



National Alliance for Nutrition & Activity

Support and Strengthen the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program

WIC Improves the Health and Nutrition of Millions of Families

The WIC program has prevented health problems in young children and mothers and has improved children's health, growth and development, for over 30 years.¹

In 2007 alone, WIC served over 8.2 million participants each month, including over 6 million infants and children,² through 10,000 clinics nationwide.³ Children are eligible for WIC up until their fifth birthday.

WIC provides nutrition education, breastfeeding promotion and support, monthly food packages, and access to maternal, prenatal, and pediatric health-care services.⁴

WIC improves young children's ability to learn. Children enter school more ready to learn, showing better cognitive performance.^{5,6}

WIC helps ensure normal growth in infants and children. WIC reduces levels of anemia,⁷ increases immunization rates,⁸ improves access to regular health care/social services,⁹ and improves diets.¹⁰

WIC increases maternal consumption of key nutrients such as iron, protein, calcium, and Vitamins A and C.¹¹



Crucial Components of the WIC Program

New WIC Food Packages. After more than a decade of work, the WIC food packages have been revised to align with current nutrition science - the *Dietary Guidelines for Americans* and infant feeding practice guidelines of the American Academy of Pediatrics. These revisions follow and largely reflect the Institute of Medicine's (IOM) recommendations in its 2005 report, *WIC Food Packages - Time for a Change*.

- The WIC food packages should remain consistent with the strong science-based recommendations of the IOM, and implemented through the regulatory process.
- The WIC food packages should be reviewed and revised every ten years or whenever a significant change occurs in national nutrition standards.

Breastfeeding Promotion. Breastfeeding promotion and support is a top priority of the WIC Program. Human milk is the most healthful way to feed infants¹² and has been universally endorsed by leading science organizations.^{13,14,15} There are numerous benefits of breastfeeding to infants and mothers.

Breastfeeding improves children's health. Science shows that human milk:¹⁶

- May lower the risk of obesity in childhood and adolescence
- Promotes and supports proper development
- Protects against illness
 - Decreases illness symptoms and illness duration
- Improves cognitive, IQ and visual acuity scores
- Lowers cancer rates
- Decreases cavities and likelihood of needing braces
- Improves health of premature infants



Breastfeeding improves mother's health; it:¹⁶

- Decreases the likelihood of developing ovarian and premenopausal breast cancers
- Reduces risk of osteoporosis
- Reduces risk of postpartum bleeding
- Reduces risk for long-term obesity
- Increases confidence and decreases anxiety as a mother
- Helps mothers feel close to their baby
- May reduce the risk of anemia

Infrastructure Funding. Infrastructure funding levels have been static since 1999. The nutritional integrity of the newly revised WIC food packages will be compromised without the infrastructure and technology needed to effectively implement and ensure the smooth delivery of them. Adopting new food packages requires updating technology and software. States also need this funding for general infrastructure, breastfeeding promotion, scheduling software, training programs, and national infrastructure initiatives such as the State Agency Model (SAM). SAM is a 5-year initiative to plan, develop and deploy model information systems in WIC State agencies and includes modern web (HTML/HTTP) technology, standard WIC data elements, open system architecture, modular components, and compliance with federal policy and regulations.¹⁷

Management Information Systems (MIS) Funding. The lack of MIS funding undercuts cost containment efforts, program integrity and the WIC technology initiative, part of the Child Nutrition and WIC Reauthorization Act of 2004. The current MIS of many states are antiquated and outdated, and have difficulty keeping pace with everyday program demands. Roughly half the states have systems that are older than 7 years and need updating.¹⁸

The failure of WIC to keep pace with current technology makes it harder for WIC to successfully deliver benefit services to its growing number of participants. Limited funding has prevented approximately one-third of WIC state agencies from meeting USDA core functions.¹⁹

This older technology fails to provide WIC participants with Electronic Benefit Transfer (EBT) service delivery. EBT replaces bulky, expensive paper-based benefit payments with electronic cards. This system is:

- easier to use;
- reduces participant and store clerk error;
- removes stigma associated with paper payments; and
- secure and cost-effective for states.



MIS funding would provide more states, WIC clinics, and grocery stores with the technology necessary to issue and accept EBT benefits.

