



NATIONAL WIC ASSOCIATION

Statement presented on behalf of
The National WIC Association, NWA,
Before the
United States Senate
Committee on Agriculture, Nutrition, and Forestry
The Honorable Thad Cochran, Chairman
by
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Nutrition & Breastfeeding Coordinator, North Dakota State WIC Program

10:00 AM, Thursday 3 April 2003

Thank you Mr. Chairman and members of the Committee, for your invitation to present the **National WIC Association's** views on reauthorization of the Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC. As **NWA's** President, I am speaking on behalf of the thousands of nationally recognized WIC health professionals, nutritionists and dietitians who are committed to addressing the nutrition and healthcare needs of WIC families. Our members serve over 7.5 million participants through 2,100 WIC agencies in 10,000 WIC clinics each month. They are the front lines battling to improve the quality of life for our most vulnerable populations.

With your permission I would also like to introduce a member of the **NWA** team accompanying me today who is available here in Washington to address any questions you may have following the hearing – the Rev. Douglas A. Greenaway, Executive Director of the Association.

At the outset, I would like to compliment you Mr. Chairman and members of the Committee for your long-term commitment to WIC and the other Child Nutrition Programs as well as the President and Secretary Veneman and their teams for their tremendous support of WIC. **NWA** is proud of the strong bi-partisan commitment WIC has engendered since its inception. The future of our nation's low-income women, infants and children depend upon your support.

WIC is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. It has an extraordinary, nearly 30-year record of preventing children's health problems and improving their health, growth and development. WIC children enter school ready to learn. They show better cognitive performance.

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low and



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moderate income women and children with, or at risk of developing, nutrition-related health problems. WIC serves almost one-half of all infants born in this country and roughly 1 in 4 of all children between one and four years of age.

WIC's committed, results oriented, entrepreneurial staff stretch resources to serve all eligible women and children and ensure program effectiveness and integrity.

Mindful of the challenges WIC faces in delivering high-quality nutrition services, during the last reauthorization cycle **NWA** asked Congress to invite the General Accounting Office, GAO, to examine those challenges.

In its December 2001 report to Congress entitled, "*Food Assistance: WIC Faces Challenges in Providing Nutrition Services*," GAO identified six challenges: coordinating nutrition services with health and welfare programs, meeting increased program requirements with available resources, responding to health and demographic changes in WIC's populations, meeting increased program requirements, improving the use of information technology to enhance service delivery and program management, assessing the effects of nutrition services, and recruiting and retaining skilled staff.

To these, **NWA** has added an additional challenge: visioning the future landscape of WIC. A copy of our legislative proposals, including suggested bill language, has been attached to our written testimony.

With your permission, would like to highlight our proposed responses to these challenges:

Coordinating Nutrition Services with Health and Welfare Programs

Better than half of all WIC participants receiving health care services from managed care entities. Local public health departments reducing or eliminating direct health care services. As result, WIC is consistently challenged to coordinate health and welfare program services. Indeed, in the current environment, WIC has become the single greatest point of health-care contact for many WIC families.

To eliminate unnecessary clinic visits and allow for better coordination with healthcare services, reducing invasive blood work for infants and children, providing for more nutrition counseling time and streamlining paperwork for clients and clinic, **NWA** recommends giving states the option to extend certification periods for up to one year for children and breastfeeding women, or until women stop breastfeeding, whichever is earlier.



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To offer families flexibility for physical presence because of distance, transportation, weather, other local conditions or special needs hardships, **NWA** recommends that where participants are receiving on-going healthcare from a provider that the physical presence requirement for children be required to be met one time, at some time during the certification period and not necessarily at the time of certification.

