



March 30, 2022

The Honorable James McGovern
Chairman, Committee on Rules
U.S. House of Representatives
370 Cannon House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member, Committee on Rules
U.S. House of Representatives
2207 Rayburn House Office Building
Washington, DC 20515

Dear Chairman McGovern and Ranking Member Cole:

Thank you for your leadership and ongoing focus on how enhanced access to nutritious foods can play a role in addressing the nation's most pressing public health challenges. In 1969, the first White House Conference on Food, Nutrition, and Health recommended that supplemental foods be provided to at-risk pregnant women and their infants.¹ As a program born from recommendations from the first White House Conference, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has delivered on the promise of the that Conference for nearly fifty years as WIC builds a healthier future for all Americans by providing effective, targeted nutrition support. The National WIC Association (NWA) is encouraged by the inclusion of \$2.5 million in funding through the fiscal year 2022 spending package and urges the Administration to swiftly convene a second White House Conference on Food, Nutrition, Hunger, and Health.

NWA is the non-profit education arm and advocacy voice of the Special Supplemental Nutrition Program for Women, Infants, and Children, 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. WIC's effective combination of a healthy food prescription and nutrition education services, targeted to a crucial period of growth and development, has a demonstrated impact on health outcomes and is a model for strengthening nutrition security. For over three decades, NWA has worked to build bipartisan and broad-based support for WIC's programmatic goals and public health mission.

WIC stands at the intersection of food security and public health, providing a blueprint for targeted interventions that can promote improved nutrition and overall health as a means to address public health concerns. WIC reaches more than 6.2 million pregnant and postpartum women, infants, and children up to the age of 5, including approximately 44 percent of all infants born in the United States.² Strengthening nutrition security for WIC's targeted population yields dividends with time, especially as the nation increasingly grapples with a greater proportion of healthcare expenditures tied to chronic diet-related conditions. In 2018, the Government Accountability Office (GAO) estimated that Medicaid and Medicare spent more than \$207 billion to treat chronic diet-related conditions like diabetes, obesity, and cardiovascular disease.³ This constitutes approximately 15.3% of *all* Medicaid and Medicare spending.⁴ We are encouraged by recent, and historic, efforts by the U.S. Department of Agriculture (USDA) to elevate the importance of nutrition security and prioritize initiatives that will enhance access to healthy foods and improved dietary quality.⁵

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Strengthening nutrition security and reducing disparities in access to healthy foods are essential steps in the effort to address major public health challenges and set up the next generation for public health success. WIC's food prescription – revised in 2009 to include fruits, vegetables, and whole grains – contributed to reduced rates of childhood obesity among WIC-enrolled toddlers⁶ and increased dietary quality and variety for young children.⁷ WIC has a strong record of breastfeeding promotion, improving initiation rates among WIC-enrolled infants by 30 percent since 1998.⁸ Maternal nutrition, especially prenatal nutrition, can impact the success of a pregnancy and reduce risk factors for maternal mortality or morbidity.⁹ WIC's nutrition intervention is associated with a 16 percent reduced risk of infant mortality,¹⁰ fueled by reduced risk of preterm birth and low birthweight.¹¹

To build on WIC's record of public health success, a second White House conference could play a catalytic role in clarifying and enhancing the linkages between nutrition and health systems. Thoughtful, whole-of-government approaches will reimagine WIC as a crucial part of healthcare delivery, building new systems that streamline certification for WIC services, enhance access to WIC's nutrition education and breastfeeding services, and wisely leverage WIC's public health nutrition workforce to meet the health and nutrition needs of the broader population. By engaging a broad range of stakeholders, a second White House conference could deepen existing partnerships and provide new perspectives between WIC and the healthcare and agriculture sectors as all stakeholders seek to build a healthier, more resilient nation.

Convening a second White House Conference on Food, Nutrition, Hunger, and Health will focus all elements of the food supply chain in a coordinated effort to stamp out hunger, enhance access to nutritious foods, and change the trajectory of Americans' health. Building on the legacy of the first Conference, which led to the establishment of WIC, we stand ready to assist the Committee and other federal stakeholders in preparation for a second Conference.

Sincerely,
National WIC Association

Attachment: *The State of WIC: Investing in the Next Generation* (2022)

¹ Kennedy E, Dwyer J (2020) The 1969 White House Conference on Food, Nutrition, and Health: 50 Years Later. *Current Developments in Nutrition* 4(6). <https://doi.org/10.1093/cdn/nzaa082>.

² U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018, with Update Estimates for 2016 and 2017. <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICEligibles2018-VolumeI.pdf>.

³ U.S. Government Accountability Office (2021) Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/products/gao-21-593>.

⁴ U.S. Centers for Medicare and Medicaid Services (2019) CMS Office of the Actuary Releases 2018 National Health Expenditures. <https://www.cms.gov/newsroom/press-releases/cms-office-actuary-releases-2018-national-health-expenditures>.

⁵ U.S. Department of Agriculture, Food and Nutrition Service (2022) USDA Actions on Nutrition Security. <https://www.usda.gov/sites/default/files/documents/usda-actions-nutrition-security.pdf>.

⁶ Centers for Disease Control & Prevention. Obesity Among WIC-Enrolled Young Children. <https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html#:~:text=In%202018%2C%2014.4%25%20of%20WIC,2010%20to%2029.7%25%20in%202018> (last updated May 24, 2021).

⁷ Whaley S, Ritchie LD, Spector P, Gomez J (2012) Revised WIC food package improves diets of WIC families. *Journal of Nutrition Education and Behavior* 44(3):204-209, <https://doi.org/10.1016/j.jneb.2011.09.011>.

⁸ See U.S. Department of Agriculture, Food and Nutrition Service (2022) WIC Participant and Program Characteristics: 2020 Final Report, <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICPC2020.pdf>.

⁹ See Soneji S, Beltran-Sanchez H (2019) Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality, *JAMA* 2(12), <https://doi.org/10.1001/jamanetworkopen.2019.16722>.

¹⁰ *Id.*

¹¹ Fingar KR, Lob SH, Dove MS, Gradziel P, Curtis MP (2017) Reassessing the Association between WIC and Birth Outcomes Using a Fetuses-at-Risk Approach. *Journal of Maternal & Child Health* 21(4):825-835. <https://doi.org/10.1007/s10995-016-2176-9>.