



July 15, 2022

President Joseph R. Biden, Jr.  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Ambassador Susan Rice  
Domestic Policy Advisor  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

RE: WIC Community Recommendations for Upcoming White House Conference on  
Hunger, Nutrition, and Health

Dear President Biden and Ambassador Rice:

The National WIC Association (NWA) thanks you for your leadership in convening the second-ever White House Conference on Hunger, Nutrition, and Health. The first conference, assembled in 1969 by President Richard M. Nixon, prioritized a national response to the harmful effects of malnutrition. One of the key recommendations of the first White House Conference was to strengthen nutrient intake for pregnant women and infants; five years later, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was scaled up nationwide after a bipartisan push led by Sens. Hubert Humphrey, George McGovern, and Bob Dole.

For nearly fifty years, the WIC provider community has been an active force in building nutrition security at the federal, state, and community level. NWA is the non-profit membership organization for State and local WIC providers, an education arm and advocacy voice for the 6.2 million mothers and young children served by WIC and the 10,000 service provider agencies who are the frontlines of WIC's public health nutrition services. NWA has worked to sustain the legacy of the first White House Conference, building bipartisan and broad-based consensus for WIC's programmatic goals and public health mission. Although this Conference will address nutrition security throughout the lifespan, NWA urges the Conference to focus on early nutrition interventions like WIC that are demonstrated to have long-lasting impacts on diet quality and result in a healthier next generation.

In June 2022, NWA convened six virtual listening sessions to solicit input for the White House Conference from WIC participants and WIC service providers at the State and local level. Based on this input, NWA offers the following three core recommendations:

- **Go-To WIC: USDA should partner with Medicaid and private health plans to provide nutrition counseling and breastfeeding services to all.** Nutrition and breastfeeding education are universal needs, and WIC's professional workforce – including Registered Dietitian Nutritionists (RDNs) and International Board Certified Lactation Consultants (IBCLCs) – is positioned to build health literacy at the community level regardless of family income. Federal efforts to designate WIC as the go-to resource for nutrition and breastfeeding education will leverage WIC's nutrition security workforce to support better health outcomes. Billing Medicaid and private health plans, while continuing to means-test WIC's healthy food benefit, will contain costs and ensure administrability of this new model.

- **USDA should bolster WIC’s healthy food benefit to strengthen access to nutritious foods for low-income families.** NWA estimated that, in fiscal year 2020, the average WIC benefit constitutes less than 17 percent of the average SNAP benefit and only 9 percent of average food-at-home expenditures. New investments like the WIC fruit and vegetable bump demonstrate how added value translates to healthier diets, with NWA identifying increased fruit/vegetable consumption for young children after the benefits increase. USDA should regularly assess the adequacy of SNAP and WIC benefits to assure families have consistent access to quality foods, while also scaling up the value of the WIC benefit in proportion to average grocery expenditures as a means of enhancing access to nutrient-dense foods like fruits, vegetables, and whole grains for WIC’s target population.
- **The United States should join the global community in implementing the World Health Organization (WHO) International Code on Marketing of Breastmilk Substitutes.** Since WHO adopted the Code in 1981, over 140 countries have implemented efforts to regulate breastmilk substitutes, including increased monitoring, stronger enforcement, and restrictions on labeling, general marketing, and promotion in healthcare facilities. Especially in light of the Abbott recall in February 2022, the United States should evaluate the intrusive marketing practices and, at times, misleading claims advanced by infant formula manufacturers. The United States should commit to developing a resilient infant feeding infrastructure that is guided by medical and public health recommendations to support and sustain breastfeeding.

