like canned beans, and flexibility in package sizes for certain products. **These changes collectively enable WIC participants to tailor their food selections to accommodate special dietary requirements, address barriers like limited cooking facilities, and incorporate their cultural food traditions.**

By enhancing the flexibility of the food packages, the updates aim to make the program more responsive and inclusive, empowering participants to make nutritious choices that best fit individual circumstances and preferences.

MORE SUPPORT

The updated WIC food packages provide enhanced support for breastfeeding participants to help them establish and sustain long-term breastfeeding. The revisions offer more flexibility in the food packages, allowing for personalized choices and tailoring to better support individual breastfeeding goals and needs.

Breastfeeding participants will now have increased access to nutrient-rich foods, such as fruits, vegetables, whole grains, and seafood, which are essential for supporting their own health and the health of their infants. Additionally, the updates aim to reduce barriers to breastfeeding by providing more convenient and accessible options, including the addition of canned fish and other easy-to-prepare protein sources.

The revised packages also align with the latest dietary guidelines, ensuring that breastfeeding participants receive the most up-to-date and evidence-based nutrition guidance. Furthermore, the increased CVB for fruits and vegetables empowers breastfeeding participants to purchase more of these nutrient-dense foods, supporting their overall well-being. Lastly, the inclusion of more culturally appropriate foods promotes inclusivity and helps breastfeeding participants from diverse backgrounds access foods that align with their cultural preferences. **These comprehensive changes to the WIC food packages demonstrate a strong commitment to providing holistic support for those who are breastfeeding, ultimately contributing to their ability to establish and sustain long-term breastfeeding.**

IMPLEMENTATION OF THE UPDATED FOOD PACKAGES AND NEXT STEPS

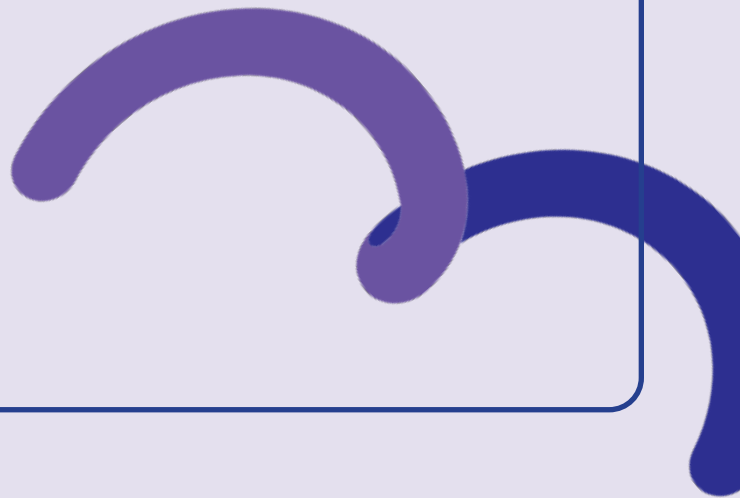
WIC State Agencies will have two years to implement most of the changes in USDA's final rule updating the WIC food packages. Most updates will be implemented by April 20, 2026. NWA will work with our members, partners, and USDA throughout the process to share information and provide support. NWA encourages researchers and other interested parties to consider how they can contribute to collecting and analyzing data on the updates to help inform future reviews and changes.



“Every culture, every person has a different relationship with their food. And so it’s really important that those particular foods are available to them.”



Jessika
Omaha Nation WIC
Program Director





CHAPTER FIVE

The WIC Participant Journey

CHAPTER 5: WIC'S PARTICIPANT JOURNEY: ENHANCING ACCESS, CHOICE, AND FLEXIBILITY

The WIC participant journey begins from the second they learn about WIC and concludes when they consume food purchased with WIC benefits. Throughout this journey, families have multiple interactions with WIC, including outreach, certification, scheduling visits, nutrition and infant feeding education, referrals, accessing benefits, and using benefits. The experience a participant has at any point along this journey can impact their desire to remain in the program. WIC families can recertify annually until the child's fifth birthday.

Participant-focused support and care, cultural representation, and responsiveness are all critical in WIC retention and satisfaction. By prioritizing individualized support tailored to each participant's needs, WIC ensures comprehensive counseling on nutrition, breastfeeding, and health, addressing concerns effectively through accessible channels like in-person visits and online resources. Embracing cultural diversity within its services is as important as respecting diverse food preferences, dietary practices, and health beliefs to foster a sense of belonging.

Hiring staff who represent the community helps ensure participants receive culturally responsive care, building trust and rapport, which in turn supports efforts to increase participant retention and satisfaction.

Moreover, responsiveness to participant feedback through surveys and ongoing communication enables WIC to continually adapt and improve services, enhancing overall satisfaction and strengthening participant retention. These efforts promote healthier outcomes for participants and establish WIC as a trusted ally in diverse communities seeking supportive, culturally responsive healthcare services.

Comprehensive breastfeeding support provided by WIC also plays a critical role in enhancing participant enrollment and retention by addressing both the health benefits of breastfeeding and the emotional and social needs of mothers. WIC's emphasis on breastfeeding as the optimal nutrition source for infants is supported by extensive counseling, education, and practical resources that help mothers overcome challenges and make informed decisions.

By nurturing a supportive environment through personalized consultations and group sessions, WIC builds trust and confidence among participants, empowering them to sustain breastfeeding practices.



This approach promotes infant health and maternal well-being and aligns with national and global health guidelines, reinforcing WIC's credibility as a trusted source of evidence-based breastfeeding support. By prioritizing comprehensive breastfeeding assistance, WIC improves health outcomes and strengthens participant retention through tailored services that resonate with the diverse needs of mothers and families, ensuring continued benefits from the program's broader health and nutrition initiatives.

The Abbott CMF recall impacted WIC enrollment and retention and prompted heightened interest in breastfeeding initiation, exclusivity, and relactation among affected families. The recall, which raised concerns about the safety and availability of CMF products, led many parents to seek alternative feeding options for their infants. WIC, known for its comprehensive breastfeeding support and nutritional guidance, became a crucial resource during this period. The program offered counseling, education, and practical assistance to support breastfeeding initiation and relactation efforts, thereby addressing the immediate needs of families affected by the recall.

Flexibility and choice throughout the participant journey also enhance the WIC experience, whether in how a family certifies for the program, how they access nutrition education, or what they choose to purchase with their food benefit. Increasing options for WIC participants is a pathway to program enhancement and a north star to the current priorities of the program.

NWA is committed to supporting a participant-focused WIC program where the goal is to make program improvements that reflect the needs of participants. To do this effectively, NWA continues to create opportunities to hear from participants directly, including facilitating a Participant Advisory Council and engaging in activities such as the Multistate Participant Satisfaction Survey.

WIC's caseload increased by 5% in fiscal year 2023 from 6.4 million participants to 6.7 million (NWA, 2023). This increase has been consistent across participant categories. WIC modernization efforts, like remote appointments, have made connecting with and remaining on WIC easier. Enhanced fruit and vegetable benefits have been crucial for WIC's nutritionally at-risk families dealing with higher grocery prices. However, WIC still needs additional changes to modernize the program and better serve WIC populations nationwide.

