

**Child Nutrition and Special Supplemental Nutrition Program for Women, Infants
and Children (WIC) 2009 Reauthorization
California Department of Public Health/WIC Program Comments**

The WIC Program is in an exciting period in its history as the program prepares to implement the new WIC Food Package Interim Rule. California applauds USDA's decision to contract with the Institute of Medicine to study the WIC foods and to adopt most of its recommendations into the Interim Final Rule. The California WIC Program looks forward to making these important changes to WIC and, through them, having the opportunity to improve the health of the families and communities WIC serves.

The foods WIC provides its 1.4 million participants in California—close to 9 million in the United States—is of great significance, given the current and dangerous increase in the number of Americans who are overweight and obese, with increased risk of chronic diseases, including diabetes. Obese and overweight adults tend to have been overweight as children. Nationally, almost 14 million children (25% of the population between ages 2-17 years) are obese and an additional 8.6 million are at risk.

More disturbing are the statistics on overweight and obesity in preschool children:

- 86 percent of obese children become obese before the age of 6;
- Obesity-related “adult” diseases like heart disease and type 2 diabetes are being found in children as young as 3 and 4 years old;
- The average 3-year-old today is physically active for a mere 20 minutes (as opposed to the recommended 60 minutes of activity per day); and
- Low-income preschoolers are at greater risk for under-nutrition and obesity than their middle and high-income counterparts; and yet
- Most nutrition assistance programs and projects focusing on childhood obesity provide services to low-income *school-age* children.

The WIC program, as the nation's premier public health nutrition program, carries the potential for making substantial reversals in these statistics through its nutrition education and breastfeeding support. These strengths will soon be reinforced by the changes to the foods WIC provides, which will match and support the program's education. Yet, even as WIC staff prepares to implement these significant program changes, important operational concerns warrant attention if WIC is to become an even more effective public health nutrition program than it is now. In support of program improvements, California offers the following suggestions for strengthening the nutrition services components of the WIC Program and for targeting funding to important nutrition services and operational initiatives.

Area One: Strengthening program management and improving nutrition services.

1. **Recommendation:** Amend Section 1786(d)(3)(A) to allow states the option to certify a child for a period of one year, thus aligning with the current policy for infants and breastfeeding women, eliminating unnecessary administrative work and providing additional resources for critical nutrition services to this population.

Justification:

- **Allowing states the flexibility to certify a child for one year improves staff's ability to focus limited Nutrition Services and Administration (NSA) grant funds on nutrition and physical activity education, breastfeeding support and prevention of childhood obesity.** California provides WIC services to nearly 900,000 children ages 1– 4 years each month and of these, one-sixth or about 150,000, are certified each month. Assuming an estimated 15 minutes of staff time is spent on recertification administrative activities for each child, roughly 37,500 hours of staff time per month in California could be shifted from certification activities to focused education on age-appropriate nutrition and physical activity to prevent childhood obesity.
- **States that elect to provide a one year certification for children should be required to ensure that the families of these children receive nutrition education a minimum of three times during each certification period** in addition to the education provided at the time of the certification, as is the case with the option for infants and breastfeeding women. This requirement would ensure that families of child participants receive at least the same number of educational sessions that they currently receive, while allowing for an increase in the amount of time spent on education during these sessions.
- **Program integrity monitoring conducted in California since implementing the policy for breastfeeding women and infants has found *no cases* in which a family was inappropriately maintained on the program.** Further, California's data show that in the twelve-month period ending August 3, 2008, less than one percent (0.6%) of children was determined to be ineligible for WIC services at the time of certification. These data indicate that child participants remain within WIC income and residency requirements and continue to receive WIC services for repeat certification periods. Because California data reveal that there is a decline in child participants over the age of two years, it appears that children drop out of the program and are "lost to follow-up" when their income, category and/or residency status changes. We anticipate this would continue to be the case if children are certified for a one-year period.

2. Recommendation: Authorize an evaluation of the biochemical assessment requirements in WIC similar to the evaluations of WIC nutrition and dietary risks, dietary assessment, and food packages conducted by USDA over the past decade.

