WIC

N A W D

NATIONAL ASSOCIATION OF WIC DIRECTORS

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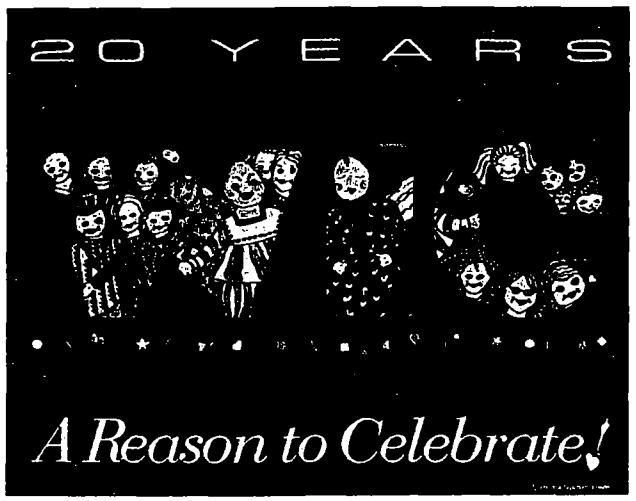
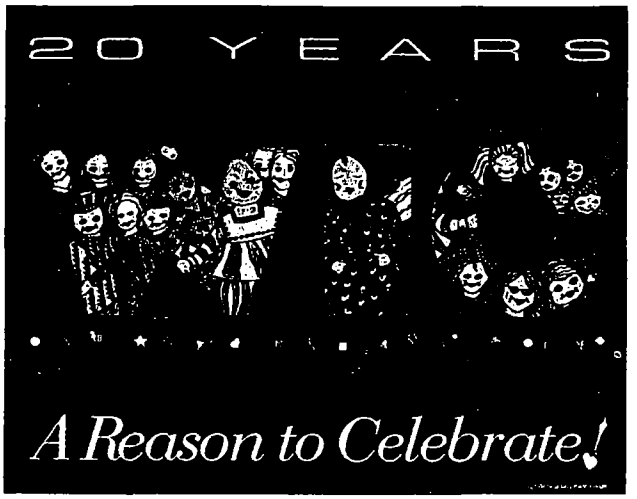


WIC is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex or disability, immediately contact the Secretary of Agriculture.

1-800-FOR-BABY NORTH CAROLINA WIC



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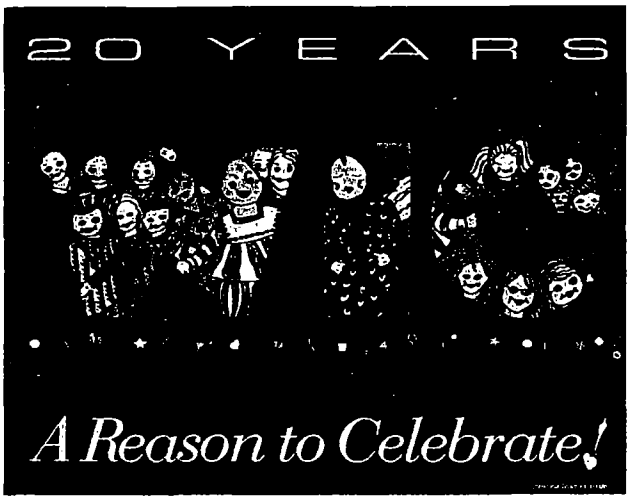

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1-800-FOR-BABY NORTH CAROLINA WIC

Jennifer → Tara to Bob Valdez

NUTRITION THERAPISTS/DIETICIANS

Q: Are the services of nutrition therapists and dieticians covered in the comprehensive benefit package?

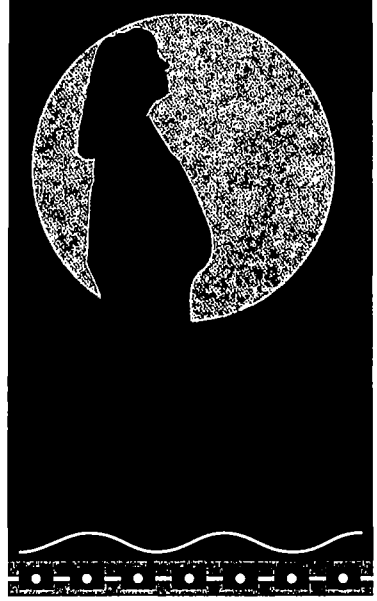
A: The Health Security Act does not specify particular items or services within the broad benefit categories, nor does it identify specific providers of services. The Act defines health professional services to include those services that are lawfully provided by a physician and which are provided by another person who is legally authorized to provide those services in the state. The Act permits plans to cover health education and training for patients that encourage the reduction of behavioral risk factors and promote health activities, including such things as nutritional counseling.

Preventive clinician visits are expected to include health advice and counseling, including nutrition counseling. As part of care that is medically necessary or appropriate a physician may provide or order patient nutrition counseling.

cheryl and jennifer consider adding the following on nutrition therapy

Under the comprehensive benefit package health plans are required to provide coverage for durable medical equipment that is prescribed by a physician as medically necessary, including the pumps used in enteral and parenteral treatment. The food which is a supply/accessory to the device would also be covered.

How WIC Helps



Eating for You & Your Baby

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NATIONAL ASSOCIATION OF WIC DIRECTORS

NAWD TRAINING INSTITUTE
1994-1995 CURRENT EDUCATION SCHEDULE

Opportunities throughout the year for WIC professionals to interact, exchange ideas, network and enhance their professional skills and credentials.

DECEMBER

4-7 **NAWD TRAINING INSTITUTE** will host **WIC: THE NEXT GENERATION - EMERGING ISSUES IN NUTRITION & BREASTFEEDING**, in San Diego at the Catamaran/Bahia Resort Hotel. **Call 800/288-0770 for reservations. To Register, call 800/852-5685 and request registration for the NAWD/WIC National Conference.** Visa, MasterCard & DiscoverCard accepted. Registration - $145.

FEBRUARY

4-7 **NAWD TRAINING INSTITUTE** will host **WIC & HEALTH CARE REFORM: EMERGING ISSUES,** in Washington, DC at the Hotel Washington, 515 15th Street, NW. **Call 800/424-9540 for reservations.** Room rates: $112.50 single/double, inclusive of all taxes.

APRIL

8-12 **NAWD** will host its **1995 Annual Conference: WIC THE NEXT GENERATION**, in Washington, DC, at the Omni Shoreham Hotel, 2500 Calvert Street, NW. Call 202/234-0700 for reservations. Room rates $113 single/$130 double, inclusive of taxes.

JUNE

11-14 **NAWD TRAINING INSTITUTE** will host a Vendor Management Conference, in Austin, TX, at the Red Lion Hotel/Austin Airport. Call 512/323-5466 for reservations. Room rates: $62 single/$96 double, inclusive of all taxes.

AUGUST

TBA **NAWD TRAINING INSTITUTE** will host a WIC AND EBT Conference, dates to be announced.

NAWD *focus*

NATIONAL ASSOCIATION OF WIC DIRECTORS

SUMMER

1994

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Number 2

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Officer Speaks

Future of WIC

By Alice Lenihan, NAWD President

We have an incredible opportunity to reach our dream, full funding for WIC. While the size of the expansion may vary by state and by Local Agency within each state, each one of us has a part in the future of WIC. We are ambassadors of the program, sharing ourselves and the work of WIC with our colleagues in health care and social services, as well as with participants, advocates, governmental bodies, vendors and other partners in WIC.

The message we must share is that the future of WIC is bright, stellar and ever-changing. To quote Virgil Conrad, our Regional Administrator in the Southeast, "We have a field of dreams ready to build upon." The opportunity is ours.

The **NATIONAL ASSOCIATION OF WIC DIRECTORS** is one of the critical partners in the future of WIC. Our Association has the opportunity to shape the future with your help. Through the many active committees, participation in our continuing education offerings and ongoing communication, we can continue to make our mark on WIC. We need your assistance to make the projected successes a reality. Working as a team, we have the opportunity to shape legislation and policy.

The 20th Birthday of the WIC Program offers each of us a unique opportunity to invite our House or Senate representatives as well as state and local elected officials to visit a local WIC clinic. Invite them to your WIC Birthday Celebration. Capitalize on that opportunity to share **NAWD**'s legislative agenda and your program's successes. Even if your elected officials can't attend, invite their local staffers; they can carry the good news back to your elected representatives.

A critical issue facing us is health care reform. We must follow the health care reform debate, both at the national and statewide levels, and you must be vigilant on health care reform. We are an adjunct to health care—it is our operating environment—and any forces that affect our environment will change the way we do business. WIC must be ready to adapt to these imminent changes while maintaining quality services and advocating for health care for our target population.

Changes in the health care environment may mean new contractors, new types of local agencies and new partners. Each of us should become involved in the health care debate, advocating for preventive services.

I would like to share with you parts of a winning essay from Barnard College's annual writing competition for 11th grade girls in New York City's public schools. "The throng of impatient Chinese mothers congested the cramped WIC department of Gouverneur Hospital. Ear-splitting cries issuing continuously from irate babies, faintly resembling the rhythmic wailing of police sirens, completed the picture of total chaos.

"As a volunteer, my duty was to translate for the clerk the impassioned pleas of these applicants whose heritage I shared.

Alice Lenihan, NAWD President

"I saw the same things mirrored in every face of every woman. She was either searching anxiously for a dear one or glancing occasionally at the sleeping child nestled in her shoulder."

The essay goes on to discuss the hopes and fears of the new immigrant mother and the respect and caring that this young volunteer has for the women who sacrifice their lives to improve the futures of their children. They are true heroines. I applaud them and WIC volunteers. We must strive to improve the cultural sensitivity and diversity for all participants and staff in our programs.

The presentations, exhibits and poster sessions at our Chicago **NAWD** Conference were shining examples of the boundless energy and innovations in WIC. Each of you has so much to be proud of. I am humbled and excited to lead **NAWD** for the next year. Thank you for your trust and confidence.

From the Desk of the Executive Director

by Douglas A. Greenaway, NAWD Executive Director

Lobbying Disclosure Bill May Impact NAWD

by Douglas A. Greenaway, NAWD Executive Director

Both the U.S. House and Senate have passed Lobbying Disclosure legislation (HR 823 and S 349) that may affect **NAWD**'s ability to affect legislation impacting the WIC Program. A Senate and House Conference Committee will soon hammer out differences between the bills.

A three-part test determines who must register under the proposed law. (1) Does any person, employed by the organization, spend 10% or more of their time on "lobbying activities"? (2) Did anyone in the organization make a "lobbying contact" during the semi-annual period? (3) Was $2,500 or more ($1,000 in the Senate version) spent on "lobbying activities" during the semi-annual period?

Lobbying activities: Both bills define "lobbying" as "contacts and efforts in support of such contacts, including preparation and planning activities, research and other background work that is intended for use in contacts and coordination of lobbying activities of others."

Lobbying contact: Both bills define a "lobbying contact" as any contact between covered legislation or Executive Branch officials made to influence legislation, regulations or federal programs or policies.

Lobbyist: The House version defines a "lobbyist" as someone "who is employed or retained for financial or other compensation to perform services that include lobbying contacts, other than an individual whose lobbying activities are only incidental to, and are not a significant part of, the services provided by the individual." If an employee were to spend less than 10% of their time on lobbying, no disclosure would be necessary.

Associations are struggling with the new lobby tax law and its administrative burden. The Lobbying Disclosure Act will add an additional set of reports and record-keeping requirements for associations that must report lobbying activities.

The fines for noncompliance range from $10,000 to $200,000. Registrants will be subject to a civil monetary penalty of $200 for each week filing is late, not to exceed $10,000.

Associations are urging Congress not to adopt the broad definition of lobbying and to drop the ambiguous terms of "research, preparation and monitoring." The American Society of Association Executives, ASAE, opposes both the imposition of more record-keeping burdens and the expanded definition of lobbying, requiring unreasonable new accounting procedures. ASAE opposes any changed definition of "lobbying" as it applies to Section 501(c)(3) organizations (**NAWD** is just such an organization). ASAE is concerned that changes in the law may deny access to the policy process for associations and millions of Americans—a violation of our first amendment right to free speech and to petition the government. Time will tell how the Conference Committee will deal with these issues!

NAWD 11th Annual Conference Memories

NAWD Appoints Nutritionist

The Board of Directors is delighted to share with you the appointment of Ellen Lazzaro as **NAWD**'s Nutritionist. Ellen has worked in a local WIC agency during her dietetic internship and currently does volunteer nutrition counseling at a free clinic in Washington, DC. She has a Master of Science degree in Nutrition and is a Registered Dietitian. We are all very glad to have her on board.

Mary Kelligrew Kassler presents award to outgoing Vice President Judy Wilson.

President-Elect James Richard, Oregon WIC Director Betsy Clarke and Past President John Barr enjoy Regional Spirit.

NAWD Leadership Awardee Francis Neil Ricard with Mrs. Ricard and 1993/94 Local Agency Board Representative Jill Leppert.

Mary Kelligrew Kassler presents award to outgoing Nutrition Section Representative Cathy Franklin.

A Wonderful Beginning With NAWD

by Ellen Lazzaro, NAWD Nutritionist

Celebrating the 20th Birthday of WIC was a wonderful way to start work with **NAWD**. I quickly learned how much support there is in Washington, DC, and across the nation for our program. I commend everyone involved in WIC for their dedication and enthusiasm toward the program

After a brief orientation, I started right in by attending various meetings and hearings. The first one was the National Partnership to Improve the American Diet planning session (see *Washington Update* May 20). **NAWD** took part in the planning session to discuss the draft documents that will be presented at the National Action Conference on Healthy Eating for America's Children, to be held in the spring of 1995.

I also represented **NAWD** along with Brenda Dobson, Chair of the Breastfeeding Promotion Committee, at the meeting of the Breastfeeding Promotion Consortium. Various government representatives discussed the levels of breastfeeding in the WIC Program and plans to evaluate the WIC Peer Counseling Program in Mississippi. Also, FNS is launching a study on infant feeding practices and attitudes in the WIC Program. They hope to survey 42 clinics, following 10-12 participants from each clinic monthly.

Another meeting that may be of interest to **NAWD** members is the National Institutes of Health Optimal Calcium Intake Consensus Conference. In short, NIH brings together relevant researchers to publicly discuss an issue. Members of the consensus panel then formulate a statement that is used to direct future research studies and policy guidelines. Anyone can order the abstract book and consensus statement by calling 1-800-644-6627. One of the issues that may affect WIC participants is the recommendation to increase the calcium intake for children 1-10 years old from the current RDA to between 800 and 1,200 milligrams a day and for women aged 25 to 50 an increase to 1,000 milligrams per day. **This does not mean that the RDA has changed**, but the committee that considers revising the RDA may use this recommendation in their deliberations.

Another aspect of my duties is to secure funds to cover some of the National Office's operating expenses. Currently, I am researching grants sources and sending letters and proposals to foundations.

Also, with assistance from the Board of Directors and members of the Nutrition Coordinators Section, I prepared comments on the USDA Proposed Rule on Homelessness/Migrancy as Nutritional Risk Criteria and a response to the Gerber Products Company WIC Infant Feeding Study. Copies of these comments can be obtained from the National Office.

Mary Kelligrew Kassler presents award to outgoing NINAC Chair Bea Carson.

1993/94 **NAWD** President Mary Kelligrew Kassler addresses Conference.

Northeast Region shows Yankee Spirit.

The following partial listing of breastfeeding promotion efforts underway in WIC programs and clinics nationwide may be helpful when asked about WIC's breastfeeding promotion efforts.

Breastfeeding Promotion Efforts

Working With WIC Clients

New York State WIC—Mothers exposed to peer counselors breastfeed at higher rates than those exposed to routine breastfeeding education.

Hartford County WIC, MD—A video for African-American participants was produced featuring Anita Baker and WIC breastfeeding participants and peer counselors.

Springfield Urban League WIC, IL—Monthly education sessions were scheduled for all breastfeeding women and pregnant women, and five staff members were trained by the UCLA Lactation Educator Training Program.

South Carolina WIC—Breastfeeding corners were created to give breastfeeding mothers and their babies a warm, inviting place in clinics to breastfeed their babies, talk to peer counselors and review educational materials.

Virginia WIC—Statewide breastfeeding peer counselors have helped to double the number of mothers breastfeeding their infants from 1,700 per month in 1990 to an average of 3,600 per month last year.

Creating a "Breastfeeding Friendly" WIC Staff

Minnesota WIC—Sixteen training sessions were held across the state to train WIC staff on delivering consistent and quality breastfeeding information.

Erie County WIC, OH—WIC staff worked with the Ohio Department of Health to train 100 health professionals, increasing their breastfeeding awareness and promotion skills.

Cooperating With Interested Parties

Indian Tribal Organizations, New Mexico—The Albuquerque Area Indian Health Service 18 tribes and seven WIC ITOs formed a coalition to develop culturally sensitive breastfeeding promotional materials such as posters, a video and a calendar.

Iowa WIC—Iowa WIC and the Iowa State University Extension Service developed a flip chart to help mothers consider breastfeeding their babies.

Michigan WIC—WIC staff is working with EFNEP in six counties to employ paraprofessional breastfeeding peer counselors.

Offering Incentives

Flagstaff, AZ—An 18-month Incentive Demonstration Project targeted fathers to increase their interest in and support of breastfeeding. Compared to mothers not involved in these expectant couple classes, overall breastfeeding rates increased by 128%.

Atlanta, GA—Participants were rewarded with incentives such as car seats, high chairs and strollers for continuing to learn about breastfeeding, to keep doctor's visits and to participate in support groups.

Working to Change Hospital Routines

Lamont, CA—The WIC Program developed a strategy to encourage the county hospital to reevaluate its neonatal feeding procedures designed for bottle-fed infants.

West Virginia WIC—In-service training programs were started in 24 hospitals to improve support and care practices for new breastfeeding mothers and babies.

20th Birthday Celebration

This year marks the 20th Birthday Celebration of the WIC Program. To kick off the celebrations, NAWD, Bread for the World, the Center on Budget and Policy Priorities and FRAC sponsored a day of festivities on Washington, DC, on May 5. The day started with a congressional staff and WIC community briefing, followed by a debate with congressional staff on WIC issues and culminating with a grand Birthday reception in the foyer of the House Rayburn Office Building honoring those who have contributed to the WIC Program over the course of the past 20 years. The day was a smashing success with many tributes to the WIC Program, including a wonderful performance by the Voices of WIC choir and visits from Congressional members, staff and "WIC Father" Senator George McGovern.

Voices of WIC Inspire, Entertain

Blending their voices in a powerful rendition of "In Every Woman," a choir of 20 women brought home the spirit of 20 years of WIC and brought the 900-member audience to their feet at the opening session of the April 1994 Conference of the National Association of WIC Directors in Chicago. They also entertained the crowd at the WIC 20th Birthday Celebration in Washington, DC. The Voices of WIC choir is a multi-ethnic group of Chicago WIC participants and staff members who share a belief in the WIC Program and a desire to sing. They were organized by Dennis McSwain, Director of Chicago WIC Food Centers, and are directed by Chip Johnson, a nationally known real musician, and supported by Dean Foods.

The Voices of WIC choir

Recruitment/Retention Committee Works With FNS and ADA

In January, FNS held a conference in Washington, DC, to discuss the apparent shortage of registered dietitians. **NAWD** was one of several organizations invited to participate. Other representatives were from ADA; the Association of State and Territorial Public Health Directors; the Association for Faculties of Graduate Programs in Public Health Nutrition; the National Center for Education in Maternal and Child Health; the National Academy of Sciences' Food and Nutrition Board and the MCH Bureau.

At the end of the meeting, organizations agreed to accept tasks in specific areas. **NAWD**'s Recruitment/Retention Committee will be working with ADA on several of these tasks, including developing a marketing package for creating awareness of job opportunities in public health, promoting skill building of State and Local Agency staff in negotiating salaries, developing position descriptions, advocating for position upgrades and helping disseminate information on transitioning from AP4s to internships.

