Testimony of Ms. Paula N. Garrett, MS, RD
State WIC Director, Virginia Department of Health
Board of Directors, National WIC Association

Before the House Committee on Education and Labor, Subcommittee on Civil Rights and Human Services

Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants

July 28, 2021

Chair Bonamici, Ranking Member Fulcher, Chairman Scott, Ranking Member Foxx, and Members of the House Education and Labor Committee, thank you for allowing me the opportunity to speak before you today about improvements to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). My name is Paula Garrett and I serve as the State WIC Director for the Virginia Department of Health. I am testifying today in my capacity as the Virginia State WIC Director and as a member of the Board of Directors for the National WIC Association (NWA), a national non-profit organization that represents the interests of the 89 State WIC agencies, 12,000 frontline service provider agencies that administer WIC services, and the 6.3 million mothers, infants, and young children that rely on WIC's public health nutrition support.

WIC is an effective, time-limited program that has a demonstrated impact on improving health and nutrition outcomes for pregnant and postpartum women, infants, and children up to age 5. WIC's long record of public health success could have a greater reach if ongoing barriers are resolved in order to connect more families with services. Only 57 percent of eligible participants were certified for WIC services in 2018, and millions of children have yet to receive WIC services that would improve their long-term health outcomes.[1] I appreciate this opportunity to assist the Committee in considering improvements that will smartly leverage WIC's proven support to address major national healthcare priorities.

WIC's Role in Improving Health Outcomes

For nearly fifty years, WIC's public health nutrition services have helped assure 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 and roughly one-quarter of all children age one to four.[2] WIC's role in promoting nutrition security and reducing or mitigating chronic diet-related conditions has a marked impact on healthcare expenditures, with an estimated return of $2.48 in medical, education, and productivity costs for every dollar invested in WIC.[3]

During pregnancy, WIC prescribes healthy foods to ameliorate specific micronutrient deficiencies that are essential for a healthy pregnancy and fetal development, such as folate and iron. WIC's prenatal support reduces the risk of infant mortality by as much as 33%,[4] primarily through a reduction in the rate of preterm births and low birthweight.[5] Longstanding research validates WIC's role in reducing costs, including to the federal government, as healthier birth outcomes results in Medicaid savings.[6] WIC's return on investment is likely even higher than reported, as most research is focused solely on prenatal participation and birth outcomes, without assessing additional cost savings related to WIC's efforts to enhance breastfeeding support,[7] obesity prevention,[8] and access to dental care.[9]

WIC is the nation's leading breastfeeding promotion program, providing both credentialed 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%[10] and doubling the rate of breastfed infants at twelve months.[11] WIC support – including peer counselors – is effective at addressing racial disparities in breastfeeding rates, especially among Black women.[12]

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,[13] with children participating in WIC for the first two years of life scoring higher on the Healthy Eating Index.[14] Healthier options available through the 2009 changes have led to decreases in the prevalence of

overweight and obese children participating in WIC,[15] aligning the obesity rate for WIC toddlers with the national childhood obesity rate for children age two to five.[16]

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%.[17] Although WIC's food benefit is issued as an individual prescription, WIC nutrition education programming can shape family dietary behaviors and purchasing habits.[18] The 2009 reforms resulted in an increase in the availability of healthy foods in retail grocery stores, especially smaller retailers in low-income communities.[19]

COVID-19 Response

The COVID-19 pandemic is the most significant public health crisis in recent memory and posed specific challenges to WIC's service-delivery model. WIC services are traditionally delivered at community-based clinic sites, and federal law requires WIC participants to certify or recertify for services in person. With a public health imperative to socially distance, Congress acted swiftly to provide waiver authorities in the Families First Coronavirus Response Act that allowed State WIC Agencies to remotely certify families for services.

Remote services are a successful strategy to create new options and meet families in a more convenient manner. After years of declining participation, many State WIC Agencies that were able to fully implement remote services are reporting participation increases and higher retention of child participants. 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. Due to the physical presence waivers, Virginia has seen a 12 percent increase in participation between February 2020 and April 2021. Uniformly, State WIC Agencies are also reporting sharp declines in no-show rates, suggesting that the convenience of remote appointments is correlated with higher attendance and engagement by WIC participants in nutrition education.[20] Parents are able to be more focused during their telephone or video appointments, and WIC providers are able to build strong relationships with families, especially as new parents were separated from their own family support networks during the pandemic and navigated pregnancy, parenthood, breastfeeding, and childcare on their own.

Local 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. However, remote options should not phase out health screenings like iron testing, which are an essential part of WIC's public health nutrition mission. 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 participants.