Justification:

- **WIC blood tests may require duplication of the testing recommended in current medical practice; therefore, re-evaluating the usefulness of these invasive tests in the WIC setting is warranted.** The frequency of screening recommended by the American Academy of Pediatrics (AAP) is once at about one year of age, with recommended screening once per year thereafter. Doctors, moreover, do not routinely order blood tests for children after the age of two years, including those on WIC. And although current pediatric guidelines state that these tests “may need to be done more frequently for *high-risk children*”, providers do not universally regard WIC children as being at high risk for anemia, particularly if they don’t have a previous history of anemia or demonstrate other risk factors. Therefore, it is appropriate to ask the following questions:
 - On what basis could a more precise definition of “at risk” for anemia be developed other than “all WIC women and children”?
 - Given that virtually all non-breastfed infants in the U.S. receive iron-fortified infant formula, what is the risk for iron-deficiency anemia for an infant WIC participant? For a child WIC participant who was on WIC as an infant? For a child WIC participant who was not on WIC in infancy?
 - What is the risk that blood tests for iron-deficiency anemia will not be performed at all if WIC does not perform blood tests?
 - To what extent do participants miss preventive health care appointments, incorrectly assuming they have had a health exam, since they were weighed, measured and had a blood test at their WIC visit?
- **Fulfilling this blood test requirement is an expensive duplication of medical services.** Many WIC programs hire nurses or other medical personnel to conduct onsite blood testing. These expenses, including the cost of staff, equipment and maintenance, diverts NSA funds from nutrition education, breastfeeding support and obesity prevention strategies. One estimate of the cost of drawing blood, including personnel time, equipment and supplies, is \$8.00 per participant for each certification. In California, that estimate means that approximately \$14 million per year of the NSA grant would be spent by local WIC programs to perform blood tests. At the same

time, data show that 92 percent of California WIC participants are enrolled in health coverage and thus have access to medical facilities that conduct these tests. In California, blood tests are typically not performed in the WIC office; however, significant NSA resources are spent in efforts to obtain the required documentation of the test results from physician offices, also diverting valuable NSA resources.

Therefore, an evaluation and consideration of the following questions would be extremely valuable:

- What are the trends in NNHANES data related to iron-deficiency in the WIC-eligible population?
 - To what extent might iron-deficiency anemia (IDA) go unidentified if WIC staff does not perform blood tests?
 - What is the research-based justification for obtaining a blood test for IDA in the early postpartum period?
 - Given the disparate prevalence of IDA and overweight, what should WIC's priorities be regarding screening for, and intervening in these conditions?
 - Is it reasonable to require states to identify any sub-populations of WIC participants that are high-risk for IDA and focus resources on assisting these participants to access appropriate medical follow-up?
 - How effective are screening questions in identifying those at risk of IDA, similar to the way WIC staff screens for risk of exposure to lead?
- **Public health needs and priorities have changed.** Frequent biochemical testing clearly was appropriate for children eligible for WIC in the early years of the Program. One cross-sectional study in five states (Sherry, et. al., 2001) showed a 48 percent to 75 percent decrease in IDA from the early 1980s to the mid-1990s. Currently, IDA affects about 10 percent of children between 3 and 5 years of age. WIC is correctly recognized for affecting this dramatic reduction in IDA. However, while IDA has not been completely eradicated, other public health issues have risen in prevalence. Since 1990, twice as many children between the ages of 2 and 5 are overweight (13.9 percent compared to 7.2 percent) as in previous decades. The gradual reduction in IDA and the dramatic rise in childhood obesity both call for an evaluation of the relevance of the WIC blood test requirements, much as changing demographics and public health issues necessitated an evaluation of the WIC food package.

- 3. Authorize USDA to contract with scientific entities to recommend revisions for WIC foods at ten-year intervals to ensure that the WIC food packages are responsive to changes in the nutritional needs of women, infants and children and to changes in the food supply.**

Justification:

While the WIC community is thrilled with the Interim Final Rule and appreciates the leadership demonstrated by USDA/FNS in making these significant changes to the WIC food package, it is critical to ensure that revisions are considered regularly in conjunction with revisions to the Dietary Guidelines for Americans and that revisions apply to all child nutrition programs.

