

March 30, 2018

Hon. Thad Cochran, Chair
Committee on Appropriations
U.S. Senate
S-128 Capitol Building
Washington, DC 20510

Hon. Patrick Leahy, Ranking Member
Committee on Appropriations
U.S. Senate
S-146A Capitol Building
Washington, DC 20510

Hon. Rodney Frelinghuysen, Chair
Committee on Appropriations
U.S. House of Representatives
H-305 Capitol Building
Washington, DC 20515

Hon. Nita. M. Lowey, Ranking Member
Committee on Appropriations
U.S. House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

Hon. John Hoeven, Chair
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. Senate
129 Senate Dirksen Office Building
Washington, DC 20510

Hon. Jeff A. Merkley, Ranking Member
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. Senate
190 Senate Dirksen Office Building
Washington, DC 20510

Hon. Robert Aderholt, Chair
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. House of Representatives
2362A Rayburn House Office Building
Washington, DC 20515

Hon. Sanford Bishop, Ranking Member
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairman Cochran, Ranking Member Leahy, Chairman Frelinghuysen, Ranking Member Lowey, Chairman Hoeven, Ranking Member Merkley, Chairman Aderholt, and Ranking Member Bishop:

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), administered by the Food and Nutrition Service (FNS) at the United States Department of Agriculture (USDA), is an evidence-based program that has been instrumental in improving at-risk women and children's health, growth and development for 44 years. Since WIC's inception, WIC has received consistent bipartisan support and has a demonstrated track record of effectiveness and efficiency. Appropriators of both parties have long recognized the value of WIC and worked to ensure that WIC has had sufficient funding for the past two decades to serve all eligible mothers and young children who apply. We urge you to continue to provide sufficient funding for WIC so that all eligible applicants can be served.

Specifically, we urge you to provide \$6.3 billion for WIC in the Fiscal Year 2019 Agriculture Appropriations bill and ensure at least \$250 million in the WIC contingency fund. This funding level would ensure that no eligible applicants will be turned away, maintain current and anticipated WIC participation levels, ensure adequate nutrition services and administration

(NSA) funding, respond adequately to forecasts of food cost inflation, and provide funds for nutrition services to maintain clinic staffing and ensure competitive salaries. We encourage you to continue to monitor caseload and food costs to ensure that WIC is appropriately funded to meet participant and program needs.

We also urge you to provide:

- \$90 million in unencumbered set aside funding for breastfeeding peer counselor initiatives. WIC breastfeeding peer counselors have helped increase breastfeeding rates in the WIC population.¹ Between 1998 and 2014, breastfeeding rates among WIC moms rose from 42% to 70%.² The overwhelming success of the peer counseling initiative warrants that WIC offer breastfeeding peer counselor services at all of its clinics nationwide. Currently, with funding at \$60 million, only 69% of local agencies are able to operate a peer counseling program.³ As WIC has already been appropriated adequate funding for the transition to electronic benefits transfer (EBT) in all states—a requested set-aside in previous years—we request that the additional set-aside funding be allocated to the WIC Breastfeeding Peer Counselor Program.
- \$14 million in unencumbered set aside infrastructure funding. Infrastructure funding helps WIC State agencies build capacity, including technological capabilities, to reduce the risks of systemic problems.
- \$25 million in unencumbered set aside funding for WIC research and evaluation, including FNS studies, research through schools of public health nutrition, and support for new, innovative pilot projects. Meaningful research allows regular evidence-based updates to WIC services to reflect the latest nutrition, breastfeeding, and public health science. WIC program evaluation and high quality, focused program impact research have helped WIC innovate, streamline, and improve program effectiveness over the last two decades. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC’s positive effects on participants, but also help WIC identify areas for improvement and test innovative solutions.
- \$5 million in unencumbered set aside funding for WIC initiatives to raise awareness of risk factors linked to maternal and infant mortality. WIC, serving almost 2 million low-income pregnant and postpartum women and nearly 2 million infants each month, has an indispensable role to play in helping families recognize key risk factors associated with maternal and infant mortality. This funding would allow WIC to evaluate innovations that raise awareness of risk factors associated with maternal mortality.
- \$15 million in unencumbered set aside funding for community health initiatives that would improve community settings where WIC participants reside by making the healthy

¹ Gross S, Resnick A, Cross-Barnet C, Nanda P, Augustyn M, Paige D. (2009). The differential impact of WIC Peer Counseling programs on breastfeeding initiation across the state of Maryland. *Journal of Human Lactation*, Volume 26, Issue 4. Pages 435–43; Yun, S., et al. (2010). Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counselling Programme. *Public Health Nutrition* Volume 13, Issue 2. Pages 229–37.