In addition, NWA offers the following 40 recommendations that align with four of the core pillars of the White House Conference:

### **Improve Food Access and Affordability**

- ***Guiding Principle: Addressing the Need.*** WIC is a time-limited intervention that works in concert with other federal nutrition programs to enhance access to healthy foods. With the exception of a cash-value benefit for fruits and vegetables, WIC’s healthy food prescription is issued by quantity – mitigating the variability of food costs on participating families by accounting for geographic price differences or inflationary pressures. To close disparities and promote equitable access to nutrient-dense foods, WIC’s demonstrated public health success could be expanded to reach other populations in need of targeted nutrition support.
  - **Congress should extend WIC eligibility to address targeted nutrition gaps.** As the nation grapples with persistent maternal health disparities, there is bipartisan support for extending postpartum eligibility for WIC mothers to two years as an essential step in sustaining positive maternal nutrition during the inter-pregnancy interval. Congress has also articulated bipartisan support for extending child eligibility to age six or the beginning of kindergarten.
  - **The Department of Health and Human Services (HHS) should revise the Federal Poverty Guidelines (FPGs) to accurately reflect need.** The FPGs that govern income eligibility for federal programs – including WIC, SNAP, and school meals – do not capture the breadth of families struggling with food or nutrition insecurity. In addition to setting higher thresholds, the FPGs should be reformulated to address the impacts of benefits cliffs on families that are slightly above income guidelines and account for geographic variations in cost-of-living or food prices.

- **USDA should pilot issuance of WIC food packages for additional target groups.** WIC's targeted eligibility is intended to support the growth and development of young children, but additional nutrition assistance for specific populations could be a model for influencing dietary quality for adults and mitigating chronic diet-related conditions. USDA should evaluate the merits of issuing a science-based food package for at least three categories: caretakers of WIC children (e.g., fathers, grandparents, foster parents), school-age children (as a supplement to school meals programs), and individuals with prediabetes or type-2 diabetes.
- ***Guiding Principle: Resolving Barriers to Access.*** USDA has prioritized efforts to increase WIC participation, recognizing that only 57 percent of eligible individuals are certified for services. Participants routinely cite two barriers to ongoing participation: the relatively low value of the WIC food package and administrative barriers resulting from an in-person and outdated service delivery model. WIC should be modernized to efficiently utilize technology options and meet the realistic expectations of the next generation of parents.

  - **USDA should promulgate science-based revisions to the WIC food packages as soon as possible.** Since spring 2021, USDA has indicated that it intends to revise the WIC food packages to reflect independent recommendations from the 2017 report of the National Academies of Sciences and the 2020-2025 Dietary Guidelines for Americans. Based on these recommendations, NWA has called for an increase in the overall value of the WIC benefit to meet science-based targets for key food groups, including fruits, vegetables, seafood, eggs, and whole grains. USDA should move forward with the rulemaking process and advance permanent reforms that both codify higher value into the WIC benefit while adhering to nutrition science.
  - **Congress should revise physical presence requirements to sustain remote certifications beyond the COVID-19 pandemic.** During COVID-19, WIC providers utilized waivers to remotely certify and re-certify participants for services. As of March 2022, this new flexibility is associated with a 3 percent nationwide increase in WIC participation and a 10 percent nationwide increase in child participation. There is bipartisan support in Congress for revising physical presence requirements to incorporate the advantages of remote certifications while leveraging partnerships with healthcare providers to coordinate required health screenings, share relevant health data, and address the holistic needs of participating families.
  - **USDA and the Centers for Medicare and Medicaid Services (CMS) should develop a cross-program universal application.** USDA estimates that 74 percent of WIC participants receive Medicaid and can waive income screenings in WIC, creating a clear opportunity to reduce paperwork burden on families and promote automated referrals and streamlined applications. USDA and CMS should develop a nationwide tool, interoperable with State systems, to facilitate certification processes and strengthen the partnership between these two programs.
  - **Congress, USDA, and other federal agencies should fund a strategic approach to promote interoperable technology systems for federal programs.** State-based Management Information Systems (MIS) do not always reflect the cutting-edge technology that could be employed to administer WIC services and interface with other federal programs. Congress and the Administration should invest in

making existing systems nimbler to streamline program administration. Strategic national or regional approaches, such as prior USDA efforts to promote alignment across State systems (the State Agency Model Project) and more recent State efforts (e.g., New Mexico's SNAP/WIC systems interface), could pave the way for one day implementing a universal MIS system across State agencies, which would promote cross-State coordination and simplify interoperability with other programs.