In March 2021, the American Rescue Plan Act (ARPA) sought to address the nation's hunger crisis by investing $880 million in WIC services. Within this funding, $490 million was allocated to increase the value of the WIC benefit for a period of four months. Drawing on recommendations of

the National Academies of Sciences, Engineering, and Medicine (NASEM), ARPA authorized State WIC Agencies to more than triple the value of WIC's fruit and vegetable benefit (Cash Value Benefit). This historic investment of $8 million to Virginia WIC families was incredibly well received by participants, driving re-certifications in the spring of 2021 and leading to increased produce purchases. The House Appropriations Committee has included a yearlong extension of this benefit increase in the fiscal year 2022 bill, and USDA is expected to consider permanent revisions to the WIC food benefit in rulemaking later this year. NWA is committed to the science-informed regulatory process and urges a formal adoption of a higher WIC benefit level to ensure greater access to nutritious foods and encourage ongoing retention of children for the duration of program eligibility, in addition to the cost-neutral recommendations from the 2017 NASEM review that sought to increase nutritional quality of the food packages, bring diet patterns into greater alignment with the Dietary Guidelines for Americans, resolve shopping challenges such as package sizes, and enhance culturally appropriate options for WIC shoppers.

Streamlining Certifications

WIC currently serves roughly 6.3 million participants nationwide.[21] Despite the strong record of public health successes associated with WIC participation, only 57 percent of eligible individuals were certified for services in 2018.[22] 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.[23] Participation declines are most acute among children, with 30 percent of enrolled infants dropping off the program by the one-year mark and only 27 percent of eligible four-year-old children certified for WIC services.[24]

The ongoing participation decline before the COVID-19 pandemic has led State WIC Agencies to prioritize technologies and initiatives that would streamline the certification process and minimize burdens on applicants or participating families seeking recertification. State WIC Agencies have developed a series of digital tools, including document uploaders, pre-application forms, and participant portals, that echo industry standards in healthcare settings and provide a more modern and accessible user experience for participants. Virginia WIC partnered with the Virginia Department of Social Services and the Virginia Department of Medical Assistance Services to conduct data-matching through the Medicaid, SNAP and TANF programs who could screen for eligibility and empower Virginia WIC to conduct proactive outreach to eligible families.

Recognizing both the urgent need to address a national hunger crisis and the potential for long-term public health success if families are connected with WIC services, Congress included in ARPA an additional $390 million in funding for WIC outreach, innovation, and program modernization. The funding is available until October 1, 2024. USDA continues to consult stakeholders on how to disseminate or utilize this funding, and no final spending decisions have yet been made. It is possible that this funding could be leveraged for tools to streamline certifications, including platforms to facilitate communication of relevant health information between physician offices and WIC clinics.

Despite the exciting progress at the State level and potential for investment, structural changes to the certification process could alleviate burdens on applicants and local WIC providers. The annual requirement for recertification leads to repetitive paperwork and deters ongoing participation. NWA recommends the extension of certification periods to two years across all participant

categories and thoughtful efforts to streamline certification periods across participant categories, including automatic certification of infants born to participating women.

One of the most effective measures to streamline certifications was the introduction of adjunctive eligibility in the 1989 Child Nutrition Reauthorization. Over 80 percent of current WIC participants are enrolled in an adjunctively eligible program, which allows for automatic income eligibility and simplifies the certification appointment. Today, only Medicaid, SNAP, and TANF constitute an adjunctively eligible program. However, there is a potential to build more strategic partnerships with programs that overlap with WIC's constituency. With ongoing issues retaining child participants, it is important to focus on programs that primarily serve children, including Head Start, the Children's Health Insurance Plan, and the Food Distribution Program on Indian Reservations. NWA recommends adopting the modifications to adjunctive eligibility outlined in the bipartisan WIC For Kids Act (H.R. 4455) as effective strategies to enroll more eligible children in the program.

State-driven innovations to streamline certifications often require enhancements to the State's Management Information System (MIS), the complex computer database that manages participant files, health records, and benefits balance. As WIC continues to modernize and integrate new technologies into its service-delivery model, it is imperative that there is ongoing funding to support the administration and improvement of MIS systems.

Addressing Racial Disparities in Maternal Health

It is unconscionable that Black and Indigenous women continue to die of pregnancy or birth complications at significantly higher rates than their white counterparts. WIC is well positioned to be part of the federal government's comprehensive response to racial disparities in maternal health, particularly maternal mortality and morbidity rates.[25] As approximately 60 percent of maternal deaths are likely preventable,[26] WIC's sustained support for Black and Indigenous women's health and nutrition can address risk factors such as chronic diet-related conditions, pregnancy-induced hypertension, and preeclampsia.[27] NWA recommends doubling down on strategies to promote coordination and integration between WIC and healthcare at every level, including federal partnerships with Medicaid, local partnerships between clinics and physician offices, and technological innovation to streamline sharing of relevant health information. Several of these initiatives would be funded through provisions in the CARE for Families Act (H.R. 2555).