Nutrition Services. Nutrition Services (NSA) are the backbone of the WIC program and represents essential elements of the program – it is not merely overhead. NSA resources are required to properly prescribe and provide WIC food benefits, and maintain the program’s integrity. They are essential for

implementing effective state food and vendor cost containment measures. WIC nutrition services funding allows for:

- nutrition assessment, counseling and education;
- overweight and obesity prevention;
- breastfeeding support and promotion, prenatal and pediatric healthcare referrals and follow-up;
- spousal and child abuse referral; drug and alcohol abuse referral; immunization screening, assessment, and referral; and
- a host of other client benefits.



A Government Accountability Office report stated:

"Since the late 1980's . . . requirements have been placed on [WIC] aimed at, among other things, containing the cost of food benefits, promoting breastfeeding, encouraging immunizations, and controlling program abuse. While these requirements have placed additional service delivery and administrative demands on WIC staff, they have not been accompanied by more funding per participant; the NSA grant per participant was established in 1989 and since then has only been adjusted for inflation. . . . WIC agencies have had to cut costs and make changes in service delivery that potentially will have a negative impact on the quality of WIC services."²⁰

WIC Is a Cost-Effective, Sound Investment

Although it costs approximately \$732/year for a pregnant woman to participate in WIC, **every dollar spent on pregnant women results in \$1.92 to \$4.21 in Medicaid savings for newborns and their mothers.**²¹

WIC reduces the risk of premature births, low and very low birth-weight babies, and fetal and infant deaths. WIC prenatal care benefits reduce the rate of low birth-weight babies by 25% and very low birth-weight babies by 44%.²² **Premature/low birth-weight babies accrue first year medical**



costs over four times as high as babies born without complications.²³

Breastfeeding has financial benefits.

Artificially-fed infants can cost up to four times as much as breast-fed infants. Families spend \$2 billion per year on breast milk substitutes such as infant formula.¹⁶

- **A minimum of \$3.6 billion/year could be saved** if current U.S. exclusive breastfeeding

rates increased to at least 50% at 6 months. The savings would be direct (eg., formula costs; doctor, hospital, lab, and procedural fees) and well as indirect (eg., time and wages lost due to parents caring for an ill child).²⁴

- **\$1.3 billion more is spent by insurers, including Medicaid**, to cover sick-child office visits and prescriptions to treat the three most common illnesses -- respiratory infections, ear infections, and diarrhea -- in the first year of life for formula-fed infants versus breastfed infants.²⁴
- **\$578 million per year** in federal funds is spent on formula for WIC babies who are not breastfed.¹⁶
- Every 10% increase in the breastfeeding rate among WIC recipients would **save WIC \$750,000 per year**.¹⁶

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¹ Food and Nutrition Service (FNS), U.S. Department of Agriculture. *About WIC - How WIC Helps*. Alexandria, VA: FNS, 2008. Accessed at <<http://www.fns.usda.gov/wic/aboutwic/howwichelps.htm>> on December 9, 2008.

² Food and Nutrition Service (FNS), U.S. Department of Agriculture. *Program Data*. Alexandria, VA: FNS, 2008. Accessed at <<http://www.fns.usda.gov/pd/wicmain.htm>> on November 10, 2008.

³ Food and Nutrition Service (FNS), U.S. Department of Agriculture. *WIC At A Glance*. Alexandria, VA: FNS, 2005. Accessed at <<http://www.fns.usda.gov/wic/aboutwic/wicataglance.htm>> on November 10, 2008.

⁴ Food and Nutrition Service (FNS), U.S. Department of Agriculture. *WIC Participant and Program Characteristics - 2006*. Alexandria, VA: FNS, 2006. Accessed at <<http://www.fns.usda.gov/oane/menu/Published/WIC/FILES/pc2006.pdf>> on November 10, 2008.

⁵ Hicks LE, Langham RA & Takenaka J. Louisiana Office of Health Services and Environmental Quality. "Cognitive and Health Measure Following Early Nutritional Supplementation: A Sibling Study." *American Journal of Public Health* 1982, vol. 72, pp. 1110-1118.