- **USDA, CMS, and the Department of Transportation (DOT) should evaluate reimbursement options for WIC participant travel.** Even when offering remote appointments and leveraging healthcare data, WIC must maintain an in-person footprint as a key community resource. Lack of transportation is one of the most substantial in-person barriers, as families need assistance in reaching WIC clinics, healthcare appointments, and even getting to grocery stores. Reimbursement for participants can mitigate these structural barriers as the Administration plans larger infrastructure investments that bolster affordable public transportation.
- **The Departments of Defense and Veterans Affairs should evaluate processes to refer and certify eligible families for WIC services.** Nearly 75 percent of WIC participants are certified through their participation in Medicaid. Military families and veterans – who may utilize TRICARE and the VA Health Plan – lack streamlined access to WIC services. Inter-department collaboration can facilitate referrals between WIC and special programs, like TRICARE's WIC Overseas Program.
- ***Guiding Principle: Modernizing the Shopping Experience.*** WIC partners with 48,000 vendors across the country to ensure participating families can shop in traditional retail settings and farmers markets. WIC and other federal nutrition programs should take a strategic approach that leverages this critical public-private partnership to drive innovation and promote healthier retail environments.
  - **USDA, retail partners, and technology vendors should scale up affordable online shopping options for WIC participants as swiftly as possible.** SNAP had conducted six years of planning work and testing before the COVID-19 pandemic, enabling swift efforts to scale up online shopping platforms. WIC must address this inequity quickly, building on lessons learned from USDA's Online Ordering Pilot to scale up nationwide options for WIC families. Deliberate attention should be focused on equitable access, assessing whether delivery fees, other out-of-pocket costs, or geographic limitations on delivery could inhibit utilization of these platforms.
  - **USDA should provide support for States to keep pace with commercial transaction technology.** Both SNAP and WIC have fallen behind the commercial marketplace when it comes to transaction technology, with both electronic-benefits transfer payments (EBT) and online shopping being rolled out years after the technologies were commercially available. Especially due to the complexity of its transaction, WIC should be an early stakeholder and adopter of transaction technology. USDA should empower States to experiment with different models, such as mobile payments, while also updating systems to prioritize remote benefit models (e.g., phase out offline EBT systems). USDA should also evaluate the limitations of one-month benefit issuance and explore a rollover function that can provide participants with enhanced opportunity to redeem their full benefits.

- **Congress and the Administration must continue to prioritize national broadband access.** Modernizing WIC – both in the clinic and shopping settings – requires that communities across the country have access to reliable broadband infrastructure. Broadband will be essential to ensuring that WIC can offer virtual appointments, utilize online education platforms to reach families at more convenient times, minimize EBT outages for retail vendors, and conduct electronic transactions at farmers markets. Efforts to scale up broadband access should be equity-focused, prioritizing rural, remote, and tribal communities.
- **USDA should adopt a strategic approach to minimum stock requirements.** In 2009, USDA adopted federal minimum stock requirements for WIC-authorized vendors that resulted in increased availability of fruits and vegetables in low-income neighborhoods. As WIC has now transitioned to EBT technology, USDA can reevaluate the landscape of State minimum stock requirements and promote a strategic approach that bolsters access to nutrient-dense foods in smaller vendors.
- **USDA should evaluate steps to streamline vendor authorization across SNAP and WIC.** SNAP and WIC authorize vendors in different ways, with WIC prioritizing in-person monitoring and managing vendor authorization at the State level. These fundamentals may be challenged as online platforms are authorized. Even while maintaining this balance of labor, USDA could develop a module in the SNAP vendor authorization system to refer new SNAP vendors to the relevant WIC agency to minimize paperwork burden for vendors.
- **USDA should evaluate challenges for sustaining WIC authorization for smaller vendors.** Unlike SNAP, nearly three-quarters of WIC transactions occur at national or regional chain stores. Despite this dynamic, smaller vendors play a critical role in assuring participant access and providing tailored support for WIC families (e.g. A-50 stores). USDA should be cognizant of the impact of online shopping options on smaller vendors and should provide funding to support ongoing technology needs and sustained authorization for smaller vendors.
- **USDA should explore new partnerships with farmers markets.** WIC and the WIC Farmers Market Nutrition Program authorize farmers, farmers markets, and farm stands. With a shift toward electronic transactions and increased fruit and vegetable benefits, this partnership is positioned to connect even more families with their local farm economy. USDA should take proactive steps to foster collaboration between State WIC agencies and State agriculture departments, while also elevating innovative projects that facilitate farmers market transactions for WIC families.
- **USDA should reevaluate the National UPC Database.** As WIC works to maintain the nutritional integrity of its healthy food benefit, State EBT systems require constant modifications to account for product availability, including new product lines and sizes. Prior USDA attempts did not efficiently address the State need and, with a shift toward online shopping, could be re-tooled to better support State vendor managers.