Meeting Increased Program Requirements with Available Resources

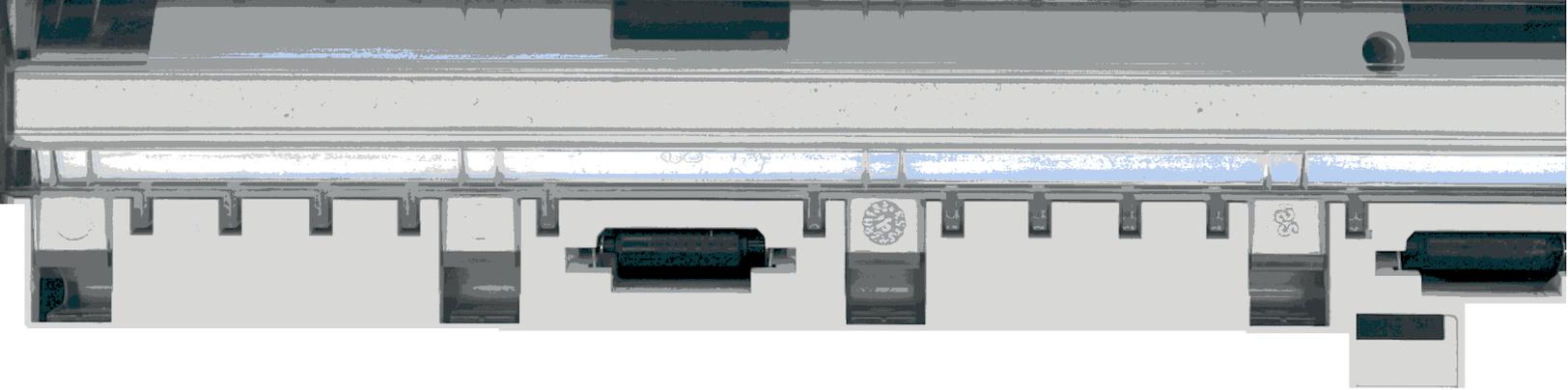
NWA and USDA/FNS have worked together over the past two years to reinvent the way nutrition education is delivered to participants. We continue to work to enhance these efforts. Both the quality of time and the availability of time that WIC nutrition staff have available to spend with WIC participants is critical to the success of the nutrition and health care intervention.

WIC resources are being stretched in unimaginable ways. Currently, WIC staffs provide participants with information on a wide variety of subjects ranging from alcohol and drug abuse to voter registration. Some of these responsibilities relate to the mission of WIC, others do not. Each minute of an unfunded mandate results in the loss of over 125,000 hours of nutrition education interventions annually.

The GAO has identified at least nine new program requirements that have been added to WIC since 1988 without a consequent increase in nutrition services administrative funding.

The GAO writes in its report that "with the reduction in the number of public health departments serving women and children, public health officials have increasingly turned to WIC to help address the health needs of low-income children. According to CDC, WIC has become the single largest point of access to health related service for low-income preschool children. Consequently, the CDC has turned to WIC to provide services traditionally performed by local health departments, such as identifying children who are not immunized."

WIC is proud of the significant and critical role that we play in our public health system. However, expecting so much of WIC while providing no commensurate resources as we assume these additional responsibilities challenges not only WIC infrastructure and staff, but increasingly the poor families that WIC works so hard to serve.





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To protect the quality of WIC nutrition and healthcare services and the limited nutrition services administrative dollars that are available to WIC, **NWA** recommends that the administrative costs that WIC incurs related to providing services for other programs should be reimbursed by those programs.

Moreover, to guarantee the integrity and quality of WIC nutrition and healthcare services and to maintain the nutrition and health mission of WIC, **NWA** recommends exempting WIC from services that are inconsistent with the intent and purpose of the Program.

To preserve the integrity of basic WIC services – nutrition benefits and coordinated healthcare, to streamline paperwork and reduce administrative costs and reduce service barriers, **NWA** recommends exempting WIC from the requirements of the National Voter Registration Act and the requirement to offer voter registration applications and document these opportunities for all applicants and participants.

Responding To Health and Demographic Changes in WIC's Populations

WIC's population, like the general population has experienced dramatic increases in the prevalence of overweight and obesity and related health issues. In addition, there have been dramatic increases in the diverse ethnicity of WIC's population. To respond to the health and demographic changes in WIC's populations, **NWA** recommends a six-point approach.

First, while WIC Programs across the nation have been actively engaged in obesity prevention efforts since the turn of the millennium, the Program's definition of nutrition education is self-limiting. To positively affect our nation's most serious nutritional problems – obesity and related health consequences, **NWA** recommends expanding the definition of nutrition education to enhance WIC's primary role allowing for anticipatory guidance related to physical activity, feeding relationships and child development.

