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Child Nutrition Reauthorization: Healthy Meals and Healthy Futures

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Chair Stabenow, Ranking Member Boozman, and members of the Committee, thank you for inviting me to testify today about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). I am Heidi Hoffman, and I work at the Colorado Department of Public Health and Environment as the state director of our WIC program, which serves over 130,000 Coloradans each year. I am also here today in my capacity as chair of the Legislative Committee for the National WIC Association (NWA), a national non-profit organization representing the interests of the 89 State Agencies, 10,000 clinics and local agencies that administer WIC services, and the roughly 6.3 million mothers, babies, and young children participating in WIC.

Since 1974, WIC has helped families ensure healthy pregnancies, healthy births, and a healthy start for young children. Nationally, WIC serves nearly half of all infants born in the United States each year.[1] WIC services include a monthly benefit for healthy foods, nutrition education and counseling, breastfeeding support, health screenings, and referrals to healthcare and other medical and social services. Through waiver authorities issued under the Families First Coronavirus Response Act and rapid innovation at the state level, WIC support has continued uninterrupted throughout the COVID-19 pandemic.

Proven Health Outcomes

WIC's targeted support provides science-based healthy foods and education at critical times of growth and development. WIC providers see firsthand the positive impacts of the program's nutrition, public health, and social supports. During pregnancy, WIC tailors healthy foods to address specific micronutrient deficiencies that are vital for fetal growth and development, such as folate and iron. WIC's prenatal support reduces the risk of infant mortality by as much as 33%,[2] primarily through a reduction in the rate of preterm births and low birthweight.[3]

WIC's proven health outcomes are significant in reducing overall healthcare expenditures and returning an investment on federal taxpayer dollars. For every dollar invested, WIC returns at least $2.48 in medical, education, and productivity costs.[4] These findings build on decades of research indicating cost savings to Medicaid associated with prenatal WIC participation.[5] WIC's return on investment is likely even higher, as these studies are related to prenatal participation and do not assess cost savings related to WIC's efforts to enhance breastfeeding support,[6] obesity prevention,[7] and access to dental care.[8]

WIC is the nation's leading breastfeeding promotion program, providing both professional and peer support to encourage mothers in navigating their choice to breastfeed. Increased investment in WIC breastfeeding services over the past three decades has made a significant impact, increasing the breastfeeding initiation rates for WIC infants between 1998 and 2018 by 30%[9] and doubling the rate of breastfed infants at twelve months.[10] WIC support – including peer counselors – are effective at addressing racial disparities in breastfeeding rates, especially among Black women.[11]

NWA promoted revisions to the WIC food packages, implemented in 2009, that aligned available WIC foods with the Dietary Guidelines for Americans and introduced fruits, vegetables, and whole grains. These reforms predictably resulted in children having improved diet quality,[12] with children participating in WIC for the first two years of life scoring higher on the Healthy Eating Index.[13] Healthier options available through the 2009 changes have led to decreases in the prevalence of overweight and obese children participating in WIC,[14] aligning the obesity rate for WIC toddlers with the national childhood obesity rate for children age two to five.[15]

WIC is a targeted, time-limited program that addresses specific nutrient concerns; even still, the WIC benefit is effective at reducing child food insecurity by as much as 20%.[16] Although WIC's food benefit is issued as an individual prescription, WIC nutrition education programming can shape family dietary behaviors and purchasing habits.[17] The 2009 reforms demonstrated an increase in the availability of healthy foods in retail grocery stores, especially smaller retailers in low-income communities.[18]

WIC's proven success can be more effectively leveraged if certain coverage gaps were resolved. Currently, children age off the program on their fifth birthday but may not yet be enrolled in school and eligible for sustained nutrition assistance through school meals programs. This gap introduces new stressors to both the child's nutritional development and the family's food security at the onset of entering school,[19] an unfortunate outcome given WIC's demonstrated role in improving cognitive development and academic performance among young children.[20] Likewise, longer eligibility periods for postpartum women are essential for sustaining access to healthy foods, addressing diet-related chronic conditions like obesity and diabetes, and setting up healthier subsequent pregnancies.[21] Since nearly 40% of women in the United States between ages 20 and 39 have obesity,[22] WIC's individualized nutrition counseling and support is a critical intervention to strengthen nutrition outcomes, mitigate pre-conception barriers to healthy pregnancies, and reduce overall healthcare expenditures. NWA recommends closing these coverage gaps and effectively leveraging WIC support to improve health outcomes for young children and postpartum women, consistent with provisions in the bipartisan Wise Investment in our Children Act (S. 853).