Area Two: Ensuring that all eligible persons have access to program benefits.

- 1. Recommendation: Appropriate \$30 million annually for Breastfeeding Peer Counseling (BPC) Programs.**

Justification:

- BPC programs currently operate at sixteen WIC offices in California and data show that mother-to-mother support, using peer counselors mentored by trained lactation specialists, is a very effective approach to increasing the length of time that mothers breastfeed their infants, thereby improving both the infant and mother's health. In California, breastfeeding rates have improved by as much as 11 percent in agencies that have implemented BPC. Several years' experience with these BPC programs has enabled staff to identify the strategies among the sixteen that carry the greatest potential for expansion into other programs.
- Doubling the funding available for the BPCP in California WIC would allow an expansion of the program to other local agencies (for a total of 32 or more) with opportunity to use "lessons learned" to implement the most effective strategies.

- 2. Recommendation: Revise Program Income Eligibility Rules to add the same Income Exclusion for Special Combat Pay as allowed in the Supplemental Nutrition Assistance (Food Stamp) Program**

Justification:

- The 2008 Farm Bill reauthorization legislation added special combat pay as an income exclusion to the Food Stamp Program's income eligibility rules. Under this provision, members of the armed services deployed to areas of hostile fire or

imminent danger receive a special pay allowance of approximately \$225 per month. A corresponding change to WIC regulations will allow many more families of military personnel in special combat situations to qualify for WIC.

- Each month, California WIC provides services to over 8,300 military families. However, each month, approximately, 600 military families are found to be ineligible for WIC because they are over the income limit, most by less than \$100. By excluding the special combat pay from the income test, the family of a military member serving in a combat area is significantly more likely to receive focused nutrition education and breastfeeding support.

Area Three: Advancing technology and innovation

- 1. Recommendation: Authorize at least \$60 million annually for WIC management information systems (MIS) and electronic benefits transfer (EBT) development and maintenance, with the provision that the use of this funding is *not* conditional on the adequacy of overall WIC funding to meet the demands of caseload or food expenditures.**

Justification:

- WIC management information systems (MIS) are decaying and, in many states, limit the ability of the WIC Program to provide services to participants, to gain access to timely and accurate fiscal data for management of program resources, and/or to provide timely payments to retail food vendors.
- Nutrition Services and Administration (NSA) grants are intended for on-going program operations. States need one-time funds in addition to the NSA grant to develop and implement updated MIS. In California, staff anticipates that the need to redesign or replace the WIC system within the next few years. While some NSA funds can be redirected for this purpose, the NSA grant cannot cover the full costs which are expected to exceed \$30 million. Further, California WIC anticipates that the replacement system will incorporate electronic benefits transfer (EBT) for WIC food delivery. Based on information from EBT pilots nationwide, this will increase the cost of developing and implementing a replacement system.
- In all but one of the four years Congress appropriated \$30 million for MIS, the funds were redirected to support program costs and were therefore not awarded for its intended purpose. MIS have continued to deteriorate during that period.

Unless unrestricted, targeted funds are designated, MIS will further deteriorate and the costs to replace the systems will continue to increase.

- 2. Recommendation: Any mandate or strategic goal for WIC to implement EBT must be accompanied by sufficient funding, not only for the one-time implementation costs, but also for the on-going costs of operating WIC food delivery via EBT.**

Justification:

- **Based on cost information from some of the pilot projects, California WIC believes that it would incur significantly higher costs operating an EBT food delivery system than the current paper-based system.** However, information about the on-going costs of delivering WIC foods with EBT is incomplete and the data that has been collected has not been captured in a consistent way among the EBT pilot projects. Critical to successful implementation of future projects is an accurate methodology to account for these on-going costs to the Nutrition Services and Administration grant, since any significant cost increase will necessarily affect the funds available for nutrition services provided to participants.
- Since state agencies must pay costs associated with food delivery from their Nutrition Services grant funds, it is critical for those funds to be increased as needed to accommodate any increased costs of operating EBT. If this does not occur, EBT will undoubtedly result in a redirection of Nutrition Services and Administration funds away from nutrition education and breastfeeding support--an outcome that would obviously be an unfavorable consequence of modernizing WIC food delivery.