Second, the current WIC food package is now nearly 30 years old and no longer consistent with current dietary guidelines and science. WIC agencies have independently, within allowable guidelines, taken steps to combat the nation's epidemic of overweight and obesity by modifying the food package. For example, agencies provide low and reduced fat milk and cheese, reducing the total cholesterol, fats and calories of the food package. Agencies also tailor the food package to assist participants in weight management and to meet other



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dietary needs. Simply put, the WIC food package in and of itself is not a contributing factor to obesity. Nevertheless, in 2000, **NWA** recommended changes to the WIC food package to reflect current nutrition science, improve dietary intake and reduce the incidence of obesity including broader choices of grain products, addition of fresh, frozen or canned fruits and vegetables, reduced quantities of juice for infants, offering low-fat milk as the standard, reduced quantities of cheese and foods that reflect diverse cultural dietary patterns.

While Under Secretary Bost and his team at the Food & Nutrition Service are to be commended for their efforts to publish a proposed rule on the WIC Food Package, a proposal has yet to see the light of day. The time has past for WIC to provide healthful changes and enhance the food package, improving WIC nutritionists' flexibility in prescribing foods and responding to America's obesity epidemic.

NWA recommends USDA report to Congress within 6 months of enactment of reauthorization legislation on the status of efforts to adopt a comprehensive food package proposal that reflects the need for fresh, frozen and canned fruits and vegetables and culturally appropriate foods responsive to participants' nutritional needs and consistent with national nutrition guidelines. Also that USDA publish within 6 months of that report to Congress a comprehensive proposed rule to revise the WIC food package to meet these minimum changes.

Third, in the interim period as we await the report of the Institute of Medicine and USDA to Congress, **NWA** asks Congress to direct USDA/FNS to allow states to implement pilot or demonstration projects which would allow for food substitutions, including fresh, frozen or canned fruits and vegetables and food items responsive to the needs of the diverse cultural populations WIC serves.

It should be noted, Mr. Chairman, that **NWA** supports a federally approved WIC food list that includes national, store and private label brands, giving states flexibility to select WIC foods to manage food costs and nutritional options for participants.

Fourth, **NWA** supports USDA's current intentions to have the National Academy of Sciences' Institute of Medicine re-evaluate the WIC food package. To ensure that WIC foods continue to provide healthful food supplements for WIC families and complement nutrition education efforts **NWA** further recommends that the National Academy of Sciences' Institute of Medicine re-evaluate the WIC food package at least every 10 years, recommending changes to reflect current national nutrition science and concerns.



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Fifth, the competitive bidding requirement for infant formula has resulted in significant savings to the WIC Program. Indeed, USDA reports that use of competitive bidding reduces federal WIC costs by approximately \$1.5 billion a year. Roughly 1 in 5 WIC participants are able to participate in WIC because of the infant formula rebate program. Efforts to weaken this program will have unintended consequences on the Program and **NWA** urges Congress to work closely with the Association and USDA to ensure that this program element is protected.

Among the Federal Regulations related to the competitive bidding requirement are regulations which potentially put formula fed WIC infants at health risk. These regulations set a maximum amount for infant formula to be issued to WIC participants each month at a rate of 8 lbs. (3.6 kg) per 403 fluid ounces of concentrate for powdered formula. Infant formula manufacturers offer powdered formula in a variety of can sizes, which they change periodically.

Because the maximum amount can not be exceeded and because the powdered can size variations rarely exactly match the authorized amount, WIC clients are provided less formula and nutritional benefit than they are authorized to receive. To avoid a substantial, cumulative shortage over the certification period and potential health risks, **NWA** recommends that USDA allow State WIC agencies to round up to the next whole can size of infant formula to ensure that all infants receive the full-authorized nutritional benefit of at least 944 reconstituted fluid ounces, at standard dilution, per month for powdered infant formula.

Sixth, to be income eligible to participate in the WIC Program an applicants' gross income (i.e. before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines. For a family of 4, this amounts to \$33,485 or \$644 weekly. Because families increasingly find their income stretched to meet rising healthcare, housing and transportation costs and are frequently placed in a position of nutritional insecurity, **NWA** recommends that Congress respond to the income challenges of the working poor by increasing the income guidelines to 200 percent of the U.S. Poverty Income Guidelines.

Meeting Increased Program Requirements

The WIC shopping experience is intended to reinforce the WIC nutrition education experience and provide WIC families with a full complement of not only WIC foods, but a full market basket of foods to ensure comprehensive, quality meals for WIC families.



