

May 27, 2011

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Jack Kingston
Chairman, Subcommittee on Agriculture
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Sam Farr
Ranking Member, Subcommittee
on Agriculture
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen and Ranking Members:

On behalf of the chief state and local health officials who administer the Women, Infants, and Children (WIC) program across our nation and territories, we are writing to express our serious concern with the proposed \$832 million funding reduction to the WIC program in the FY 2012 Agriculture Appropriations bill. Coupled with the \$523 million reduction in FY 2011, the WIC program is now facing a devastating \$1.355 billion loss. Sources estimate that potentially 325,000 to 475,000 low-income women and young children would be denied the benefits and services from this critical program with the FY 2012 reductions alone. However, until we understand the full impact of these cuts, the number of eligible individuals turned away could be much higher than these estimates suggest.

Since 1972, WIC has improved the health of millions of low-income women, infants, and children, with over nine million served in 2010. Studies show 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. In a five-state study, every dollar spent on pregnant women in WIC saved Medicaid \$1.92 to \$4.21 in costs in enrolled mothers and their newborns. Breast-fed infants enrolled in WIC save over \$475 in additional WIC costs and Medicaid expenditures combined during the first six months of life. WIC participation was also linked with a reduction in preterm birth, low birthweight, and infant mortality. Low birthweight infants account for 8 percent of births, but 56.6 percent of total hospital costs. Many costs of preterm and low birthweight births continue into childhood. According to studies, early intervention services for preterm births in Massachusetts cost \$1,200 more than for term infants. If 9 percent of low birthweight infants were born at the appropriate weight, the state of Florida could save \$1 million per year in kindergarten costs.

Research also shows that poor nutrition during a baby's first five years will drastically affect that child for the rest of its life. The lack of healthy foods during early childhood increases the chance of anemia, inhibits a child's ability to learn, and adds to overall health care costs.

Access to healthy foods, referrals for health care and social services, and proper nutrition education equates to a healthier population, in turn easing the burden of health care costs to state and federal governments.

Unlike other key low-income nutrition programs, such as the Supplemental Nutrition Assistance Program (SNAP) and school lunches, eligible WIC recipients have no entitlement to benefits. If funds are insufficient, applicants are put on a waiting list for services. The exact number of people that the proposed funding level could serve will depend, in part, on food prices — the higher the prices for the foods that WIC provides, the fewer participants a given funding level can serve. Food prices have been rising relatively rapidly in recent months and are expected to continue doing so. According to the Bureau of Labor Statistics, food costs have increased 3.9 percent from April 2010 to April 2011, and are forecasted to increase another 3 to 4 percent over 2011.

Cutting the WIC program will compromise the vitality of our public health system, and potentially endanger the health of the nine million women, children, and infants that rely on the program for basic services and essential food needs. Budget cuts at all levels of government are jeopardizing the significant gains that state and territorial health agencies have made over the past decade. State agencies have been forced to terminate critical programs and reduce staffing levels in response to funding reductions. From 2008-2010, more than 44,000 jobs were lost in state and local health departments, reducing staff such as public health physicians and nurses. These job losses represent 14 percent of the state health workforce and 20 percent of the local health workforce.

As you move forward to develop FY 2012 spending bills, we urge you to maintain support for important safety-net programs such as WIC and other priority nutrition and food safety programs to achieve the goals of a healthier, more productive nation.

Sincerely,

Association of State and Territorial Health Officials
Association of Maternal and Child Health Programs
Association of Public Health Laboratories
Association of State and Territorial Dental Directors
Association of State and Territorial Directors of Nursing
Association of State and Territorial Public Health Nutrition Directors
Council of State and Territorial Epidemiologists
Directors of Health Promotion and Education
National Association for Public Health Statistics and Information Systems
National Association of Chronic Disease Directors
National Association of County and City Health Officials
National Association of State EMS Officials

CC: Members of the House Committee on Appropriations