As WIC continues to drive healthier outcomes for participating families, opportunities arise to improve the shopping experience, embrace flexibility and choice without sacrificing nutritional quality, and partner with the private sector to make meaningful changes. The policy landscape, additional funding, and agency support have enhanced WIC's ability to improve program administration and reach more eligible women, infants, and children.

INVESTING IN THE WIC WORKFORCE

In 2019, NWA received a grant from the Walmart Foundation to support a two-year project aimed at Advancing Health Equity to Achieve Diversity and Inclusion (AHEAD) in WIC. One of the key goals of AHEAD was to systematically build capacity within the larger WIC community to incorporate a health equity framework into WIC research, policy, and practice. In early 2023, to build off the framework developed as part of AHEAD in WIC, NWA was awarded a \$1.2 million grant from the Walmart Foundation to catalyze NWA's work to support the WIC workforce.



AHEAD 2.0: Strengthening and Diversifying the WIC Workforce aims to enhance equity, diversity, inclusion, and belonging (EDIB) within the WIC workforce.

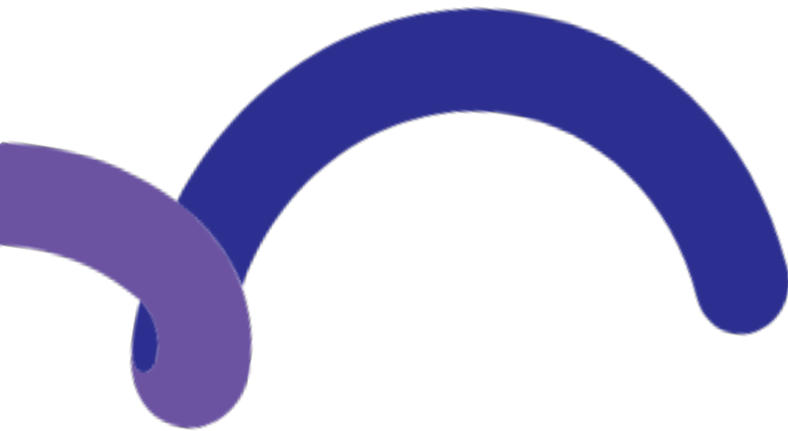
This is crucial to ensure participants receive high-quality services and benefit from culturally responsive care, education, resources, and support as they navigate WIC.

AHEAD 2.0 and the additional support from the Walmart Foundation will build capacity within the broader WIC community to promote racial equity in the workforce. In 2023, this work included the leadership of eight Healthy Equity Champions who built equity, diversity, inclusion, and belonging into their roles, responsibilities, and organizations. NWA also provided support for State and Local WIC Agencies to address racial inequities in nutrition education and to credential WIC staff who identify as members of underserved, underrepresented, and marginalized communities. **Since May 2023, NWA has awarded 38 subgrants, totaling nearly \$300,000, to WIC agencies nationwide to provide financial support for their staff to complete the requirements for their International Board Certified Lactation Consultant and Registered Dietitian credentials.**

These efforts speak to NWA's and WIC's commitment to ensuring WIC services are equitable, diverse, culturally responsive, and accessible to promote satisfaction and retention of WIC participants and increase enrollment for WIC-eligible participants. NWA also continues to assess its internal and external policies and practices on EDIB-focused organizational values, mission, and vision.

MODERNIZATION AND TECHNOLOGICAL IMPROVEMENTS TO PROMOTE RECRUITMENT AND RETENTION

Since March 2020, USDA has had the authority to waive physical presence requirements to provide remote services and remote benefit issuance to evaluate the modernization of WIC services and increase access to WIC benefits through September 2026. Under these new flexibilities, USDA has provided State Agencies with the flexibility to certify applicants for services so long as they can complete related health assessments within 60 days of the remote appointment.



“It feels great to see my kids thriving and being healthy, and honestly, WIC has been a huge help. My kids have the proper nutrition and I have the proper nutrition which I pass onto them.”



Nicole
WIC Participant



Drawing on WIC providers' experience during COVID-19, there is a renewed opportunity for WIC staff at state and local levels to proactively partner with healthcare providers to coordinate care, streamline referral and enrollment processes, and reduce duplicative tests.

State WIC Agencies and the healthcare sector would benefit from permanent rule changes and technological systems improvements, setting the stage for innovations to facilitate the two-way sharing of relevant health information. This bidirectional exchange also reinforces WIC's ability to address nutrition and breastfeeding concerns that healthcare providers may have about their WIC-eligible patients and promotes continuity of care. **Phone and video appointments, coupled with enhanced collaboration with healthcare, will strengthen WIC's reach as the program works to deliver a modern service model and remove barriers to access such as transportation, childcare, and time off work.**

In early 2023, the Nava Public Benefit Corporation (NAVA) and NWA released an update to the 2020 WIC Technology Landscape Report, which detailed progress related to specific technological equipment, processes, and development to improve WIC participation, benefit

redemption, integration with healthcare, and participants' overall satisfaction (NWA, 2023). The report notes persistent structural barriers to equitable access to technology. It outlines the need for additional policy and systems support to raise the floor of WIC technology-enabled service delivery while uplifting the successful innovation of some states as examples to follow.

In 2020, USDA initiated a pilot project to test and evaluate online ordering platforms with the Center for Nutrition and Health Impact, at the time known as the Gretchen Swanson Center for Nutrition. Four State WIC Agency/retailer projects, which included eight WIC State or Indigenous Agencies, received subgrants in 2021:

- Washington State, Massachusetts, and Walmart
- Minnesota, Iowa, Nebraska, and Hy-Vee
- South Dakota, South Dakota Rosebud Sioux Tribe, and Buche Foods
- Nevada and SaveMart

The four projects, which are all expected to go live later in 2024, will help provide a roadmap and inform recommendations for State Agencies looking to prepare for implementation of their own online shopping projects. In the planning phase, the pilots have already identified crucial learnings surrounding best practices for forming an implementation team, technical implications for retail partners, EBT processors, and Management Information System (MIS) providers, and timelines for testing and executing contracts. In July 2024, USDA announced subgrants to four more WIC State Agencies to pilot online shopping: Indian WIC, DC WIC, Mississippi WIC, and New Jersey WIC.



“Technology is constantly changing, but the one thing that most people have is a phone. I find that clients, once we help them get set up with [WIC benefits] on their phone, they are using [their benefits] more often.”

**Katie
Goughan’s Berry Farm**



In February 2023, USDA proposed revisions to its vendor regulations to account for necessary changes to empower further innovations in the online shopping space. NWA has long advocated for modernizing the WIC shopping experience to minimize barriers to redeeming benefits, ensure WIC shoppers have access to the same retailer platforms as non-WIC shoppers, and reduce stigma associated with in-person shopping for WIC families.

The proposed rule would permit online transactions and pave the way for internet vendors and modern transaction technologies like mobile payments.

These changes will require different approaches in WIC vendor management, with increased emphasis on oversight of technology platforms. The proposed rule would also update vendor management regulations and reporting requirements to minimize burden on states, including allowing State Agencies to develop virtual methods of oversight, use EBT data as a replacement for routine shelf price collection, and extend vendor agreement periods from three to five years.

