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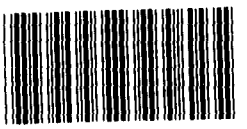

Statement of
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before the
Subcommittee on Nutrition
of the
Senate Committee on Agriculture,
Nutrition, and Forestry
on the
General Accounting Office's
Review of the Special Supplemental Food Program
for Women, Infants, and Children (WIC)

Mr. Chairman and Members of the Subcommittee:

We are here today at your invitation to discuss the results of our review of the Department of Agriculture's WIC Program, which provided supplemental foods and nutrition counseling to 3 million participants at a cost of $1.36 billion in fiscal year 1984. These participants comprised pregnant and postpartum women, infants (up to 1 year of age), and children (1 to 5 years of age) who met specified income criteria (not to exceed 185 percent of Office of Management and Budget proverty guidelines) and were judged by a competent professional authority to be at nutritional risk. According to some estimates based on 1980 census data and other information, these participants represented about one-third of the national WIC-eligible population. Balancing this eligibility potential against efforts to stem federal spending, we sought

to identify ways to make the best use of limited WIC resources though improved program management practices.

Our draft report is presently with the Department of Agriculture for comment. Copies have been requested by, and given to, this subcommittee's parent committee and to a subcommittee of the House Committee on Government Operations. As soon as we receive and analyze Agriculture's written comments, the report will be made final and issued.

Under the overall direction of Agriculture's Food and Nutrition Service, the WIC Program is typically administered at the state and local levels by public health agencies or human service organizations. Because WIC must operate within congressional funding levels and not all who may be eligible can be served, it is important to ensure that program resources are used effectively. We found, however, that WIC benefits were not routinely being targeted on a priority basis to eligible individuals who program officials believe are inherently the most vulnerable and therefore stand to benefit most from WIC. We also found that program resources could be used more effectively if nutritional risk criteria were more uniform and stringently applied, income eligibility procedures were strenghtened, and WIC funding patterns and practices were changed.

TARGETING BENEFITS

On the matter of targeting, the Food and Nutrition Service has not emphasized targeting as a major policy objective, and WIC agencies are required to target program benefits to the most vulnerable only when the agencies reach maximum caseload--that is, the highest participation level that available funds will support. Consequently, WIC agencies are not required to target when funds are available to increase enrollments.

Our discussions with WIC program officials and other nutritional and health experts showed a consensus that pregnant women (especially adolescents), infants (especially those born prematurely), breastfeeding women, and postpartum adolescents should be the highest priority targets because they are the most vulnerable during critical periods of growth and development. Of the children, those 1 and 2 years old were considered to be more vulnerable than 3-to-5-year-olds.

Our sampling of casefiles at 20 clinics in five states (California, Nevada, Minnesota, Illinois, and Pennsylvania) showed that less than half (48 percent) of the combined clinics' participants were pregnant or breastfeeding women or infants--the most vulnerable groups. At the clinics in two states that had given special emphasis to targeting, over 60 percent of the caseloads consisted of those groups. The percentages for the other three states' clinics ranged from 35 to 40.

Most WIC officials that we talked with said they supported giving increased and continuous attention to serving those who are the most vulnerable. Some WIC agencies had already taken steps to do this. For example, one state had a targeted outreach campaign stressing WIC as a nutrition intervention program for pregnant women and infants.

Service officials, while generally supporting increased targeting, said that WIC legislation does not require continuous, systematic targeting and that such action might be legally challenged. We believe, however, that targeting is consistent with WIC's objectives and is feasible within the Service's authority and management discretion.

Our draft report points out that the Secretary of Agriculture should (1) emphasize targeting as a major policy objective, (2) assess and include in its management evaluations states'

targeting performance, (3) help states to develop targeted outreach and more effective medical referral systems, and (4) encourage states to consider targeting in evaluating local WIC agencies and selecting new ones.

NUTRITIONAL RISK CRITERIA AND STANDARDS

With regard to the basis used to judge whether applicants are at nutritional risk and therefore meet this eligibility requirement, the Service lets each WIC state agency establish and apply its own criteria within broad Service guidelines. Under this authority, state agencies have established their own criteria and associated standards relating to medical factors such as anemia and high blood pressure, and to other more subjective factors such as inadequate dietary patterns, inappropriate feeding practices, and prevention of regression to a previous risk condition. Program officials we talked with generally agreed that two factors in particular--inadequate dietary pattern and risk of regressing to a previous risk condition--are the least reliable as indices of nutritional risk and have potential for variability and overuse.

Inadequate dietary pattern commonly relates to applicant-reported information on what WIC certifiers judge to be inadequate consumption of important foods, unsound dietary habits, overconsumption of certain substances such as fats and salts, and excessive caloric intake--conditions widespread in U.S. society. Service dieticians and nutritionists and many WIC state and local officials we talked with expressed misgivings about using the dietary pattern factor as the sole basis for certifying nutritional risk. Their concerns included the general imprecision of applicants' recalling the specific foods they or their children ate in a preceding 24-hour period and the incentive that applicants have to provide whatever information will enable them to obtain WIC benefits. In the states we visited, the greatest

reliance on this factor by the four clinics we checked in each state was 36 percent of the latest eligibility certifications; the least was 9 percent.