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To insure cost competitiveness and reasonable food prices, **NWA** recommends that with the exception of non-profit agencies, pharmacies and vendors required to ensure participant access, all WIC vendors should be food stamp authorized and offer participants a full market basket of foods.

The WIC Farmers' Market Nutrition Program (FMNP) funds are provided through a legislatively mandated set-aside in the WIC appropriation. If the entire WIC allocation is needed to maintain WIC caseload, FMNP would not be funded. This unstable situation leaves the status of FMNP in doubt from year to year and does not allow planning and management of resources with confidence for the upcoming growing season. For participating FMNP states Federal funds support 70 percent of the total cost of the program. The remaining 30 percent of the program's cost must come from a state match.

NWA recommends that Congress separate the funding for WIC and FMNP to eliminate direct competition for funds and enhance collaboration between WIC and FMNP. Separation of funding will ensure resources for WIC benefits, that WIC caseload funds are not diverted to FMNP and that FMNP stands on its own.

The current funding formula does not allow states sufficient NSA funds to support funded participation levels, maintain, protect and improve client services and program integrity or USDA initiatives.

NWA recommends that states 1) have the option to convert unspent food funds to NSA by a change in the Act which will allow states to increase the spend forward amount from 1 percent + .5% for management information systems (MIS) to 1.5 percent + .5% or 2 percent for MIS as well as 2) apply a portion of the rebate dollars received to NSA in accordance with the proportional administrative/food split used in allocating food and NSA grant dollars. Currently, rebate dollars may only be used for food.

While states currently have the ability to use vendor and participant recovered funds for program purposes, states would like to extend this ability to the use of funds recovered from local agencies.

NWA recommends that states have the ability to utilize collections of WIC program recovered funds in a consistent manner.

USDA has promulgated interim regulations concerning infant formula cost containment without the benefit of public comment, failing to consider State agencies' experience with bidding and contracting and preventing States' from negotiating the best contract for individual circumstances.



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NWA urges Congress to direct USDA to partner with the Association to review the interim regulations on infant formula cost containment and propose regulatory changes to appropriately respond to States' concerns thereby ensuring maximum participant benefits.

Improving the Use of Information Technology to Enhance Service Delivery and Program Management

Technology provides a critical foundation for quality WIC services and Program Integrity. Funding WIC technology from existing resources compromises WIC's ability to deliver services and develop responsive MIS systems. Current limits on funding prevent more than half – 56% -- of WIC state agencies from meeting USDA core functions.

To develop and maintain MIS and electronic service delivery systems, and to link with other health data systems **NWA** recommends that Congress provide an additional \$122 million annually outside the regular NSA grant to implement MIS core functions, upgrade WIC technology systems, maintain MIS and electronic services and expedite the joint **NWA/USDA** 5 year plan for state MIS systems.

Assessing the Effects of Nutrition Services

To support rigorous research and evaluation documenting WIC's continued success, **NWA** recommends the flexible use of Special Project Grants funds, state WIC funds and other grant resources for health outcomes research and evaluation to identify effective nutrition education and breastfeeding promotion and support services, to test innovative service delivery and food prescriptions, and to support USDA's partnership with **NWA** to achieve WIC sensitive research and evaluation objectives.

Recruiting and Retaining Skilled Staff

The recruitment and retention of quality professional staff continues to be a challenge for WIC. Programs are not able to offer competitive salaries or benefits and must increasingly rely on paraprofessionals to deliver nutrition services.

To assist in this effort, **NWA** recommends that Congress revise the National Health Service Corps Program to include WIC nutrition interns, registered dietitians and nutritionists in student loan forgiveness programs.



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Visioning the Future Landscape of WIC

Over the course of the past decade there has been discussion about the value or appropriateness of converting WIC from a domestic discretionary program to a mandatory program. Little is known about the real consequences of affecting such a conversion.

NWA recommends that before policy makers entertain conversion of the Program's funding mechanism from a discretionary to a mandatory program, that Congress fully study the consequences of such a change and its impact on eligibility, participation, and services prior to implementing a conversion.

Finally, Mr. Chairman and members of the Committee, as the nation's premier public health nutrition program, WIC is a cost-effective, sound investment – insuring the health of our nation's children. Our Executive Director, Douglas Greenaway, the members of **NWA** and I look forward to working with you in this reauthorization process. We remain ready to answer any questions or provide additional information you may request.

WIC For A Healthier, Stronger America!