In comments on the proposed rule, NWA welcomed USDA’s forward-looking proposals to update vendor management regulations and account for evolving technologies in the

commercial marketplace. Considering the impact that introducing online vendors would have on state vendor management team responsibilities, **NWA also urged USDA to develop a nationwide framework for authorization and monitoring of online platforms to reduce burden, better coordinate efforts across states, and ensure smooth implementation of online shopping in WIC.** NWA also proposed allowing already WIC-authorized brick-and-mortar vendors who operate a co-located online fulfillment center to receive a streamlined authorization process by adding a new definition for “hybrid vendors.” Additionally, as WIC explores adding capabilities for mobile payments, NWA encouraged USDA to adopt a more coordinated approach with SNAP agencies, who are already piloting mobile payments. Including WIC in these pilots will reduce burden on state governments, retailers, and EBT processors.

NWA also urged the prioritization of equitable delivery in the development and rollout of new shopping technologies. For example, to mitigate out-of-pocket costs for WIC shoppers, **NWA recommended prohibiting fees for online transactions that include only WIC items, permitting vendors to waive fees for WIC shoppers even with mixed-basket transactions, and allowing WIC shoppers to decline additional charges when weighted Cash Value Benefit items exceed the allotted benefit amount. The proposed rule also allows vendors to return benefits to a participant’s balance when an online order cannot be fulfilled and recommends adding a seven-day grace period when this happens right before the end of the participant’s benefit month.**

Given equity implications and complexities of programming a limited grace period into state MIS, NWA proposed a one-month rollover of all unredeemed benefits to promote full redemption.

Finally, NWA underscored the importance that new vendor management regulations preserve the nutritional integrity of the WIC food packages and prevent online platforms from undermining WIC's nutrition messaging. USDA and other stakeholders should be mindful of how participants' data is collected and used on online shopping platforms and put in safeguards to prohibit targeted marketing of non-WIC products in the middle of a WIC transaction.

The release of the final rule, expected in early 2025, will provide opportunities to engage new WIC retailers and clarify current and emerging online shopping projects to ensure that WIC participants can soon utilize virtual platforms. In the coming months, the WIC community and USDA will work to identify necessary safeguards to scale up WIC's online purchasing and will need to work to ensure that online platforms are accessible, have the scope of coverage to serve WIC's diverse population, and do not impose insurmountable barriers to utilization. As with the transition to EBT, targeted support may be needed to ensure ongoing access to smaller vendors.

The need for equitable access to online shopping innovations is documented in recent research. Researchers examined perceived barriers to online ordering and purchase with WIC EBT.

WIC online ordering challenges that were most frequently anticipated included systems security and confidentiality challenges.

Researchers also noted equity considerations for WIC-authorized retailers, like ensuring retailers with varying capacities can offer WIC online ordering, and the need for new rules and/or new interpretations of current rules to account for emergent issues related to WIC online ordering.

The modernization of WIC is crucial to ensuring that it continues to effectively serve low-income pregnant and postpartum women, infants, and children. By streamlining enrollment processes, improving technology and service delivery, and making benefits more accessible through remote options, WIC can better meet the needs of busy working families and increase participation rates. These changes will need action by Congress to become reality. As WIC celebrates its 50th anniversary, it is clear that ongoing modernization efforts are essential to maintaining the program's effectiveness and impact in supporting maternal and child health for the next generation.





CHAPTER SIX

Increasing WIC Participation
and Policy Implications

CHAPTER 6: INCREASING WIC PARTICIPATION AND POLICY IMPLICATIONS

The continued investment by Congress and the leadership through USDA has improved WIC and made it more accessible to eligible families. Reaching all WIC-eligible families is complex as many factors impact participation. WIC continues on the journey toward improved participation through modernization of the program, but it will require multi-faceted research to understand the patterns in participation among different groups of eligible populations: those who are eligible but never enrolled, those who enrolled but stopped participating in the program before their eligibility expired, and those who enrolled and remained enrolled throughout their eligibility period. Recent investments to modernize WIC prioritize participants' voices, build pipelines to improve the racial and ethnic diversity of WIC staff to reflect the communities served through the program, improve the overall participant satisfaction with WIC, reduce nutrition insecurity, and improve health outcomes for mothers and children across the country.

Nationwide, these efforts to modernize service delivery and maximize the food benefit have been reflected in growing caseloads. WIC participation increased by 5% in fiscal year 2023, from 6.4 million participants to 6.7 million, suggesting that higher benefits could be associated with increased participant retention. This is a reversal of a decade-long trend of declining program participation, following a peak in 2010 of nearly 9.2 million participants. Throughout the 2010s, WIC participation fell, with child participation decreasing from 4.9 million in 2010 to 3.1 million in 2020. However, following the introduction of remote service options and the expanded CVB, caseloads began to increase. Gains in child participation are particularly notable in this respect, as coverage, or the percentage of the eligible population enrolled in the program, is typically lowest for this group and decreases as children age. In 2022, just over 25% of eligible 4 year olds

were enrolled in WIC, whereas, over 64% of eligible 1 year olds participated (FNS, 2024). Increasing child participation and retention has long been a goal for WIC providers, making recent gains particularly noteworthy.

However, with increased caseloads also come increased cost pressures.

As a discretionary program, WIC must be proactively funded by Congress each fiscal year, via the annual appropriations process.

Since the late 1990s, there has been a bipartisan agreement in Congress to **“fully fund” WIC– that is, to provide enough resources so that every eligible individual who seeks WIC services can receive them.** As caseloads declined throughout the 2010s, so did WIC's annual appropriation.

In fiscal year 2024, following several years of flat program funding at \$6 billion, WIC needed increased investment due to rising caseloads and food costs. Additionally, caps on discretionary spending agreed to as part of the 2023 bipartisan deal to raise the national debt ceiling created a particularly challenging funding environment. The initial agriculture funding proposals introduced in both the House and Senate were not sufficient to meet projected needs, putting the program in danger of reverting to waiting lists for the first time in the 21st century. Additionally, House Republicans proposed decreasing WIC's fruit and vegetable benefit to defray overall program costs, which would have marked the first time in program history that Congress had

shrunk WIC's evidence-based food package.

Protracted spending negotiations necessitated passage of multiple short-term spending patches, which provided short-term flexibilities to WIC that allowed the program to avert an immediate crisis, but failed to provide the long-term clarity and stability needed by participants and staff. Independent projections from the Center on Budget and Policy Priorities predicted that a **\$1 billion funding shortfall would result in more than 2 million eligible individuals being turned away from WIC**, undermining participant trust and reversing hard-won gains in program participation (Bergh, 2023).

In March 2024, bipartisan negotiators came to an agreement to provide \$7.03 billion in funding for WIC, maintaining the tradition of “fully funding” the program to serve projected caseloads.

While this prevented an unprecedented crisis for WIC, program experts began to explore an alternate funding path that would provide participants and staff with more stability.