During the annual **NAWD** Conference, the members of the Recruitment/Retention Committee met to review action steps needed to accomplish some of these tasks. Promoting skills of staff to negotiate salaries, developing position descriptions, and advocating for position upgrades will be addressed immediately. The Recruitment/Retention Committee has solicited help from the Nutrition Section Regional Representatives who will send out a survey to all states requesting information about their approaches to these issues. These processes will then be compiled into a guide to be provided to interested states. Connie Webster is organizing the survey. If you have questions, please contact Connie at 410/225-5242, or Miriam Gaines at 205/242-5673.

National Academy of Sciences' Hearing on the Nutrition Risk Criteria

Alice Lenihan presented testimony on behalf of NAWD on the Scientific Base for the Nutrition Risk Criteria in the WIC Program before the Food and Nutrition Board of the National Academy of Sciences. During her oral testimony, Alice stressed the importance of allowing states the flexibility to determine nutrition risk criteria for their programs; of considering pregnancy as a nutrition risk criterion in and of itself and of using valid nutrition risk criteria as part of the program eligibility standards. Copies of the testimony and a compilation of the Committee's questions with responses may be obtained from the National Office. Copies have been mailed to all State Directors, Section Regional Representatives and Local Contacts.

NAWD Nutrition and Breastfeeding Conference

NAWD is pleased to announce plans for a NAWD National Nutrition and Breastfeeding Conference Sunday, December 4 - Wednesday, December 7, 1994. The 4-day conference will be held at the Catamaran/Bahia Resort Hotel in San Diego, CA. Reservations may be made by calling 800/288-0700 and must be obtained by November 4. Rooms will be $72.00 single/$88.00 double. The agenda will include a variety of nutrition education, breastfeeding, technology, marketing and national issues. Conference registration will be $135.00. Look for a mailing with the conference agenda and registration materials in August. Please share comments or questions with Colleen Pearce by phone, 701/224-2496 or fax, 701/224-4727.

Members of the Board discussed diverse issues during Board meetings and conference calls. Below are several points that may be of interest from recent meetings:

Minutes From the Board

By-laws changes that passed: Definition of a Local Agency; expansion of Nutrition/Local Agency Section Board seats to two each; two at-large Board seats; term of office; eligibility for Associationwide office; and State Agency Regional Representation - State Director from each of the seven regions and one Native American Agency Representative. • Resolutions that passed: Support of Interagency Agreement between USDA/FNS and the Indian Health Service; extended certification period for breastfeeding women; **NAWD**'s promotion of public heath training through ADA; sequence of WIC goals to be used in future documents. • Nutrition Section shared its work plan with the Board. • USDA will reallocate recovered FY94 monies later in the summer after determining which states would like to participate in reallocation. • Board members will draft a response to inaccurate assumptions in the CSFP testimony on WIC reauthorization. • **NAWD** sent nominees to the USDA for the National Advisory Council on Maternal, Infants and Fetal Nutrition: Bea Carson, State WIC Director, Mississippi Band of Choctaw Indians - Native American; Dr. Thomas M. Miller, Director of the Bureau of Family Services in the Alabama Department of Public Health - Obstetrician; Francis Richard, Manager of Leevers Supermarkets - Retail Sales; Dennis McSwain, Project Director for the Illinois WIC Food Center Pilot Project - Project Director; and Dr. Peter Somani, Director of Health for the Ohio Department of Health - State Health Officer. • Board will monitor progress toward achieving goals in **NAWD** strategic plan.

WHAT THE MARKETING STUDY MEANS OUTSIDE OF TEXAS

by Cathy Schechter, Marketing Specialist, Texas WIC

Since the publication of *WIC at the Crossroads: The Texas Marketing Study* by Best Start, Inc.,Texas WIC Outreach has received many inquiries about how our findings can be applied to other state WIC bureaus.

Demographic diversity and other issues suggest that many of our findings apply only to Texas. For instance, we found that name recognition of "WIC" was not a problem among the pregnant eligibles we interviewed; some could identify our 1-800 number by heart. The most formidable barrier to participation in Texas is confusion over eligibility criteria.

The process we went through in Texas may give you helpful clues when considering how to set up your own marketing study. The surveys used in Texas were formulated after extensive qualitative research, including in-depth and telephone interviews, and focus group discussions. The qualitative research gave us clues about what questions to ask on quantitative surveys. All questions were pre-tested by Best Start to verify content and comprehensiveness.

Changes suggested by the marketing study are happening and have been met with approval in the Texas WIC community. Stay tuned for more from the Lone Star state as we retool and revitalize our WIC Program! Contact Cathy Schechter or Marsha Walker for more information at 521/458-7444.

NAWD 1994/95 Committee Status

Committee Name	Chair Name	Status
Breastfeeding Promotion	B. Dobson 515/281-7769	Analyzing results from **NAWD** survey on breastfeeding promotion. Attended Breastfeeding Consortium and USDA/CDC Data Collection meeting, mailed World Breastfeeding Week materials to Nutrition Services Coordinators;
Electronic Benefits Data Transfer	F. Jones 205/242-5673	Will convene meeting after National EBT Meeting in August;
Ethnic Food Package	M. Mickles 609/292-9560	Reviewing USDA/FNS notice of solicitation of comments on Accommodation of Cultural Food Preferences in the WIC Program. May develop survey tool to assess participants' food preferences;
Food Cost Management	B. Clarke 503/731-4022	May survey current cost containment initiatives across the country;
Full Funding	J. Richard 205/242-5673	Drafting position paper concerning full funding. Will review draft, discuss infrastructure issues during July Board meeting;
Funding Formula	A. Peterson 517/335-8951	Drafting position statement with recommendations for Board on food funding formula and discussion paper on NAS funding. Will meet after July Board meeting;
Futures	C. Pearce 701/224-2493	Planning **NAWD** National Nutrition and Breastfeeding Conference. Will meet in August to discuss strategic plan, funding issues and possible surveys;
Role of WIC in Health Care Reform	D. Jones 609/292-9560	Submitted draft **NAWD** survey to Board for approval and planning issues conference for winter 94/95;
Legislative	D. Bach 512/458-7444	Will hold a conference call in July/August;
Recruitment and Retention	M. Gaines 205/242-5673	Reviewed action plan during conference call;
Vendor Management	D. Eibeck 904/488-8985	In June, discussed assignments and challenges in management of food delivery systems, analyzed Leahy's WIC fraud bill and submitted comments to Executive Director, completed report for Legislative Committee on FNS policies which restrict use of funds recovered from vendors.

Local Agency News

by Marta McKenzie, Local Agency Representative, and Karen Moyer, Local Agency Representative-Elect

Welcome to the following newly elected Local Agency Regional Representatives: Rosemarie Newman, GA, Southeast; Pat Doherty-Wildner, IL, Midwest; Anne Green, MA, Northeast; Dorothy Smith, AZ, West; and Joyce Conant, LA, Southeast. These five new members join Martha (Sam) Crouse, PA, Mid-Atlantic, and Patty Garrett, MO, Midwest, as continuing Regional Representatives.

Regional Representatives are the communication link to and from the **NAWD** Board and Local Agency members. This communication process is accomplished with the assistance of Local Agency Section Contact persons. *Monday Morning Report* and other **NAWD** correspondence is now being sent to the Local Agency State Contacts. If you are interested in participating on **NAWD** committees, submitting articles for ***NAWD focus*** or assisting with other **NAWD** activities, please call your State Contact person. Your Local Agency Regional Representative or your State WIC Director can assist you in reaching your State Contact person. Take advantage of your **NAWD** membership to provide input and get more information about what's going on in WIC.

At the **NAWD** National Meeting in Chicago in April, the membership voted to add one additional Local Agency member to the **NAWD** Board of Directors. As a result, both the Local Agency National Representative and the Representative-Elect are full voting members of the Board and the Association. In addition, a by-laws change to allow all **NAWD** members, including Local Agency Section members, to run for Association office was approved.

Lastly, the ***NAWD focus*** is a great vehicle to keep the WIC World appraised of significant happenings among our Local Agencies. Please mail, phone or fax items of interest to our Local Agency Representative on the Editorial Review Board, Elizabeth Breslin, Eastgate 8, Monessen, PA 15062, phone, 412/684-9000 ext. 4489, fax, 412/684-6227.

Nutrition Section Update

by Karen Bettin, Chair

Welcome to new State Nutrition Coordinators and Nutrition staff. Please contact your **NAWD** Nutrition Section Regional Representative to learn how you can keep up-to-date on **NAWD** issues and how to network and share ideas with other members of the Nutrition Section.

The 1994-1995 Nutrition Section Regional Representatives are Jacquelyn McDonald, TX, Southwest; Sarah Roholt, NC, Southeast; Sheila Farnan, MN, Midwest; Wilma Waithe, NY, Northeast; Loretta Miller, PA, Mid-Atlantic; Mattie Paddock, WY, Mountain Plains; and Kristin McKie, ID, West.

Congratulations to Jacquelyn McDonald for being elected the 94-95 Chair-elect at the Nutrition Section Business Meeting during the 1994 **NAWD** Annual Conference in Chicago. As Chair-elect, Jackie will coordinate all committee activities for the Section and is a voting member of the **NAWD** Board of Directors.

Nutritionists who represent the Nutrition Section on **NAWD** committees are keeping our members well informed of committee activities. During the Regional Representatives' monthly conference calls, we have already heard from Marilyn Hughes and Robyn Osborn (Full Funding Committee), Sue Wilson (Futures Committee), Wilma Waithe (Health Care Reform Committee), Connie Webster (Recruitment/Retention Committee), Mary Johnson (Breastfeeding Committee) and Beverly Donahue (Legislative Committee). Check the mailings from your Regional Representative for information on committee activities.

The Section Representatives have chosen an ambitious work plan for the year, based on discussions at the Nutrition Section Business Meeting at the **NAWD** meeting in Chicago. Ongoing Section activities include committee involvement, conference planning and publishing the *Nutrition Link*. New initiatives will focus on by-laws, evaluation studies, Section membership, emerging nutrition issues and a long-term work plan for the Section. The Section Representatives will meet September 17-19 in Ann Arbor, MI, to work on these activities.

If you have any questions or comments regarding the Nutrition Coordinators Section activities, do not hesitate to contact your Regional Representative!

Update on Federal Regulations

Proposed Rule on the Funding Formula	Published June 8, 1994	Comments due August 8, 1994	FNS may finalize rule by end of Sept.
Notice for Comments on Accommodation of Cultural Food Preferences	Published June 23, 1994	180-day comment period	
Proposed Rule on Homelessness/Migrancy as Nutritional Risk Criteria	Published April 6, 1994	Comments back June 6, 1994	Final regulations expected fall 1994
Proposed Rule on the Food Package for Children With Special Needs	May be out fall 1994		
Final Rule on Cost Containment III (national bid solicitation)	May be out fall 1994		Interim Rule published Sept. 1993
Final Rule on Cost Containment II	May be out fall 1994		Interim Rule published 1990
Vendor Management Rule	May be out spring 1995		
Notice for Comments on Bloodwork Requirements	Solicitation pending; not yet announced		

NINAC's Efforts Succeed

by Beatrice Carson, WIC Director, Mississippi Band of Choctaw Indians

In the last 2 years, the National Indian and Native American WIC Coalition, NINAC, has scored a number of successes on behalf of the Native American WIC Programs.

NINAC completed the final draft of the Memorandum of Understanding between the Food and Nutrition Service (FNS) and the Indian Health Service (IHS)—renamed the Interagency Agreement between FNS and IHS. The document was signed by FNS and IHS in July 1992.

The Coalition planned and sponsored its first technical conference in Cherokee, NC, in October 1992, attended by tribes from across the nation.

In a move to broaden representation, NINAC voted at its April 1993 Annual Meeting to open its membership to all Local Agencies serving Native American populations.

A position paper titled "The Need to Maintain American Indian/Native American Representation on the NAWD Board" was written in November 1993. This paper identified Tribal WIC programs as part of sovereign governments. Heritage, culture and traditions render each tribe vastly different from the general population of the United States. Regulations and policy issues handed down for the WIC Program as a whole may conflict with Tribal issues. An American Indian/Native American Representative is needed on the NAWD Board to ensure that such issues are addressed by the leadership of the WIC community. The Native American Representative on the Board maintains communication with other members of NAWD and affirms the diversity of the WIC community.

NINAC's Executive Committee addressed some concerns of the Native American WIC Directors to Ellen Haas, Assistant Secretary of USDA, in a meeting that took place in February 1994. Among the expressed concerns:

1. Ensure the implementation of the Interagency Agreement to foster implementation of the agreement at the local level.

2. "Recognize the unique relationship of Native American governments with Federal agencies to ensure program integrity through funding, technical support and federal regulations which recognize the needs of this special population" and "develop a culture of sensitivity within USDA of the distinct needs of American Indians living on Indian lands and within urban areas of the United States";

3. "Allow USDA Regional Office discretion to redistribute geographic state funds within (a) State to support caseload expansion where Indian agencies have shown a 'presenting need'";

4. "Enhance access to WIC services for American Indians and Native Americans through changes in the Federal regulations to allow adjunct eligibility for participants of the Indian Health Service and Food Distribution Program on Indian Reservations (FDPIR)" and "promote and initiate coordination of program services funded through the department to meet the needs of this population" and "allow a waiver on the full match requirement (30%) of the Farmer's Market Program to assure access to this program by Tribal governments and Inter-Tribal Councils."

5. "Recognize the impact and effect of unfunded mandates upon the quality of services provided by the WIC Program."

At the 1994 annual Coalition meeting, a resolution was passed to ask NAWD to seek, as part of its legislative agenda, a waiver of the match requirement for the Farmer's Market Program so that Tribal governments can participate. Provision was included in both House and Senate reauthorization bills.

More Native American/Tribal Representatives participated on NAWD committees than before. This was a direct result of NINAC's efforts to encourage NAWD's recognition of the need for greater diversity in committee makeup.

NINAC participated in NAWD's Annual Conference planning and the presentation of awards to the three Past Presidents of NAWD. The Native American WIC Directors are proud of our heritage and culture and will continue to share our traditions, experience and talents with the rest of the WIC family.

94-001

POSITION PAPER

NATIONAL ASSOCIATION OF WIC DIRECTORS

Guidelines for Breastfeeding Promotion and Support in the WIC Program

Distributed by the National Association of WIC Directors (NAWD)
Developed by the NAWD Breastfeeding Promotion Committee
Revised 1994

Foreword to the 1994 Revision

This revision of the Guidelines for Breastfeeding Promotion in the WIC Program was prompted by the need to ensure that the implementation strategies still reflected best practice. During the review process, discussion occurred about the excitement and enthusiasm WIC staff have brought to this component of the program. Creative and successful local and state agency breastfeeding initiatives have been implemented to increase the incidence and duration of breastfeeding. Many of these efforts focused on collaborative activities with the realization that the WIC Program staff cannot, and should not, provide all of the breastfeeding promotion and support services needed by our own program participants. WIC services are provided in many different settings, with many different staff structures, and at different levels of integration with primary health care. While these differences sometimes present constraints or barriers, their existence underscores the need to work with other community resources and systems of care for mothers and infants.

Since the distribution of the Guidelines, additional breastfeeding promotion and support activities have also occurred at the federal level in the Food and Nutrition Service at USDA. A national definition of breastfeeding (for program eligibility purposes) and standards for breastfeeding promotion and support were proposed in mid-1990. The Breastfeeding Promotion Consortium also convened in 1990 and continues to meet twice a year. At the Consortium's recommendation, USDA developed plans for a national media campaign. By the end of 1993, an enhanced food package will be provided to breastfeeding women who elect not to receive infant formula through WIC for their infants.

The underlying theme of these activities, and many others, is collaboration with community resources and systems of care. This revision of the Guidelines reflects that theme more strongly than the first document.

The National Association of WIC Directors (NAWD) supports working with other entities to change the societal view of breastfeeding. Since some women make their infant feeding decision before they become pregnant or early in their pregnancy, it is critical that everyone involved in women's health care encourage breastfeeding. These Guidelines present a framework for planning and evaluating the efforts of local WIC agencies and state WIC agencies, despite their different circumstances, needs, resources, and priorities. NAWD believes that adopting these Guidelines will improve the outcome of your breastfeeding promotion and support activities.

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Introduction to First Edition

In 1989, the National Association of WIC Directors (NAWD) issued a position paper on Breastfeeding Promotion in the WIC Program. The goal stated in this paper is as follows:

Breastfeeding has been shown to have significant advantages for women and infants. As health professionals have a responsibility to provide services designed to optimize the health of their clients, WIC health professionals are committed to encouraging breastfeeding as the preferred method of infant feeding. Therefore, the National Association of WIC Directors calls for all WIC state and local agencies to aggressively promote breastfeeding.

The WIC Program regulations have always had a requirement that all pregnant women "shall be encouraged to breastfeed unless contraindicated for health reasons." Because WIC provides services to over 800,000 women, two-thirds of whom are pregnant, a unique opportunity exists to influence decisions on infant feeding. The Department of Health and Human Services has identified breastfeeding as a high priority health objective for the nation for the Year 2000, with a goal of increasing to at least 75% the proportion of mothers who breastfeed their infants in the early postpartum period and to at least 50% those who continue to breastfeed until the infant is five to six months of age. To work toward these goals, the WIC Program has served as an advocate for breastfeeding, ensuring that women have the ability to make informed decisions about infant feeding, and supporting their decisions.

With the passage of Public Law 101-147, the WIC Reauthorization Legislation of 1989, the WIC Program is further encouraged to help women make this choice. The law specifies that eight million dollars in states' nutrition services and administrative grants be spent annually for breastfeeding promotion and support programs. This is above the amount already specified for nutrition education.

In addition to this funding requirement, other provisions of the law include:

- development of a national definition of breastfeeding
- designation of a breastfeeding promotion coordinator in each state agency
- authorization for the purchase of breastfeeding aids
- training of local staff to promote breastfeeding
- evaluation, including participant views
- development of standards to assure breastfeeding promotion is adequate
- addition of a lactation expert to the National Advisory Board.

The NAWD Committee on Breastfeeding Promotion, with approval from the Board of Directors, has developed these guidelines to assist state and local agencies in initiating and/or strengthening existing breastfeeding promotion and support programs.

Following these guidelines will result in effective breastfeeding promotion and support programs. As it is not expected that any state or local agencies will currently be meeting all of these guidelines, they are designed to help plan for changes needed. It is the committee's hope that states will work toward meeting each guideline over time.

The law was intended to increase breastfeeding promotion activities above the current level of nutrition education services. These guidelines may include activities that some agencies are already doing. It is recommended that each state and local agency implement those guidelines and/or strategies that will most effectively improve and increase their current level of service.

Guidelines for Breastfeeding Promotion and Support in the WIC Program

These guidelines were developed to assist local and state WIC agencies initiate and strengthen breastfeeding promotion and support programs. The guidelines address training, clinic environment, coordinated efforts, program evaluation, breastfeeding education and support, and the food packages for breastfed infants and breastfeeding women.

The guidelines are numbered for easy reference and are listed in random order. Therefore, the numbering system does not reflect rank order or priority.

GUIDELINE #1
Breastfeeding promotion and support are enhanced when local agency WIC staff receive orientation and task-appropriate training on breastfeeding promotion and support.

GUIDELINE #2
Breastfeeding promotion and support are enhanced when policies encourage a positive clinic environment and endorse breastfeeding as the preferred method of infant feeding.

GUIDELINE #3
Breastfeeding promotion and support are enhanced when WIC agencies coordinate with the private and public health care systems, educational systems, and community organizations providing care and support for women, infants, and children.

GUIDELINE #4
Breastfeeding promotion and support are enhanced when positive breastfeeding messages are incorporated in relevant educational activities, materials, and outreach efforts.

GUIDELINE #5
Breastfeeding promotion and support are enhanced when activities are evaluated on an annual basis.

GUIDELINE #6
Breastfeeding promotion and support are enhanced when appropriate breastfeeding education and support is offered to all pregnant WIC participants.

GUIDELINE #7
Breastfeeding promotion and support are enhanced when policies allow breastfeeding women to receive all WIC services regardless of their breastfeeding patterns.

GUIDELINE #8
Breastfeeding promotion and support are enhanced when policies allow breastfeeding infants to receive a food package consistent with their nutritional needs.

GUIDELINE #9
Breastfeeding promotion and support are enhanced when breastfeeding support and assistance is provided throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance.

GUIDELINE #1

Breastfeeding promotion and support is enhanced when local agency WIC staff receive orientation and task-appropriate training on breastfeeding promotion and support.

