

Feeding Our FUTURE



G r o w i n g U p H e a l t h y w i t h W I C

Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as WIC—has been protecting children's health and development. Now, new research confirms that WIC not only improves children's health but reduces their risk of developmental delays.

March 2009

Children's HealthWatch

(formerly the Children's Sentinel Nutrition Assessment Program, C-SNAP)

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> Protecting America's Future

As part of the reauthorization of WIC, we recommend that Congress:

- **Direct the Secretary of Agriculture to provide the full complement of WIC foods recommended by the Institute of Medicine (IOM).** Current food packages provide only three-quarters of the amount of fruits and vegetables the IOM determined was necessary for children and only four-fifths of the amount the IOM recommended for women. Investment in the nutritional quality of WIC foods is critical.
- **Mandate coordination between local WIC offices and hospitals with significant maternity services.** Making sure new mothers receive information about WIC will help ensure the program reaches more eligible families and that new mothers have access to breastfeeding support. Locating WIC offices or placing employees in these hospitals is clearly optimal.
- **Accommodate the needs of working mothers by extending WIC office hours and allowing some nutrition education to be done electronically.** Enhancing access to WIC services will ensure that eligible mothers and children are more likely to enroll and remain in the program.

During the appropriations process, we recommend that Congress:

- **Fund WIC at a level that adequately supports states in meeting the needs of eligible women, infants and children and supports full implementation of the IOM recommendations.** Federal support has not always kept pace with the need for the program and inflation in food costs.
- **Increase funding for nutrition services and administration.** Current funding is insufficient to maintain WIC Nutrition Education services in times of prolonged economic recession as funds become more urgently needed for vouchers. Nutrition services are central to WIC's effectiveness in health promotion and need to be adequately funded.
- **Decrease barriers to application and reapplication.** Include funding for outreach to mothers regarding required documentation, hot line numbers and websites to facilitate WIC sign-up, and translation services for those with limited English proficiency.

Children cannot wait for the recession to end.

Their bodies and brains need to grow now.

If they do not receive adequate nutrition, many windows of opportunity for their optimal growth and development will be permanently closed. As members of Congress consider reauthorization and subsequent appropriations for the WIC program, we urge them to see WIC as an investment not only in our children but in our future.



> Reauthorizing a Strong WIC Program

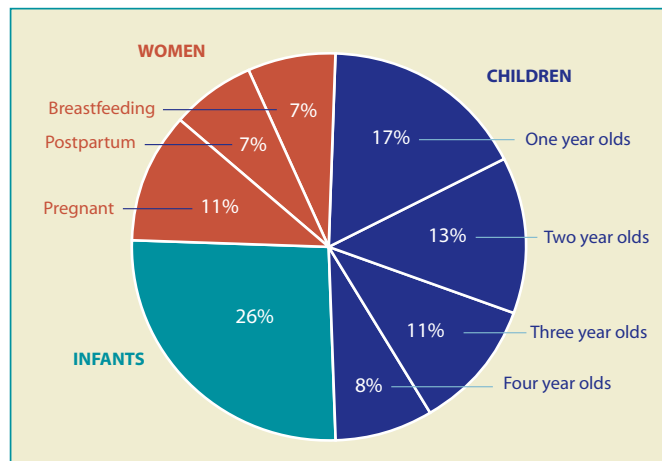
Every day, doctors and other health professionals refer women and children to WIC knowing it improves children's health. While research has shown that WIC decreases children's risk of costly health problems and developmental delays, only 57 percent of those eligible are enrolled.¹ At a time when hundreds of billions are being spent to stimulate the economy, we must not forget that our future economic success depends on the health and healthy development of our youngest citizens and future work force. As Congress considers reauthorization of child nutrition programs, we urge our nation's leaders to examine the evidence that WIC is a highly effective program.

Children's HealthWatch has found that:

- Children under age three who receive WIC are more likely to be in good health.
- Children who are eligible for WIC but do not receive it due to access problems are more likely to be:
 - In poor health
 - At risk for developmental delays
 - Food insecure
 - Underweight
 - Short for their age
- WIC has an especially powerful effect on the health of children younger than 12 months.



WIC Participant Characteristics



Source: USDA, 2006

participants, the program has grown to meet the nutritional needs of nine million women and children: 49 percent are children ages one to five, 26 percent are infants under age one, and 25 percent are pregnant, postpartum and breastfeeding women.

To participate, households must meet income eligibility criteria (at or below 185% of the US Poverty Income Guidelines) and state residency requirements and be determined to be at "nutritional risk"² by a health professional. Conditions recognized as posing a nutritional risk include anemia, under/overweight and food insecurity.