MANDATORY FUNDING: CHALLENGES AND OPPORTUNITIES IN A CHANGING LANDSCAPE

Since the program's establishment in 1974, WIC has been funded on a discretionary basis, meaning that Congress must actively provide the funds each year to serve projected caseloads. **Beginning in the late 1990s, Congress reached a bipartisan agreement to “fully fund” WIC to serve projected caseloads, providing whatever appropriations USDA estimated would be necessary to certify every eligible individual who sought WIC services in that fiscal year.** This agreement, which ensured that no eligible family would be turned away from the program, was crucial in building participant trust in WIC and dispelling the perception among some eligible individuals that their participation in WIC might mean a neighbor could not get certified. Despite the program's discretionary funding status, WIC has not experienced widespread waiting lists in more than 25 years.

Congress very nearly walked away from this agreement in fiscal year 2024 (FY24) when it was unclear whether WIC would receive full funding due to protracted and contentious appropriations negotiations. As a result, some key WIC leaders began to consider whether to pursue a change in the program's funding status, making WIC a mandatory program. Programs with mandatory funding, such as the National School Lunch Program, receive their funding directly from the US Treasury via the relevant agency, based on participation rates.



“There’s still a lot of work that needs to be done because the times that we’re living in are unprecedented and challenging. So, the need for health equity has never been more important.”

Adela Garcia Local Agency WIC Director



Historically, WIC advocates have opposed shifting WIC to a mandatory program, expressing concerns about politicization of the program or possible efforts to roll back eligibility should program costs grow significantly.

However, following the 2022 CMF shortage and contentious FY24 WIC funding debate, prominent WIC supporters have begun exploring mandatory funding. Secretary of Agriculture Tom Vilsack has publicly called for mandatory WIC funding, including in his remarks at NWA’s 2024 Annual Conference and in testimony before the Senate Appropriations Committee. House Education and Workforce Committee Democrats published a report calling for mandatory WIC funding in January 2024 in response to FY24 WIC funding debate (Education and Workforce Committee Democrats, 2024).

While WIC has historically enjoyed bipartisan support, broader political tensions have made the annual appropriations process more challenging, bringing new risks.

Establishing WIC as a mandatory program would provide certainty that no one will be turned away from the program for lack of resources.

As these conversations progress, NWA will play a crucial role in safeguarding WIC’s core identity as a public health

nutrition program committed to serving every eligible individual.

WHAT CONGRESS CAN DO

In addition to working on annual appropriations, some members of Congress have worked with NWA to put forward proposals to improve and expand access to WIC. These efforts aim to improve coordination with healthcare and other social safety net programs; ease participant and staff burden; and expand eligibility to groups who currently fall through the cracks. Today, children enrolled in WIC age out at their fifth birthday, and postpartum participants are only eligible for services for six months or up to one year if they are breastfeeding. **The WIC Act, or Wise Investment in our Children Act, would expand that eligibility to ensure children can remain in the program until age six or the beginning of kindergarten, filling a critical gap between the end of WIC eligibility and access to school meals.** This legislation would also extend postpartum eligibility to two years for all postpartum parents, regardless of breastfeeding status. Expanding postpartum eligibility would greatly improve maternal nutrition status in the interpregnancy period. Finally, the WIC Act would allow infants to be certified for two years, easing the participant and staff burden, and making it easier for families to keep their young children on WIC.

Another Congressional proposal is the WIC for Kids Act, which would improve coordination with other federal programs and ease participant and WIC provider burden. Specifically, the WIC For Kids Act would add Head Start,

the Food Distribution Program on Indian Reservations (FDPIR), and the Nutrition Assistance Program (NAP) to the list of federal programs that confer adjunctive eligibility for WIC. Participants who are adjunctively eligible for WIC do not need to provide additional proof of income to enroll. Additionally, the WIC for Kids Act would reduce the burden on WIC families and staff by allowing WIC agency staff to align certification and recertification timelines across family members.

Congress should also pass the Modern WIC Act, which would give WIC agencies the option to allow participants to certify their eligibility remotely and reload benefits online. **These flexibilities helped increase child participation rates, but right now they are temporary.** Congress needs to act to make them permanent.

Focusing on disparities in Black maternal and infant health outcomes, the Black Maternal Health Momnibus Act targets different policies and structures contributing to inequitable treatment of Black mothers in the healthcare

system. This legislative package would extend postpartum eligibility for participants enrolled in WIC to two years, providing essential support, nutrition, and care for moms after birth and beyond. The Momnibus would also ensure culturally responsive care in the WIC workforce by providing anti-racism and implicit bias training for WIC providers and funding to diversify the educational pipeline for WIC-aligned professions like dietetics, nutrition, and lactation.

As discussed above, Congress should also explore options to shift WIC to mandatory funding. **The annual appropriations process creates difficult uncertainty for program operators and WIC families, which adversely impacts the program's ability to deliver its critical public health nutrition services.** In fiscal year 2024, Congress came far too close to abandoning its three-decade-long commitment to fully funding WIC. Even before this, Congress had not finished all 12 appropriations bills on time since 1997. It will be critical for lawmakers to engage with WIC providers through NWA to ensure that WIC can continue to be as accessible and effective as it has always been under mandatory funding.



CONCLUSION



**BY KATE FRANKEN
NWA BOARD CHAIR**

As we approach the 40th anniversary of the National WIC Association (NWA), we reflect on the significant progress we have made. NWA has loudly advocated for equity, access, and opportunity, ensuring every family receives the resources needed to thrive.

For the past four decades, NWA has stood as a pillar of support, driven by our unwavering commitment to advocacy, innovation, and the pursuit of health equity for the communities we serve. Our commitment has led to transformative change, from championing updates to WIC food packages to advancing diversity, equity, inclusion, and belonging initiatives that empower WIC staff. Through these efforts, **NWA has broadened the reach and impact of WIC.**

As we celebrate WIC's past, it is equally important to focus on its future. **WIC's role in nurturing the next generation is more crucial than ever**, and the challenges faced require strong commitment.

NWA stands firm in its mission to empower our members with the leadership and tools needed to expand access and opportunity for all families.