## **Integrate Nutrition and Health**

- **Guiding Principle: Healthcare Integration.** During COVID-19, remote services provided new ways to reach eligible families and deliver nutrition counseling. In a nationwide survey, NWA estimated that 60 percent of WIC participants received measurements from a recent doctor's visit. WIC's public health efforts must be positioned as an extension of healthcare to provide the coordinated services expected by the next generation of parents.
  - **USDA and CMS should enhance electronic health record (EHR) information sharing between healthcare providers and WIC agencies.** WIC's required health screenings inform program eligibility, individualized nutrition counseling, and food benefits issuance. If healthcare providers are able to establish nutritional risk as part of a WIC referral, the applicant should not be required to submit to an additional test at a WIC clinic. Building automated systems that exchange relevant health information between a provider's system and the WIC system will ensure that more families are connected with WIC services, reduce duplicative in-person appointments, and ensure that families have coordinated care.
  - **USDA should work to fully integrate WIC into maternal mortality prevention efforts that address racial disparities for Black and Indigenous women, including through a joint partnership with tribal entities to reduce Indigenous maternal mortality.** Black and Indigenous women face higher rates of maternal mortality and morbidity, driven by structural racism and injustice within birthing systems and inter-generational social determinants that drive chronic conditions and inequitable access to healthcare. WIC can often be a first point-of-contact for pregnant people, and the combination of WIC's reach to target populations and tailored nutrition support could mitigate risk factors for adverse birthing outcomes. Through partnerships with healthcare, community organizations, and tribal entities, WIC can play a critical role in the broader response to maternal mortality.
  - **Congress should reevaluate WIC's Nutrition Services & Administration (NSA) funding formula to account for the actual cost of providing high quality nutrition services.** WIC services adapted in the past decade to account for the heightened role of technology in both clinic and shopping settings, changes in the dietetics workforce, increased efforts to communicate WIC's role in the community, and reduced in-kind contributions from State agencies and other sources. Despite these significant shifts in structure and staffing, the funding formula has not been adjusted to fund these new and evolving needs. Without thoughtful revisions to the funding formula, States will be challenged to adapt a 20<sup>th</sup>-century service model to the realities of what is needed to serve a digital generation of participants.
  - **CMS should work to expand Medicaid coverage of medical nutrition therapy (MNT).** Approximately half of States provide Medicaid coverage for medical nutrition therapy, supporting nutrition-based treatments delivered by Registered Dietitian Nutritionists (RDNs). MNT is particularly helpful for diabetes treatment and management. Although not all of WIC's nutrition professionals are RDNs, MNT coverage would ensure that WIC RDNs could provide a broader range of services within their scope of practice and deliver more comprehensive care to participating families. In States where MNT is covered by Medicaid, WIC staff are able to split time between community and clinical nutrition to provide comprehensive nutrition

services for their parent agency. This model may be associated with increased retention of nutrition professionals, bolstering expertise in the WIC workforce.