² Thorn B, Tadler C, Huret N, Trippe C, Ayo E, Mendelson M, Patlan K. L, Schwartz G, & Tran V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG- 3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

³ Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathematica Policy Research, Contract Number: AG-3198-B-10-0015 for USDA Food and Nutrition Service. Alexandria, VA.

choice the default or easy option. Despite WIC's impressive public health achievements, many WIC participants live in communities that do not support healthy lifestyles, undermining the foundation provided by WIC. Food deserts stemming from limited community infrastructure, gaps in healthcare services, and social norms discouraging breastfeeding are a few of the many challenges that put healthy living out of reach for at-risk families served by the WIC program. This funding would allow over 100 local WIC agencies to implement policy, systems, and environmental (PSE) changes to improve access to healthy foods, improve referral networks, and create breastfeeding friendly environments.

Additionally, we urge you to protect and preserve the scientific integrity of the WIC food package. The nutritional value of the WIC food package and the kinds of food products included in the package are and must remain science-based and immune from politics and the legislative process. Congress supported NWA's call for a regular scientific review of the WIC food package, leading to recommendations from the National Academies of Sciences, Engineering, and Medicine (NASEM, formerly the Institute of Medicine) to create a healthier food package. Updated NASEM recommendations are issued at least once every ten years.

WIC is a targeted, supplemental public health nutrition program serving approximately 7.6 million mothers and young children, over half of all America's infants and one-quarter of its children 1–5 years of age.⁴ The USDA estimates that there remains significant unmet need—the share of WIC-eligible women, infants, and children actually participating in the program ranges from a low of 37% to a high of 65% among different states.⁵

WIC provides solid returns on investment and contributes to substantial long-term healthcare cost savings:

- **WIC is efficiently managed.** Nationwide, less than 8% of WIC's budget is spent on administrative costs.⁶
- **WIC effectively contains costs.** In 2014, WIC served approximately 2 million participants with \$1.9 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives.⁷
- **WIC saves healthcare dollars.** By providing low-cost preventive health services during critical periods of growth and development, WIC lowers healthcare costs. For example, participation in WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies, and improves birth outcomes for high-risk mothers.⁸ Preterm

⁴ United States Department of Agriculture, Food and Nutrition Service (2015) WIC at a Glance. Retrieved January 2016 from www.fns.usda.gov/wic/aboutwic/wicatagance.htm.

⁵ U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and WIC Program Reach in 2015, by Carol Trippe, Chrystine Tadler, Paul Johnson, Linda Giannarelli, and David Betson. Project Officer: Grant Lovellette. Alexandria, VA: February 2018.

⁶ U.S. Department of Agriculture, Food and Nutrition Service (2015) WIC Combined Federal and State WIC NSA Outlays and In-Kind Report FY2015 (FNS-798A).

⁷ United States Department of Agriculture, Food and Nutrition Service (2016) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

⁸ Fingar KR, Lob SH, Dove MS, Gradziel P, Curtis MP (2016). Reassessing the association between WIC and birth outcomes using a fetuses-at-risk approach. *Maternal and Child Health Journal*, published online August 16, 2016.

births cost the US over \$26 billion/year, with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.⁹ WIC, which costs only about \$775 per participant per year, is contributing to substantial healthcare cost savings.

Without adequate funding, WIC programs will need to move some participants to waitlists. Removing participants from WIC due to inadequate funding has both short- and long-term consequences. Every WIC client has at least one nutritional risk and many have more than one risk. In the short-term, mothers and young children cut from WIC will not have access to WIC nutrition education and WIC's nutritious supplemental foods. In the long-term, healthy childhood growth and development may be hampered and lifelong healthy behaviors thwarted. Ultimately, these mothers and children may suffer the physical, mental, and financial costs that result from health and development problems during the rest of life, impacting American economic productivity and national security. Preventing eligible mothers and young children seeking WIC services from accessing the program deprives young children a healthy start in life and the opportunity to thrive.

In light of the critical role WIC plays in building a better, stronger future for America's women and children, we urge your full support of these requests.

Sincerely,

1,000 Days
Academy of Nutrition and Dietetics
Advocates for Better Children's Diets
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Heart Association
American Public Health Association
American Psychological Association
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists (ASPHN)
Child Care Aware of America
Coalition on Human Needs
Fair Food Network
Feeding America
First Focus Campaign for Children
Food Research & Action Center (FRAC)
Lutheran Services in America
March of Dimes
MAZON: A Jewish Response to Hunger
MomsRising
National Association of County and City Health Officials

⁹ Institute of Medicine. (2006). Preterm Birth: Causes, Consequences and Prevention. Washington DC: National Academy of Sciences.

National Association of Social Workers
National Advocacy Center of the Sisters of the Good Shepherd
National Center for Lesbian Rights
National Network to End Domestic Violence (NNEDV)
National WIC Association
People Demanding Action

RESULTS

Share Our Strength

The Food Trust

Trust for America's Health (TFAH)

United States Breastfeeding Committee (USBC)

ZERO TO THREE