Looking ahead, we are inspired by the possibilities. NWA's vision remains rooted in advancing the WIC program, fostering innovative solutions to meet evolving needs, and staying dedicated to the families that we serve. As we continue to build on the progress and embrace new opportunities, **we are committed to ensuring WIC is here for generations to come.**

TABLE 1: NATIONAL WIC ASSOCIATION HIGHLIGHTS

NWA Initiative	2023-2024 Progress
Advancing Health Equity to Achieve Diversity and Inclusion (AHEAD) in WIC	NWA awarded over 30 scholarships, totaling over \$220,00, through subgrants to State and Local WIC Agencies to support WIC staff from historically marginalized communities to pursue their Registered Dietitian (RD/RDN), International Board Certified Lactation Consultant (IBCLC), and Nutrition and Dietetics Technician Registered (NTDR) credentials. The recruitment and retention of highly trained, skilled, culturally responsive, reflective, participant-centered staff are critical to the WIC participant experience as they interact with staff at every stage of participation.
	NWA's second cohort of Health Equity Champions (HECs) completed a 12-week self-study grounding curriculum and three in-person trainings focused on racial equity and bias, personal ecology and principles for a balanced ecosystem, dominant communication styles, cultural humility, equity-focused programming and evaluation, and more. WIC agency staff who have successfully completed the training will utilize the concepts to develop and implement equity, diversity, inclusion, and belonging (EDIB) focused strategies in their State, Territory, Indigenous, and Local Agencies to improve enrollment and retention, service delivery and accessibility for WIC participants.
Center for Innovative Practices in WIC (CIP-WIC)	In 2023, NWA announced the establishment of CIP-WIC, which comprises subject matter experts in nutrition, lactation, research, policy, technology, and innovation in WIC. CIP-WIC aims to provide technical assistance, elevate promising practices, and foster collaborative networks within the WIC community. It seeks to empower NWA members and partners with support, tools, and resources to address racial and health equity concerns.
Centering the participant experience	NWA is now hosting the third cohort of the Participant Advisory Council—a Council of WIC participants to gain participant feedback and offer opportunities for participants to engage more deeply with NWA and WIC.
Data Sharing Projects	<p>In 2023, NWA began work on two projects that aim to streamline enrollment in WIC through data sharing. In the first project, NWA awarded subgrants to two pilot projects to establish Healthcare Information Exchanges and WIC referral systems to facilitate healthcare provider referrals and test sharing of clinical data needed for certification. In Lānaʻi City, Hawaiʻi, Lānaʻi Community Health Center integrated a WIC referral directly into the Electronic Medical Record (EMR). WIC staff access the referral in the EMR and update the referral note once the WIC appointment has been completed. WIC staff are also able to view recent clinical data necessary for certification, which reduces duplicative efforts. In Los Angeles, the California WIC Association partnered with LANES, a regional healthcare information exchange, to pilot data-sharing systems between two FQHCs and their associated WIC Local Agencies—Watts Healthcare Corporation and Northeast Valley Health Corporation. Through LANES, both WIC agencies receive weekly rosters of patients seen at prenatal and well-child visits, compare them against the WIC MIS, reach out to the families, and code the status (e.g. new, already enrolled, declined, etc.). In LANES, WIC staff can also access a “WIC view” of clinical data necessary for enrollment.</p> <p>In the second data-sharing project, NWA joined MORE WIC!, a cooperative agreement with USDA FNS led by Johns Hopkins. The project will assist WIC State Agencies in implementing a streamlined enrollment process by using information from Medicaid, SNAP, and other assistance programs to identify and reach out to WIC-eligible families who are not enrolled.</p>
Secret Ingredient Campaign	NWA launched the Secret Ingredient Campaign with a supplemental grant from the Robert Wood Johnson Foundation. In the wake of the unprecedented crisis in infant feeding due to the nationwide CMF shortage, the campaign aimed to reassure caregivers and assure them that WIC is there to support them as they navigate the challenges of infant feeding. The campaign showcased the real experiences of diverse WIC parents, children, and providers. NWA developed model messages and materials to share through social media, press outreach, print (blog posts, posters, and postcards) with compelling video, stories, and photos.

Advocacy successes	NWA played a key role in securing passage of the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act, which provides the right to take breaks and access private spaces in the workplace to express breast milk for nine million more mothers, and the Pregnant Workers Fairness Act, which requires employers with at least 15 employees to provide reasonable accommodations to pregnant employees and those recovering from childbirth. NWA celebrated these with partners through an event and billboards in Times Square in New York City.
	NWA commented, provided a model comment, and mobilized partners and WIC providers to comment on USDA's proposed changes to allow participants to use WIC benefits via online shopping. The proposed changes would provide a more equitable, simple, and convenient WIC shopping experience.
	NWA successfully advocated for and secured full funding for WIC in FY24, including approximately \$1 billion of additional funds over the prior fiscal year. To achieve this goal, NWA convened and mobilized a workgroup of more than two dozen national organizations to support WIC and organized over 600 organizations to sign a letter to policymakers in support of full funding for WIC in FY24. NWA worked closely with USDA and the White House and sponsored briefings to bring awareness to this issue. NWA educated and activated members through calls, trainings, and social media, and even brought WIC providers to Washington to share their experiences and educate policymakers about the importance of fully funding and maintaining remote services for WIC.
	NWA commented on USDA's proposed regulation to update the WIC food packages. In addition to our comment, we mobilized partner organizations, WIC providers, and others to comment in support of a strong, science-based final rule encouraging permanently increasing the fruit and vegetable benefit, adding monthly issuance of seafood across food packages, increasing cultural whole grain options, including new substitution patterns, and expand package size flexibility to improve participant access to healthy foods. NWA's recommendations were largely incorporated in the final rule.
Online Community	NWA launched a pilot of an online member community in 2023. The member engagement platform will expand networking and collaboration among our members to cultivate greater engagement with NWA and with each other. NWA revised plans and the platform based on the learnings in the pilot and rolled out the revised version to all our members in 2024.

TABLE 2: WIC BY THE NUMBERS



WIC currently serves **6.7 million women, infants, and children** nationwide, an increase of 300,000 since early fiscal year 2023.



If WIC reached all eligible 2–4-year-old children, **population health benefits could have more than doubled**. Specifically, healthcare costs could have resulted in **additional savings of \$93.4 million**.

Kenney et al. (2024)



Increased CVB is associated with **greater redemption and satisfaction** as well as

10% increase in household food security

nearly 1/4 cups per day increase in fruit and vegetable consumption.

Whaley et al. (2023)



Participation in WIC results in a **lower risk of adverse maternal and child health outcomes**, including those associated with high-risk pregnancies.

Systematic review completed by the Agency for Healthcare Research and Quality

APPENDIX A: UPDATES TO THE WIC FOOD PACKAGE

Summary of Requirements Before Changes

Summary of Final Changes

FRUITS & VEGETABLES

Dollar value of Cash Value Benefit (CVB): <ul style="list-style-type: none"> Children \$8 Pregnant, postpartum, breastfeeding \$10 	Dollar Value of CVB is increased: <ul style="list-style-type: none"> Children \$26 Pregnant, postpartum \$47 Breastfeeding \$52
State agencies are only required to authorize fresh fruits and fresh vegetables, other forms optional (frozen, canned, or dried).	State agencies are required to authorize at least one other form of fruits and vegetables (frozen, canned, or dried) in addition to fresh.
Cannot purchase fresh herbs with CVB.	Can purchase fresh herbs with CVB.

Summary of Requirements Before Changes

Summary of Final Changes

JUICE

Amount of juice issued: <ul style="list-style-type: none"> Children: 128 oz. Pregnant and breastfeeding: 144 oz. Postpartum: 96 oz. 	Amount of juice is reduced: <ul style="list-style-type: none"> Children: 64 oz. Pregnant and breastfeeding: 64 oz. Postpartum: 64 oz.
No option for substituting CVB in place of juice.	Substitution of juice for a \$3 CVB is allowed.