Suggestions for Implementation

1. It is important to develop orientation guidelines for new WIC employees that address:

   - clinic environment policies
   - program goals and philosophy regarding breastfeeding
   - task appropriate information

Rationale: All new employees (support staff, paraprofessionals, and professionals) must be familiar with program policies, goals, and philosophy regarding breastfeeding. When all program staff project a positive attitude about breastfeeding, clients will be more comfortable discussing their breastfeeding questions and concerns.

2. It is important that the state agency develop guidelines for on-going training that address:

   - culturally appropriate breastfeeding promotion strategies
   - current breastfeeding management techniques to encourage and support the breastfeeding mother and infant
   - appropriate use of breastfeeding education materials
   - identification of individual needs and concerns about breastfeeding.

Rationale: Ongoing training for staff providing breastfeeding education is needed because information about breastfeeding management continues to evolve. Addressing specific ethnic and culturally based needs fosters appropriately targeted messages in print and audio-visual materials.

3. It is important that local agency staff participate in breastfeeding training such as:

   - statewide and local conferences and workshops
   - events sponsored by other agencies and organizations

Rationale: Local agencies' participation in breastfeeding training is essential to successful implementation of breastfeeding promotion programs.

4. It is important that the local agency and state agency appoint a breastfeeding coordinator.

Rationale: Appointing a breastfeeding coordinator helps ensure that breastfeeding promotion and support activities are integrated into WIC program operations. The specific responsibilities and tasks of breastfeeding coordinators will vary from agency to agency based on their breastfeeding promotion and support activities. Breastfeeding coordinators should participate in training opportunities related to their job responsibilities.

GUIDELINE #2

Breastfeeding promotion and support are enhanced when policies encourage a positive clinic environment and breastfeeding as the preferred method of infant feeding.

Suggestions for Implementation

1. It is important to assure that relevant educational materials available to participants portray breastfeeding as the preferred infant feeding method. Consider:

- print and audiovisual materials free of formula product names
- office supplies such as cups, pens, and note-pads free of formula product names.

Rationale: Use of materials with product names sends a mixed message to clients and staff and might unconsciously put up barriers to breastfeeding.

2. It is important to establish a positive attitude toward breastfeeding in WIC clinics.

Rationale: Health care workers should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern. Once a mother initiates infant feeding, WIC staff should support her decision.

3. It is important that the local agency minimize the visibility of formula and bottle-feeding equipment. Consider:

- storing supplies of formula out of view of participants.
- storing baby bottles and nipples out of view of participants.

Rationale: Formula and bottle-feeding equipment in clear view of participants may influence a mother's decision on infant feeding.

4. It is important that staff not accept formula from formula manufacturer representatives for personal use.

Rationale: Acceptance of formula for personal use may influence staff to endorse a particular product, either consciously or unconsciously. Acceptance of formula also conflicts with the program's breastfeeding promotion and support activities.

5. It is important that the local agency try to provide a supportive environment in which women feel comfortable breastfeeding their infants. Consider:

- chairs with arms
- a breastfeeding area away from entrance

Rationale: The clinic waiting area can be used advantageously to motivate women to recognize breastfeeding as the "norm" rather than the exception. The clinic area can also be used to provide worksite support for breastfeeding WIC staff.

6. It is important that the state agency assist local agencies in obtaining culturally sensitive and appropriate and translated breastfeeding education materials.

Rationale: The language and pictures in breastfeeding education materials should be relevant to the target population served by the program.

GUIDELINE #3

Breastfeeding promotion and support are enhanced when WIC agencies coordinate with private and public health care systems, educational systems, and community organizations providing care and support for women, infants, and children.

Suggestions for Implementation

1. It is important for local and state agencies to participate in and support coordinated activities with appropriate groups such as:

- task forces, networks or steering committees to exchange information and strategies
- professional health organizations to secure resources and expertise and assure communication with health professionals serving pregnant and breastfeeding women
- existing peer support groups to facilitate local exchange of breastfeeding information across the state
- community leaders and citizen groups who support breastfeeding
- the Breastfeeding Promotion Consortium and its efforts, including a national breastfeeding promotion campaign.

Rationale: A collaborative approach to breastfeeding promotion can create a strong supportive climate and help ensure more effective use of all available resources.

2. It is important that the state agency disseminate information such as the NAWD position paper, "Breastfeeding Promotion in the WIC Program," and the "Guidelines for Breastfeeding Promotion in the WIC Program" to state and local affiliates of groups such as:

- American Academy of Pediatrics
- American Academy of Family Physicians
- American College of Nurse Midwives
- American College of Obstetricians and Gynecologists
- American Dietetic Association
- American Hospital Association
- American Nurses Association
- American Public Health Association
- Association of Pediatric Nurse Practitioners
- Association of Women's Health and Obstetrics Nurses
- Healthy Mothers, Healthy Babies Coalitions
- Indian Health Service
- International Lactation Consultant Association
- La Leche League International
- Maternal and Child Health Directors

- Medicaid Directors
- National Association of Pediatric Nurse Associates and Practitioners

Rationale: Serving as an adjunct to health care is a vital component of the WIC Program. Therefore, it is important that the program's health-related policies be shared with appropriate health care programs and professional organizations. Such interaction encourages a strong cooperative working relationship with the health community to accomplish mutual goals.

3. It is important for local and state WIC agencies to participate in and support coordinated breastfeeding promotion and support activities such as:

- co-sponsoring training and continuing education programs
- sharing breastfeeding education materials for clients
- developing local or state documents such as position statements, policies, model hospital policies, and counseling and referral protocols

GUIDELINE #4

Breastfeeding promotion and support are enhanced when positive breastfeeding messages are incorporated in relevant educational activities, materials, and outreach efforts.

Suggestions for Implementation

1.It is important that positive breastfeeding messages are used in:

- participant orientation programs and materials
- printed and audiovisual materials for professional audiences
- printed, audiovisual, and display materials for potential clients

Rationale: Including positive breastfeeding messages promotes breastfeeding as the preferred infant feeding choice and reinforces WIC's position on breastfeeding.

GUIDELINE #5

Breastfeeding promotion and support are enhanced when activities are evaluated on an annual basis.

Suggestions for Implementation

1. It is important that evaluation include measures of incidence and duration such as:

- incorporation of data collection into current WIC systems
- periodic sample surveys of program participants
- Center for Disease Control surveillance systems
- state surveillance systems
- birth certificate information.

Rationale: Since few data are available, data collection will help identify and direct further breastfeeding promotion efforts for this population. Assessment of successful strategies will help agencies measure progress toward meeting the health objectives for the nation.

2. If more in-depth information on the incidence and duration of breastfeeding is desired, it is important that information be collected on at least the following categories:

- exclusive breastfeeding
- patterns of combined breastfeeding and formula feeding; e.g.:
  - -mostly breastfeeding
  - -equal parts breastfeeding and formula feeding
  - -mostly formula feeding
- exclusive formula feeding.

Rationale: Collecting data on breastfeeding patterns gives a better picture of the WIC population's infant feeding practices. This will help states better focus their breastfeeding promotion activities.

3. It is important that questions regarding breastfeeding attitudes, infant feeding decisions, and the WIC program's breastfeeding support activities are included in the annual participant survey.

Rationale: Collecting data on breastfeeding attitudes, infant feeding practices, and WIC-related promotion activities about breastfeeding assists state and local agencies design more effective breastfeeding promotion program components.

4. It is important that the state agency management evaluation process reviews local agency breastfeeding promotion and support activities such as:

- participant orientation and education materials
- policies regarding formula samples and food package tailoring for breastfeeding mothers and infants
- clinic environment, including display materials and posters and visibility of formula supplies
- staff interaction with participants regarding the infant feeding decision and breastfeeding support
- local agency linkages with other community programs providing services to breastfeeding women
- staff training plans.

Rationale: Guidelines and policies must be implemented in order to affect breastfeeding initiation and duration rates of WIC participants.

Prenatal Period

GUIDELINE #6

Breastfeeding promotion and support are enhanced when appropriate breastfeeding education and support is offered to all pregnant WIC participants.

Suggestions for Implementation

1. It is important that a breastfeeding protocol is established to:

- integrate breastfeeding promotion into the continuum of prenatal nutrition education
- include an initial assessment of participant knowledge, concerns, and attitudes related to breastfeeding

- provide breastfeeding education and support sessions to each prenatal participant based on the above assessment
- define the roles of all staff in the promotion of breastfeeding
- define situations when breastfeeding is contraindicated
- establish referral criteria.

Rationale: Making informed choices regarding the best method of infant feeding is, in part, dependent on staff's ability and efforts to address women's needs and concerns throughout the prenatal period.

2. It is important to develop a mechanism to incorporate positive peer influence into the prenatal period, such as:

- peer counselors
- an honor roll of successful breastfeeding WIC participants
- an opportunity to watch other WIC participants breastfeed
- classes with currently breastfeeding WIC participants talking about their experiences.

Rationale: Positive peer influence has been shown to be a factor in a woman's decision to breastfeed.

3. It is important to include the participant's family and friends in breastfeeding education and support sessions.

Rationale: Assistance and emotional support from family and friends are helpful to a woman's initiation and continuation of breastfeeding.

4. It is important to encourage the mother to communicate her decision to breastfeed to appropriate hospital staff and physician.

Rationale: To overcome potential barriers due to hospital and physician practices, women should be aware of the need to request the services that will facilitate successful breastfeeding; e.g., baby put to the breast soon after delivery.

5. It is important for the local WIC agency to coordinate prenatal breastfeeding education activities with primary care providers by:

- discussing WIC's position about breastfeeding as optimal for most women and infants
- encouraging the sharing of educational materials between WIC and primary care providers
- identifying the breastfeeding promotion and support services available in the community and referring participants as needed.

Rationale: Coordinating activities in the community increases the likelihood of women and families receiving consistent messages and information about breastfeeding.

6. It is important that the local WIC agency know the breastfeeding practices of their community hospitals and primary health care providers.

Rationale: Local agency WIC staff should be part of the prenatal care team preparing women for their early breastfeeding experiences. Positive breastfeeding practices and policies facilitate successful breastfeeding.

Postpartum

GUIDELINE #7

Breastfeeding promotion and support are enhanced when policies allow breastfeeding women to receive all WIC services regardless of their breastfeeding patterns.

Suggestions for Implementation

1. It is important that eligible women who meet the definition of breastfeeding* be certified to the extent that caseload management permit.

Rationale: Breastfeeding women are among the highest priority groups of WIC participants.

2. It is important that breastfeeding women receive a food package consistent with their nutritional needs.

Rationale: Breastfeeding women have the highest nutritional needs of any category of women participants and should receive a food package to meet those needs.

3. It is important that breastfeeding women receive support and assistance in order to maintain or increase breastfeeding.

Rationale: All breastfeeding women regardless of breastfeeding pattern need ongoing support so that they feel positive about their breastfeeding experience.

*Definition: The practice of feeding a mother's breast milk to her infant(s) on the average of at least once a day.

GUIDELINE #8

Breastfeeding promotion and support are enhanced when policies allow breastfeeding infants to receive a food package consistent with their nutritional needs.

Suggestions for Implementation

1. It is important that the use of supplemental formula for breastfed infants be minimized.

Rationale: Support that encourages breastfeeding is more effective than offering more formula than the baby is currently using. Clear support which continues to build confidence would include praise and encouragement for her current level of breastfeeding.

2. It is important that vouchers with infant formula are not issued to exclusively breastfed infants. If a food instrument must be distributed to enroll the infant, consider printing a positive breastfeeding message on the voucher.

Rationale: A blank voucher emphasizes that the breastfeeding dyad may not be receiving as much food as the formula-feeding dyad and makes the mother feel as though she is missing out on some of the food available to her. A voucher with even a small amount of formula on it sends a message to the mother that she is expected to supplement. A positive breastfeeding message will reinforce the importance of breastfeeding.

3. It is important to encourage the issuance of vouchers for powdered formula to breastfeeding mothers who wish to supplement.

Rationale: Powdered formula can be prepared in as small a quantity as needed. However, the minimum amount of the concentrated fluid formula that can be prepared is 26 ounces. This amount must be used within 48 hours which could encourage more supplementation than originally intended.

4. It is important that breastfeeding women receive information about the potential impact of formula on lactation and breastfeeding before formula is given.

Rationale: Breastfeeding mothers may not fully understand the impact formula supplementation has on breast milk supply. This is especially important during the first few critical weeks when the milk supply is being established.

5. It is important that formula vouchers or samples be given only when specifically requested.

Rationale: Offering formula to a breastfeeding woman undermines her confidence that she can breastfeed successfully, particularly in the first few weeks. She also may find it difficult to refuse the free formula even though she had not planned to use it.

GUIDELINE #9

Breastfeeding promotion and support are enhanced when breastfeeding support and assistance is provided throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance.

Suggestions for Implementation

1. It is important to develop a plan to provide women with access to locally available breastfeeding support programs, making sure support is available early in the postpartum period and throughout lactation to:

- include professional support, such as management of lactation problems, hotline contacts, and telephone counselors
- include peer support, such as peer counselors and resource mothers

Rationale: Professional support programs assist the mother experiencing lactation problems to resolve questions and problems with lactation management. Peer support programs use individuals who have successfully breastfed an infant and who express a positive, enthusiastic viewpoint of breastfeeding.

2. It is important to provide or identify education and support for breastfeeding women in special situations. Consider:

- mothers returning to paid employment or school; mothers separated from their infants due to hospitalization or illness; mothers of multiples; and infants with special needs
- support programs at times in keeping with the mother's schedule

Rationale: Breastfeeding mothers who are separated from their infants need support programs which include situation-specific information and support.

3. It is important that postpartum contacts with breastfeeding women provide positive reinforcement for the continuation of breastfeeding. Consider:

- using appropriate posters and messages placed in the clinic waiting and nutrition education areas
- including a special breastfeeding message encouraging the continuation of breastfeeding on food instruments

Rationale: Encouragement from professional staff and peer can provide motivation to succeed at breastfeeding.

4. It is important to coordinate breastfeeding support with other health care programs such as:

- Maternal and Child Health
- Family Planning
- hospitals
- Indian Health Service
- community health care providers

Rationale: Collaborative relationships result in consistent messages supporting breastfeeding, more efficient services, and decreased lactation problems, and reach a larger number of women. These efforts will have a more far-reaching effect as the incidence of breastfeeding increases.

5. It is important that the state agency develop a protocol or guidelines regarding the distribution of breastfeeding aids including:

- circumstances when the breastfeeding aid might be provided
- guidelines for participant instruction about using the breastfeeding aid.

Rationale: Many women have successful breastfeeding experiences without using breastfeeding aids. Breastfeeding aids can enhance breastfeeding success when their distribution is based on individual need and when instruction about the aid is provided.

94-002

POSITION PAPER

NATIONAL ASSOCIATION OF WIC DIRECTORS

Nutrition Risk Criteria: A State Health Agency Responsibility

Congressional committees and policy makers in the United States Department of Agriculture have questioned the equity among State health agencies using varying nutritional risk eligibility criteria for their WIC Programs. The **NATIONAL ASSOCIATION OF WIC DIRECTORS**, **NAWD**, is sensitive to the various issues that impact on nutritional risk assessment across the country. This policy statement is the Association's response and a reaffirmation of the statement first published in 1986.

Since the implementation of the WIC Program, federal policy has required State agencies to develop nutritional risk criteria for use in their local program. Public Law 95-627 defines nutritional risk as "(A) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, (B) other documented nutritionally related medical conditions, (C) dietary deficiencies that impair or endanger health, or (D) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, alcoholism and drug addiction." The Public Law requires State agencies to describe methods to determine nutritional risk in the annual state plan.

Through legislation, the WIC Program was established as an adjunct to health care. In the United States, health care has a tradition of diversity; response to regional, state and local demands; and respect for professional judgement.

Each State health agency is charged with the responsibility to develop nutritional risk eligibility criteria for the State's WIC Program. To assure that the WIC Program functions as an adjunct to health care, these criteria must be consistent with the standards of medical (obstetric, pediatric) and nutritional practice utilized by professionals who provide health services to women during the childbearing years, infants and children in the State. Each State's nutritional risk eligibility criteria must be coordinated and integrated into State and local public and private health policy.

In support of this policy statement, **NAWD** provides guidelines for use in the development and evaluation of these criteria. These guidelines recommend that each State health agency develop its WIC nutritional eligibility criteria in collaboration with professional experts responsible for medical and nutritional services used by the target populations. The guidelines recommend that each criterion be: 1) referenced by the current consensus of scientific literature; 2) endorsed by professional medical and nutrition experts in the state; and 3) within the range of standards used in the nation and region or justified by unique population characteristics. Provision of a quality assurance system including standards for training is required to assure consistent application of nutritional risk eligibility by participating local agencies.

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The **NATIONAL ASSOCIATION OF WIC DIRECTORS** presents this policy statement and the **related guidelines** to assure excellence in client nutritional eligibility determination while recognizing the diversity in the health care systems among the states and the need for better coordination and integration of WIC with maternal and child health services.

Guidelines to States in Establishing Nutritional Risk Standards

The WIC Program, as an adjunct to health care, operates in cooperation with public health services, private physicians, and health care institutions within each local area. It is essential to define nutrition risk eligibility criteria consistent with State public health policy and medical practice. The WIC State agency is charged with the responsibility to develop and review the nutritional risk criteria, and to document the rationale for each criterion. The State agency will provide training and written guidance to local agency staff monitoring their use of local agency *nutritional risk criteria*.

This document provides general guidance to the states for development of risk criteria. In addition, there are guidelines for developing criteria in six areas of concern: anthropometry, hematology, dietary, alcohol and drugs, smoking and regression. There may be other risk factors which warrant the development of additional guidelines, these will be developed as the need arises.

States are requested to continually review their nutritional risk criteria. Risk criteria are an integral component of program management, caseload management and administrative cost control. If individual States need assistance, they should contact their FNS Regional Office or the **NATIONAL ASSOCIATION OF WIC DIRECTORS**.

General Guidelines

1. The State agency has uniform nutritional risk criteria which are utilized consistently by all participating local agencies in the State.
2. The State agency utilizes an advisory group composed of professionals in the fields of medicine, including an obstetrician and pediatrician, public health and nutrition to review, comment and recommend nutritional risk criteria.
3. The State agency has on file written documentation for each nutrition risk criterion which includes:

   a. references from the scientific literature

   b. evidence of coordination with other health agency programs (e.g. MCH) and medical, nutritional and health organizations (e.g., ACOG, AAP, American Dietetic Association, American Dental Association, American Nursing Association).

   c. objective clinical indicators (e.g., laboratory values)

   d. priority level

   e. verification required for pre-existing medical condition (e.g. from medical records or taken as history reported by the mother).

f. application of regression

g. a policy to address repetitive certification of the same participant for the same reason (e.g., this general guideline is aimed at conditions in which you would expect to see improvement by the end of a certification period).

4. The State agency has a quality assurance system to monitor the assessment, utilization, and documentation of nutrition risk eligibility criteria through random record audits in local agencies.

5. The State agency develops standard procedures for nutrition assessment. This includes anthropometric, biochemical, clinical and dietary assessment.

6. The State agency assures that local agency staff is trained and demonstrates competency in nutrition assessment techniques.

7. The State agency has a nutritionist on staff with designated responsibility for all matters relating to nutritional risk criteria.

8. State agencies include participant nutrition risk criteria and edit ranges in their ADP systems, as these are developed.

Anthropometry Guidelines

Anthropometry is the measurement of changes in physical dimensions and gross composition of the human body. Anthropometric measurements commonly used in WIC programs are:

- Pregnant women: monitoring of low or high pregravid weight, including both total amount, and rate of weight gain
- Breastfeeding and Postpartum women: desirable weight for height
- Infants and Children: birthweight, pattern of growth, weight for stature, and stature and weight for age

1. The State agency has standards based on professionally recognized norms, (e.g., NCHS growth charts, CDC or MCH publications, standardized height - weight tables).

2. The State agency approves and advises local agencies on the purchase of all equipment used for measurement.

3. The State agency requires that local agencies provide for periodic calibration/certification of equipment by appropriate authorities (e.g., State Bureau of Weights and Measures).