- **USDA should strengthen diverse pipelines for the nutrition security profession, including credentialed pathways for Registered Dietitian Nutritionists (RDNs) to work in WIC and other federal programs.** As the field of dietetics increasingly professionalizes, USDA must take action to promote community nutrition and federal program placements as desirable employment opportunities, including through adequate pay and benefits. USDA should partner with Historically Black Colleges and Universities (HBCUs) and other minority-serving educational institutions to build professional pathways for dietitians of color. USDA should encourage credentialing organizations to prioritize equitable access to the profession, including revisiting a forthcoming Master's degree requirement to obtain the RDN credential.
- **USDA should reevaluate the approval process for issuance of specialty formulas.** Since the program's inception, WIC can issue specialty products like elemental, hypoallergenic, or premature formulas and medical foods only when a doctor has provided medical documentation. In the intervening decades, dietitians have professionalized and built expertise in medical nutrition. USDA should reevaluate processes to assure more efficient issuance of specialty formulas and leverage the expertise of credentialed WIC staff.
- ***Guiding Principle: Breastfeeding Support.*** WIC is the nation's largest breastfeeding promotion and support program, playing a leading role in elevating the medical consensus that breastfeeding is the optimal source of infant nutrition. WIC's professional and paraprofessional staff educates participating families and supports women in their choice to breastfeed. Especially in light of Abbott's infant formula recall in spring 2022, WIC's breastfeeding services should be strengthened as a key element of building a resilient national infant feeding infrastructure.
  - **Congress should establish a national paid family and medical leave framework and require employers to adopt breastfeeding friendly workplace policies.** Return to work is one of the most common barriers to sustained breastfeeding, disproportionately impacting low-income women and women of color. The federal government should take immediate steps that require employers to support breastfeeding employees, including through a national paid family and medical leave system, reasonable break time for pumping or nursing employees, private spaces to pump or nurse at work sites, and insurance coverage to support hospital-grade breast pumps.
  - **USDA should hire more lactation professionals and establish pathways for paraprofessional staff to obtain higher credentials.** WIC is a critical community resource for lactation support and should be a go-to employer of International Board Certified Lactation Consultants (IBCLCs). In addition to creating more staff positions for IBCLCs, WIC can also support a diverse pipeline for this workforce with dedicated funding to train peer counselors and other paraprofessionals to obtain higher lactation education or support credentials. WIC funds should be allowed to support these professional development opportunities.

- **USDA and HHS should launch an initiative to support WIC breastfeeding efforts in hospital settings.** WIC staff are key partners in developing a prenatal and postpartum breastfeeding plan and supporting mothers in navigating early challenges on their breastfeeding journey. WIC has several examples of collaborative partnerships with hospitals that allow for WIC breastfeeding staff to be present at critical stages that could determine breastfeeding success. These localized arrangements could be scaled up, with federal departments taking a leading role in crafting template memorandums and liaising with hospital groups to promote these effective, on-the-ground partnerships.
- **CMS should work to improve Medicaid coverage for lactation consults and hospital-grade breast pumps.** Even though the Patient Protection and Affordable Care Act required coverage for breastfeeding support and pumps, States offer varying degrees of coverage. As a first step, Congress can work to expand Medicaid coverage to at least one year postpartum. CMS should also work to raise the floor for covered benefits and strengthen requirements on Medicaid plans, ensuring that low-income women have access to consults with an IBCLC and hospital-grade breast pumps. This creates another opportunity for WIC's professional staff to bill for Medicaid services as a means to retain expertise and provide comprehensive services for WIC families.
- **USDA should provide flexibilities and partner with HHS to stand up new non-profit milk banks to strengthen access to donor breast milk.** WIC's community-based footprint could play a strategic role in building a resilient donor milk infrastructure. Funding flexibilities can permit WIC clinic sites to serve as drop-off sites for milk donors and encourage WIC to join community partners in establishing, promoting, and sustaining non-profit milk banks.