WIC participants receive monthly vouchers to purchase foods high in the essential nutrients often dangerously lacking in the diets of low-income families. These include infant formula and cereal, eggs, milk, cheese, fruit, canned tuna and carrots.¹ Foods that can be purchased using WIC vouchers are identified in seven "food packages." Culturally appropriate foods are included to accommodate families of different backgrounds. To align WIC with current nutritional guidelines, the Institute of Medicine recommended changes in the food packages that will be implemented in 2009. The contents of the packages vary depending on the age of the child, whether the mother is pregnant, has recently given birth or is breastfeeding, and the nutritional and health status of the mother and child.

WIC links women and children with health care by integrating its services with others that are necessary for children's well-being. WIC's public health workers, for example, screen all immunization records of infants and children under age two and provide referrals to immunization services and nutrition education.

> Who is eligible for WIC and what does the program provide?

WIC provides women and children with scientifically-selected, nutrient-rich foods as well as information on healthy eating and referrals to health care. Since its launch in 1974 with 88,000

> What does research show about WIC's effectiveness?

The latest scientific evidence tells us that much of the foundation for children's future health and academic potential is established in the womb and during the first three years of life. By providing a nutritious diet during pregnancy and early childhood, WIC protects the bodies and the brains of millions of children.

New research by Children's HealthWatch shows that:

- **Children under age three who receive WIC are more likely to be in excellent or good health than eligible children who do not receive WIC due to access problems.** They are also more likely to be:
 - Food secure
 - Have a healthy height and weight for their age
- The access problems reported by mothers of children who did not receive WIC include:
 - Limited hours at some WIC offices
 - Difficulty getting to WIC office to pick up vouchers
 - Transportation problems
 - Lack of a permanent address
- **WIC has its most protective effect on children younger than 12 months of age.** This is when their brains more than double in size if the nutritional building blocks are provided.
- **WIC decreases the risk of developmental delays in young children.** Children are considered at risk for developmental delays when there are significant concerns about their ability to speak and understand language, their fine and gross motor skills, social/emotional behavior, or ability to learn in school.
- **WIC has a positive effect on children's health in both working and non-working families.** Children's HealthWatch found that children in income-eligible working families that do not receive WIC are more likely to be food insecure, more likely to live in households that lack adequate heating or cooling, and more likely to live in unstable housing situations. These findings support maintaining current income eligibility guidelines and not lowering them as has been recently suggested.

Children's HealthWatch findings are consistent with a long history of research showing WIC to be effective in protecting young children's health and development. Earlier research has shown that WIC:

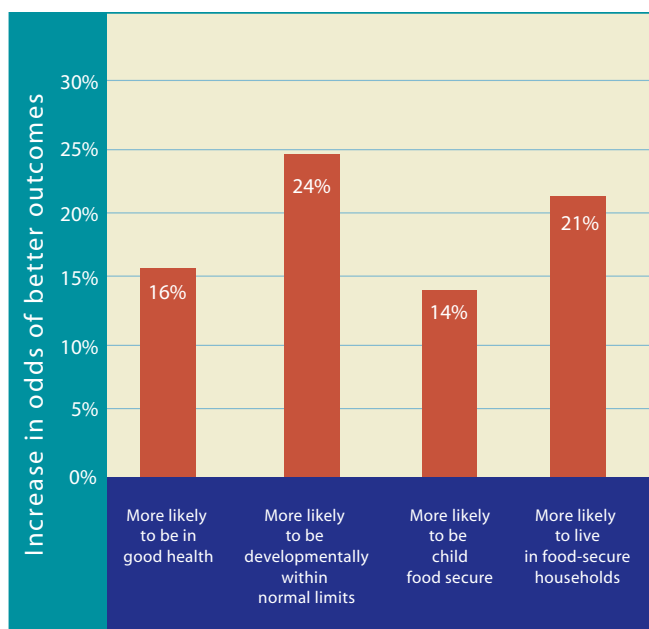
- **Decreases the rate of low birth weight by 44 percent.**^{3,4} Low birth weight is associated with many health complications, such as respiratory, heart, and intestinal problems, bleeding in the brain and vision loss.

Household Food Insecurity occurs when adults in a household are forced to reduce the quality or quantity of their food intake, causing them to repeatedly eat an unhealthy diet, and possibly experience hunger.

Child Food Insecurity occurs when children also experience reductions in quality and/or quantity of food intake because their caregivers can no longer buffer them from the inadequacy of household food resources.