4. The State agency establishes procedures for periodic competency-based training of local agency staff in anthropometric measurements and recording and interpreting data.

5. The State agency provides information and promotes use of correct anthropometric measurement procedures to health care providers referring clients for WIC certification.

Hematology Guidelines

Iron deficiency anemia is a common nutritional health risk among the target population for WIC. Hematocrit and/or hemoglobin tests are common tests used to identify clients with these problems. Accurately performed tests using predetermined cutoff levels provide an objective measure for certification.

1. The State agency has standards based on professionally recognized norms for hematological measurements (e.g., State laboratory standards, CDC, MCH, AAP, ACOG). States will consider establishing hematological cutoff values based on trimester of pregnancy, age of the child, and altitude.
2. The State agency approves or advises local agencies on the purchase of all equipment used for analysis.
3. The State agency requires the local agencies to provide for periodic calibration of equipment by appropriate authorities (e.g., State reference laboratory).
4. The State agency establishes procedures for competency based on training for local agency staff in collecting and analyzing hematological data.
5. The State agency provides information and promotes use of correct hematologic measurement protocols to health care providers referring clients for WIC certification.

Dietary Assessment Guidelines

Inadequate nutrient intake as a risk factor is valid for a program which provides supplemental food and nutrition education. Numerous surveys and studies document that low-income people, particularly during pregnancy, infancy, and early childhood, have a greater incidence of inadequate nutrient intake and abnormal nutrition-related biochemical indices (hemoglobin, serum vitamin C, etc.). Assessing for inadequate nutrient intake allows for early intervention and, thus, for potential prevention of more major nutrition-related problems such as iron deficiency anemia, obesity, failure to thrive, and inadequate prenatal weight gain.

The methods of collecting and analyzing nutrient intake have limitations. All methods are subject to bias due to such factors as an individual's memory and variability of food intake. To minimize the shortcomings of these methods, State agencies must develop and implement standardized assessment procedures based on best current practices, as substantiated in the literature.

1. When dietary risk is used as the only certifying risk factor, the State agency requires a standardized dietary assessment tool. This is to include a 24-hour recall or usual intake and a food frequency. Analysis of the diet will be based on the current RDA or a method based on the RDA.
2. In selecting the standard for determining dietary adequacy, the State agency will document the rationale.
3. Each State agency establishes procedures for competency-based training to local agency staff in the collection and analysis of dietary assessment data.

Alcohol and Drug Use Guidelines

The adverse effects of alcohol and drug use during pregnancy have been well documented. As little as one ounce of alcohol per day has been observed to negatively impact fetal growth. Consequences of alcohol consumption during pregnancy include fetal alcohol syndrome and fetal alcohol effects. Inadequate nutrient intake has been associated with excessive alcohol consumption. Furthermore, excessive alcohol intake by breastfeeding mothers may adversely affect the infant.

1. State agencies include alcohol and drug use as risk criteria. The level of intake considered a risk is determined by each State in coordination with medical and health authorities.
2. State agencies develop procedures for screening for alcohol and drug use. (Screening for alcohol consumption can be incorporated into the dietary assessment tool.)
3. State agencies provide competency-based training to local agency staff on appropriate screening techniques for alcohol and drug use.

Smoking Guidelines

A clear dose-response relationship exists between the amount of smoking and birth outcome. These include low birth weight, infant death, placental abruption, bleeding during pregnancy, and premature rupture of membranes.

1. State agencies include smoking as a risk criterion for pregnant women. The determination of the level of smoking is made in consultation with medical/health authorities.
2. State agencies provide training to local agency staff on the effects of smoking on pregnancy outcome.

Regression Guidelines

Regression is defined as returning to an earlier undesirable health status. In some situations, it is more beneficial to extend the client's WIC participation for a time-limited period until it can be determined that health status will not deteriorate. Competent professional authorities must be permitted to use their judgement to determine on an individual basis continuing client eligibility.

1. State agencies have a written policy on use of regression in relation to each nutrition risk criteria, priority and frequency.
2. State agencies assure that a nutritional assessment is completed at each recertification to determine that no other risk factor exists before considering the use of regression.
3. In the management evaluation of local agencies, the State agency will monitor the frequency of use and the documentation of justification when regression is used as the certifying criterion.

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10/27
10-11 AM

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September 20, 1994

Mr. William Galston
Deputy Assistant to the President
for Domestic Policy
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. Galston:

This is to confirm the conversation this morning between Ellen Lazzaro of **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD** and Geff Tibbetts of your office regarding your acceptance of my request for a White House briefing for the Board of Directors and Senior Executives of the Sustaining Corporate Members of **NAWD** from 10:00 - 11:00 am on the morning of Thursday, 27 October, 1994.

I have requested the use of the Indian Treaty Room and Mr. Tibbetts has advised that he would make every effort to secure the space.

Your assistance and the assistance of Mr. Tibbetts is greatly appreciated. I look forward with enthusiasm to the October briefing.

Should you have any questions or I may be of assistance, please do not hesitate to contact me on 202/232-5492.

Sincerely,
NATIONAL ASSOCIATION OF WIC DIRECTORS

Douglas Greenaway

Douglas A. Greenaway
Executive Director

Yes

NATIONAL ASSOCIATION OF WIC DIRECTORS

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30 August 1994

Mr. William Galston
Deputy Assistant to the President
for Domestic Policy
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. Galston:

This is to request your help, again this year, in arranging a White House briefing for the Board of Directors and Senior Executives of the Sustaining Corporate Members of the **NATIONAL ASSOCIATION OF WIC DIRECTORS', NAWD,** on the morning of Thursday, 27 October, 1994. This opportunity would represent the Fourth Annual Washington Leadership Day White House briefing.

NAWD would like to learn from you and your colleagues the President's plans for the WIC Program in the coming fiscal year; the role of WIC and other public health programs in the changing health care proposals; the President's commitment to full funding and related issues. I have attached a list of the attendees for your information.

The **NATIONAL ASSOCIATION OF WIC DIRECTORS** has enjoyed a warm and respectful relationship with the President. I look forward with excitement to your participation in this Leadership Day. Thank you also for taking time out of your busy schedule to help **NAWD** arrange for a briefing.

Should you have any questions or I may be of assistance, please do not hesitate to contact me on 202/232-5492. I look forward to hearing from you soon.

Sincerely,
NATIONAL ASSOCIATION OF WIC DIRECTORS

Douglas A. Greenaway
Executive Director

NATIONAL ASSOCIATION OF WIC DIRECTORS
OFFICERS AND BOARD OF DIRECTORS
1994-1995

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5/94

FAX COVER SHEET

OFFICE OF ANALYSIS AND EVALUATION
FOOD AND NUTRITION SERVICE, USDA
(Office: 703-305-2019)
(Fax: 703-305-2576)

DATE: 10/26/94

TO: KIM ROSS **OFFICE:** White House - Bill Galston

PHONE #: 202-456-5390 **FAX PHONE #:** 202-456-2878

FROM: MIKE FISHMAN, USDA **PHONE:** 703-305-2015

 # PAGES (Including cover page): 3

COMMENTS: Basic Info on WIC per Donna.

Nutrition Program Facts

United States Department of Agriculture
Food and Nutrition Service
Public Information Staff
3101 Park Center Drive
Alexandria, VA 22302

TEL (703) 305-2286
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"We must now work to ensure that all who are eligible for WIC benefits can get them. WIC is so important because WIC works. And WIC works because all its parts make up a very successful whole."

Ellen Haas
Assistant Secretary
Food and Consumer Services

Special Supplemental Food Program for Women, Infants and Children

1. What is WIC?

Food, nutrition counseling and access to health services are provided to low-income women, infants and children under the Special Supplemental Food Program for Women, Infants and Children, popularly known as WIC.

WIC provides Federal grants to States for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children who are found to be at nutritional risk. Established as a pilot program in 1972 and made permanent in 1974, WIC is administered at the Federal level by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture.

Most State WIC programs provide vouchers that participants use at authorized food stores. A wide variety of State and local organizations cooperate in providing the food and health care benefits, and 46,000 merchants accept WIC vouchers.

WIC is effective in improving the health of pregnant women, new mothers and their infants. A study done for FNS in five States in 1990 showed that women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birthweights and lower infant mortality.

About 40 percent of the babies born in the U.S. are served by WIC.

President Clinton has pledged to achieve full funding for WIC by 1996, allowing the program to serve all those who are eligible.

2. Who is eligible?

Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at "nutritional risk" by a health professional.

To be eligible on the basis of income, applicants' income must fall below 185 percent of the U.S. Poverty Income Guidelines (currently $26,548 for a family of four). While most States use the maximum guidelines, States may set lower income limit standards. A person who participates in AFDC, the Food Stamp Program or Medicaid automatically meets the income eligibility requirement.

3. What is "nutritional risk"?

Two major types of nutritional risk are recognized for WIC eligibility:

- Medically-based risks (designated as "high priority") such as anemia, underweight, maternal age, history of pregnancy complications or poor pregnancy outcomes;
- Diet-based risks such as inadequate dietary pattern.

Nutritional risk is determined by a health professional such as a physician, nutritionist or nurse, and is based on Federal guidelines. This health screening is free to program applicants.

4. How many people does WIC serve?

More than 5.9 million people get WIC benefits each month. Participation has risen steadily since the program began. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1985 it was 3.1 million; and by 1990 it was 4.5 million.

Children have always been the largest category of WIC participants. Of the 5.9 million people who received WIC benefits each month in 1993, 2.8 million were children, 1.7 million were infants, and 1.4 million were women.

5. What percent of eligible people does WIC reach?

In 1991, the WIC program reached an estimated 90 percent of eligible infants and pregnant women. Of all eligible women, infants and children, the program served about 60 percent.

6. Where is WIC available?

The WIC program is available in each State, the District of Columbia, Puerto Rico, the Virgin Islands and Guam.

7. What food benefits do WIC participants receive?

WIC participants receive vouchers that allow them to purchase a monthly food package designed to supplement their diets. The foods provided are high in protein, calcium, iron, and vitamins A and C. These are the nutrients frequently lacking in the diets of the program's target population. Different food packages are provided for different categories of participants.

WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, and peanut butter or dried beans or peas. Special therapeutic infant formulas are provided when prescribed by a physician for a specified medical condition.

8. Who gets first priority for participation?

Since WIC cannot serve all eligible people, a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutritional risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers were at nutritional risk during pregnancy.
- Children at nutritional risk because of a nutrition-related medical condition.
- Pregnant or breastfeeding women and infants at nutritional risk because of an inadequate dietary pattern.
- Children at nutritional risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women at nutritional risk.

9. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but States still spend hundreds of millions of dollars a year for infant formula for WIC participants. By negotiating rebates with formula manufacturers, States greatly increase the amount of formula they can provide, and help WIC funds go further to serve more people. States take bids or negotiate with the manufacturers for the highest rebate for each can of formula purchased. For Fiscal Year 1992, FNS spent $523 million on infant formula, after rebates totaling $755 million. The agency estimates rebates saved more than $800 million for Fiscal Year 1993, enabling the program to support approximately 1.2 million additional participants.

10. What is the WIC Farmers Market Nutrition Program?

The Farmers Market Nutrition Program provides additional coupons to WIC recipients that they can use to buy fresh fruits and vegetables from authorized farmers or farmers markets.

11. How much does WIC cost?

Congress appropriated $3.2 billion for WIC in Fiscal Year 1994, up from $2.9 billion in 1993. President Clinton's 1995 budget request calls for $3.6 billion for WIC, moving the program one step closer to full funding and allowing it to serve an additional 700,000 participants each month. WIC is expected to serve 7.2 million people in 1995, and 7.5 million under full-funding in 1996. By comparison, the program cost $10.4 million in 1974; $727.7 million in 1980; $1.5 billion in 1985; and $2.1 billion in 1990.

April 1994
fps 4/4/94

FAX SHEET COVER

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Kim Ross	Ron Vogel
Fax: #: (202) 456 2878	Phone: (703) 305-2754 Fax #: ( )

Message: Call if questions - NAWD issue.

Date Transmitted: _____ Total # of Pages (including cover): 7

Message Contents

Some current WIC topics that NAWD might like to hear about/discuss:

o Health Care Reform

Where are we;where do programs like WIC fit in? Concern is that health care reform will eviscerate public health services upon which WIC depends for service delivery.

o WIC Full Funding

Is the Administration still committed? What is the outlook for "full funding" by the end of FY96? Will the Administration accept a higher "price tag" if demographic info indicates a greater than previously estimated?

o MCH Block Grant

Is the Administration committed to supporting services funded by Title V (MCH Block Grant)? WIC works closely w/ the Maternal and Child Health Bureau,and continued funding for MCHD is important.

o Motor Voter

NAWD feels this is an unfunded mandate and outside the basic mission of the Program. Voter services are a drain on fixed admin funds resources.

o Unfunded Manadates in General

NAWD would like to here the Administration's view on so called "unfunded manadtes"...concern is that WIC is asked to do a lot in the delivery of health services (Immunizations,substance abuse,etc)for which they don't receive adequate funding (NOTE: USDA believes much of what is required is appropriate to improved maternal and child health)

o Cost Containment

Probably need to reinforce the need to control program costs,especially thru aggressive negotiation of rebates on infant formula (NOTE: WIC accounts for approximatel 40% of all formula sales nationally...we receive almost $900M in savings per year which supports over 1.2M participants per month. Ful funding estimates presume continuation of formula rebate savings

Basic Program facts were submitted by Mike Fishman...call me at 703-305-2054 for clarification/additional info.

Ron Vogel
Food and Nutrition Service

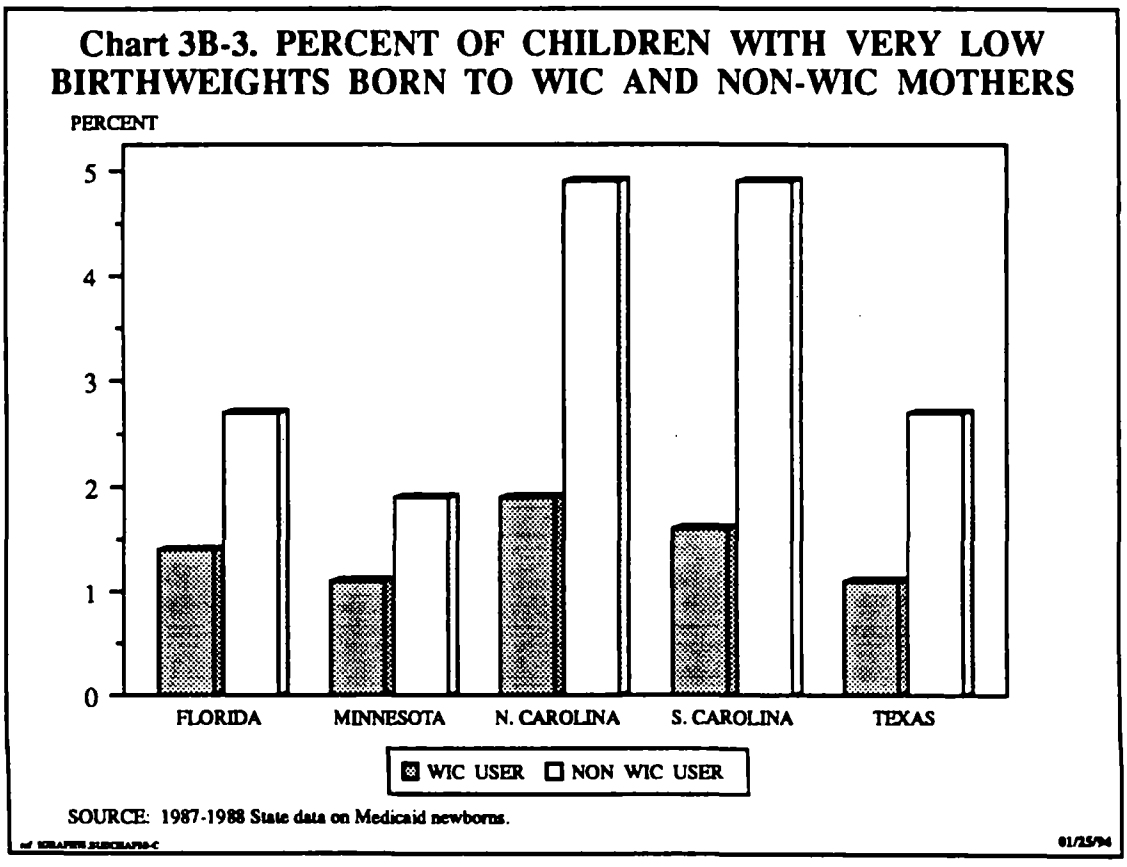
Special Supplemental Food Program for Women, Infants, and Children (WIC)

The WIC program, established in 1972, improves the nutrition of eligible low-income pregnant, breastfeeding or post-partum women, and their children under age five. The program provides supplements such as eggs, cereal, milk, juice, and cheese—foods often lacking in low-income diets—as well as nutrition counselling and referrals to other services such as health care. To be eligible, participants must have incomes below 185 percent of the poverty line (about $22,000 for a family of three in 1993) or receive Medicaid, Food Stamps, or Aid to Families with Dependent Children, and be found to be at medical or nutritional risk. The program is fully federally funded. Today, about four in every ten babies born in America participate in WIC.

Recent studies of WIC suggest the program improves the health status of pregnant women and reduces by 25 percent adverse birth outcomes such as low birthweight among Medicaid beneficiaries. Chart 3B–3, for instance, shows that in five States WIC mothers consistently had lower percentages of babies born with very low birthweights than non-WIC mothers. (Low birthweight causes health and development problems—and is present in 61 percent of all U.S. infant deaths.)

WIC also improves nutrition and prenatal care, and lowers fetal mortality. One study concluded that every dollar spent on WIC for pregnant women saves $1.77 to $3.13 in Medicaid costs in the first 60 days after birth. WIC has also been found to reduce iron deficiencies in infants and improve vitamin and mineral intakes in young children.

Recognizing the role of WIC in children's health, the 1994 budget provided a 15 percent increase, or $427 million above the previous year. The budget proposed that by the end of 1996, States should have the funds to serve the 7.5 million post-partum women, infants and children who meet current eligibility requirements and want to participate in WIC. In this year's budget, the President



seeks to increase WIC spending by another 11 percent. This will expand the program to serve about 7.2 million women and children in 1995—up from 6.5 million in 1994—and maintain the funding needed to achieve the participation targets in the 1994 budget.

Because participation in WIC is so closely linked with improved health, the Administration further addresses WIC in the Health Security Act, the President's health care reform proposal. The Act includes a special fund to supplement annual WIC appropriations, and thus ensure that the program's participation targets for 1996 will be met.

Parenting and Family Support

Although government can improve the health, nutrition, and education of children, even more important to their welfare is good parenting and strong families. Yet some parents receive almost no help in learning to raise the next generation, and new babies do not come with easy-to-read instructions. The Home Observation for Measurement of the Environment scale, which measures conditions like the quality of the physical environment, the availability of intellectual stimulation, and the degree of emotional support provided by parents, suggests that 11 percent of all children aged 3 to 5 years have deficient home environments. Among low-income households, this rate more than doubles. Today, parenthood is all the more difficult because of the dual burdens of so many working mothers, parents who are trying to raise children alone, and the gradual decline in informal sources of information and support, such as extended families. Substance abuse, community violence, poverty, and homelessness have touched too many families, making the challenge of raising healthy children even greater.

Most families can raise their children with only a little extra help, but some need more intensive services, and a few have such serious problems that there is no alternative to out-of-home placement. From 1981 to 1991, child abuse and neglect reports increased two-fold to about 2.7 million (Chart 3B–4), and the foster care caseload increased by roughly 60 percent, to nearly 430,000 children. By 1990, there were approximately six children per thousand in foster care, the highest measured rate since 1962. Aside from the trauma of being removed from their parents, children in foster care also may face frequent shuttling between foster homes and interminable waiting periods before permanent placement (a phenomenon known as "foster care drift").

To meet the needs of families for both preventive services, like parenting education, and more intensive crisis services, community-based programs have sprung up across the country. But such services reach too few families. Recognizing this, the President proposed a major new program, Family Preservation and Support, in 1993. This new law, the most significant change in over a decade, will provide services such as family counselling, respite care of children, stress management and parenting skills training. The new program:

- provides community-based services that help and support parents to raise their children more effectively;
- prevents abuse and neglect *before* they occur; and
- helps children in foster care to return to their families as quickly as possible.