### **Empower All Consumers to Make and Have Access to Healthy Choices**

- ***Guiding Principle: Breastfeeding Promotion.*** Abbott's infant formula recall exposed the low breastfeeding rates in the United States and sharp disparities faced by some groups, including low-income women and Black women. Although breastfeeding was not positioned to solve challenges faced by families struggling to find infant formula in 2022, the federal government has the opportunity to amplify medical advice and strengthen breastfeeding promotion efforts to encourage informed choices for new mothers.
- **USDA, HHS, and FDA should launch a national public health campaign that promotes breastfeeding.** Breastfeeding promotion has been a missing element of the national dialogue about the infant formula shortage, and the federal government has a responsibility to amplify medical consensus. USDA, HHS, and FDA should leverage the pulpit of the federal government to educate the public and spell out the benefits of breastfeeding through various channels – including social media channels that will be frequented by the full diversity of pregnant women and new mothers.
- **USDA should establish a national breastfeeding hotline.** State WIC agencies have either established a breastfeeding hotline or implemented other tools to provide after-hours support to breastfeeding mothers. Although HHS has, at times, operated



a women's health hotline that can address breastfeeding questions, USDA could leverage professional expertise within WIC to position the program as the national go-to breastfeeding resource, while also building in follow-up protocols to communicate relevant information to local WIC providers, including referrals. Any hotline should be multilingual and provide support after business hours and on weekends to best support parents navigating breastfeeding questions or concerns.

- **CMS and USDA should elevate the work of the Baby Friendly Hospital Initiative USA and prioritize retention of BFHI policies.** Ten years after the World Health Organization (WHO) adopted the International Code on Marketing of Breast-milk Substitutes, WHO partnered with UNICEF to launch the Baby Friendly Hospital Initiative to improve hospital policies around breastfeeding. Although the federal government should adopt WHO Code policies, BFHI USA has worked to change practices on a hospital-by-hospital basis. Especially as many hospitals are coming up for renewal of their BFHI designation, the federal government should encourage hospitals to maintain policies in alignment with the WHO Code.
- **FDA should evaluate labeling and marketing practices for infant formulas and related products.** As the United States has not implemented the WHO Code, domestic infant formula manufacturers face different standards than international producers who are excluded from American markets. As the United States evaluates efforts to promote competition in this market, it is critical that we seek alignment with global standards. FDA should be empowered to crack down on false or misleading efficacy claims and require public health disclaimers. FDA should also investigate intrusive marketing practices – including free samples at hospitals or unsolicited free samples mailed to pregnant women – that cultivate a customer base and undermine federal and public health efforts to strengthen breastfeeding.
- **Guiding Principle: Healthy Retail Environments.** WIC's shift toward healthier food options had a demonstrated impact on stocking and other retailer practices, illustrating a spillover benefit for the entire community. WIC's continued emphasis on science-based healthy foods could be leveraged to improve retailer and manufacturing practices, ensuring that consumers are aware of their options and making informed choices before checkout.
  - **USDA and FDA should evaluate the benefit of a WIC and/or healthy product designation on packaging.** State discretion of Approved Product Lists have limited the value of a national product label or shelf tag, but the shift to online shopping could empower USDA to identify products that are accepted across State WIC lines. Developing a healthy product designation in partnership with FDA could educate both WIC and non-WIC consumers about the healthfulness of products on the shelf.
  - **USDA, FTC, and other federal agencies should evaluate the healthfulness of online or virtual retail platforms.** Retailer platforms are positioned to collect an enormous amount of personal data that could be used to promote products on the retailer platform and be sold to manufacturers. This raises serious policy concerns about the potential for targeted marketing that undermines federal nutrition efforts. USDA and relevant agencies should explore appropriate limitations on the use of data for recipients of federal benefits and other necessary modifications to online retail shopping platforms that promote healthier choices.

