



Capitol Hill WIC Briefing

March 10, 2009

2257 Rayburn House Office Building

Testimony from Local WIC Agency Directors

Impact of Recession on WIC Frontline Services, Caseload and Funding

Gloria Pecina, CWA President, United Health Center of San Joaquin

You will find a basic **“Facts and Figures”** *handout* in your packet, which provides detailed information about our program in California.

- We are a “canary in a coal mine” program: WIC always experiences an increase in demand for services whenever there’s an economic downturn or natural disaster –we see the need before it registers on any official indicators.
 - Unemployment rates in the Central Valley are at an all-time high, making Central Valley “ground zero” for this Recession.
 - Fresno County Unemployment Rate in January 2009: 15.7%, which is 184% of the national unemployment rate that month = 8.5%.
 - California’s Unemployment Rate in January 2009 = 10.6%
 - Fresno County lost 11,200 jobs from December to January, driving the number of unemployed people to about 69,500 (which is 10.7% of the national number of 650,000)—the largest number reported under the current system in state employment data since 1990. Losses were reported in farm employment, government jobs, retail trades, and construction jobs.
 - The number of unemployed people in the five-county San Joaquin Valley Region = 141,800, which is 21.8% of the national number of 650,000—a number that many expect will continue to grow this year.
- Source: *Fresno Bee*, March 5, 2009, by Tim Sheehan
- California WIC is projected to serve 1.43 million participants statewide in 2009. This represents a 3% increase from last year – about 43,000 more participants have flocked into the program. *And, they continue flocking into our WIC sites.* Already, in January, we are serving 101.06% of our target caseload, so the State is putting out an additional 19,000 caseload to cover the rising need.
 - All agencies are currently able to meet the need without creating waiting lists, but accessing the program is becoming increasingly difficult. Most agencies have stopped conducting active outreach, turned off their automatic appointment reminders, etc. In our busiest clinics, participants may have to wait some days for an appointment, and the waiting rooms are crowded with longer waits to be seen.
 - We are seeing many “new enrollments” – families who have never been to WIC before but need our help as they face lost jobs, foreclosures, even homelessness. *I want to share two staff’s accounts of families who*

touched their hearts. Please listen closely. If you hear nothing else that I say, today, please listen to their stories:

“This family is now separated because dad lost his job. This family handed back their car, had to move in with other family members, 2 children were sent to live with family members in the Bay Area. This family sold most of their belongings and is living with 10 other people in a 2-bedroom apartment. This family has to pay to be driven out of town to apply for Medi-Cal and Food Stamps (SNAP).”

“She was pregnant in her second trimester and had not gained any weight. I asked: ‘Do you eat all the food you need?’ She told me: ‘I eat after my children are done eating. I eat what they leave. My husband lost his job and I have to watch and cut down on many things, food being one of them.’ ”

- At the local agency level, particularly in programs based in County Health Departments, the state Budget Crisis has forced hiring freezes, layoffs, severe travel restrictions, and other cost-cutting measure that have had a damaging impact on the overall quality and excellence of our program – despite the fact that we are 100% federally funded. This is very unfortunate and frustrating, especially in an historic year like this one!
- Many WIC frontline staff share the same stress, or are experiencing the same financial challenges as the families they are working with. *Some quotes from staff people:*

“My son-in-law’s work hours were reduced and my daughter is self-employed. Her clients do not have the money to see her. Both of their incomes have been cut back, which makes it hard.”

Therefore, we fully support **NWA’s FY 2010 Funding Agenda** and President Obama’s budget proposal to fully fund the WIC Program to serve (**please refer to the handout in your packet**).

Coming from Fresno County, I can tell you that the needs will continue for some time, so it will be important to **replenish the WIC Contingency Fund**, if needed.

Doubling the funds to \$40 Million for Breastfeeding Peer Counselors will really help us support more mothers to breastfeed – a life-giving, health-promoting decision that provides vastly superior and absolutely *free* nutrition for WIC babies!

Despite the need we see every day and the challenges we face in our local sites, we are still celebrating the rollout of the New WIC Foods, and we await implementation with great anticipation!

*Which brings us to our next speaker: Shelly Lewis, CWA Legislative Chair, who will speak about the **Rollout of the New WIC Foods**.*

Rollout of the New WIC Foods

Shelly Lewis, CWA Legislative Chair, Public Health Foundation Enterprises, Inc.