Family Preservation and Support, which will provide over $900 million over five years, has a 75 percent Federal funding match rate. Families with children at risk of placement in substitute care and parents opting to improve their parenting skills are eligible, without regard to income levels. Using the new funds, States could expand home visiting programs like the Home Instruction Program for Preschool Youngsters in Arkansas and the Parents as Teachers program in Missouri, which have been replicated in almost every State.

Home visiting programs, which are provided nationwide in countries such as the United Kingdom and Denmark, can teach parents about child development, provide developmentally appropriate activities for parents and children to complete together, and ensure developmental screening of participating children. Longitudinal studies have found lasting benefits from some targeted home visiting programs in the United States, including

services to recipients, as recommended by the National Performance Review.

Working with the Congress, the Administration has already increased funding for these programs by 19 percent. For 1995, the budget proposes an additional 21 percent increase for a total increase exceeding $2.6 billion (or 44 percent) over the two years it has been in office (See Table 3B–2).

Childhood Immunization

Children should be immunized against at least nine diseases. Most inoculations should be received by age two. Through grants to State and local health agencies, the Centers for Disease Control and Prevention (CDC) currently finance about a quarter of all childhood immunizations. State, local, and other Federal programs finance an additional quarter. The remainder is financed through the private sector.

Investments in childhood immunizations have high returns in averted medical costs, hospitalization and deaths. According to one study, the combined measles, mumps and rubella vaccine saves more than $14 for every dollar invested. Increasing childhood immunization keeps our children healthy, prevents tragic, avoidable losses of life, and reduces future medical costs.

While countries such as Belgium, Denmark and Spain had immunization rates at or above 80 percent for measles, polio, diphtheria and tetanus by the mid-1980s, the United States had immunized only 55 to 65 percent of its pre-school children. A survey of nine cities in 1991 found a median measle, mumps and rubella immunization rate of 38 percent for children under two years. In some inner-city areas, the vaccination rate may be as low as 10 percent. For 1992, data indicate higher vaccination rates, but 71–72 percent

Table 3B–2. **PROGRAMS INVESTING IN YOUNG CHILDREN**

(Budget authority; dollar amounts in millions)

	1993 Actual	1994 Enacted	1995 Proposed	Percent Change: 1994 to 1995	Percent Change: 1993 to 1999
Immunization Funds[1]	341	528	888	+68%	+54%
Children Receiving Immunization (000s)[2]	N/A	N/A	13,186	N/A	N/A
Head Start Funds	2,776	3,326	4,026	+21%	+ 246%
Head Start Slots (000s)	714	750	840	+12%	+53%
Percent of Target Population Reached[3]	51%	54%	60%	N/A	N/A
WIC Funds	2,860	3,210	3,564	+11%	+54%
WIC Recipients (000s)	5,920	6,510	7,220	+11%	+28%
Percent of Target Population Reached[4]	79%	85%	95%	N/A	N/A
Family Preservation and Support Funds[5]	—	60	150	+150%	N/A
Individuals Served (000s)	—	N/A	N/A	N/A	N/A
Percent of Target Population Reached	—	N/A	N/A	N/A	N/A
Mandatory Programs	—	60	574	+857%	N/A
Discretionary Programs	5,977	7,064	8,054	+14%	+96%
Total	5,977	7,124	8,628	+21%	+209%

[1] 1995 funding shows a combined $464 million (current discretionary immunization program) and $424 million (new entitlement program). Specific goals will be established after survey data become available.
[2] Data is for all children up through age 18.
[3] Target population is 1.4 million Head Start eligible children.
[4] Target estimate is based on a 1993 CBO study estimating that 84 percent of all WIC eligibles will apply for WIC.
[5] Since Family Preservation and Support is a new entitlement program, participation estimates have not yet been developed.
N/A: Not applicable

- WIC as place / one-stop centers
- WIC vs. HSA
- disable population: Census data not fully reliable
- state access to immunization data plan / CDC
- remarks govt: focus on outcomes
  A bad state, accountable for outcomes

NATIONAL ASSOCIATION OF WIC DIRECTORS

NAWD

AGENDA

WASHINGTON
LEADERSHIP DAY

THURSDAY, 27 OCTOBER, 1994

9:30 AM - 2:00 PM

9:30 AM	Assemble outside of main gate, White House Executive Office Building (17th & Pennsylvania Avenue, NW);
9:40 AM	Enter main entrance, White House Executive Office Building for security processing prior to briefing;
10:00 AM	Briefing, White House Executive Office briefing room by Mr. William Galston, Deputy Assistant to the President for Domestic Policy, and other White House Staff;
11:30 AM	Depart White House by taxi for US Senate;
12:00 AM	Arrive US Senate for reception and lunch;
12:30 PM	Luncheon dialogue in the Senate Mansfield Room, US Capitol Building, with Congressional Budget Office Human Resources Cost Estimates Chief Paul Cullinan and Associated Press Congressional Supervisor Diane Duston.
2:00 PM	Meeting adjourned.

BIOGRAPHY OF WILLIAM A. GALSTON

William A. Galston is Deputy Assistant to the President for Domestic Policy. He is on leave from the University of Maryland at College Park, where he is a professor at the School of Public Affairs and a senior research scholar at the University's Institute for Philosophy and Public Policy. He received his B.A. degree from Cornell University in 1967 and, after serving in the U.S. Marine Corps (1969-1970), earned a Ph.D. from the University of Chicago in 1973. He taught at the University of Texas at Austin for nearly a decade before moving to Washington, D.C.

Dr. Galston is the author of five books and numerous articles on political philosophy, American politics and public policy. His most recent book, Liberal Purposes, was published by Cambridge University Press in 1991. From 1985 to 1988, he directed a series of studies and focus groups probing public attitudes concerning issues, candidates and political institutions and processes.

Dr. Galston's political experience includes service as chief speechwriter for John Anderson's independent presidential effort, as Issues Director in Walter Mondale's presidential campaign (1982-1984), as an advisor to Senator Albert Gore, Jr. during the contest for the 1988 presidential nomination, and as an advisor to Governor Bill Clinton's presidential campaign, as well as consultant to candidates for state and local office.

BIOGRAPHY OF PAUL CULLINAN

Paul Cullinan is currently the Chief for the Human Resources Cost Estimating Unit and Acting Chief for the Health Cost Estimating Unit of the Budget Analysis Division of the Congressional Budget Office (CBO). These units are the primary producers of CBO's cost estimates of health and welfare legislation considered by the Congress. Until recently, Dr. Cullinan was the principal analyst responsible for CBO's projections of Social Security spending and trust fund operations, as well as cost estimates for legislation in this area. Before coming to CBO, he worked for two years in the Office of Policy Analysis of the Social Security Administration. His experience also includes a year spent teaching economics at Union College. Dr. Cullinan holds a Ph.D. in economics from the Maxwell School of Syracuse University.

BIOGRAPHY OF DIANE DUSTON

Diane Duston is chief of The Associated Press congressional writers. During the last session of Congress, Duston coordinated the work of the eight AP reporters assigned to full time Capitol Hill and those who report on Congress periodically as part of another beat.

Duston has reported news and served as an editor for AP's Washington bureau for 12 years in various capacities. Her earlier work developing a food and nutrition beat and covering agriculture issues introduced her to the WIC Program. She also has covered telecommunications and environmental issues in Washington. In addition, Duston was metro editor for several years during Marion Barry's last tenure as mayor of Washington, D.C.

Before coming to Washington, Duston was state news editor for the AP in North Carolina and Ohio.

An Ohio native, Duston got her journalism degree in 1972 from the University of Wisconsin in Madison and returned to Ohio to begin her news career as a reporter for the Toledo Blade. She joined the Associated Press in Columbus in 1976.

NATIONAL ASSOCIATION OF WIC DIRECTORS

WASHINGTON LEADERSHIP DAY

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F:\MAS\H8\S1614.SU7

Mitt Final Bill 10/4/94

SUSPEND THE RULES AND PASS THE BILL S. 1614, WITH AN AMENDMENT

[NOTE: The amendment strikes out all after the enacting clause and inserts a new text.]

103D CONGRESS
1ST SESSION

S. 1614

To amend the Child Nutrition Act of 1966 and the National School Lunch Act to promote healthy eating habits for children and to extend certain authorities contained in such Acts through fiscal year 1998, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 2, 1993

Mr. LEAHY (for himself, Mr. HARKIN, Mr. DASCHLE, Mr. ROCKEFELLER, and Mr. JEFFORDS) introduced the following bill; which was read twice and referred to the Committee on Agriculture, Nutrition, and Forestry

---

A BILL

To amend the Child Nutrition Act of 1966 and the National School Lunch Act to promote healthy eating habits for children and to extend certain authorities contained in such Acts through fiscal year 1998, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Healthy Meals for Healthy Americans Act of 1994".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. FINDINGS.

Congress finds that—

(1) undernutrition can permanently retard physical growth, brain development, and cognitive functioning of children;

(2) the longer a child's nutritional, emotional, and educational needs go unmet, the greater the likelihood of cognitive impairment;

(3) low-income children who attend school hungry score significantly lower on standardized tests than non-hungry low-income children; and

(4) supplemental nutrition programs under the National School Lunch Act (42 U.S.C. 1751 et seq.) and the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) can help to offset threats posed to a child's capacity to learn and perform in school that result from inadequate nutrient intake.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) funds should be made available for child nutrition programs to remove barriers to the participation of needy children in the school lunch program, school breakfast program, summer food service program for children, and the child and adult care food program under the National School Lunch Act (42 U.S.C. 1751 et seq.) and the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.);

(2) the Secretary of Agriculture should take actions to further strengthen the efficiency of child nutrition programs by streamlining administrative requirements to reduce the administrative burden on participating schools and other meal providers; and

(3) as a part of efforts to continue to serve nutritious meals to youths in the United States and to educate the general public regarding health and nutrition issues, the Secretary of Agriculture should take actions to coordinate the nutrition education efforts of all nutrition programs.

TITLE I—AMENDMENTS TO NATIONAL SCHOOL LUNCH ACT

SEC. 101. PURCHASE OF FRESH FRUITS AND VEGETABLES.

Section 6(a) of the National School Lunch Act (42 U.S.C. 1755(a)) is amended—

this paragraph) concerning the sale of competitive foods of minimal nutritional value.

"(4) Paragraphs (2) and (3) shall not apply to a State that has in effect a ban on the sale of competitive foods of minimal nutritional value in schools in the State.".

SEC. 204. SPECIAL SUPPLEMENTAL NUTRITION PROGRAM.

(a) DEFINITION OF NUTRITIONAL RISK.—Section 17(b)(8) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(8)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E);

(2) by inserting after "health," at the end of subparagraph (C) the following new subparagraph: "(D) conditions that directly affect the nutritional health of a person, such as alcoholism or drug abuse,"; and

(3) in subparagraph (E) (as redesignated by paragraph (1)), by striking "alcoholism and drug addiction, homelessness, and" and inserting "homelessness and".

(b) PROMOTION OF PROGRAM.—Section 17(c) of such Act (42 U.S.C. 1786(c)) is amended by adding at the end the following new paragraph:

"(5) The Secretary shall promote the special supplemental nutrition program by producing and distributing materials, including television and radio public service announcements in English and other appropriate languages, that inform potentially eligible individuals of the benefits and services under the program.".

(c) ELIGIBILITY FOR CERTAIN PREGNANT WOMEN.—Section 17(d) of such Act (42 U.S.C. 1786(d)) is amended—

(1) in paragraph (2), by adding at the end the following new subparagraph:

"(C) In the case of a pregnant woman who is otherwise ineligible for participation in the program because the family of the woman is of insufficient size to meet the income eligibility standards of the program, the pregnant woman shall be considered to have satisfied the income eligibility standards if, by increasing the number of individuals in the family of the woman by 1 individual, the income eligibility standards would be met."; and

(2) in paragraph (3)—

(A) by inserting "(A)" after "(3)"; and

(B) by adding at the end the following new subparagraph:

"(B) A State may consider pregnant women who meet the income eligibility standards to be presumptively

eligible to participate in the program and may certify the women for participation immediately, without delaying certification until an evaluation is made concerning nutritional risk. A nutritional risk evaluation of such a woman shall be completed not later than 60 days after the woman is certified for participation. If it is subsequently determined that the woman does not meet nutritional risk criteria, the certification of the woman shall terminate on the date of the determination.".

(d) TECHNICAL CORRECTIONS.—Section 17(e) of such Act (42 U.S.C. 1786(e)) is amended by redesignating paragraph (3) (as added by section 123(a)(3)(D) of the Child Nutrition and WIC Reauthorization Act of 1989 (Public Law 101–147; 103 Stat. 895)) and paragraphs (4) and (5) as paragraphs (4), (5), and (6), respectively.

(e) COORDINATION OF WIC AND MEDICAID PROGRAMS USING COORDINATED CARE PROVIDERS.—Section 17(f)(1)(C)(iii) of such Act (42 U.S.C. 1786(f)(1)(C)(iii)) is amended by inserting before the semicolon at the end the following: ", including medicaid programs that use coordinated care providers under a contract entered into under section 1903(m), or a waiver granted under section 1915(b), of the Social Security Act (42 U.S.C. 1396b(m) or 1396n(b)) (including coordination through the referral of potentially eligible women, infants, and children be-

tween the program authorized under this section and the medicaid program)".

(f) PRIORITY CONSIDERATION FOR CERTAIN MIGRANT POPULATIONS.—The first sentence of section 17(f)(3) of such Act (42 U.S.C. 1786(f)(3)) is amended by inserting before the period at the end the following: "and shall ensure that local programs provide priority consideration to serving migrant participants who are residing in the State for a limited period of time".

(g) INCOME ELIGIBILITY GUIDELINES.—Paragraph (18) of section 17(f) of such Act (42 U.S.C. 1786(f)(18)) is amended to read as follows:

"(18) Notwithstanding subsection (d)(2)(A)(i), not later than July 1 of each year, a State agency may implement income eligibility guidelines under this section concurrently with the implementation of income eligibility guidelines under the medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).".

(h) USE OF RECOVERED PROGRAM FUNDS IN YEAR COLLECTED.—Section 17(f) of such Act (42 U.S.C. 1786(f)) is amended by adding at the end the following new paragraph:

"(23) A State agency may use funds recovered as a result of violations in the food delivery system of the pro-

gram in the year in which the funds are collected for the purpose of carrying out the program.".

(i) COORDINATION INITIATIVE FOR WIC AND MEDICAID PROGRAMS.—Section 17(f) of such Act (42 U.S.C. 1786(f)) (as amended by subsection (h)) is further amended by adding at the end the following new paragraph:

"(24) The Secretary and the Secretary of Health and Human Services shall carry out an initiative to assure that, in a case in which a State medicaid program uses coordinated care providers under a contract entered into under section 1903(m), or a waiver granted under section 1915(b), of the Social Security Act (42 U.S.C 1396b(m) or 1396n(b)), coordination between the program authorized by this section and the medicaid program is continued, including—

"(A) the referral of potentially eligible women, infants, and children between the 2 programs; and

"(B) the timely provision of medical information related to the program authorized by this section to agencies carrying out the program.".

(j) EXTENSION OF PROGRAM.—Section 17 of such Act (42 U.S.C. 1786) is amended—

(1) in the first sentence of subsection (g)(1), by striking "1991, 1992, 1993, and 1994" and inserting "1995 through 1998"; and

(2) in the first sentence of subsection (h)(2)(A), by striking "1990, 1991, 1992, 1993 and 1994" and inserting "1995 through 1998".

(k) USE OF FUNDS FOR TECHNICAL ASSISTANCE AND RESEARCH EVALUATION PROJECTS.—Section 17(g)(5) of such Act (42 U.S.C. 1786(g)(5)) is amended—

(1) by striking "and administration of pilot projects" and inserting "administration of pilot projects"; and

(2) by inserting before the period at the end the following:", and carrying out technical assistance and research evaluation projects of the programs under this section".

(l) BREASTFEEDING PROMOTION AND SUPPORT ACTIVITIES.—Section 17(h)(3) of such Act (42 U.S.C. 1786(h)(3)) is amended—

(1) in subparagraph (A)(i)(II)—

(A) by striking "an amount" and inserting "except as otherwise provided in subparagraphs (F) and (G), an amount"; and

(B) by striking "$8,000,000," and inserting "the national minimum breastfeeding promotion expenditure, as described in subparagraph (E),"; and

(2) by adding at the end the following new subparagraphs:

"(E) In the case of fiscal year 1996 (except as provided in subparagraph (G)) and each subsequent fiscal year, the national minimum breastfeeding promotion expenditure means an amount that is—

"(i) equal to $21 multiplied by the number of pregnant women and breastfeeding women participating in the program nationwide, based on the average number of pregnant women and breastfeeding women so participating during the last 3 months for which the Secretary has final data; and

"(ii) adjusted for inflation on October 1, 1996, and each October 1 thereafter, in accordance with paragraph (1)(B)(ii).

"(F) In the case of fiscal year 1995, a State shall pay, in lieu of the expenditure required under subparagraph (A)(i)(II), an amount that is equal to the lesser of—

"(i) an amount that is more than the expenditure of the State for fiscal year 1994 on the activities described in subparagraph (A)(i); or

"(ii) an amount that is equal to $21 multiplied by the number of pregnant women and breastfeeding women participating in the program in the State, based on the average number of pregnant women

and breastfeeding women so participating during the last 3 months for which the Secretary has final data.

"(G)(i) If the Secretary determines that a State agency is unable, for reasons the Secretary considers to be appropriate, to make the expenditure required under subparagraph (A)(i)(II) for fiscal year 1996, the Secretary may permit the State to make the required level of expenditure not later than October 1, 1996.

"(ii) In the case of fiscal year 1996, if the Secretary makes a determination described in clause (i), a State shall pay, in lieu of the expenditure required under subparagraph (A)(i)(II), an amount that is equal to the lesser of—

"(I) an amount that is more than the expenditure of the State for fiscal year 1995 on the activities described in subparagraph (A)(i); and

"(II) an amount that is equal to $21 multiplied by the number of pregnant women and breastfeeding women participating in the program in the State, based on the average number of pregnant women and breastfeeding women so participating during the last 3 months for which the Secretary has final data.".

(m) DEVELOPMENT OF STANDARDS FOR THE COLLECTION OF BREASTFEEDING DATA.—Section 17(h)(4) of such Act (42 U.S.C. 1786(h)(4)) is amended—

(1) by striking "and" at the end of subparagraph (C);

(2) by striking the period at the end of subparagraph (D) and inserting "; and"; and

(3) by adding at the end the following new subparagraph:

"(E) not later than 1 year after the date of enactment of this subparagraph, develop uniform requirements for the collection of data regarding the incidence and duration of breastfeeding among participants in the program and, on development of the uniform requirements, require each State agency to report the data for inclusion in the report to Congress described in subsection (d)(4).".

(n) SUBMISSION OF INFORMATION TO CONGRESS ON WAIVERS WITH RESPECT TO PROCUREMENT OF INFANT FORMULA.—Section 17(h)(8)(D)(iii) of such Act (42 U.S.C. 1786(h)(8)(D)(iii)) is amended by striking "at 6-month intervals" and inserting "on a timely basis".

(o) COST CONTAINMENT.—

(1) IN GENERAL.—Section 17(h)(8)(G) of such Act (42 U.S.C. 1786(h)(8)(G)) is amended by adding at the end the following new clause:

"(ix) Not later than September 30, 1996, the Secretary shall offer to solicit bids on behalf of State agencies regarding cost containment contracts to be entered into by infant cereal manufacturers and State agencies. In carrying out this clause, the Secretary shall, to the maximum extent feasible, follow the procedures prescribed in this subparagraph regarding offers made by the Secretary with regard to soliciting bids regarding infant formula cost containment contracts. The Secretary may carry out this clause without issuing regulations.".

(2) REPEAL OF TERMINATION OF AUTHORITY.—Section 209 of the WIC Infant Formula Procurement Act of 1992 (Public Law 102–512; 42 U.S.C. 1786 note) is repealed.