Summary of Requirements Before Changes

Summary of Final Changes

MILK AND MILK SUBSTITUTES

Amount of milk issued: <ul style="list-style-type: none"> Children 1 through 4 years: 16 qts. Pregnant/partially breastfeeding: 16 qts. Fully breastfeeding: 24 qts. Postpartum: 16 qts. 	Amount of milk is reduced: <ul style="list-style-type: none"> Children 12 - 23 months: 12 qts. Children 2 - 4 years: 14 qts. Pregnant/partially breastfeeding: 22 to 16 qts. Fully breastfeeding: 16 qts.
Lactose-free milk in food package is optional.	Lactose-free milk in food package is required.
Flavored milk is allowed in the food package.	Only unflavored milk is allowed in the food package.
1 qt. (32 oz.) of yogurt may be substituted for 1 qt. milk	2 qts (64 oz.) of yogurt may be substituted for 2 qts of milk.
Only cow's milk yogurt is allowed to be substituted for milk.	Soy-based yogurts and soy-based cheeses as substitution for milk is allowed. Plant-based yogurts and plant-based cheeses meeting specific nutritional requirements are also allowed substitutions.



INFANT FOODS

<p>Amounts of Infant Cereal:</p> <ul style="list-style-type: none"> Fully breastfed: 24 oz. Partially breastfed: 24 oz. Fully formula-fed: 24 oz. 	<p>Amounts of Infant Cereal are Reduced:</p> <ul style="list-style-type: none"> Fully breastfed: 16 oz. Partially breastfed: 8 oz. Fully Formula-Fed: 8 oz.
<p>Amounts for Infant Fruits/Vegetables:</p> <ul style="list-style-type: none"> Fully breastfed: 256 oz. Partially breastfed: 128 oz. Fully formula-fed: 128 oz. 	<p>Amounts of Infant Fruits/Vegetables Reduced:</p> <ul style="list-style-type: none"> Fully breastfed: 128 oz. Partially breastfed: 128 oz. Fully Formula-Fed: 128 oz.
<p>Current amounts for Infant Meats:</p> <ul style="list-style-type: none"> Fully breastfed: 77.5 oz. Partially breastfed: zero oz. Fully formula-fed: zero oz. 	<p>Amounts for Infant Meats Reduced:</p> <ul style="list-style-type: none"> Fully breastfed: 40 oz. Partially breastfed: zero oz. Fully Formula-Fed: zero oz.
<p>Only infants ages 9-11 months may receive a CVB to substitute half of the jarred infant fruits and vegetables for fresh fruits and vegetables.</p>	<p>Infants 6-11 months may receive CVB to substitute half (for \$10 CVB), or all (for \$20 CVB), of jarred fruits and vegetables for fresh, canned, or frozen forms.</p>

WHOLE WHEAT BREAD, WHOLE GRAIN BREAD, AND WHOLE GRAIN OPTIONS



<p>Amounts of Whole Wheat Bread and Whole Grain Bread:</p> <ul style="list-style-type: none"> Children: 32 oz. Pregnant, partially breastfeeding and fully breastfeeding: 16 oz. 	<p>Amounts of Whole Wheat Bread and Whole Grain Bread are Adjusted:</p> <ul style="list-style-type: none"> Children: 24 oz. Pregnant, postpartum, and breastfeeding: 48 oz.
<p>Whole grain options include: Brown rice, bulgur, oats, whole-grain barley, and whole wheat macaroni products without added sugars, fats, oils, or salt, and soft corn (made from ground masa flour) or whole wheat tortillas.</p>	<p>Whole grain options expanded: Quinoa; wild rice; millet; triticale; amaranth; kamut; sorghum; wheat berries; tortillas made with folic acid-fortified corn masa flour; corn meal (including blue); teff; buckwheat; and whole wheat bread products (i.e., pita, English muffins, bagels, and naan) and additional whole grain options allowed.</p>

CANNED FISH

<p>Children (1 through 4 years) do not receive canned fish.</p>	<p>6 oz. of canned fish added to all child food packages. Children can get canned salmon, sardines, Atlantic mackerel, Chub mackerel, and light tuna.</p>
<p>Pregnant, postpartum, and partially breastfeeding participants do not receive canned fish; fully breastfeeding participants receive 30 ounces canned salmon, sardines, Atlantic mackerel, Chub mackerel, Jack Mackerel, and light tuna.</p>	<p>Add 10 ounces of canned fish to food packages for pregnant and postpartum participants and 15 ounces for partially breastfeeding participants; and revise amounts for fully breastfeeding participants from 30 to 20 ounces. Remove Jack Mackerel.</p>

LEGUMES AND EGGS

<p>Dry legumes allowed; canned legumes optional.</p>	<p>Both dried and canned legumes are required.</p>
<p>No substitutions are allowed for eggs.</p>	<p>Legumes and peanut butter as substitutes for eggs are allowed. Depending on the state, tofu may be allowed as a substitute. Nut and seed butters as a substitute for eggs may be allowed depending on the state.</p>
	<p>Nut and seed butters are an optional substitute for peanut butter, depending on the state.</p>



SOURCES

- 2023 WIC Technology Landscape Report. (2023). National WIC Association, Nava Public Benefit Corporation. <https://thewichub.org/2023-wic-technology-landscape-report/>
- About WIC: How WIC Helps | Food and Nutrition Service. (2023). US Department of Agriculture Food and Nutrition Service. <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>
- Anderson, C. E., Au, L. E., Yopez, C. E., Ritchie, L. D., Tsai, M. M., & Whaley, S. E. (2023). Increased WIC Cash Value Benefit is Associated with Greater Amount and Diversity of Redeemed Fruits and Vegetables among Participating Households. *Current Developments in Nutrition*, 7(9), 101986. <https://doi.org/10.1016/j.cdnut.2023.101986>
- Anna V. Chorniy, Janet Currie, & Lyudmyla Sonchak. (2018). Does Prenatal WIC Participation Improve Child Outcomes? (Working Paper 24691; NBER Working Paper Series). National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w24691/revisions/w24691.rev0.pdf
- Au, L. E., Paolicelli, C., Gurzo, K., Ritchie, L. D., Weinfeld, N. S., Plank, K. R., & Whaley, S. E. (2019). Contribution of WIC-Eligible Foods to the Overall Diet of 13- and 24-Month-Old Toddlers in the WIC Infant and Toddler Feeding Practices Study-2. *Journal of the Academy of Nutrition and Dietetics*, 119(3), 435–448. <https://doi.org/10.1016/j.jand.2018.11.001>
- Bender, S., Raney, C., & Greenaway, Rev. Douglas A. (2021). *Enhancing the WIC Food Package*. National WIC Association. <https://media.nwica.org/nwa-wic-food-package-report.pdf>
- Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health. (2022). The White House. <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>
- Birati, Y., Bloch, J. R., McKeever, A., & Chiatti, B. D. (2022). Relationships Among Neighborhood Poverty, Access to Healthy Food, and Diabetes Self-Management in Women Who Received Perinatal Nurse Home Visits. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 51(1), 41–52. <https://doi.org/10.1016/j.jogn.2021.10.004>
- Bolbocean, C., & Tylavsky, F. A. (2021). The impact of safety net programs on early-life developmental outcomes. *Food Policy*, 100, 102018. <https://doi.org/10.1016/j.foodpol.2020.102018>
- Caulfield, L. E., Bennett, W. L., Gross, S. M., Hurley, K. M., Ogunwole, S. M., Venkataramani, M., Lerman, J. L., Zhang, A., Sharma, R., & Bass, E. B. (2022). *Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*. Agency for Healthcare Research and Quality (US). <http://www.ncbi.nlm.nih.gov/books/NBK579797/>
- CDC. (2022). *Breastfeeding Report Card (CS332395-A)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/pdf/2022-breastfeeding-report-card-h.pdf>
- Chiasson, M. A., Findley, S. E., Sekhobo, J. P., Scheinmann, R., Edmunds, L. S., Faly, A. S., & McLeod, N. J. (2013). Changing WIC changes what children eat. *Obesity (Silver Spring, Md.)*, 21(7), 1423–1429. <https://doi.org/10.1002/oby.20295>
- Christine Borger, Thea Zimmerman, Tracy Vericker, Jill DeMatteis, Bibi Gollapudi, Shannon Whaley, Lorrene Ritchie, Lauren Au, Linnea Sallack, & Laurie May. (2020). *WIC Infant and Toddler Feeding Practices Study-2: Fourth Year*. US Department of Agriculture, Food and Nutrition Service. <https://fns-prod.azureedge.us/sites/default/files/resource-files/WIC-ITFPS2-Year4Report.pdf>
- Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts* (Report to Congressional Requesters GAO-21-593). (2021). United States Government Accountability Office. <https://www.gao.gov/products/gao-21-593>
- CMS Office of the Actuary Releases 2018 National Health Expenditures | CMS*. (2019). <https://www.cms.gov/newsroom/press-releases/cms-office-actuary-releases-2018-national-health-expenditures>
- Courtenay Kessler, Andrew Bryant, Kate Munkacsy, & Kelsey Farson Gray. (2024). *National- and State-Level Estimates of the USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2022 (Summary)*. USDA FNS.

