



MAXIMIZING EFFICIENCY: STREAMLINING WIC SERVICES TO REACH MORE CHILDREN

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

For nearly fifty years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has delivered quality nutrition services to improve health outcomes for pregnant and postpartum women, infants, and children up to age 5. WIC's effective nutrition services – pairing access to healthy foods with tailored nutrition education – shape lifelong behaviors and ensure that children are kindergarten ready.

Although children aged 1-5 are the largest participant group, there remain many more eligible children who are not connected with WIC services. One of the most significant barriers is the duplicative recertification appointment at the child's first birthday, which requires families to resubmit paperwork at a time when WIC's tailored nutrition counseling is most needed. NWA recommends the extension of infant certification periods to two years.

MORE CHILDREN CAN RECEIVE WIC

Children on WIC benefit from access to healthy foods that are tailored to the nutritional needs of growing children.¹ The U.S. Department of Agriculture, in collaboration with independent scientific experts, periodically reviews the available WIC foods for nutritional quality. In November 2019 – a decade after significant refinement of the WIC food package – the Centers for Disease Control and Prevention (CDC) released data demonstrating that WIC's child food package is associated with reductions in childhood obesity prevention.² Children participating in WIC are shown to have higher-quality diets than comparable, non-participating children,³ in part due to increased consumption of fruits and vegetables.⁴

Despite the evidence of improved health outcomes, children remain the most underserved category of WIC participants. In 2017, only 41.8% of eligible children aged 1-5 were certified to receive WIC, meaning that over 5 million children are currently eligible for WIC but not receiving services.⁵ The proportion of eligible children accessing WIC services has declined consistently since 54.8% of eligible children were served in 2011 in the midst of the Great Recession.⁶ While WIC is proven to be an effective nutrition intervention, the program cannot influence and shape health outcomes if families are not connecting with WIC services.



STREAMLINING SERVICES

The most significant decline in WIC participation occurs at the child's first birthday. 79.3% of eligible infants are certified to receive WIC services, but 28% of those infants drop off the program at the child's first birthday.⁷ This participation lapse comes at a critical moment in the child's nutrition journey – as children are transitioning from breast milk or infant formula to solid foods, WIC's nutrition expertise is essential to ensuring long-term healthy dietary habits. NWA recommends extending infant certification periods to two years to alleviate a significant barrier to retention at this pivotal transition point for WIC children.

While WIC is a time-limited program, federal law requires participants to routinely recertify every six months or year, depending on the jurisdiction, in order to receive WIC services for the length of the program. WIC agencies



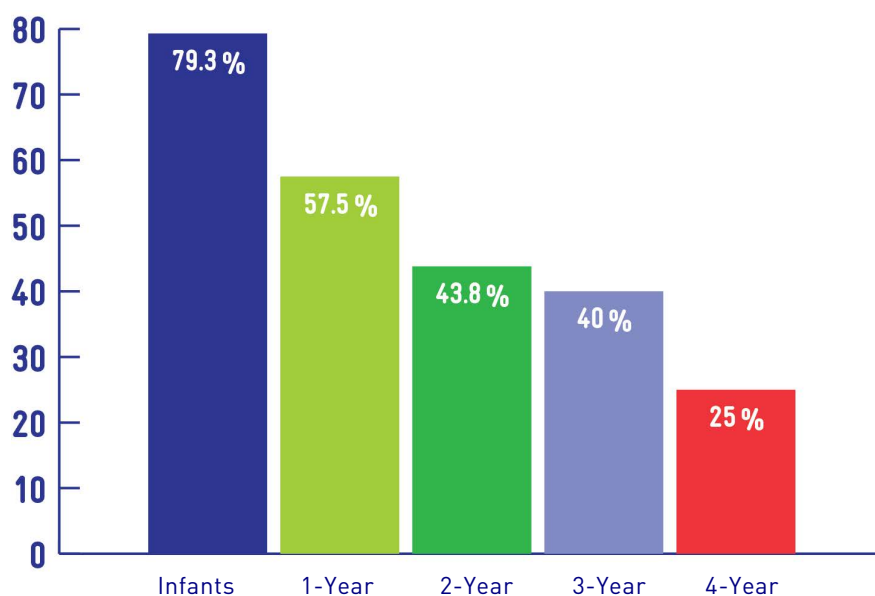
regularly identify the recertification appointment as a significant barrier to continued participation, citing concerns about duplicative paperwork and logistical challenges.⁸ Unlike WIC's nutrition education sessions, certification appointments require the physical presence of all WIC recipients in the clinic – including infants and young children.⁹

To recertify, participants must schedule a distinct appointment at the clinic, diverting clinic time away from tailored nutrition education. At the recertification appointment, participants must reproduce a range of documents to reestablish eligibility. The recertification appointment also includes a number of health screenings for child participants – including a blood draw.

Federal law requires infants to recertify at six months, but permits states the option to extend a certification period to one year. Empowered with this option, every state has moved forward with implementing one-year certification periods.¹⁰ The longer certification period permits WIC nutrition professionals to focus clinic time on tailored counseling to participant families, lowers administrative costs, and reduces burdens on participants. The one-year mark remains a period of transition in the child's nutrition patterns. NWA recommends two-year infant certifications as a tool to remedy the largest coverage drop between WIC participant categories and maximize efficiency for both WIC staff and participants.

WIC PARTICIPATION OVERTIME: FROM INFANTS TO TODDLERS

WIC COVERAGE RATE BY PARTICIPANT CATEGORY: 2017¹¹



WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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

⁶ See United States Department of Agriculture, Food and Nutrition Service (2019) National-Level WIC Coverage Rates, by Year and Eligibility Category, <https://www.fns.usda.gov/wic/wic-2016-eligibility-and-coverage-rates#Chart1>.

⁷ United States Department of Agriculture, Food and Nutrition Service (2019) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017: Final Report, 29. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>.

⁸ See Woelfel ML, et al. (2004) Barriers to the use of WIC services. *Journal of the American Dietetic Association* 104(5), pg. 736-43. [https://jandonline.org/article/S0002-8223\(04\)00234-2/fulltext](https://jandonline.org/article/S0002-8223(04)00234-2/fulltext).

⁹ 42 U.S.C. § 1786(d)(3)(C).

¹⁰ Neuberger Z (2017) Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes. Center on Budget and Policy Priorities, pg. 34. <https://www.cbpp.org/sites/default/files/atoms/files/1-6-17fa.pdf> (since 2017, Ohio has reported that it is implementing one-year certifications).

¹¹ United States Department of Agriculture, Food and Nutrition Service (2019) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017: Final Report, 29. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>.

¹ Institute of Medicine of the National Academies (2006) WIC Food Packages: Time for a Change, The National Academies Press. Washington, DC.

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

³ Zimmer CZ, Vernarelli JA (2017) WIC Works! Positive Influence of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) on Diet Quality of Low Income Children. *The FASEB Journal* 31(1)(sup.), http://www.fasebj.org/doi/abs/10.1096/fasebj.31.1_supplement.lb461.

⁴ Chasson M, Findley S, Sekhobo J, Scheinmann R, Edmunds L, Faly A, McLeod N, Gregg D (2013) Changing WIC Changes What Children Eat, *Obesity* 2(7), pg. 1423-29, doi: 10.1002/oby.20295.

⁵ United States Department of Agriculture, Food and Nutrition Service (2019) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017: Final Report, 29. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>.