- **USDA should strengthen and coordinate messaging across all nutrition programs.** Targeted awareness and outreach campaigns have highlighted the benefits of individual nutrition programs, but USDA could strengthen efforts to promote the benefits of participation across federal programs. Specifically, there remains a considerable amount of misinformation among eligible individuals that inhibits concurrent participation in both SNAP and WIC.

## Enhance Nutrition and Food Security Research

- **Guiding Principle: Timely and Actionable Data.** Although WIC is administered at the State level, the federal government plays a critical role in assembling data quickly to inform program priorities. Data determines outreach strategies and helps WIC evaluate potential State-based innovations. However, most USDA data sets are not compiled and made public until more than a year later. USDA must prioritize data collection and publication to ensure that States can make decision based on relevant and topical information.
  - **Congress, USDA, and other agencies should prioritize research and cost-analyses that incorporate the return on investment for reducing chronic diet-related conditions.** For decades, independent research has validated WIC's cost-saving potential: every dollar invested in the program more than doubles the return on investment by saving medical and productivity costs. Nutrition interventions particularly reduce adverse health outcomes and generate direct federal savings through Medicaid – including acute savings connected to preterm birth and long-term savings linked to obesity and diabetes. Additional research into these trends will not only inform the value of nutrition interventions, but will also inform funding conversations to present an accurate case for further investment.
  - **USDA, CDC, and other agencies should partner to map out the WIC-eligible population in a more timely fashion.** WIC could leverage birth data and other data sets to map out the eligible population and inform ongoing outreach efforts. The most relevant federal initiative in this space is USDA's estimates of the WIC eligible population, based on Census data and published usually two to three years later. Recent and relevant analysis of birth data and trends, based on State or locality, could have a practical impact on ensuring that no infant or child is left unserved.
  - **USDA and other agencies should evaluate the collection of race and ethnicity data.** USDA's ongoing WIC analyses based on race and ethnicity is not consistent and complicates efforts to translate available data into programmatic action. Notably, the annual report on the WIC-eligible population conflates various racial groups (e.g., American Indian, Asian, and Pacific Islander) into a single group. Especially as WIC has a structural option for tribes to directly administer services, it is critical that accurate and disaggregated data is presented to inform ongoing outreach activities.
  - **USDA should develop open-access, standardized evaluation tools for states to monitor participant satisfaction, and build capacity for cross-state analysis and comparisons.** All States are required to report on participant satisfaction, but with wide ranging capacity for evaluation, the quality of participant satisfaction surveys varies, as does the capacity of states to analyze their own data. Ongoing

cross-state analysis on participant satisfaction would provide valuable insights that could inform program enhancements and promising practices. Further, program satisfaction data is paramount to improving program retention.

- **USDA and other agencies should collect data longitudinally on WIC participants, including those who drop out of the program.** Most USDA data collection, such as the WIC Participant Characteristics survey, are cross-sectional. There is a need for additional cohort-based data to examine trends over time among WIC participants. Further, when enrolling participants in data collection, participants should continue to be followed over time regardless of their duration of participation in WIC. This approach will allow for exploration of program cessation alongside program outcomes.

As the White House continues to prepare for the Conference, NWA appreciates your thoughtful consideration of the above recommendations and your continued commitment to serving the nutritional needs at this critical stage of growth and development. We are confident that the robust discussion ahead of and at the Conference will generate national enthusiasm for meeting the White House's goals of eradicating hunger and reducing chronic diet-related disease. WIC is already positioned to play a role in advancing these objectives, and NWA believes strongly that the above recommendations will only enhance WIC's effectiveness in building a healthier next generation.

If you have any questions or need further detail about WIC services, please contact Brian Dittmeier, NWA's Senior Director of Public Policy, at [bdittmeier@nwica.org](mailto:bdittmeier@nwica.org). We look forward to the potential of this Conference to make a meaningful impact on health outcomes for decades to come.

Sincerely,  
**The National WIC Association**