- On October 1, 2009, the new food packages will be implemented in CA at 623 local WIC sites. Hooray!
- Use **Food Package Handouts and Point to Posters** to illustrate the major food package changes by:
 - WIC Foods for Pregnant Women
 - WIC Foods for Children
 - WIC Foods for Fully Breastfeeding Women
- We have all been very busy planning and training for this historic rollout:
 - WIC frontline staff training has already started, last October
 - WIC Participants will get a heads up on the changes starting in April and

- Training for WIC's 4,100 authorized vendors starts in July.

• **Don't let the changes get outdated again!** As recommended in *NWA's Reauthorization Agenda on Page 2, Require an IOM review* of the food packages at least every 10 years, or sooner, if national dietary guidance changes.

Now we want you to know how we in California WIC plan to "Make Change Matter" with a comprehensive health messaging campaign...transition to Shirley...

Healthy Habits for Life and Sesame Promotional Campaign

Shirlee Runnings, CWA President Elect, Human Resources Mother Lode

• As the new food package is rolled out, the California WIC Program is using a really exciting health message campaign, called *Healthy Habits for Life*. For the first time in our 35 year history, be coordinated across the state with 82 local WIC agencies at 632 local WIC sites, and beyond WIC, into grocery stores, medical offices, and child care settings.

• The National WIC Association has entered into a partnership with Sesame Workshop on this evidence-based and well-tested campaign. Here in California, California WIC has adapted the Sesame materials to promote lifelong Healthy Habits to staff, participants, vendors, and beyond.

• Using Sesame Street's beloved characters and instantly recognized brand, we will leverage the new foods with clear messages – which will be "broadcast" to all WIC participants by all WIC frontline staff – at the same time. We're making history!

You can read all about our Healthy Habits Campaign in our *latest WIC Watch Newsletter, which is in your packets (use handout)*.

• The campaign will help:

- Engage and motivate WIC staff to improve their own eating and activity habits
- Promote and explain the new WIC foods to WIC families in a lively format
- Leverage the food changes to support lifelong healthy habits every day for both staff and participants

• The main messages of the California Healthy Habits for Life campaign are listed on Page 2 of the *WIC Watch*. They are so well-aligned with our new WIC Foods! (*Go over a few, not all...*):

- Eat a Rainbow of Fruits and Vegetables
- Healthy Habits Begin at Birth
- Lose the Fat, keep the Vitamins – Drink Lowfat Milk
- Make Half your Grains Whole
- Sometime / Anytime Foods

• To make sure this change really makes a lasting difference for future generations of WIC families, CWA particularly supports *NWA's FFY 2010 Funding Agenda* recommendation to Provide \$5 million in this year's WIC appropriation to immediately support strong evaluations of the health and economic impacts of this huge change. This is a "natural experiment" about to happen. It's almost too late to capture the baseline information we need to make a rigorous comparison! If a tree falls in the forest and nobody hears it, did it really happen? We need those funds very soon!

• Also, we recommend closer coordination of messaging and health education efforts between WIC and our sister programs within FNS, in particular the SNAP Education program and the Child Care Food Program.

USDA should do more to encourage sharing of resources and materials between programs so that our kids and families – who often participate in multiple food programs -- hear the same messages wherever they go.

WIC Reauthorization: Key Proposals

Tracie Barrow, CWA Coastal Region Representative, Sonoma County Health Services WIC Program Manager

What an exciting year we have in front of us. Not only do we have the fabulous food package changes rollout, but we also have the Reauthorization of the Child Nutrition and WIC act. What an excellent time for us on the front lines of local WIC programs to give you input on improvements in WIC administration.