- Danielle M. Ely & Anne K. Driscoll. (2024). *Infant Mortality in the United States, 2022: Data From the Period Linked Birth/Infant Death File* (Vol. 73, No. 5; National Vital Statistics Reports). National Vital Statistics System. <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf>
- Dietary Guidelines for Americans 2020-2025 9th Edition*. (2020). US Department of Agriculture and US Department of Health and Human Services. [dietaryguidelines.gov](https://www.dietaryguidelines.gov)
- Fingar, K. R., Lob, S. H., Dove, M. S., Gradziel, P., & Curtis, M. P. (2017). Reassessing the Association between WIC and Birth Outcomes Using a Fetuses-at-Risk Approach. *Maternal and Child Health Journal*, 21(4), 825–835. <https://doi.org/10.1007/s10995-016-2176-9>
- Fiscal Year 2024 Funding Brief: Increased WIC Funding Needed to meet Projected Caseload*. (2023). National WIC Association. <https://media.nwica.org/fy24-funding-brief.pdf>
- Food is Medicine: A Project to Unify and Advance Collective Action* | health.gov. (n.d.). Retrieved July 10, 2024, from <https://health.gov/our-work/nutrition-physical-activity/food-medicine>
- Ghafari-Saravi, A., Chaiken, S. R., Packer, C. H., Garg, B., & Caughey, A. B. (2022). Impact of WIC Benefits on Maternal and Neonatal Outcomes In Patients with Gestational Diabetes. *American Journal of Obstetrics & Gynecology*, 226(1), S146–S147. <https://doi.org/10.1016/j.ajog.2021.11.257>
- Guan, A., Hamad, R., Batra, A., Bush, N. R., Tylavsky, F. A., & LeWinn, K. Z. (2021). The Revised WIC Food Package and Child Development: A Quasi-Experimental Study. *Pediatrics*, 147(2), e20201853. <https://doi.org/10.1542/peds.2020-1853>
- Gunja, Munira Z., Gumas, Evan D., Masitha, Relebohile, & Zephyrin, Laurie C. (2024). *Insights into the US Maternal Mortality Crisis: An International Comparison*. <https://doi.org/10.26099/cthn-st75>
- Healthy, Hunger-Free Kids Act of 2010, S.3307, US Senate 111 (2010).
- HHS. (2024a). *HHS Food is Medicine Summit* | health.gov. FIM2: United States Department of Health and Human Services. <https://health.gov/our-work/nutrition-physical-activity/food-medicine/hhs-food-medicine-summit>
- HHS. (2024b). *ICYMI: HHS Hosts First-Ever “Food is Medicine” Summit in Washington, D.C.* FIM: United States Department of Health and Human Services. <https://health.gov/news/202402/icymi-hhs-hosts-first-ever-food-medicine-summit-washington-dc>
- HHS. (2024c). *ICYMI: HHS Hosts First-Ever “Food is Medicine” Summit in Washington, D.C. - News & Events* | health.gov. FIM3: United States Department of Health and Human Services. <https://health.gov/news/202402/icymi-hhs-hosts-first-ever-food-medicine-summit-washington-dc>
- Hines, C. T., & Ryan, R. (2021). Early Childhood WIC Receipt and Cognitive and Socioemotional Outcomes at School Entry and Middle Childhood. In B. H. Fiese & A. D. Johnson (Eds.), *Food Insecurity in Families with Children: Integrating Research, Practice, and Policy* (pp. 55–75). Springer International Publishing. https://doi.org/10.1007/978-3-030-74342-0_4
- Insolera, N., Cohen, A., & Wolfson, J. A. (2022). SNAP and WIC Participation During Childhood and Food Security in Adulthood, 1984–2019. *American Journal of Public Health*, 112(10), 1498–1506. <https://doi.org/10.2105/AJPH.2022.306967>
- Jackson, M. I. (2015). Early childhood WIC participation, cognitive development and academic achievement. *Social Science & Medicine*, 126, 145–153. <https://doi.org/10.1016/j.socscimed.2014.12.018>
- Kreider, B., Pepper, J. V., & Roy, M. (2016). Identifying the Effects of WIC on Food Insecurity Among Infants and Children. *Southern Economic Journal*, 82(4), 1106–1122. <https://doi.org/10.1002/soej.12078>
- Laurie May, Christine Borger, Nancy Weinfield, Crystal MacAllum, Jill DeMatteis, Suzanne McNutt, Shannon Whaley, Lorrene Ritchie, & Linnea Sallack. (2017). *WIC Infant and Toddler Feeding Practices Study 2: Infant Year Report*. US Department of Agriculture, Food and Nutrition Service. <https://www.fns.usda.gov/research/wic/itfps-2/infant-year-report>
- Leonard, R.E. (1994). Recalling WIC's Program's 1960s Humble Beginnings. *Nutrition Week*, 24(15).