Reaching Eligible Families

WIC currently serves roughly 6.3 million participants nationwide.[23] Despite the strong record of public health successes associated with WIC participation, only 51% of eligible individuals were certified for services in 2017.[24] WIC providers have reported ongoing declines in participation since reaching a record high of 9.2 million participants in 2010 at the height of the Great Recession, driven by societal factors such as changes in fertility rates, birth rate, and immigration policy, as well as structural barriers to access, including transportation, limited availability of childcare, and in-person programmatic requirements.[25] Participation declines are most acute among children, with 27% of enrolled infants dropping off the program by the one-year mark and only 25% of eligible four-year-old children certified for WIC services.[26]

In order to reach eligible families, WIC providers must be visible in the community, leverage technology, and meet the new generation of parents in a convenient and accessible manner. NWA, in collaboration with 56 of the 89 State WIC Agencies (including Colorado), has operated a National Recruitment and Retention Campaign since 2016, a multi-platform strategic marketing approach designed to raise awareness, drive enrollment, and improve public perceptions of WIC. The Campaign's targeted, tested messages and uniform national branding – informed by both current WIC participants and eligible families not certified for services – are disseminated through digital advertisements, print advertisements in pregnancy and new-parent magazines, and point-of-care literature in OB/GYN and pediatrician offices, hospital maternity wards, and other healthcare facilities. The Campaign also operates a web-based clinic locator, SignUpWIC.com, to connect families directly with their community WIC provider. Ongoing, consistent messaging is critical to building awareness, recognition, and positive perceptions among the WIC-eligible population – the first step of connecting families with services.

Colorado WIC has also partnered with the Center on Budget and Policy Priorities and Benefit Data Trust to develop a Memorandum of Understanding with the Colorado Department of Human

Services to obtain participation data from the Supplemental Nutrition Assistance Program (SNAP). In this 2018 project, we identified that 44% of WIC-eligible families on SNAP were not certified for WIC services. With this information, we launched additional direct outreach efforts, including through texting, which resulted in over 500 new families certifying for WIC services. Since that project, we've developed an additional Memorandum of Understanding with the state Medicaid program under the Colorado Department of Health Care Policy & Financing and are continuing to work on secure data sharing and other coordinated outreach and referral efforts.

Strong partnerships with Colorado WIC local agencies and Head Start programs also provide an opportunity for effective outreach and referral. One local agency attends the "family nights" at the beginning and end of each school year to provide the nutritional assessments required by both programs, which eliminates an office visit for many families and encourages participation in both.

Colorado WIC builds on the National Recruitment and Retention Campaign's outreach and additional data projects with technology-based tools that streamline the application process. In 2018, we partnered with the Colorado Health foundation and Tri-County Health Department WIC Program to pilot a centralized referral model. The model includes an online referral tool that was shared with community partners and healthcare providers, allowing eligible participants to fill out initial information to start their application and generate a request for follow-up from their local clinic. Physician offices, especially OB/GYN and pediatrician offices, are among the most trusted sources of referrals to WIC. Other strong referral partners include food banks, nonprofit SNAP enrollment programs, and friends and family.

One way that Colorado WIC is addressing the need for program modernization and new technology is through the support of a recent grant award from the USDA and the Council of State Governments. This funding will be used to create a strong client data management system to work in concert with the compliance-focused MIS that is used for nutrition assessments and benefit issuance. This interface will allow clients the option to upload required documentation, review and consent to program policies, change contact information, request an appointment, and communicate via two-way text with their local agency. These time saving tools, common in the private sector, will not only be familiar to modern parents and caregivers, but what they have come to expect when accessing services. Providers are expected to reduce access barriers and allow for streamlined certification and ongoing enrollment in WIC. While traditional face-to-face engagement will be available for families who prefer conducting these requirements in person, this new interface option will help bring WIC into the 21st century.

Sustaining Remote Service Options

One of the most challenging aspects of onboarding new families is the physical presence requirement at certification, originally instituted in 1998. In an increasingly digital world, the physical presence requirements are a deterrent to participation – especially as families are required to recertify every year. This is especially challenging for rural communities, as WIC clinics may not be conveniently located and therefore pose significant transportation barriers for eligible families. The challenges from the certification appointment are most pronounced at the one-year mark, when families must recertify for the program at a time of transition in the infant's diet. When families are looking for nutrition education and advice on how to transition their baby to solid foods, WIC clinics are forced to request additional documentation, presented in person, before continuing to provide services. As a result, 27% of infants drop off the program by the one-year mark. NWA urges extension of certification periods to two years for all participant categories,

which would reduce duplicative paperwork and ensure that face time between WIC providers and participants is focused on the nutrition counseling and support that families need.