- **Increases the rate of breastfeeding among WIC participants by 23 percent.**⁵ Breastfed babies are more likely to be at a healthy weight and score higher on IQ tests.
- **Reduces the percentage of children with anemia by 12 percent.**⁵ Children with anemia can suffer from delays in cognitive development.
- **Increases the mean intake of iron in children.**⁶ An iron-deficient diet can lead to stunted growth and learning and behavioral problems.
- **Improves rates of childhood immunization.**¹
- **Increases the likelihood of a child having a regular source of health care.**¹

WIC Improves Child Health and Developmental Outcomes



Source: Children's HealthWatch Data, 2008

> How will the recession affect WIC enrollment?

As the recession deepens and unemployment increases, more pregnant and postpartum mothers will turn to WIC. At present, many states provide critical supplemental funds to meet the needs of eligible women and children. In 2008, federal grants comprised 62 percent of WIC funding while the other 38 percent was provided by state contributions.¹ These ranged from \$16,760 in Nebraska to \$21 million in New York.

Unfortunately, most states are facing significant budget shortfalls and will be severely challenged to meet the increased need for WIC. If states are forced to reduce their contributions, WIC agencies expect to have fewer available WIC appointments, longer wait times for clients and potential clients, as well as a reduction in the number of clinics. They also expect that less time will be spent on nutrition and breastfeeding education and support, and that they will be more limited in their ability to provide nutrition education materials.⁷

> Is WIC Cost Effective?

Research has shown that every \$1.00 spent on WIC results in savings of between \$1.77 and \$3.13 in health care costs in the first 60 days after an infant's birth.¹ The program has the highest rating possible from the U.S. Office of Management and Budget's Program Assessment Rating Tool (PART), an assessment based on a program's goals, results, and management. WIC's superior rating is attributable to its measurable impacts on key health outcomes, the efficient use of program funds and its success in achieving long-term performance goals.



“As a pediatric psychologist, I know that WIC is an essential support for children’s cognitive, emotional, and motor development. I serve on the Maryland WIC Advisory Board and have seen WIC enrollment increase steadily as the recession deepens. I recently recommended WIC for two little sisters. After several weeks these young girls, who had been lethargic and reserved, arrived with a glow in their cheeks and a shine in their eyes, curious and bubbly, clearly showing the dramatic effects that good nutrition has on cognitive and emotional well-being.”

—Dr. Maureen Black
Director, Growth and Nutrition Clinic
University of Maryland School of Medicine
and Medical Center

¹ USDA, Food and Nutrition Service

² “Nutritional Risk” is defined as:

- 1) Medically-based risks such as anemia, under/overweight, and history of pregnancy complications for mothers
- 2) Dietary risks, such as inappropriate nutrition habits or inability to meet dietary guidelines for mothers and their children

³ Washington State WIC Nutrition Program, <http://www.doh.wa.gov/cfh/wic/healtheffects.htm>

⁴ United States General Accounting Office, <http://archive.gao.gov/d32110/146514.pdf>

⁵ The White House, <http://www.whitehouse.gov>

⁶ Rush D, Leighton J, et. al. “Study of infants and children.” Am J Clin Nutr. 1998; 48:484-511

⁷ FRAC, <http://www.frac.org/wic/pdf/newfood/rep/summarywicdirectors.pdf>

⁸ The White House, <http://www.whitehouse.gov/omb/expectmore/>

“Nutritious food is good medicine. WIC, of all the federal nutrition programs, is the only one that is firmly grounded in the medical model; it’s based on up-to-date scientific evidence and on relationships between clinicians and clients. Many families tell me that their experiences at the WIC office have felt like they were “going to the doctor”—like they were doing the right thing for themselves and their children. Families often share with me nutrition information they learned from the WIC nutritionist. As someone who struggles daily to help babies recover from serious malnutrition, I cannot say enough about WIC as a crucial component of both prevention and treatment of nutritional risks in America’s children.”

—Dr. Deborah A. Frank, Boston University School of Medicine
Director, Grow Clinic for Children, Boston Medical Center

Children’s HealthWatch, formerly known as the Children’s Sentinel Nutrition Assessment Program (C-SNAP), is a pediatric research center that monitors the impact of economic conditions and public policy on the health and well-being of very young children. Established in 1998 and based at Boston Medical Center, Children’s HealthWatch has the largest clinical database on children under three living in poverty. The database of more than 32,000 children is composed of cross-sectional household-level surveys and medical record audits. Children’s HealthWatch collects data daily in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia in five hospitals that serve some of the nation’s poorest families.

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