

# WIC Reforms: Good News for California Pediatricians

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Started in 1972 through the United States Department of Agriculture, The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was designed as a safeguard to meet the nutritional needs of low-income pregnant, breastfeeding, and post-partum women and of children up to 5 years of age at nutritional risk. After 38 years, WIC has grown nationwide to serve 75% of all kids less than 5 years of age in the United States. The California WIC program serves 1.4 million participants per month, of whom over 1 million are infants and children.<sup>1</sup> For low-income families and young children and pediatricians, WIC has become a stable and trusted part of the community network that creates the social and medical safety net in California.

In addition to obtaining supplemental foods, participants in the WIC program receive nutritional education, breast-feeding support and referrals to health and social services. WIC has collaborated with other agencies involved in pediatric issues. A project with the State Immunization Program was implemented to assist in increasing immunization rates of pre-school children participating in WIC. WIC helped develop a new policy with Medi-Cal managed care plans to ensure the provision of therapeutic formulas to medically fragile infants and children who have WIC. This policy is available at [www.wicworks.ca.gov](http://www.wicworks.ca.gov) (click Health Professionals under Resources). Despite progress in these areas, the WIC

food “packages” for women and kids and the WIC “pediatric referral form” remained basically unchanged since 1980. Last October, some fundamental changes occurred in the WIC program -- changes that are important for all clinicians who care for children.<sup>2</sup>

Many pediatricians would be surprised to know that prior to 2009, carrots were the only vegetable routinely contained in WIC packages, and it was only given to fully breastfeeding women. Regional variations and pilot programs made use of Farmer’s Market coupons to increase the purchase of fruits and vegetables. However, the food choices offered through WIC generally consisted of foods that were higher in fat and calories than was recommended by WIC staff and pediatricians. WIC and their supporters realized their important role in advocating nutrition and in curbing the growing epidemic of childhood obesity. Significant interest in updating the WIC food packages was expressed by WIC administrators, medical and scientific communities, advocacy groups and Congress.<sup>3</sup> The Institute of Medicine (IOM) undertook a lengthy and effective advocacy campaign that resulted in new WIC food recommendations and modifications in the WIC program.<sup>4,5</sup> These changes were not accepted without some resistance from officials in the dairy industry and their representatives. In testimony, government officials were told, for example, that “more scientific evidence was needed to make such modifications.”<sup>5</sup> However, the IOM recommendations were eventually adopted, bringing important changes to WIC nationally and to California statewide.

The new WIC food “packages” differ depending on the age of the child and whether the mother is breastfeeding her infant. Now, WIC packages (see example of

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Package 4 on the next page) include lower-fat foods, fruits and vegetables and whole grains -- and less high-calorie foods and fruit

juices. Soy milk and tofu are now available as options for children who are unable to tolerate cow’s milk. As such, the new offerings are in alignment with current AAP recommendations. The new packages offer more flexibility within the different groups of foods, reflecting the growing cultural diversity of the WIC population. WIC has also

begun to modify the educational format for clients by shifting to participant-centered and motivational interviewing techniques. Recent studies have shown that the modifications in the education from WIC has increased participants’ understanding of WIC’s nutritional messages, and the changes in the food packages have increased family consumption of fruits, whole grains, and lower-fat milks.<sup>6</sup> Recruiting peer counselors, discussing lifestyle behaviors, encouraging limits on television/computer screen time and recommending increasing physical activity are now part of the WIC educational approach.<sup>7,8</sup>

As breast-feeding rates in the United States remained below many developed countries and data on the benefits of breast-feeding continued to accumulate, the IOM recommended changes to promote breast-feeding and to support WIC mothers who breastfeed their infants. For example, the new WIC packages provide more baby food for breast-fed babies, in comparison to those issued formula. The largest and most diverse food package selections are provided for mothers who exclusively breastfeed (see example of Package 7). Mothers who partially breastfeed or who mostly breastfeed now receive less formula than before to encourage breastfeeding, but

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they also receive a markedly enhanced food package for themselves in comparison to those who had decided not to breastfeed. In the short time since these changes were implemented, there has already been an increase in the percentage of WIC mothers who are breastfeeding, especially during the first 30 days of infants' lives. A significant increase took place from September to October 2009, when there was an almost 4% increase (about 4000 participants) in the number of fully breastfeeding mothers who received WIC's packages.

To assure that children receive the appropriate WIC foods and referrals to health plans for therapeutic formulas, the WIC pediatric "referral form" was changed. It was also designed to help provide oversight and to advocate for participants with medical conditions. The new form can be downloaded at [www.wicworks.ca.gov](http://www.wicworks.ca.gov) (click Health Professionals). A tutorial presentation, video, and instructions are available on-line at this website to address questions about the form. These changes in the form will make it easier to prescribe appropriate WIC foods for special-needs patients, many of whom only received cereal and fruit juice with the prior WIC food packages. Lastly, the new form clarifies the insurance referral process for clinicians who have patients who need therapeutic formulas.