During the COVID-19 pandemic, physical presence was complicated by the public health imperative to socially distance. Through waivers implemented under the Families First Coronavirus Response Act, the majority of WIC agencies – including Colorado – were able to implement fully remote services. This has had a significant impact: after years of declining participation, the majority of State WIC Agencies are reporting increased participation and retention of child participants. Some States, including Kentucky and North Carolina, report as high as 20% increases in participation since February 2020.[27] State agencies are also reporting sharp declines in no-show rates, with anecdotal evidence suggesting that the convenience of remote appointments is correlated with higher attendance and engagement by WIC participants in nutrition programming. Parents are able to be more focused during their telephone or video appointments, and providers are able to build strong relationships with families, especially as new parents are separated from their own family support networks during the pandemic and navigating pregnancy, parenthood, breastfeeding, and childcare on their own.

These participation gains have not been uniform, with participation declines still reported by some State agencies, especially those that are not equipped to fully implement remote services. The Families First Coronavirus Response Act deferred all testing and measurement requirements, an important public health priority that require sustained flexibility when reintroduced after the pandemic has been resolved, to ensure that participants are screened for nutrition deficiencies and assessed for adequate growth. Sustaining more flexible services in a post-COVID environment will mitigate the costly public health consequences of participation drops. They will also require greater coordination with healthcare, including technology solutions to more readily transmit relevant health information between WIC clinics and medical providers. This coordination is necessary to reduce duplicative tests, ensuring care coordination, effectively monitoring growth and development, save healthcare costs, and easing burden on families. Some local agencies successfully coordinate information-sharing with healthcare providers, often enhanced when co-located at a hospital or federally qualified health center. However, many WIC clinics are not located in healthcare settings and may be housed in county health departments, standalone clinics, or other locations – necessitating additional infrastructure to coordinate information-sharing with physician offices. State agencies need additional, consistent funding for these technology infrastructure solutions so that they can remain accessible, secure, and effective in streamlining coordination between WIC and healthcare providers.

WIC providers report that a return to the pre-COVID status quo will have a negative impact on participation, and one of the clearest lessons from WIC's COVID-19 response has been the need for flexibility in physical presence requirements. The experience of developing policy and procedures to accommodate a remote service model in 2020 has shown that we can maintain program integrity, local agency training and support, compliance monitoring procedures, and coordinated alignment with outreach messaging even in a virtual setting. NWA recommends relaxing the physical presence requirement to allow for integration of video and telephone technologies into certification appointments, while also creating flexibility to ensure that benefits can be issued as families more conveniently schedule health assessments at either the WIC clinic or a physician's office. Offering options and choices to families who want to participate allows clinics to provide services in a more flexible format to support the needs and schedules of their clients.

Outreach efforts, technological innovations, and data-sharing projects are often stymied by a lack of funding and limited staff capacity. WIC's funding formula rightfully prioritizes food funds, but the

program's Nutrition Services & Administration (NSA) grant is under increasing pressure as State WIC Agencies face rising implementation and maintenance costs. Just two weeks ago, the American Rescue Plan invested $390 million in outreach, innovation, and program modernization efforts designed to increase participation and improve benefit redemption. This funding is a wise investment to modernize the program. Additional flexibilities within the funding formula could prioritize ongoing technological innovation in future fiscal years. By consistently investing in and supporting program-wide solutions, rather than relying on the resources and capacity of each State agency, the WIC program can offer choice and flexibility to all States to innovate when, how, and if the communities they serve would benefit from the investment.

Modernizing the Shopping Experience

The need for technological innovation is particularly acute in the shopping experience. The Healthy, Hunger-Free Kids Act of 2010 advanced significant technology improvements in the shopping space by requiring State WIC Agencies to implement electronic-benefit transfer (EBT) technology. With over 48,000 authorized vendors,[28] WIC drives approximately $4.8 billion in retail transactions each year.[29] Additional steps must be taken to keep the WIC transaction and shopping experience modern, accessible, and equivalent to the general population. Although these initiatives must be developed thoughtfully, national solutions must be scaled up rapidly to accommodate the demand for an equitable shopping experience. NWA recommends that national online purchasing should be available no later than October 1, 2024.

In the early phases of the COVID-19 pandemic, the U.S. Department of Agriculture rapidly expanded a pilot project that permitted over 90% of SNAP households the option to remotely purchase food through Walmart, Amazon, and other retailers.[30] USDA was only able to scale up this pilot program to a national level given years of prior planning, after Congress required development of this technology in the 2014 Farm Bill.[31] Without similar directives, WIC lacked the infrastructure to quickly adapt online models for its more complicated transaction.