WIC's postpartum eligibility period offers new opportunities to engage women in addressing risk factors that could emerge during subsequent pregnancies. However, eligibility is limited to only six months or one year, based on an individual's breastfeeding status. WIC's individualized nutrition counseling and support not only strengthens nutrition outcomes, but also targets pre-conception barriers to healthy pregnancies, including access to healthy foods and counseling on recommended spacing between pregnancies, ensuring that women are not nutritionally depleted as they enter another pregnancy. NWA recommends extending WIC's postpartum eligibility to two years to ensure that WIC can continue to support mothers in the inter-pregnancy period, consistent with the bipartisan Wise Investment in our Children Act (WIC Act) (H.R. 2011).

Modernizing the Shopping Experience

There is urgent need for technological innovation in the WIC shopping experience, as WIC families lack equitable options to utilize modern platforms like online shopping. With over 48,000 authorized vendors,[28] WIC drives approximately $4.8 billion in retail transactions each year.[29] 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, but it is imperative that WIC continue to innovate to stay current with industry practices and available transaction technologies.

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 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. NWA recommends that national online purchasing for WIC should be available no later than October 1, 2024.

In recent months, USDA has taken concerted efforts to coordinate stakeholders and address regulatory barriers. Last year, USDA initiated the WIC Online Ordering Grant project with the Gretchen Swanson Center for Nutrition, which will fund five State WIC Agencies to develop and test online ordering platforms.[32] In the December 2020 omnibus legislation, Congress instructed USDA to convene a task force of diverse stakeholders to evaluate alternative transaction models – including online purchasing, home delivery, and self-checkout – and issue recommendations no later than September 30, 2021.[33] The task force recommendations are expected ahead of an announced rulemaking that could remedy current regulatory barriers to WIC online shopping, including a requirement that WIC participants redeem their benefits in-person, which precludes online purchasing.

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]

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, enhances access to local produce, and allows 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.

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, as well as necessary statutory changes to effectively implement these transaction models. The statute also caps the WIC FMNP benefit at only $30 per participant per year. 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 WIC's pivotal role in promoting maternal, infant, and child nutrition. I look forward to working with you to advance positive solutions that enhance WIC's public health impact.

---

[1] U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 With Updated Estimates for 2016 and 2017. https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2018-VolumeI.pdf.
[2] U.S. Department of Agriculture, Food and Nutrition Service (2019) "National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017," at 59, https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf.
[3] Nianogo R, Wang M, Basturo-Davila R, Nobari T, Prelip M, Arah O, Whaley S (2019) Economic evaluation of California prenatal participation in the special supplemental nutrition program for Women, Infants, and Children (WIC) to prevent preterm birth. *Journal of Preventative Medicine* 124:42-49, https://doi.org/10.1016/j.ypmed.2019.04.011.
[4] Soneji S, Beltran-Sanchez H (2019) Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality. JAMA 2(12), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2756257.
[5] Fingar KR, Lob SH, Dove MS, Gradziel P, Curtis MP (2017) Reassessing the Association between WIC and Birth Outcomes Using a Fetuses-at-Risk Approach. Maternal and Child Health Journal 21(4):825-835.
[6] Devaney B, Bilheimer L, Schore J (1992) Medicaid costs and birth outcomes: the effects of prenatal WIC participation and the use of prenatal care. Journal of Policy Analysis & Management 11(4):573-592. https://www.ncbi.nlm.nih.gov/pubmed/10121542.
[7] *See* Oliveira V, Prell M, Cheng X (2019) The Economic Impacts of Breastfeeding: A Focus on USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), ERR-261, U.S. Department of Agriculture, Economic Research Service.
[8] *See* Finkelstein EA, Trogdon JG, Cohen JW, Dietz W (2009) Annual medical spending attributable to obesity: payer- and service-specific estimates. Health Affairs 28(5):822-831.
[9] Lee JY, Rozier RG, Norton EC (2004) The effects of the Women, Infants, and Children's Supplemental Food Program on dentally related Medicaid expenditures. Journal of Public Health Dentistry 64(2):76-81.
[10] U.S. Department of Agriculture, Food and Nutrition Service (2020) "WIC Participant and Program Characteristics 2018 – Final Report," at 115, https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018.pdf.
[11] May L, Borger C, Weinfield N, MacAllum C, DeMatteis J, McNutt S, Whaley S, Ritchie L, Sallack L (2016) WIC Infant and Toddler Feeding Practices Study 2: Infant Year Report. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.
[12] Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathmatica Policy Research under Contract No. AG3198-B-10-0015. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.
[13] Tester JM, Leung CW & Crawford PB (2016) "Revised WIC Food Package and Children's Diet Quality," *Pediatrics*, https://doi.org/10.1542/peds.2015-3557.
[14] Weinfield NS, Borger C, Au LE, Whaley SE, Berman D, Ritchie LD (2020) Longer participation in WIC is associated with better diet quality in 24-month-old children. Journal of the Academy of Nutrition and Dietetics 120(6):963-971.
[15] 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.
[16] *See* Hales CM, Carroll MD, Fryar CD, Ogden CL (2017) Prevalence of Obesity Among Adults and Youth: United States, 2015-2016. NCHS Data Brief No. 288. https://www.cdc.gov/nchs/data/databriefs/db288.pdf.
[17] Kreider B, Pepper JV, Roy M (2016) Identifying the Effects of WIC on Food Insecurity Among Infants and Children. Southern Economic Journal 82(4).