WIC in California recognizes the important and consistent role that pediatricians play in the lives of both their patients and their families. As WIC is a constant for most low-income families, so is their medical home. Therefore, WIC has set up a physician-oriented website, [www.wicworks.ca.gov](http://www.wicworks.ca.gov) (click Health Professionals) and developed a MD-WIC Network to strengthen connections and streamline communication between WIC sites and pediatric offices. As pediatricians face the epidemic of childhood obesity, new performance measures for weight assessment and nutrition referrals, and low breastfeeding rates, they can now partner more directly with WIC dietitians and nutritionists in their efforts and know that WIC is better aligned with the goals of the American Academy of Pediatrics.

The WIC program is one of the largest

#### **WIC Package 4: Eligibility: Children 1 – 4 yrs**

##### **Prior Package 4**

**Fruits and Veggies:** 9 oz / day of Vitamin C-rich Juice

**Milk and Alternatives:** Approx 3 cups / day of milk; With some alternatives (yogurt)

**Grains:** 36 ounces of cereal / month

**Meat and Alternatives:** 2-2,5 dozen eggs / month; 1 pound of dried beans or peas OR 18 ounces of peanut butter

##### **New Package 4**

**Fruits and Veggies:** 4 oz / day of vitamin C-rich Juice; \$8 cash voucher for fresh fruits and veggies OR; 222 oz / month canned fruits and veggies

**Milk and Alternatives:** 16 quarts of milk / month; 1 year old: whole milk; 2-4 year old: 2% milk fat or less

**Grains:** 36 oz of Fe-fortified whole grain cereal / month; 2 pounds of whole grain bread / month OR; Other whole grain options

**Meat and Alternatives:** 1 dozen eggs / month; 1 pound dried beans or peas OR; 4 x 15-oz cans of beans or peas OR; 18 ounces of peanut butter / month

#### **WIC Package 7: Fully Breastfeeding Women up to 12 months post-partum**

##### **Prior Package 7**

**Fruits and Veggies:** 11 oz / day of vitamin C-rich juice; 2 pounds fresh carrots

**Milk and Alternatives:** 28 quarts milk / month with some substitutions; 1 pound of cheese

**Grains:** 36 ounces / month of iron-fortified cereal

**Meat & Alternatives:** 2-2.5 dozen eggs / month; 26 ounces canned fish (tuna); 1 pound of dried beans or peas AND; 18 ounces of peanut butter

##### **New Package 7**

**Fruits and Veggies:** 5 oz / day of vitamin C-rich juice; \$10 voucher for fresh fruit and veggies

**Milk and Alternatives:** 24 quarts milk / month; 2% milk fat or less, with more substitutions

**Grains:** 36 oz / mo. of iron-fortified whole grain bread; 1 lb. /mo. of whole grain bread or other options

**Meat & Alternatives:** 2 dozen eggs / month; 30 ounces canned fish (light tuna or salmon); 1 pound of dried beans or peas OR; 4 x 15 oz cans of beans or peas AND; 18 ounces of peanut butter

food assistance programs in the United States. As pediatricians strive to construct their medical home for their patients in their communities and connect with key programs, they can know that WIC in California is aspiring to similar goals to benefit the kids for whom we all provide care.

#### **References**

1. US Department of Agriculture. The WIC Program Background, Trends, and Economic Issues, 2009 Edition. Economic Research Report No. 73, April 2009.
2. Department of Agriculture, Food and Nutrition Service. Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages (2007); Interim Rule. Federal Register, 7 CFR part 246.
3. Institute of Medicine (2005). WIC Food Packages: Time for a Change. Retrieved August 28, 2009 from <http://www.iom.edu/CMS/3788/18047/26667.aspx>

4. AAP Testimony regarding WIC changes: [http://www.aap.org/advocacy/washing/Testimonies-Statements-Petitions/AAP\\_WIC\\_comment\\_USDA.pdf](http://www.aap.org/advocacy/washing/Testimonies-Statements-Petitions/AAP_WIC_comment_USDA.pdf)

5. AAP Policy Statement on WIC: Pediatrics: Volume 108, Number 5, November 2001: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/5/1216.pdf>

6. Ritchie et. al., Favorable Impact of Nutrition Education on California WIC Families., Journal of Nutrition Education and Behavior; Volume 42, S2-S10, May-June 2010.

7. Deehy et. al., Patient-Centered Education: Building a New WIC Nutrition Educational Model, Journal of Nutrition Education and Behavior; Volume 42, S 39-S-46, Number 3S, May-June 2010

8. Whaley, et. al., A WIC-Based Intervention to Prevent Early Childhood Overweight, Journal of Nutrition Education and Behavior; Vol. 42, S47-S51, May-June 2010