(p) PROHIBITION ON INTEREST LIABILITY TO FEDERAL GOVERNMENT ON REBATE FUNDS.—Section 17(h)(8) of such Act (42 U.S.C. 1786(h)(8)) is amended by adding at the end the following new subparagraph:

"(L) A State shall not incur any interest liability to the Federal Government on rebate funds for infant formula and other foods if all interest earned by the State on the funds is used for program purposes.".

(q) USE OF UNIVERSAL PRODUCT CODES.—Section 17(h)(8) of such Act (42 U.S.C. 1786(h)(8)) (as amended by subsection (p)) is further amended by adding at the end the following new subparagraph:

"(M)(i) The Secretary shall establish pilot projects in at least 1 State, with the consent of the State, to determine the feasibility and cost of requiring States to carry out a system for using universal product codes to assist retail food stores that are vendors under the program in providing the type of infant formula that the participants in the program are authorized to obtain. In carrying out the projects, the Secretary shall determine whether the system reduces the incidence of incorrect redemptions of low-iron formula or brands of infant formula not authorized to be redeemed through the program, or both.

"(ii) The Secretary shall provide a notification to the Committee on Education and Labor of the House of Representatives and the Committee on Agriculture, Nutrition, and Forestry of the Senate regarding whether the system is feasible, is cost-effective, reduces the incidence of incorrect redemptions described in clause (i), and results in any additional costs to States.

"(iii) The system shall not require a vendor under the program to obtain special equipment and shall not be

applicable to a vendor that does not have equipment that can use universal product codes.".

(r) USE OF UNSPENT NUTRITION SERVICES AND ADMINISTRATION FUNDS.—Section 17(h) of such Act (42 U.S.C. 1786(h)) is amended by adding at the end the following new paragraph:

"(10)(A) For each of fiscal years 1995 through 1998, the Secretary shall use for the purposes specified in subparagraph (B), $10,000,000 or the amount of nutrition services and administration funds for the prior fiscal year that has not been obligated, whichever is less.

"(B) Funds under subparagraph (A) shall be used for—

"(i) development of infrastructure for the program under this section, including management information systems;

"(ii) special State projects of regional or national significance to improve the services of the program under this section; and

"(iii) special breastfeeding support and promotion projects, including projects to assess the effectiveness of particular breastfeeding promotion strategies and to develop State or local agency capacity or facilities to provide quality breastfeeding services.".

(s) SPENDBACK FUNDS.—Section 17(i)(3) of such Act (42 U.S.C. 1786(i)(3)) is amended—

(1) in subparagraph (A)(i), by inserting "(except as provided in subparagraph (H))" after "1 percent"; and

(2) by adding at the end the following new subparagraph:

"(H) The Secretary may authorize a State agency to expend not more than 3 percent of the amount of funds allocated to a State under this section for supplemental foods for a fiscal year for expenses incurred under this section for supplemental foods during the preceding fiscal year, if the Secretary determines that there has been a significant reduction in infant formula cost containment savings provided to the State agency that would affect the ability of the State agency to at least maintain the level of participation by eligible participants served by the State agency.".

(t) ELIMINATION OF DUPLICATIVE MIGRANT REPORTS.—Section 17 of such Act (42 U.S.C. 1786) is amended—

(1) in subsection (d)(4), by inserting after "Congress" the following: "and the National Advisory Council on Maternal, Infant, and Fetal Nutrition established under subsection (k)"; and

(2) by striking subsection (j).

(u) INITIATIVE TO PROVIDE PROGRAM SERVICES AT COMMUNITY AND MIGRANT HEALTH CENTERS.—Section 17 of such Act (42 U.S.C. 1786) (as amended by subsection (t)(2)) is further amended by inserting after subsection (i) the following new subsection:

"(j)(1) The Secretary and the Secretary of Health and Human Services (referred to in this subsection as the 'Secretaries') shall jointly establish and carry out an initiative for the purpose of providing both supplemental foods and nutrition education under the special supplemental nutrition program and health care services to low-income pregnant, postpartum, and breastfeeding women, infants, and children at substantially more community health centers and migrant health centers.

"(2) The initiative shall also include—

"(A) activities to improve the coordination of the provision of supplemental foods and nutrition education under the special supplemental nutrition program and health care services at facilities funded by the Indian Health Service; and

"(B) the development and implementation of strategies to ensure that, to the maximum extent feasible, new community health centers, migrant health centers, and other federally supported health

care facilities established in medically underserved areas provide supplemental foods and nutrition education under the special supplemental nutrition program.

"(3) The initiative may include—

"(A) outreach and technical assistance for State and local agencies and the facilities described in paragraph (2)(A) and the health centers and facilities described in paragraph (2)(B);

"(B) demonstration projects in selected State or local areas; and

"(C) such other activities as the Secretaries find are appropriate.

"(4)(A) Not later than April 1, 1995, the Secretaries shall provide to Congress a notification concerning the actions the Secretaries intend to take to carry out the initiative.

"(B) Not later than July 1, 1996, the Secretaries shall provide to Congress a notification concerning the actions the Secretaries are taking under the initiative or actions the Secretaries intend to take under the initiative as a result of their experience in implementing the initiative.

"(C) On completion of the initiative, the Secretaries shall provide to Congress a notification concerning an

evaluation of the initiative by the Secretaries and a plan of the Secretaries to further the goals of the initiative.

"(5) As used in this subsection:

"(A) The term 'community health center' has the meaning given the term in section 330(a) of the Public Health Service Act (42 U.S.C. 254c(a)).

"(B) The term 'migrant health center' has the meaning given the term in section 329(a)(1) of such Act (42 U.S.C. 254b(a)(1)).".

(v) EXPANSION OF FARMERS' MARKET NUTRITION PROGRAM.—

(1) MATCHING REQUIREMENT FOR INDIAN STATE AGENCIES.—Section 17(m)(3) of such Act (42 U.S.C. 1786(m)(3)) is amended by adding at the end the following new sentence: "The Secretary may negotiate with an Indian State agency a lower percentage of matching funds than is required under the preceding sentence, but not lower than 10 percent of the total cost of the program, if the Indian State agency demonstrates to the Secretary financial hardship for the affected Indian tribe, band, group, or council.".

(2) EXPANSION.—Section 17(m)(5)(F) of such Act (42 U.S.C. 1786(m)(5)(F)) is amended—

(A) in clause (i), by striking "15 percent" and inserting "17 percent";

(B) by striking clause (ii) and inserting the following new clause:

"(ii) During any fiscal year for which a State receives assistance under this subsection, the Secretary shall permit the State to use not more than 2 percent of total program funds for market development or technical assistance to farmers' markets if the Secretary determines that the State intends to promote the development of farmers' markets in socially or economically disadvantaged areas, or remote rural areas, where individuals eligible for participation in the program have limited access to locally grown fruits and vegetables."; and

(C) in clause (iii), strike "for the administration of the program".

(3) CONTINUED FUNDING FOR CERTAIN STATES UNDER FARMERS' MARKET NUTRITION PROGRAM.—Subparagraph (A) of section 17(m)(6) of such Act (42 U.S.C. 1786(m)(6)(A)) is amended to read as follows:

"(A) The Secretary shall give the same preference for funding under this subsection to eligible States that participated in the program under this subsection in a prior

fiscal year as to States that participated in the program in the most recent fiscal year. The Secretary shall inform each State of the award of funds as prescribed by subparagraph (G) by February 15 of each year.".

(4) FUNDING REDUCTION FLOOR.—Section 17(m)(6)(B)(ii) of such Act (42 U.S.C. 1786(m)(6)(B)(ii)) is amended by striking "$50,000" each place it appears and inserting "$75,000".

(5) STATE PLAN SUBMISSION DATE.—Section 17(m)(6)(D)(i) of such Act (42 U.S.C. 1786(m)(6)(D)(i)) is amended by striking "at such time and in such manner as the Secretary may reasonably require" and inserting "by November 15 of each year".

(6) PERCENTAGE OF ANNUAL APPROPRIATIONS AVAILABLE TO STATES UNDER FARMERS' MARKET NUTRITION PROGRAM.—Section 17(m)(6)(G) of such Act (42 U.S.C. 1786(m)(6)(G)) is amended—

(A) in the first sentence of clause (i), by striking "45 to 55 percent" and inserting "75 percent"; and

(B) in the first sentence of clause (ii), by striking "45 to 55 percent" and inserting "25 percent".

(7) DATA COLLECTION REQUIREMENTS.—Section 17(m)(8) of such Act (42 U.S.C. 1786(m)(8)) is amended by striking subparagraphs (D) and (E) and inserting the following new subparagraphs:

"(D) the change in consumption of fresh fruits and vegetables by recipients, if the information is available;

"(E) the effects of the program on farmers' markets, if the information is available; and".

(8) EXTENSION OF COUPON PROGRAM.—Section 17(m)(10)(A) of such Act (42 U.S.C. 1786(m)(10)(A))) is amended—

(A) by striking "$3,000,000 for fiscal year 1992, $6,500,000 for fiscal year 1993, and"; and

(B) by inserting before the period at the end ", $10,500,000 for fiscal year 1995, and such sums as may be necessary for each of fiscal years 1996 through 1998".

(9) ELIMINATION OF FUNDING CARRYOVER PROVISION UNDER FARMERS' MARKET NUTRITION PROGRAM.—Section 17(m)(10)(B)(i) of such Act (42 U.S.C. 1786(m)(10)(B)(i)) is amended—

(A) in subclause (I), by striking "Except as provided in subclause (II), each" and inserting "Each"; and

(B) in subclause (II), by striking "or may be retained" and all that follows and inserting a period.

(10) ELIMINATION OF REALLOCATION OF UNEXPENDED FUNDS WITH RESPECT TO DEMONSTRATION PROJECTS UNDER FARMERS' MARKET NUTRITION PROGRAM.—Section 17(m)(10)(B)(ii) of such Act (42 U.S.C. 1786(m)(10)(B)(ii)) is amended by striking the second sentence.

(11) DEFINITION.—Section 17(m)(11)(D) of such Act (42 U.S.C. 1786(m)(11)(D)) is amended by inserting before the period at the end the following: "and any other agency approved by the chief executive officer of the State".

(12) PROMOTION BY THE SECRETARY.—The Secretary of Agriculture shall promote the use of farmers' markets by recipients of Federal nutrition programs administered by the Secretary.

(w) CHANGE IN NAME OF PROGRAM.—

(1) IN GENERAL.—Section 17 of such Act (42 U.S.C. 1786) is amended—

(A) by striking the section heading and inserting the following new section heading:

"SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN";

(B) in the first sentence of subsection (c)(1), by striking "special supplemental food program" and inserting "special supplemental nutrition program";

(C) in the second sentence of subsection (k)(1), by striking "special supplemental food program" each place it appears and inserting "special supplemental nutrition program"; and

(D) in subsection (o)(1)(B), by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(2) CONFORMING AMENDMENTS.—

(A) The second sentence of section 9(c) of the Food Stamp Act of 1977 (7 U.S.C. 2018(c)) is amended by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(B) Section 685(b)(8) of the Individuals with Disabilities Education Act (20 U.S.C. 1484a(b)(8)) is amended by striking "Special Supplemental Food Program for Women, In-

fants and Children" and inserting "special supplemental nutrition program for women, infants, and children".

(C) Section 3803(c)(2)(C)(x) of title 31, United States Code, is amended by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(D) Section 399(b)(6) of the Public Health Service Act (42 U.S.C. 280c–6(b)(6)) is amended by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(E) Paragraphs (11)(C) and (53)(A) of section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) are each amended by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(F) Section 202(b) of the WIC Infant Formula Procurement Act of 1992 (Public Law 102–512; 42 U.S.C. 1786 note) is amended by striking "special supplemental food program" and inserting "special supplemental nutrition program".

(3) REFERENCES.—Any reference to the special supplemental food program established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) in any provision of law, regulation, document, record, or other paper of the United States shall be considered to be a reference to the special supplemental nutrition program established under such section.

SEC. 205. NUTRITION EDUCATION AND TRAINING PROGRAM.

(a) NAME OF PROGRAM.—Section 19 of the Child Nutrition Act of 1966 (42 U.S.C. 1788) is amended by striking "information and education" each place it appears in subsections (b), (c), (d)(1), (f)(1)(G), and (j)(1) and inserting "education and training".

(b) NUTRITION EDUCATION PROGRAMS.—The second sentence of section 19(c) of such Act (42 U.S.C. 1788(c)) is amended—

(1) in subparagraph (B), by striking "school food service" and inserting "child nutrition program";

(2) by striking "and" at the end of subparagraph (C); and

(3) by inserting before the period at the end the following: "; and (E) providing information to par-

202-224-2035

PATRICK LEAHY
CHAIRMAN

United States Senate
COMMITTEE ON
AGRICULTURE, NUTRITION, AND FORESTRY
WASHINGTON, D.C. 20510-6000

NEWS RELEASE

FOR IMMEDIATE RELEASE
October 7, 1994

Contact: Alicia Bambara
202/224-2035

CONGRESS PASSES LANDMARK CHILD NUTRITION BILL
SENATE UNANIMOUSLY PASSES LEAHY BILL, SENDS TO PRESIDENT

WASHINGTON, D.C. -- The Senate late last night unanimously approved landmark legislation, introduced last fall by Senator Patrick Leahy (D-VT), which makes major improvements in every federally funded child nutrition program.

"Child nutrition is a matter of our national interest -- children who eat well learn better and grow into healthy adults," said Leahy, Chairman of the Senate Committee on Agriculture, Nutrition, and Forestry. "The programs in this bill can save medical costs years down the road, and help create an educated and productive American workforce for the 21st Century."

School Lunch & Dietary Guidelines

"We serve 25 million school lunches every day," Leahy said, "and schools should set the right example for healthy eating habits and teach children the link between nutrition and health."

This law requires school meals to meet the Dietary Guidelines beginning in 1996 -- two years sooner than USDA's proposed regulations would mandate. This law will reduce the fat content of foods served to school children by over 20%, and it gives schools flexibility in the means by which they meet the Dietary Guidelines.

"This is an historic change," said Leahy. "For the first time in ever, schools will be mandated to comply with the federal Dietary Guidelines for Americans, including the guidelines regarding fat and saturated fat."

"Schools throughout the nation have already taken steps to improve school meals, and many are meeting the Dietary Guidelines in different and creative ways," Leahy said. "I want to encourage that kind of creativity, so that schools can find the way that works best in their individual situation."

Competitive Foods

"I have made sure that schools will now know their rights under the law about banning the sale of junk food," said Leahy. "The decision belongs to local school districts and states -- NOT Coca-Cola."

"I will continue to tell the Coca Cola Company and other junk food manufacturers and fast food chains that sugar, caffeine and fat do not make healthy children," Leahy said.

"Let parents tell school administrators and school board members whether they prefer that their children eat fruits and vegetables, or spend their lunch money on soft drinks and junk food," said Leahy.

Child Hunger

"Hunger is not a political issue, hunger is a moral issue," Leahy said. "We have a responsibility to protect children whose voice is often not heard in Congress."

"My bill expands and improves many essential programs that feed low income children who might otherwise go hungry," said Leahy.

This new law will expand a program which helps schools start up school breakfast programs, and it provides similar grants for summer food programs, so that children will not go hungry when school is out. It makes permanent and expands a program providing meals to homeless children under age six who live in shelters. It funds a pilot project to address infant abandonment by providing assistance and support to high-risk mothers.

WIC -- The Special Supplemental Food Program for Women, Infants and Children

"WIC is one of our nation's most successful nutrition and health programs, and saves far more in medical costs than it spends," Leahy said.

"WIC now serves over 4.5 million low-income women and children, and I will continue to push the Administration to fully fund this important and proven program," said Leahy.

Price-Fixing and Fraud

"We have put together a comprehensive nutrition bill that not only benefits children, helps low income families, and puts more food on tables, but also punishes corporations who rip off the system and cheat children," Leahy said.

"The law will debar companies from participating in the school lunch program if they are found guilty of price-fixing, bid-rigging, or defrauding schools in any way," said Leahy.

"We want USDA to demand accountability," Leahy said, "and we will be tough on profiteers who defraud American taxpayers."

Attached is a full summary of the legislation.

MAJOR PROVISIONS - S.1614
REAUTHORIZATION OF CHILD NUTRITION PROGRAMS

S. 1614 was introduced by Senator Patrick Leahy on November 2, 1993, passed by Congress and sent to President Clinton on October 6, 1994.

Senator Leahy received letters of support for his bill from the American Academy of Pediatrics, the American Heart Association, the American Cancer Society, the Children's Defense Fund, Public Voice for Food and Health Policy, the Center for Science in the Public Interest, the Food Research and Action Center and others.

PART I.
HEALTHIER MEALS FOR CHILDREN.

A. Ensures that school meals apply federal dietary guidelines for children.

The bill requires that schools apply the government's own Dietary Guidelines to school meals, including requiring that school meals contain an average of 30 percent of calories from fat and 10 percent from saturated fat. Meals will have to meet the Dietary Guidelines by the beginning of the 1996-97 school year, unless granted a waiver by the state education authority.

B. Helps schools meet the Dietary Guidelines.

The bill requires USDA to improve the nutritional value of commodities provided to schools and to label them with nutritional content information. The bill also provides technical assistance and training for school food service personnel in preparing meals which meet the Dietary Guidelines.

C. Helps schools teach proper nutrition and the link between nutrition and health.

The bill makes permanent the nutrition education and training program and increases nutrition education efforts directed at both students and parents.

D. Helps schools buy organically grown foods.

The bill authorizes grants to help schools purchase additional fruits and vegetables, and low-fat dairy and meat products, including organically produced products.

E. Helps those schools which want to ban the sale of junk foods.

The bill requires USDA to clarify current requirements regarding the sale of competitive foods of minimal nutritional value, including the authority of schools and school authorities to ban the sale of such foods. The bill requires USDA to recommend to elementary schools model language banning the sale of such foods before the end of the last lunch period.

PART II.
IMPROVING AND EXPANDING CHILD NUTRITION PROGRAMS.

A. Provides healthy meals to children during the summer.

The bill helps schools and communities offer the summer food service program by providing start-up grants to defray some of the costs of setting up a program. Summer food service participation is very low as compared to participation in the school lunch program: only 15 percent of the target population is being reached.

B. Promotes expansion of the school breakfast program.

The school breakfast program provides the right start for low-income children. A hungry child cannot pay attention in class and does not learn as well as a child who has eaten breakfast. The bill provides grants to help schools start-up or expand school breakfast programs.

C. Improves the child care food program.

With the dramatic increase in the need for child care to allow parents to work, the child and adult care food program has grown in importance. The bill extends the length of time for which a child and adult care food sponsor can be approved from 2 to 3 years, and increases outreach to unlicensed day care homes.

D. Helps prevent price-fixing and fraud in school meal programs.

The bill assists schools in identifying and preventing price-fixing and fraud in the purchase of products for use in school meal programs. It also establishes guidelines for USDA to debar companies which have been convicted of fraud regarding USDA programs.

PART III.
PREVENTING HEALTH PROBLEMS THROUGH WIC INVESTMENTS.

A. Reauthorizes the highly successful WIC program.

The bill reauthorizes the WIC program and changes its name to the Special Supplemental Nutrition [formerly Food] Program for Women, Infants and Children.

B. Expands breastfeeding promotion efforts in WIC.

The bill expands breastfeeding promotion in the WIC program, more than doubling the current requirement for state breastfeeding promotion expenditures. The health benefits of breastfeeding have been fully documented and include the immunological effects of breastmilk which cannot be duplicated in formula.

The bill sets aside funding based on a formula of $21 per pregnant and breastfeeding participant, adjusted for inflation. The bill also requires USDA to begin to collect WIC breastfeeding data, in order to better evaluate WIC breastfeeding promotion efforts.

C. Expands the WIC Farmers' Market Nutrition Program.

This program gives WIC mothers an additional voucher to use at farmers' markets for the purchase of fresh fruits, vegetables and other farm products not covered by the WIC program. However, current funding only allows half the States to participate in the program. The bill authorizes an increase in funding and makes administrative improvements in the program.

PART IV.
BETTER NUTRITION FOR HOMELESS AND NEEDY CHILDREN.

A. Feeds homeless children living in emergency shelters.

The homeless preschool nutrition program provides meals to homeless children living in shelters. GAO reports that 25,000 children under age 6 live in homeless shelters. Older brothers and sisters get fed by the school lunch and breakfast programs -- but younger children miss out. This program feeds them meals that USDA reports are "more balanced, more nutritious, and more frequently included fresh fruit, milk, vegetables and full-strength juices."