[18] Andreyeva T, Tipp A (2016) The healthfulness of food and beverage purchases after the federal food package revisions: The case of two New England states. Preventive Medicine 91:204-210.
[19] Rose D, O'Malley K, Dunaway LF, Bodor N (2014) The Influence of the WIC Food Package Changes on the Retail Food Environment in New Orleans. Journal of Nutrition Education and Behavior 46(3):S38-S44. https://www.doi.org/10.1016/j.jneb.2014.01.008.
[20] U.S. Department of Agriculture, Food and Nutrition Service (2021) "Monthly Data – State Level Participation by Category and Program Costs, FY 2021 (preliminary)," https://www.fns.usda.gov/pd/wic-program.
[21] U.S. Department of Agriculture, Food and Nutrition Service (2021) "Monthly Data – State Level Participation by Category and Program Costs, FY 2021 (preliminary)," https://www.fns.usda.gov/pd/wic-program.
[22] U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 With Updated Estimates for 2016 and 2017. https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2018-VolumeI.pdf.
[23] U.S. Department of Agriculture, Food and Nutrition Service (July 2020) WIC Program Participation and Costs. https://fns-prod.azureedge.net/sites/default/files/resource-files/wisummary-3.pdf.
[24] U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 With Updated Estimates for 2016 and 2017. https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2018-VolumeI.pdf.
[25] Centers for Disease Control and Prevention (2018) Pregnancy Mortality Surveillance System. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html.
[26] Centers for Disease Control and Prevention Foundation (2017) Report from Maternal Mortality Review Committees: A View into Their Critical Role. https://www.cdcfoundation.org/sites/default/files/files/MMRIAReport.pdf.
[27] Hammad R, Collin D, Baer R (2019) Association of Revised WIC Food Package with Perinatal and Birth Outcomes. JAMA Pediatrics 173(9):845-852. https://doi:10.1001/jamapediatrics.2019.1706.
[28] Oliveira V, Frazão E (2015) The WIC Program: Background, Trends, and Economic Issues, 2015 Edition, ERS-EIBN #134 (2015), https://www.ers.usda.gov/webdocs/publications/43925/50999_eib134.pdf?v=0.
[29] U.S. Department of Agriculture, Food and Nutrition Service (2021) "Monthly Data – State Level Participation by Category and Program Costs, FY 2020 (preliminary)," https://www.fns.usda.gov/pd/wic-program.
[30] Kinsey EW, Kinsey D & Rundle AG (2020) "COVID-19 and Food Insecurity: an Uneven Patchwork of Responses," *Journal of Urban Health* 97:332-335.
[31] Agriculture Act of 2014 § 4011(b), Pub. L. No. 113-79.
[32] U.S. Department of Agriculture, USDA Expands Access to Online Shopping in SNAP, Invest in Future WIC Opportunities, Press Release No. FNS 0018.20 (Nov. 2, 2020), https://www.fns.usda.gov/news-item/fns-001820.
[33] Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020).
[34] NWA Online Ordering/Purchasing/Delivery Working Group (2020) WIC/eWIC Pickup and Delivery Requirements, https://s3.amazonaws.com/aws.upl/nwica.org/fy20_nwa_factsheet_pickup-and-delivery-requirements.pdf.
[35] April Corbin Girnus, "Nevada to launch grocery delivery service for WIC recipients," *Nevada Current* (July 30, 2020), https://www.nevadacurrent.com/2020/07/30/nevada-to-launch-grocery-delivery-service-for-wic-recipients/.