⁶ Hicks LE, Langham RA. Louisiana Office of Health Services and Environmental Quality. "Cognitive Measure Stability in Siblings Following Early Nutritional Supplementation." *Public Health Reports* 1985, vol. 100, pp. 656-662.

⁷ Sherry B, Mei Z, & Yip R. "Continuation of the Decline in Prevalence of Anemia in Low-Income Infants and Children in Five States." *Pediatrics* 2001, vol. 107, pp. 677-682.

⁸ Cortese MM, Diaz PS, Samala U, Mennone JZ, et al. "Underimmunization in Chicago Children who Dropped Out of WIC." *American Journal of Preventive Medicine* 2004, vol. 26, pp. 29-33.

⁹ Buescher PA, Horton SJ, Devaney BL, et al. "Child Participation in WIC: Medicaid Costs and Use of Health Care Services." *American Journal of Public Health* 2003, vol. 93, pp. 145-150.

¹⁰ Basiotis PP, Kramer-LeBlanc CS & Kennedy ET. "Maintaining Nutrition Security and Diet Quality: The Role of the Food Stamp Program and WIC." *Family Economics and Nutrition Review* 1998, vol. 11, pp. 4-16.

¹¹ Rose D, Habicht JP, & Devaney B. "Household Participation in the Food Stamp and WIC Programs Increases the Nutrient Intakes of Preschool Children." *Journal of Nutrition* 1998, vol. 128, pp. 548-555.

¹² Hambraeus L, Forsum E, Lonnerdal B. "Nutritional Aspects of Breast Milk and Cow's Milk Formulas." In: Hambraeus L, Hanson L, MacFarlane H, eds. *Symposium on Food and Immunology*. Stockholm, Sweden: Almqvist and Wiksell, 1975.

¹³ American Academy of Pediatrics. "Breastfeeding and the Use of Human Milk." *Pediatrics* 1997, vol. 100, pp. 1035-1039.

¹⁴ Institute of Medicine. *Nutrition during Lactation*. Washington, D.C.: National Academies, 1991.

¹⁵ World Health Organization (WHO). *The Optimal Duration of Exclusive Breastfeeding: Results of a WHO Systematic Review*. Geneva, Switzerland: WHO, 2001. Accessed at <<http://www.who.int/inf-pr-2001/en/note2001-07.html>> on November 11, 2008.

¹⁶ United States Breastfeeding Committee (USBC). *Benefits of Breastfeeding*. Raleigh, NC: USBC, 2002. Accessed at <<http://www.usbreastfeeding.org/Issue-Papers/Benefits.pdf>> on November 10, 2008.

¹⁷ Food and Nutrition Service (FNS), U.S. Department of Agriculture. *State Agency Model Project*. Alexandria, VA, 2008. Accessed at <<http://www.fns.usda.gov/wic/stateinformationsystems/SAMProjectoverview.htm>> on November 11, 2008.

¹⁸ National WIC Association (NWA). *Fiscal Year 2008 WIC Management Information Systems Survey*. Washington, D.C.: NWA, 2008.

¹⁹ Food and Nutrition Service (FNS), United States Department of Agriculture. *MIS Core Functions Survey of State Agencies*. Alexandria, VA: FNS, 2007.

²⁰ Government Accountability Office (GAO). *Food Assistance - WIC Faces Challenges in Providing Nutrition Services*. Washington, D.C.: GAO, 2001. Accessed at <<http://www.gao.gov/new.items/d02142.pdf>> on November 11, 2008.

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²² Avruch S, Cackley AP. "Savings Achieved by Giving WIC Benefits to Women Prenatally." *Public Health Report* 1995, vol. 110, pp. 27-34.

²³ March of Dimes, Prematurity Data Center. White Plains, NY: March of Dimes, 2005. Accessed at <<http://www.marchofdimes.com/peristats/>> on November 12, 2008.

²⁴ Economic Research Service (ERS), U.S. Department of Agriculture. *The Economic Benefits of Breastfeeding: A Review and Analysis*. Report No. 13. Washington, D.C.: ERS, 2001. Accessed at <<http://www.ers.usda.gov/publications/fanrr13/fanrr13.pdf>> on November 11, 2008.