- Lorrene Ritchie, Danielle Lee, Celeste Felix, Linnea Sallack, Christina Chauvenet, Georgia Machell, & Shannon E. Whaley. (2022). *Multi-State WIC Participant Satisfaction Survey: Cash Value Benefit Increase During COVID*. National WIC Association, Nutrition Policy Institute, University of California Division of Agriculture and Natural Resources. <https://media.nwica.org/nwa-multi-state-cvb-report-march-2022.pdf>
- Morshed, A. B., Davis, S. M., Greig, E. A., Myers, O. B., & Cruz, T. H. (2015). Effect of WIC Food Package Changes on Dietary Intake of Preschool Children in New Mexico. *Health Behavior and Policy Review*, 2(1), 3–12. <https://doi.org/10.14485/HBPR.2.1.1>
- National Health Expenditure Data | Historical. (2024). CMS.Gov. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical#:~:text=US%20health%20care%20spending%20grew,spending%20accounted%20for%2017.3%20percent>
- National Research Council. (1982). *Making Policies for Children: A Study of the Federal Process*. The National Academies Press. <https://doi.org/10.17226/75>
- Ng, S. W., Hollingsworth, B. A., Busey, E. A., Wandell, J. L., Miles, D. R., & Poti, J. M. (2018). Federal Nutrition Program Revisions Impact Low-income Households' Food Purchases. *American Journal of Preventive Medicine*, 54(3), 403–412. <https://doi.org/10.1016/j.amepre.2017.12.003>
- Nianogo, R. A., Wang, M. C., Basurto-Davila, R., Nobari, T. Z., Prelip, M., Arah, O. A., & Whaley, S. E. (2019). Economic Evaluation of California Prenatal Participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to Prevent Preterm Birth. *Preventive Medicine*, 124, 42–49. <https://doi.org/10.1016/j.ypmed.2019.04.011>
- NWA. (2019). *WIC's Promotion and Support of Breastfeeding Making Breastfeeding Accessible and Equitable for the WIC Population*. The National WIC Association. <https://media.nwica.org/wics-promotion-and-support-of-breastfeeding.pdf>
- NWA Celebrates National Farmers Market Week: Highlighting Innovations From the Field. (2022). National WIC Association. <https://www.nwica.org/blog/nwa-celebrates-national-farmers-market-week-highlighting-innovations-from-the-field>
- OECD. (2024). *Infant mortality rates (indicator)* [Dataset]. <https://doi.org/10.1787/83dea506-en>
- Oliveira, Victor, Racine, Elizabeth, Olmsted, Jennifer, & Ghelfi, Linda. (2002). *WIC: Background, Trends, and Issues* (FANRR-27; pp. 7–12). USDA Economic Research Service.
- On the Brink: The Case for Permanently and Fully Funding the Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)*. (2024). Education and the Workforce Committee Democrats.
- Preterm and low birthweight*. (n.d.). Retrieved July 15, 2024, from <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/newborn-health/preterm-and-low-birth-weight>
- Rabbitt, M. P., Hales, Laura J., Burke, Michael P., & Coleman-Jensen, Alisha. (2023). *Household Food Security in the United States in 2022* (Economic Research Report 325). USDA Economic Research Service.
- Review of WIC Food Packages Improving Balance and Choice Final Report*. (2017). The National Academies of Sciences, Engineering, Medicine. <https://nap.nationalacademies.org/catalog/23655/review-of-wic-food-packages-improving-balance-and-choice-final>
- Shinyoung, J., Catellier, D. J., Eldridge, A. L., Dwyer, J. T., Eicher-Miller, H. A., & Bailey, R. L. (2018). Usual Nutrient Intakes from the Diets of US Children by WIC Participation and Income: Findings from the Feeding Infants and Toddlers Study (FITS) 2016. *The Journal of Nutrition*, 148, 1567S–1574S. <https://doi.org/10.1093/jn/nxy059>
- Shrider, E. A., & Creamer, J. (2023). *Poverty in the United States: 2022* (Current Population Reports p60-280). United States Census Bureau.
- Soneji, S., & Beltrán-Sánchez, H. (2019). Association of Special Supplemental Nutrition Program for Women, Infants, and Children With Preterm Birth and Infant Mortality. *JAMA Network Open*, 2(12), e1916722. <https://doi.org/10.1001/jamanetworkopen.2019.16722>
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages (Final Rule

- Vol. 89 No. 76; p. 28488). (2024). US Department of Agriculture, Food and Nutrition Service. <https://www.fns.usda.gov/wic/fr-041824>
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages* (Interim Rule Vol. 72 No. 234; p. 68966). (2007). US Department of Agriculture, Food and Nutrition Service. <https://www.govinfo.gov/content/pkg/FR-2007-12-06/pdf/E7-23033.pdf>
- Tester, J. M., Leung, C. W., & Crawford, P. B. (2016). Revised WIC Food Package and Children's Diet Quality. *Pediatrics*, 137(5), e20153557. <https://doi.org/10.1542/peds.2015-3557>
- True Cost of Food Measuring What Matters to Transform the US Food System*. (2021). The Rockefeller Foundation. <https://www.rockefellerfoundation.org/wp-content/uploads/2021/07/True-Cost-of-Food-Full-Report-Final.pdf>
- US Department of Health and Human Services. (2020). *Child and Adolescent Development*. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/child-and-adolescent-development>
- USDA Actions on Nutrition Security*. (2022). US Department of Agriculture, Food and Nutrition Service. <https://www.usda.gov/sites/default/files/documents/usda-actions-nutrition-security.pdf>
- USDA ERS - WIC Program*. (2024). US Department of Agriculture Economic Research Service. <https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/>
- USDA FNS. (2024a). *WIC Participant and Program Characteristics 2020—Charts | Food and Nutrition Service*. <https://www.fns.usda.gov/research/wic/participant-program-characteristics-2020-charts#4>
- USDA FNS. (2024b). *WIC Participant and Program Characteristics 2022 | Food and Nutrition Service*. <https://www.fns.usda.gov/research/wic/participant-program-characteristics-2022>
- Venkataramani, M., Ogunwole, S. M., Caulfield, L. E., Sharma, R., Zhang, A., Gross, S. M., Hurley, K. M., Lerman, J. L., Bass, E. B., & Bennett, W. L. (2022). Maternal, Infant, and Child Health Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children: A Systematic Review. *Annals of Internal Medicine*, 175(10), 1411–1422. <https://doi.org/10.7326/M22-0604>
- Whaley, S. E., Anderson, C. E., Tsai, M. M., Yepez, C. E., Ritchie, L. D., & Au, L. E. (2023). Increased WIC Benefits for Fruits and Vegetables Increases Food Security and Satisfaction Among California Households with Young Children. *Journal of the Academy of Nutrition and Dietetics*, 123(10), 1440-1448.e1. <https://doi.org/10.1016/j.jand.2023.05.018>
- WIC For a Stronger Healthier America*. (2019). National WIC Association. <https://media.nwica.org/2019-wic-for-a-stronger-america.pdf>
- WIC Program Overview and History*. (2024). National WIC Association. <https://www.nwica.org/overview-and-history>
- Yang, Y., Liu, H., Cui, X., & Meng, J. (2024). Mothers' experiences and perceptions of breastfeeding peer support: A qualitative systematic review. *International Breastfeeding Journal*, 19, 7. <https://doi.org/10.1186/s13006-024-00614-3>