The bill provides a stable source of mandatory funding for this program. Currently, funding comes from "leftover" funds not used by states in the State Administrative Expenses account; however, the amount of leftover funds is shrinking and is expected to dry up in the next few years.

B. Establishes a pilot project for the prevention of boarder babies.

The bill provides grants to shelters for homeless pregnant women, infants and the mothers or guardians of those infants. The grants will provide for coordination with the WIC program, as well as additional food and nutrition education services.

The term boardor babies applies to babies that remain in the hospital even after they are medically able to leave. Building on the success of the WIC program, the goals of the project are to keep babies with their mothers, to get healthy babies out of the hospital sooner, to facilitate access to health care for homeless pregnant women and infants, and to teach homeless mothers about the importance of nutrition to health.

organization, unless the participation involves the provision of professional services or advice for compensation other than reimbursement for actual expenses.

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DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

7 CFR Part 246

Special Supplemental Food Program for Women, Infants and Children (WIC); Food Funding Formula Rule

AGENCY: Food and Nutrition Service, USDA.

ACTION: Final rule.

SUMMARY: This final rule amends regulations governing funding and funds allocation procedures for the Special Supplemental Food Program for Women, Infants and Children (WIC) in order to simplify and update the funding process in anticipation of a fully funded program. The amendments provide a greater share of funds to State agencies receiving comparatively less than their fair share of funds based on their WIC income eligible population, provide all State agencies with stability funding, adjusted for inflation, to the extent funds are available, and simplify the food funding allocation process by eliminating obsolete features.

EFFECTIVE DATE: This rule is effective on October 1, 1994.

FOR FURTHER INFORMATION CONTACT: Deborah McIntosh, Chief, Program Analysis and Monitoring Branch, Supplemental Food Programs Division, Food and Nutrition Service, USDA, 3101 Park Center Drive, Alexandria, Virginia 22302, (703) 305-2710.

SUPPLEMENTARY INFORMATION:

Executive Order 12866

This rule has been determined to be significant and was reviewed by the Office of Management and Budget under Executive Order 12866.

Regulatory Flexibility Act

This rule has been reviewed with regard to the requirements of the Regulatory Flexibility Act (5 U.S.C. 601-612). Pursuant to that review, the Administrator of the Food and Nutrition Service (FNS) has certified that this rule will not have a significant impact on a substantial number of small entities. The rule affects how the Department will calculate food grant allocations for WIC State agencies.

Paperwork Reduction Act

No new data collection or recordkeeping requiring Office of Management and Budget (OMB) approval under the Paper Reduction Act of 1980 (44 U.S.C. 3501 through 3502) are included in this final rule.

Executive Order 12372

The Special Supplemental Food Program for Women, Infants and Children (WIC) is listed in the Catalog of Federal Domestic Assistance Programs under 10.557 and is subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials (7 CFR Part 3015, Subpart V, and final rule-related notice published June 24, 1983 (48 FR 29114)).

Executive Order 12778

This final rule has been reviewed under Executive Order 12778, Civil Justice Reform. This rule is intended to have preemptive effect with respect to any state or local laws, regulations or policies which conflict with its provisions or which would otherwise impede its full implementation. This rule is not intended to have retroactive effect unless so specified in the "Effective Date" paragraph of this preamble. Prior to any judicial challenge to the provisions of this rule or the application of its provisions, all applicable administrative procedures must be exhausted. In the WIC Program, the administrative procedures are as follows: (1) local agencies and vendors—State agency hearing procedures issued pursuant to 7 CFR § 246.18; (2) applicants and participants—State agency hearing procedures issued pursuant to 7 CFR § 246.9; (3) sanctions against State agencies (but not claims for repayment assessed against a State agency) pursuant to 7 CFR § 246.19—administrative appeal in accordance with 7 CFR § 246.22; and (4) procurement by State or local agencies—administrative appeal to the extent required by 7 CFR § 3016.36.

Background

The WIC Program has consistently demonstrated its effectiveness in promoting the health and nutritional well-being of low-income women, infants and children at nutritional or medical risk, and has experienced large increases in its appropriation for the last several years. Due to its success, the WIC Program is likely to soon achieve "full funding" whereby it is estimated that all eligible women, infants and children who apply could obtain program benefits. In moving toward the full funding objective, the Department finds that its current food funding formula presents impediments to funding equity and is so complex it is difficult to execute and predict its results.

Historically, WIC has never had enough funds to serve all who are in need of, and eligible for, its benefits. Certain State agencies receive levels of funding that allow them to serve more of their eligible populations than others. The concept of full funding for WIC, as set forth by the Administration, does not guarantee unlimited funds nor does it establish the WIC Program as a federal entitlement program. As before, WIC must manage within a finite appropriation level. However, a fully funded WIC Program implies that the appropriation level will more adequately provide for all eligible persons who apply for benefits, and that each State agency should have an equal chance to serve their eligible population. Currently, many State agencies are serving lesser proportions of their WIC-eligible population than other State agencies. Therefore, the formula must support growth among State agencies which are now funded to serve a lesser proportion of their eligible population, as well as allocate funds fairly among all State agencies under a stable, fully funded program.

Therefore, to better prepare the WIC Program for full funding, the Department published a proposed rule on June 8, 1994 to revise the food funding formula in order to meet three major objectives: 1) to provide a greater share of funds to State agencies receiving comparatively less than their fair share of funds based on their WIC income eligible population; 2) to simplify the food funding formula and delete obsolete components; and 3) to maintain current services to eligible participants that State agencies are serving to the extent funds are available.

The proposed rule provided for a 60-day comment period, which ended on August 8, 1994. Thirty-six comment letters were received from a variety of sources, including State and local agencies, advocacy groups and other public interest groups. The Department has given all comments careful consideration in the development of this final rule and would like to thank all commenters who responded to the proposal.

Assumptions Under Full Funding

As explained in the preamble to the proposed rule, full funding is not intended to replace or discourage efficient and effective program management. Accordingly, mandatory

cost containment efforts recently undertaken must continue, and additional voluntary cost containment efforts are encouraged. Funds will continue to be allocated based on a national average food package cost as an incentive for State agencies to manage their food package costs more efficiently to serve more eligibles. Finally the commitment to WIC full funding can only be met if States continue to utilize risk-related eligibility criteria that are based on sound medical, nutritional and preventive health research. Income eligibility alone is not a sufficient condition for program eligibility.

Funding Formula Objectives

The funding process should assure each State agency a grant that allows it an equal opportunity to serve its fair share of eligible persons seeking WIC service by providing a food package suited to the participant's unique nutritional deficiencies, not to exceed the maximum food benefit allowed under regulations. This rule establishes a funding formula to meet this overall goal. The following is a discussion of each provision, as proposed, comments received on the proposal, and an explanation of the provisions set forth in this final rule.

1. Section 246.16(c)(1) Allocation Formula—Use of participation data in the formula.

The Department proposed to revise Section 246.16(c)(1) to eliminate the use of priority participation data or data reflecting State-funded participation for imputing the figures needed for the targeting components of the formula described in Section 246.16 (c)(3)(ii) and (c)(1)(ii)(A).

All commenters on this provision supported it as proposed. Therefore, the provision remains unchanged from the proposed rule.

2. Section 246.16(c)(3)(i) Allocation of stability funds.

Currently, in allocating funds to State agencies, first priority is given to maintaining each State's operating level as "stability funding". The stability component of a State agency's allocation is initially based on the amount of food funds received by each State agency in the prior fiscal year, adjusted to restore 50 percent of any grant funds voluntarily returned in the prior year. This base level is then adjusted to account for a portion of the inflation estimated for the upcoming fiscal year (except that Indian State agencies receive a full inflation adjustment).

The proposed formula retained this component with some modification. The principle of stability was maintained to help assure that each State agency would receive enough funds to support its current participation level. However, the proposed rule deleted the provision allowing a State agency the option to retain 50 percent of funds it returns before July 16 of any given year as a part of its stability grant the next fiscal year.

The majority of commenters addressing this issue opposed the provision and stated that the current 50 percent recovery credit should be maintained. The commenters indicated that eliminating the credit would be a disincentive for State agencies to return funds, thereby delaying the reallocation of unspent funds. Several commenters suggested maintaining the 50 percent credit for one year only. A few commenters were strongly in support of the provision to delete the 50 percent recovery credit.

The 50 percent credit was originally intended as an incentive for a State agency to return food funds that it could not spend, thereby making those funds available for reallocation to State agencies that needed additional funds. However, almost all State agencies which have elected to return funds under this provision have been those which were in danger of failing to spend at least 95 percent of their allocated food funds. Failure to achieve this expenditure level results in a specific decrease in the amount of food funds in the subsequent fiscal year. In these instances, State agencies simply returned the amount of funds necessary to ensure expenditures of at least 95 percent of their adjusted food grants. The Department no longer believes restoration of 50 percent of returned funds to State agencies in the next year is prudent. The restoration of these funds makes it possible for a State agency already receiving its fair share funding to retain funds it does not need. In addition, the credit effectively increases stability grants in the subsequent year by 150 percent of the amount of funds returned, since the State agencies returning funds receive a 50 percent credit in the subsequent year's stability grant, while the State agencies to which the returned funds are reallocated have their subsequent year's stability grants increased by the full amount of the reallocation. If there are increases in appropriation levels for the subsequent year, this additional liability can be funded. However, if funds in the subsequent year are not adequate to meet all stability grants, all State agencies share in a grant decrease to accommodate the 50 percent credit. Accordingly, to ensure equity, the 50 percent recovery credit is deleted in this rule.

3. Section 246.16 (c)(3)(i)(A) Inflation adjustment.

The current food funding formula uses a calculation referred to as the "targeted inflation factor". It was designed to provide an inflation adjustment proportionate to a State agency's service to the highest priority participants. Under this process, the full inflation increase is adjusted according to each State agency's percentage of participants in the top three priority level categories (Priority I-III women, infants and children at nutritional or medical risk). For instance, if 75 percent of a State agency's participation was in the Priority I to III participation categories, and the full inflation rate was 4 percent, that State agency would receive a targeted inflation rate of 3 percent applied against its prior year grant to determine its stability grant. An exception is made for Indian State agencies which receive full inflation.

The proposed rule took a more straight-forward approach by providing all State agencies with a full inflationary increase as long as funds are adequate to do so. If, however, the appropriation for any given year is insufficient to support prior year grant levels plus full inflation, the proposed funding formula would reduce State agency grants to allow for funds allocation within available funding. Those State agencies with under fair share allocations would receive first priority for any available inflationary increases, and State agencies at or above their fair share allocation for that fiscal year would receive second priority. The proposal sought to assure continued progress in increasing the grants of States that are under their fair share.

All of the commenters addressing this issue were opposed to this provision. The consensus was that if funds were insufficient to provide full inflationary increases, then all State agencies should take a prorata reduction for that fiscal year. The commenters were opposed to the two-tier concept and stated that small reductions in all State agency grants would be less disruptive to WIC operations than large cuts to a few State agencies.

The Department is persuaded by the concerns raised by commenters on this aspect of the proposed rule. Therefore, Section 246.6 (c)(3)(ii) in this final rule provides that in the event that funds are insufficient to support prior year grant levels plus full inflation, all state agencies would take a prorata reduction for that fiscal year.

4. Section 246.16 (c)(3)(i)(B) Migrant set-aside.

Section 17(g)(4) of the Child Nutrition Act of 1966 (42 U.S.C.

1786(g)(4)) provides that not less than 9/10 of one percent of the funds appropriated for the WIC Program be available first for services to migrant women, infants and children. The current regulations stipulated that the full 9/10 of one percent set-aside is to be subtracted from all States' stability grants and then added to stability grants of States that report serving migrants. Because these adjustments for the migrant set-aside become part of the base grant of stability funds for the next fiscal year, FNS found that stability grants were skewed over time, directly causing some State agencies to receive more than their fair share of funds while preventing other States from receiving their fair share. This distorting effect becomes even larger as over-all funding increases.

The rule proposed that for State agencies that serve migrants, a portion of the grant be designated for service to the migrant population. The designated amount would be based on prior year migrant participation reported by each State agency. By designating a target funding level, the migrant grant will not distort subsequent grant allocations, yet will establish service to this needy population as a priority. This is an approach similar to the one employed to target expenditures for breastfeeding promotion and support.

The Department believes that State agencies must estimate and accommodate such changes according to the information available from State and local sources. Therefore, it was proposed that, for planning purposes, expenditure targets would be established for both food grants and nutrition services and administration grants to insure that 9/10 of one percent of the appropriation is *made available* for service to migrants. State agencies would be expected to plan for migrant participants as now required in their State Plan of Operation and give priority service to migrant participants that arrive from another State agency seeking WIC services.

Most of the commenters supported this provision. However, two commenters thought the proposed change was unclear and implied additional reporting requirements. In addition, it was suggested that the methodology to be used be clarified.

The Department is not imposing any additional reporting requirements regarding migrant participants. State agencies will continue to report migrant participation as in past years. For purposes of clarity, the Department has deleted the last sentence in section 246.16(c)(3)(iv) of the proposed regulation which erroneously implied that migrant funds would be deducted from the State agency's stability allocation. Since this was not the intent of the regulation, this language was removed for clarification. The remainder of section 246.16(c)(3)(iv), which designates a migrant service expenditure target, is adopted final as proposed.

5. Section 246.16(c)(3)(ii) Allocation of residual funds.

Under the current rule, any funds remaining after stability grants are allocated are "residual funds". Residual funds are allocated under two components—"targeting" and "growth". The Department proposed eliminating the targeting component and modifying the growth component as discussed below.

"Targeting" Component for Food Funds (Section 246.16(c)(3)(ii)(A))

As explained in detail in the preamble, the targeting component is no longer needed to encourage service to Priority I participants, and is a barrier to achieving funding equity among State agencies. Therefore, the Department proposed the elimination of the targeting component to simplify the formula, and ensure greater funding equity based on each State agency's eligible population.

All of the commenters on this provision supported it, and the final rule retains the provision that would eliminate targeting as a consideration in funds allocation. However, five commenters stated that they would oppose the provision unless all States were guaranteed prior year funding levels plus full inflation if funds are available. In the event that funds are insufficient, the commenters wanted a prorata reduction for all States. These concerns were addressed above in the discussion of the stability allocation (Section 246.16(c)(3)(i)).

"Growth" Component for Food Funds (Section 246.16(c)(3)(ii)(B))

Under the current formula, after targeting funds are allocated, the remaining half of residual funds are allocated for "growth" within State agencies that have less opportunity to serve their eligible population compared to other State agencies. Growth funds are allocated based primarily on a "fair share" concept similar to that discussed earlier. To determine fair share funding, FNS used a mathematical equation to create an estimate of each State's eligible WIC population. The estimate began with each State agency's number of income eligibles, currently extracted from decennial census data. The estimate is adjusted slightly to account for State agency variations in infant mortality and low birth weight rates ("health indicators"). Also, women, infants and children served by the Commodity Supplemental Food Program (CSFP) are subtracted from this estimate for those States in which CSFP operates.

As explained below, the Department proposed retaining the "growth" component of the formula using only the estimate of income eligibles (with some adjustments) and deleting the use of health indicators. It was believed that this best defines each State agency's actual need for program funds and greatly simplifies the "fair share" equation. Each component and revision of the eligibles database for the fair share allocation provided in Section 246.16(c)(3)(ii) is discussed below.

Income Eligibles. Each State agency's estimate of WIC income eligible persons is based on data from the 1990 Decennial Census, which reflects population characteristics as of 1989. Although the Census data provides the most current State-by-State information, the Department recognizes that data which describe a population at a fixed point in the past may not accurately reflect recent and future socioeconomic and demographic trends. Accordingly, the Department is currently exploring other potential data sources for the state-level income eligibles estimates. The proposed rule did not establish or define the exact source of the eligibles database in order to allow for the use of the most timely and reliable data as it becomes available. This was supported by the majority of commenters who commented on the eligibles data.

Under the proposed rule, fair share funding allocations would be based on estimates of the State agency's eligible population at or below 185 percent of poverty rather than estimates of the fully-eligible population (persons income eligible and at nutritional risk). Unlike the national estimate of eligibles, State agency allocations are not adjusted for an estimate of fully eligible persons as nutritional risk standards vary by State agency and application of a "national" estimate would serve no useful purpose for funding allocation purposes. The State level income-eligible estimates were used to determine each State's proportion of the national total of WIC income-eligibles. Funding allocations are based on this *proportion*—not on the absolute number of estimated income eligibles in each State. Each State agency's fair share allocation thus depends on both its proportion of income eligibles and the

total amount of funds available nationally.

Most commenters stated that they concur with the proposed "fair share" concept, but that more timely updates of eligibles data are critical. Commenters consistently stated that the current data seriously under counts the number of WIC eligibles and they strongly encourage FNS to continue working on obtaining new and better estimates. However, two commenters stated that FNS should withdraw the current proposal until better data is obtained. One commenter maintained that Medicaid participants should be included in the estimates. One commenter proposed an alternative approach similar to fair share using a "full funding" concept. However, after much consideration of this particular alternative, the Department believes that it would impede under fair share State agencies progress in moving towards full funding. The Department will retain the fair share principle as proposed, using the best available indicators to determine each State agency's population of income eligibles. At the same time, the Department continues its commitment to develop more timely and accurate estimates of eligibles to be used in the WIC food funding formula.

Health Indicators. In the current formula, the calculation of each State's eligible WIC population, used to compute its fair share allocation, includes an adjustment for certain health indicators (infant mortality and low birth weight rates) in the food funding formula. As explained in the preamble to the proposed rule, the population targeted by the health indicators is now largely served. Moreover, as service to the highest risk participants has increased, the overall impact of the health indicators on the amount of food funds received by States has become negligible. Furthermore, the inclusion of the health indicators unduly complicates and reduces understanding of the food funding formula. Therefore, the Department proposed to eliminate the use of the health indicator adjustments. All commenters who commented on this provision were supportive of removing the health indicators from the formula. Therefore, this final rule retains the provision as proposed.

Adjustments for Higher Cost Areas

The current growth component also makes an adjustment for the higher food costs of four specific State agencies located outside of the continental United States (or Indian State agencies located within their borders). These State agencies currently are Alaska, Hawaii, Guam, and the Virgin Islands. The Department proposed to retain this adjustment, but to allow more flexibility than the current regulation. The majority of commenters supported the proposed provision. However, some commenters misinterpreted this provision to mean that State agencies or portions of State agencies (urban areas, rural areas, Indian Tribal organizations) within the continental United States (i.e., within the 48 contiguous States and the District of Columbia) that can document higher food costs should receive an adjustment. Other commenters specifically stated that Puerto Rico should be considered as an outlying State agency.

This rule retains the provision as proposed. However, the Department would like to clarify that the proposed provision was not intended to expand the adjustment for higher cost in areas to those State agencies located *within* the continental United States. At this time, there is no data to support adjustments for areas within the continental United States. With regard to Puerto Rico, although it is potentially eligible for this adjustment under the new provision, it must still demonstrate that it meets the requisite requirements set forth in Section 246.16(c)(3)(i)(B). In particular, it must document that economic conditions result in higher food costs, and that it has successfully implemented *voluntary* cost containment measures.

Adjustments for Indian Tribal Organizations (ITOs)

The growth allocation for the Indian Tribal Organizations has traditionally presented problems due to inadequate data regarding eligibles. The Department knows of no data source to resolve this problem. Therefore, it proposed to give FNS the authority to oversee negotiations between one or more ITOs and the geographic State agency or agencies in which the ITO is located. FNS could, acting independently or at the request of a State agency, involve affected State agencies in an agreement on the temporary or permanent transfer of funds. Negotiations could be conducted to shift funds among these State agencies to better reflect the actual service being provided by each of the State agencies.

Only a few commenters addressed this provision. The commenters were generally in favor of the provision but stressed that caution must be used in shifting funds from one State agency to another, particularly based on eligibles data that is questionable. In addition, there may be a misunderstanding that such grant adjustments will occur without input from all affected State agencies. The Department would like to clarify that any grant adjustments must be agreed upon by all State agencies involved, and by FNS. At no time would any affected State agency be left out of the negotiation process.