This created an inequitable shopping experience, as WIC shoppers were often the only consumers required to conduct their transactions in-person. Starting in June 2020, USDA eventually began authorizing waivers to empower state-driven innovation in this space, but a lack of clarity about long-term regulatory reform has deterred greater investment in scaling up permanent, national solutions. In November 2020, USDA awarded a multi-year grant to the Gretchen Swanson Center for Nutrition to test online ordering models in up to five states.[32] In December 2020, Congress required that USDA convene a task force to evaluate alternative transaction models – including online purchasing, home delivery, and self checkout – and issue recommendations no later than September 30, 2021.[33]

In Colorado, we are partnering with a nonprofit grocer to deliver WIC foods to families who have transportation or other barriers to shopping on their own, including living in food deserts. This small-scale model, while benefiting a small fraction of the state, will hopefully identify policy, process, and communication changes we can make to support similar efforts in other communities. Allowing greater flexibilities for these nontraditional retailers to participate in WIC will increase the accessibility and equity of services.

NWA convened a working group in spring 2020 to clarify the permissible and feasible options for retailers, issuing a summary document in October 2020.[34] This resource has aided on-the-ground partnerships between local WIC providers and individual retailers that drive forward innovations to promote safe and convenient alternatives to online purchasing for WIC shoppers during the

COVID-19 pandemic. Retailers added additional self-checkout lanes, built out online ordering platforms to streamline in-store or curbside transactions, and even piloted shopper helper programs that allowed limited home delivery options.[35]

Empowering Tribal Equity

Among the 89 WIC State Agencies, thirty-three are Indian Tribal Organizations (ITOs) that empower tribal authorities to directly administer WIC services to Native American populations. Geographic states, such as Minnesota, Washington State, and Wisconsin, also work closely with tribal authorities to tailor local services to tribal populations. Access to WIC is critical for reducing racial disparities for Native Americans related to food insecurity,[36] diet-related chronic conditions like diabetes,[37] and maternal mortality.[38] In 2018, the 33 ITOs and other State WIC Agencies served over 696,000 Native American participants, approximately 9 percent of the national caseload.[39]

Colorado WIC, for example, greatly values our close partnership with the Ute Mountain Ute Tribe, an independent State WIC Agency. Claiming WIC ITO status is an important step in affirming tribal sovereignty. While organizing as a State WIC Agency can lead to higher operating costs, especially with the increased need to invest in technology systems and platforms, these programs are critical to assure culturally competent and relevant services. The thirty-three recognized and respected WIC ITOs represent only a fraction of the 574 federally recognized tribes. NWA recommends additional steps to strengthen and support the ITO model, including dedicated technical assistance, focused collaborations with the Indian Health Service that build on federal and State-driven efforts to partner with Medicaid and other healthcare providers, and greater efforts to support local tribal food economies and assure access to WIC-approved vendors among tribal communities. These crucial steps will further support tribal services, strengthen government-to-government relationships, and invest in more equitable food supply chains.

WIC Farmers Market Nutrition Program

In 1992, the WIC Farmers Market Nutrition Program (WIC FMNP) was established as a separate program to provide an annual benefit to WIC families that could be redeemed at local farmers markets or farm stands. WIC FMNP strengthens community connections with farmers, enhancing access to local produce and allowing WIC families to directly interact with their local food system. WIC FMNP has consistently had limited funding, although opportunities to collaborate have only expanded with the introduction of WIC's fruit and vegetable benefit in 2009.

Just this year, with a slight increase in the fiscal year 2021 appropriations bill, Colorado WIC was able to obtain approval to initiate a Farmers Market Nutrition Program. We are grateful that our Ute Mountain Ute sister agency has agreed to help distribute these benefits to their WIC families living in Colorado as we work together to serve the people and the food producers living within our neighboring service areas. Although Colorado WIC is excited about the opportunity, this option is not without challenges. WIC FMNP still relies on paper vouchers, and fewer vendors are offering banking contracts to process the checks. NWA urges swift USDA action to accelerate state-driven innovations that establish accessible, cost-efficient technology to electronically process WIC EBT and WIC FMNP transactions. The statute also caps the WIC FMNP benefit at only $30 per participant per year. Despite limited funding, the small benefit value is often cited as a disincentive to more regularly shop at farmers markets. WIC FMNP could grow greater partnerships between farmers markets and WIC shoppers if the benefit cap was increased or eliminated.

Thank you for your attention to maternal, infant, and child nutrition and your enthusiasm for strengthening WIC services. This is an exciting time for WIC providers to innovate and build a stronger program that will deliver a proven, effective nutrition support to even more families.

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