CWA supports the **NWA Reauthorization Agenda** found in your packets. From our perspective as local agency directors, there are a few items, in particular, that would make a huge difference in **day-to-day program operations**:

- **Protect current WIC income eligibility standards**, including allowing adjunctive eligibility to current state Medicaid level. In plain terms, the majority of our families are already Medi-Cal (Medicaid) recipients. Their incomes have been thoroughly verified by the county Medi-Cal office. Requiring WIC to re-check incomes would be a costly duplication of effort. The precious 15 minutes we have with our families during certification can be better utilized in providing quality nutrition and breastfeeding education. In these times of overflowing participation, efficient use of resources is a priority. Give states the option to **certify children for one year**.
- Another key proposal is the request that States be allowed the option to **certify children for one year**. We strongly support this option. Currently children age 1-5 are required to be re-certified every six months. These recertifications require income and address verifications as well as additional paperwork. We rarely disqualify families for being over-income once they have been initially enrolled. Again, repeating this process mid-year is a waste of precious resources doing paperwork versus quality nutrition support.
- Allow the use of **Internet, telephone, and other technology for quality WIC nutrition education**. Just as the food package hasn't kept up with nutrition science, the current approved modes of nutrition education haven't kept pace with available technology and research. For example, our agency's Breastfeeding Peer Counseling program is primarily telephone-based personal support and education. During the past two years, we have experienced a 20% increase in both exclusive breastfeeding rates and longer breastfeeding duration with moms with peer counselors as compared to moms without this support. This is evidence of extremely effective nutrition education via the telephone – currently a non-approved mode.

Lastly, there is an important operational issue not mentioned in the NWA Agenda. It is time to re-evaluate the WIC Blood Test Requirements! **A policy brief by that title is in your packet** and explains why in detail:

- The current rules require a blood test on our pregnant moms, post-partum moms, and children over age one. The children's' blood tests are required yearly in WIC.
- These test are outdated in terms of current public health evidence and guidelines, confusing to our participants, irritating to our WIC medical partners, and very costly to state and local programs.
- Every month I give a WIC orientation to First Year Medical School Family Practice residents. These doctors, fresh out of medical school, always question why our WIC requirements don't match standard

medical practice. Every day, we have to explain the WIC bloodwork policies to our families, because their health providers are declining to provide them but we still require them. Some families just choose not to get them and so we must ask about them at every WIC appointment...again, an example of a waste of precious time with our families.

- **As a first step, we want Congress to include Report Language in the Reauthorization bill that would require USDA to commission a scientific review of WIC Biochemical assessment and testing regulations.**

- This will lay the evidence base for USDA to move forward to quickly update the rules.

Breastfeeding: Wider Policy Changes Needed to Boost WIC Success

Mary Sammer, CWA Southern Region Representative, North County Health Services

Breastfeeding's importance to public health and obesity prevention (holler if you need help with this). **Point to CWA Briefs piled on tables that explain these issues in more detail.**

- Thanks in large part to the WIC Program's efforts, low-income breastfeeding **initiation** rates have increased in the last decade, but **exclusive** breastfeeding rates remain much lower and flat – indicating widespread formula supplementation. Using formula undermines breastfeeding because it does not allow mothers to establish a milk supply. **Duration** of breastfeeding beyond the first few months is also rare in the WIC population: in California, only about 18% of WIC mothers are still breastfeeding after the first 3 months.

CWA fully supports the NWA positions on breastfeeding in both the Funding and Reauthorization Agendas. In particular we'd like to see **more Peer Counseling funds**, already discussed, and **more flexible use of WIC funds to purchase breast pumps**, as outlined on Page 4 of the NWA Reauthorization Agenda.

That said, WIC **cannot do it all** to increase the rates and duration of exclusive breastfeeding. We want to share with you a new brief called *Concerns about Infant Formula Marketing and Additives* -- it's blue in your packets – that documents some troubling trends and practices in the infant formula industry.

- These industry trends and practices not only threaten the public's health, but, unless policy changes are made, will continue to have a negative impact on the **WIC Program's bottom line** – when our food costs go up, we can serve fewer people.

- In addition, they will make it almost impossible to really make a significant difference in lowering the stark **breastfeeding disparities** found in low-income WIC mothers. WIC can't do it all (Tell a Story!) To do that, we need **wider policy changes**, beyond the WIC program.

On behalf of the low-income moms and babies we serve, who don't have the power of the large pharmaceutical companies that control infant formula, CWA urges Congress and the Administration to **consider the recommendations listed at the end of the brief**, which would involve holding hearings and asking the FDA, FTC, and HHS, as well as USDA to tackle this problem.

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California WIC Association
1107 Ninth Street, Suite 625
Sacramento, CA 95814
916/448-2280
www.calwic.org