Additionally, since the proposed rule was published, it has been brought to our attention that negotiations may need to also take place between two or more ITOs not just between ITOs and geographic State agencies. The final rule has been modified to reflect this. In all other respects, it remains as proposed.

Commodity Supplemental Food Program

The Commodity Supplemental Food Program's (CSFP) service to low-income women, infants and children contributes to the Administration's goal of fully funding the WIC Program by the end of fiscal year 1996. The fiscal year 1995 budget request and out year budget targets assume CSFP women, infants and children participation will equal the authorized caseload level.

In those States where both CSFP and WIC operate, the current rule requires the subtraction from the WIC income eligible database of those participants (based on actual, average CSFP participation in the prior fiscal year) who are estimated as eligible for the WIC Program, but elect to receive benefits under CSFP. As CSFP is currently authorized to serve, in addition to WIC eligibles, 5 year old children and postpartum women from 6 months to 1 year postpartum, not all CSFP participants are categorically eligible for the WIC Program. Therefore, FNS assumes that one-fourth of the children and one-half of the postpartum women participating in CSFP are not eligible for the WIC Program. The balance of CSFP participants are subtracted from the WIC eligibles estimate.

The Department proposed to make three changes to this deduction from the WIC eligibles database. First, it proposed to modify the method for determining the number of CSFP women, infants and children to subtract from the WIC eligibles database. It proposed to base the deduction upon the authorized caseload for CSFP women, infants and children, rather than actual participation. Second, it proposed to base the deduction on the CSFP *caseload* authorized at the beginning of the caseload cycle of the prior fiscal year (generally announced on December 1). Finally, it proposed that the adjustment described above for those CSFP participants who are not also categorically eligible for WIC (postpartum women from 6 months to 1

year postpartum and 5 year old children) would no longer be made. The Department believed that utilizing the total CSFP caseload level for women, infants and children, rather than actual participation, more equitably accounts for the resources provided to a State agency to serve the WIC target population under CSFP. These changes were intended to ensure that States that do not have access to CSFP were not disadvantaged in their access to WIC funds when compared with States that operate both programs.

Uniformly, commenters were strongly opposed to reducing the WIC eligibles data by the CSFP caseload, particularly with no reduction for non-WIC eligibles participating in CSFP. Commenters felt that deducting CSFP caseload from the WIC eligibles would improperly reduce estimates of income eligibles. They also stated that it was inequitable to no longer adjust the deduction to account for non-WIC eligible CSFP recipients. Most commenters suggested retaining the method used in the current formula. However, several commenters suggested perhaps there are States that could report WIC eligibles actually served by CSFP and then that data could be used to determine income eligibles.

In view of the concerns raised by commenters, the Department has decided not to adopt the proposed rule. Instead, the method used in the current regulations for deducting the CSFP participants eligible for WIC from the WIC income eligible data base will be retained.

Performance Standard

The Department also proposed to revise the 95 percent performance standard which reduces the current year grant for any State agency that does not spend at least 95 percent of its food grant. The Department is concerned that expenditure of only 95 percent of the grant is too generous in the context of a fully funded program. While the Department is sympathetic to the difficulties of rapidly growing States in meeting the 95 percent expenditure level, State agencies with relatively stable funding and participation do not face the same difficulties. For State agencies at or exceeding their fair share level, expending less than the 95 percent of allocated food funds is likely to indicate they have funds they cannot use. The Department proposed to retain the 95 percent standard for State agencies receiving less than their fair share allocation, and to increase the performance standard to 98 percent for those at or over their fair share level.

The majority of commenters were adamantly opposed to two different performance standards for over and under fair share State agencies. Additionally, most commenters felt the 98 percent performance standard was much too stringent and unrealistic due to food cost fluctuations, infant formula rebates, variations in participation and other factors not directly controlled by the WIC State agency. In view of these comments, the final rule deletes the proposed two-tier performance standard for over and under fair share State agencies. However, the Department continues to be concerned that unspent funds be directed to States with documented need, especially as State demographic and socioeconomic situations fluctuate from year to year. This is particularly critical in a full funding environment. Therefore, the Department has decided to retain a uniform performance standard, and to gradually increase it over time. Accordingly, paragraph 246.16 (e)(2)(i) in the final rule establishes a 96 percent performance spending standard in fiscal years 1995 and 1996, and a 97 percent standard for fiscal year 1997 and beyond for all WIC State agencies.

Additionally, prior to applying the performance standard, the current regulations in section 246.16(e)(3)(i) allow for exclusion from the grant of food funds that are spent forward into a succeeding fiscal year as authorized by section 246.16(b)(3)(ii), and (iv) and (v). Since spentforward funds are merely unspent funds that the State agency can retain, the Department proposed that they should no longer be excluded when assessing spending performance. A few commenters opposed this provision, but the Department continues to believe that spendforward funds should not be deducted when calculating the performance standard. This deduction has led to the current situation in which there are significant amounts of unspent money moving from one fiscal year to another. If not rectified, this will compound the extreme pressure that will be placed on all Departmental discretionary spending in order to meet the commitment to WIC full funding. Therefore, the final rule retains this provision as proposed. Any food funds backspent under section 246.16(b)(3)(i) or converted to nutritional services and administration (NSA) funds under section 246.16(g) will continue to be excluded from the food grant for purposes of applying the performance standard. These two reductions are appropriate in that they reflect food funds actually expended in the current year, and not merely reserved for future use.

Summary of the Final Food Funding Formula

The foregoing has described the decisions reached on the proposed provisions. To ensure that the new formula in this final rule is fully understood, the following describes the allocation process and provides simplified examples of the funding process.

Fair Share Allocation Objective

The funding objective is to give each State agency its fair share allocation of funds to the extent funds are available. Funds available include funds appropriated for the fiscal year as well as unspent funds carried over from the prior fiscal year that State agencies have not retained under spendforward authority as provided in section 246.16 (b)(3)(ii). An example of a simplified fair share allocation is shown below. This example assumes that available funds total $5000, and the total number of income eligibles is 1000 persons.

State agency	Eligibles No.	Fair share percentage	Fair share allocation
A	200	20	$1,000
B	500	50	2,500
C	300	30	1,500
Total	1,000	100	5,000

Stability Allocation

Recognizing that State agencies may already have participants on the program supported with the grant funds each State agency received in the prior year, the formula strives to protect this service depending on total funds available. A stability allocation is provided to protect prior year grant levels contingent on availability of funds.

If funds are not adequate to fully fund prior year grants, all State agencies will receive a prorata reduction from their prior year grant level commensurate with the shortfall of available funds. If funds are available, each State agency would receive a stability allocation equal to its final authorized grant level as of September 30 of the prior fiscal year. If funds are still available, all State agencies will receive an inflation adjustment.

This inflation adjustment will reflect the anticipated rate of food cost increases as determined by the Department. Should funds be inadequate to fully meet this adjustment, each State agency will receive an equal percent inflation

increase as permitted by the amount of funds available.

Growth Allocation

If funds remain after the stability allocation, then these funds are provided for a "*growth allocation*". The growth allocation gives additional funds to each State agency which has an inflation-adjusted stability allocation which is less than its fair share allocation. The formula subtracts each State agency's current year stability allocation from its fair share allocation to determine the dollar shortfall. Each State agency's shortfall, as a percent of all State agency's shortfalls, yields its percent share of the funds available for the growth allocation.

Example of Formula Allocation Process

The example below describes allocation steps for stability and growth. First, all State agencies have received at least their prior year final grant, which totaled $4,500. As $5,000 is available to allocate in this case, funds are sufficient to do both stability and growth allocations.

1. *Stability Allocation.* All State agencies receive an inflationary increase, based on full inflation, to the extent permitted by available funding. In this example, available funding permits the entire inflationary increase:

State agency	Fair share	Prior year final grant	Inflation 3%	Stability grant
A	$1,000	$1,100	33	$1,133
B	2,500	2,000	60	2,060
C	1,500	1,400	42	1,442
Total	5,000	4,500	135	4,635
Funds remaining=$365				

2. *Growth Allocation.* Under fair share State agencies get a proportion of remaining funds based on the shortfall between their fair share allocation and stability grant. In the example below, the $365 available for growth funding is shared by States B and C according to their respective shortfalls from their fair share allocations.

State agency	Fair share	Stability grant	Shortfall	$ / Pct.	Funds rec'd	Final grant
A	$1,000	$1,133	NA	NA	NA	$1,133
B	2,500	2,060	$440	88	$322	2,382
C	1,500	1,442	58	12	43	1,485
Total	5,000	4,635	498	100	365	5,000
Funds remaining=$0						

If any funds allocated in the two steps above cannot be used and are declined by one or more State agencies, then these funds are allocated, using the method in Step 2, to the under fair share State agencies which have the ability to use more funds. If all funds are still not distributed, then these remaining funds would be allocated to State agencies which have a stability allocation which is *at or greater* than its fair share allocation. Each of these State agencies which can document the need for additional funds will be eligible to receive additional funds based on the difference between its stability allocation level and fair share allocation. State agencies closest to their fair share allocation shall receive first consideration. The Department recognizes that being at or over fair share is a statistical definition that may or may not accurately indicate the actual need for funding to serve all eligibles within that State. Therefore, over fair share States must have the opportunity to receive additional funds, should the funding be available.

For instance, in the example above, State A would be able to receive funds declined by State B or C. In this way, the precedence for funding will be to increase funding to under fair share State agencies to the extent possible, while still allowing State agencies that are over their fair share level to receive additional funds when a documented need for additional funds exists. Additionally, over fair share States must demonstrate effective efforts to control food package costs. All grants awarded through this process would become the basis of the following year's stability allocation.

List of Subjects in 7 CFR Part 246

Food assistance programs, Food donations, Grant programs—Social programs, Infants and children, Maternal and child health, Nutrition education, Public assistance programs, WIC, Women.

Accordingly, 7 CFR Part 246 is amended as follows:

PART 246—SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

1. The authority citation for part 246 continues to read as follows:

Authority: 42 U.S.C. 1786.

2. In § 246.16:

a. Paragraphs (c)(1), (c)(3) and (e)(2)(i) are revised; and

b. Paragraph (r) is redesignated as paragraph (p) and all internal references to the redesignated paragraph are revised. The revisions read as follows:

§ 246.16 Distribution of funds.

* * * * *

(c) *Allocation formula.* * * *

(1) *Use of participation data in the formula.* Wherever the formula set forth in paragraphs (c)(2) and (c)(3) of this section require the use of participation data, the Department shall use participation data reported by State agencies according to § 246.25(b).

* * * * *

(3) *Allocation of food benefit funds.* In any fiscal year, any amounts remaining from amounts appropriated for such fiscal year and amounts appropriated from the preceding fiscal year after making allocations under paragraph (a)(6) of this section and allocations for nutrition services and administration (NSA) as required by paragraph (c)(2) of this section shall be made available for food costs. Allocations to State agencies

for food costs will be determined according to the following procedure:

(i) *Fair share allocation.* (A) For each State agency, establish a fair share allocation which shall be an amount of funds proportionate to the State agency's share of the national aggregate population of persons who are income eligible to participate in the Program based on the 185 percent of poverty criterion. The Department will determine each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty, through the best available, nationally uniform, indicators as determined by the Department. If the Commodity Supplemental Food Program (CSFP) also operates in the area served by the WIC State agency, the number of participants in such area participating in the CSFP but otherwise eligible to participate in the WIC Program, as determined by FNS, shall be deducted from the WIC State agency's population of income eligible persons.

(B) The Department may adjust the respective amounts of food funds that would be allocated to a State agency which is outside the 48 contiguous states and the District of Columbia when the State agency can document that economic conditions result in higher food costs for the State agency. Prior to any such adjustment, the State agency must demonstrate that it has successfully implemented voluntary cost containment measures, such as improved vendor management practices, participation in multi-state agency infant formula rebate contracts or other cost containment efforts. The Department may use the Thrifty Food Plan amounts used in the Food Stamp Program, or other available data, to formulate adjustment factors for such State agencies.

(ii) *Stability allocation.* If funds are available, each State agency shall receive a stability allocation equal to its final authorized grant level as of September 30 of the prior fiscal year plus a full inflation increase. The inflation factor shall reflect the anticipated rate of food cost increases as determined by the Department. If funds are not available to provide all State agencies with their full stability allocation, all State agencies shall receive a prorata reduction from their full stability allocation as required by the short fall of available funds.

(iii) *Growth allocation.* (A) If additional funds remain available after the allocation of funds under (c)(3)(ii) of this section, each State agency which has a stability allocation, as calculated in paragraph (c)(3)(ii) of this section, which is less than its fair share allocation shall receive additional funds based on the difference between its stability allocation and fair share allocation. Each State agency's difference shall be divided by the total of the differences for all such State agencies, to determine the percent share of the available growth funds each State agency shall receive. In the event a State agency declines any of its allocation in paragraph (c)(3)(ii) of this section or this paragraph, the funds declined shall be allocated to the remaining State agencies which are still under their fair share.

(B) In the event funds still remain after completing the distribution in paragraph (c)(3)(iii)(A) of this section, these funds shall be allocated to all State agencies including those with a stability allocation at, or greater than, their fair share allocation. Each State agency which can document the need for additional funds shall receive additional funds based on the difference between its prior year grant level and its fair share allocation. State agencies closest to their fair share allocation shall receive first consideration.

(iv) *Migrant services.* At least 9/10 of one percent of appropriated funds for each fiscal year shall be available first to assure service to eligible members of migrant populations. For those State agencies serving migrants, a portion of the grant shall be designated to each State agency for service to members of migrant populations based on that State agency's prior year reported migrant participation. The national aggregate amount made available first for this purpose shall equal 9/10 of one percent of all funds appropriated each year for the Program.

(v) *Special provisions for Indian State agencies.* The Department may choose to adjust the allocations and/or eligibles data among Indian State agencies, or among Indian State agencies and the geographic State agencies in which they are located when eligibles data for the State agencies' population is determined to not fairly represent the population to be served. Such allocations may be redistributed from one State agency to another, based on negotiated agreements among the affected State agencies approved by FNS.

* * * * *

(e) *Recovery and reallocation of funds.*

* * * * *

(2) *Performance standards.* * * *

(i) The amount allocated to any State agency for food benefits in the current fiscal year shall be reduced if such State agency's food expenditures for the preceding fiscal year do not equal or exceed 96 percent of the amount allocated to the State agency for such costs for fiscal year 1995 and fiscal year 1996 and 97 percent for fiscal year 1997 and beyond. Such reduction shall equal the difference between the State agency's preceding year food expenditures and the performance expenditure standard amount. For purposes of determining the amount of such reduction, the amount allocated to the State agency for food benefits for the preceding fiscal year shall not include food funds expended for food costs incurred under the spendback provision in paragraph (b)(3)(i) of this section or conversion authority in paragraph (g) of this section. Temporary waivers of the performance standard may be granted at the discretion of the Department.

* * * * *

Dated: September 30, 1994.

Ellen Haas,

Assistant Secretary for Food and Consumer Services.

[FR Doc. 94-24673 Filed 10-4-94; 11:08 am]

BILLING CODE 3410-30-U

Agricultural Marketing Service

7 CFR Part 906

[Docket No. FV94-906-2FR]

Oranges and Grapefruit Grown in the Lower Rio Grande Valley in Texas; Revision of Special Purpose Exemption Provisions

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: This final rule revises the administrative rules and regulations in effect under the Texas citrus marketing order. The revision eliminates the provision which exempts fruit handled for home use from the order's grade, size, pack, container, inspection and assessment requirements. This rule will help prevent unauthorized shipments of uninspected citrus from being shipped out of the production area. Individuals will continue to be able to handle up to 400 pounds of citrus per day exempt from order requirements which should be sufficient for fruit purchased for home use.

EFFECTIVE DATE: November 7, 1994.

FOR FURTHER INFORMATION CONTACT: Belinda Garza, McAllen Marketing Field Office, Fruit and Vegetable Division, AMS, USDA, 1313 East Hackberry, McAllen, Texas 78501, telephone: (210) 682-2833; or Charles L. Rush, Marketing Order Administration Branch, Fruit and Vegetable Division, AMS, USDA, P.O.

WIC PROGRAM
FOOD FUNDING FORMULA RULE

Proposed Rule	Final Rule
§246.16(c)(1) Allocation Formula-Use of Participation Data in the Formula Eliminates the use of priority participation data or data reflecting State-funded participation for imputing figures needed for the targeting component of the formula.	No change from the proposal.
§246.16(c)(3)(i) Allocation of Stability Funds Deletes the provision allowing a State agency the option to retain 50% of funds it returns before July 16 as part of its stability grant the next fiscal year.	No change from the proposal.
§246.16(c)(3)(i)(A) Inflation Adjustment Deletes the complicated targeted inflation process and instead provides all State agencies with a full inflationary increase as long as funds are adequate to do so. If funds are limited, State agencies with under fair share allocations receive first priority for any available inflationary increases, and those State agencies at or above their fair share allocation for that fiscal year receive second priority.	No change from the proposal. When the appropriation is inadequate to support full inflation, there will be a prorata reduction for all State agencies for that fiscal year.

Proposed Rule	Final Rule
§246.16(c)(3)(i)(B) Migrant Set-Aside For State agencies that serve migrants, a portion of the grant will be designated for service to the migrant population. The designated amount would be based on prior year migrant participation reported by each State agency. A State agency would not be penalized for not fully spending the portion of its grant designated for migrants as this would be to the detriment of other needy participants waiting for service. The expenditure targets will be established for both food grants and nutrition services and administration grants to insure that 9/10 of one percent of the appropriation is made available for service to migrants as required by law.	No change from the proposal.
§246.16(c)(3)(ii) Allocation of Residual Funds Eliminates the targeting component and modifies the growth component as discussed below.	No change from the proposal.

Proposed Rule	Final Rule
§246.16(c)(3)(ii)(B) "Growth" Component for Food Funds Retain the "growth" component of the formula using only the estimate of income eligibles (with some adjustments) and deleting the use of health indicators.	
Income Eligibles The Department will determine each State agency's population of income eligible persons through the best available indicators as determined by the Department. The Department will continue to explore potential data sources for the state-level income eligibles estimates that more accurately reflect recent and future socioeconomic and demographic trends than the 1990 Decennial Census.	No change from the proposal.
Health Indicators Eliminates the use of the health indicator adjustments.	No change from the proposal.

Proposed Rule	Final Rule
Adjustments for Higher Cost Areas Retains the adjustment for the higher food costs of State agencies located outside the continental United States (Alaska, Hawaii, Guam, and the Virgin Islands), but allows the Department more flexibility to use available economic data that measures and documents higher costs, to construct adjustment factors for other particular outlying State agencies. Consideration of such adjustments would be predicated on the condition that State agencies with higher food costs aggressively pursue cost containment initiatives.	No change from the proposal.

Proposed Rule	Final Rule
Adjustment for Indian Tribal Organizations FNS is given authority to organize and oversee negotiations between the Indian State agency (or agencies) and the geographic State agency (or agencies) in which the Indian State agency is located. FNS could, acting independently or at the request of a State agency, involve affected State agencies in an agreement on the temporary or permanent transfer of funds. Negotiations could be conducted to shift funds among these State agencies to better reflect the actual service being provided by each of the State agencies.	No change to the proposal.

Proposed Rule	Final Rule
Commodity Supplemental Food Program Modifies the method for determining the number of CSFP women, infants and children to subtract from the WIC eligibles baseline. The deduction will be based on the authorized CSFP women, infants and children caseload level. The deduction will be based on the CSFP caseload authorized at the beginning of the caseload cycle of the prior fiscal year (generally announced on December 1). The adjustment for those CSFP participant who are not also categorically eligible for WIC will no longer be made.	Retain deduction process outlined in the current regulations.
§246.16(e)(2)(i) Recovery and Reallocation of Funds Revises the current performance standard calculation. A 95% performance standard will be applied to State agencies receiving less than their fair share allocation, and a 98% standard for those at or over their fair share level.	Revise to apply a single performance standard for all State agencies of 96% for fiscal years 1995 and 1996 and 97% for fiscal year 1997 and beyond.
Deletes the provision which allows for the exclusion from the grant, food funds that are spent forward into succeeding fiscal year prior to applying the performance standard.	No change from the proposal.