The other less reliable nutritional risk factor, risk of regression, does not relate to existing problems but to previous conditions that might recur. Service guidance says that use of this factor should be limited and that it is generally more important to serve those already at nutritional risk than those who may possibly revert to that status. Individually, the 20 clinics' use of the regression factor as a sole basis for certifying nutritional risk ranged from 0 to 15 percent of their latest eligibility certifications. Service nutritionists said that use of the regression factor must be watched to guard against overuse.

We also believe there is a need to refine and make more uniform other nutritional risk criteria for which different states have different standards for judging nutritional risk. Such standards include those related to anemia, frequent colds, age of adolescents, and smoking. We raised similar concerns in a 1979 report which pointed out that, because of differences in nutritional risk criteria and standards established by the states, a WIC applicant could be considered eligible in one state but not in another depending on the risk factor and standard applied--an inequitable situation.

The states we visited also varied in the amount of evidence they required to establish risk conditions such as frequent colds. Some simply accepted the participant's word; others required documentation.

Our draft report points out that the Secretary should reappraise and restrict the use of certain subjectively determined risk factors--notably the inadequate dietary pattern and prevention of regression factors; require that uniform and soundly based

risk standards be developed and consistently applied nationwide; and require that nutritional risk conditions be documented.

INCOME ELIGIBILITY

Regarding income eligibility, the Service has not established specific guidance for documenting and verifying applicants' reported income and family size. State and local procedures in this regard varied and, in some cases, were not sufficient, in our opinion, to ensure that only income-eligible individuals obtained WIC benefits. Most state and local agency officials we contacted agreed that the procedures need to be strengthened.

Applicants' income eligibiliity is automatic if they participate in other programs, such as the Food Stamp and Medicaid Programs, that are considered to have income limits and screening procedures at least as rigorous as WIC's. About one-third of the participants were automatically certified in this way at the clinics we visited. The others were certified on the basis of reported income--some of which was based soley on applicants' statements.

States' policies on obtaining and retaining income documentation also varied. At some of the local clinics we visited, the casefiles did not contain any income documentation; at others, most of the casefiles contained documentation. The accuracy and completeness of unsupported income information provided by applicants was rarely verified. In the case of family size, clinics generally relied solely on applicants' declarations, without requiring any documentation or verification.

Some state WIC officials that we talked with said that pregnant women should be counted as two persons to facilitate targeting to this highly vulnerable group during the prenatal period. According to Service guidance, however, a pregnant woman is to be

counted as one person for income eligibiliity purposes. Some proponents of counting a pregnant woman as two persons give the example of a pregnant woman who is not eligible for WIC because of income but who would become income-eligible immediately after giving birth, due to increased family size at the same income level. The proponents point out that by the time the infant is born, both the mother and infant may have health problems which might have been prevented or mitigated if the mother had been in WIC during pregnancy.

Our draft report points out that the Secretary should require documentation of the sources and amounts of WIC applicant income and family size, and have the Service specifically check on compliance with such requirements during its management evaluations. Our draft report also states that the Service should (1) study whether the unique health promotion emphasis of WIC and the enhanced potential for benefit from WIC participation justifies differential treatment of pregnant women in determining family size under program income criteria, (2) assess what impact such a change would have on program participation and caseload composition, and (3) consult with pertinent congressional committees on any action that may be indicated.

FUNDING PRACTICES

Court directives on spending WIC funds and legislative funding initiatives have caused spurts of rapid WIC program growth and alternative periods of maintaining existing caseloads. These initiatives, combined with Service actions required by law to recover states' unspent WIC funds and reallocate them to other states, have led to management and spending pressures that have worked against targeting and orderly, effective caseload management. Local agency staff told us that when substantial growth funds become available and/or when fund reallocations provide additional funds, WIC frequently becomes "a numbers game" where the number of

applicants enrolled becomes more important than their relative vulnerability and need for WIC. State and local officials we talked with said that states should be permitted to carry over their unspent WIC funds (up to a certain limit) from one year to the next. Several Service management initiatives regarding how WIC funds are allocated to, and managed by, state and local agencies hold promise for improving the funding process and bringing more stability to the program's management.

As a way to bring greater stability and predictability to WIC Program funding, our draft report points out the need for the Secretary to propose legislation to eliminate the requirement for periodic recapture and reallocation of unused WIC funds, and to authorize state agencies to carry over their unspent WIC funds (up to a certain limit) to the next year.

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In discussions of our draft report with Service officials, they agreed that we had identified some of the more important management issues facing the WIC Program. They concurred with our conclusions and with the general tenor of our proposed recommendations. Service officials were somewhat reticent on the details of specific draft recommendations because they anticipated receipt of a final report on a major WIC evaluation, as well as other program evaluation research reports bearing on program management policy. They were of the opinion, however, that the descriptive statistics and general substance of the draft report and its proposed recommendations would be useful to the department and the Congress.

This concludes my statement, Mr. Chairman. We will be glad to respond to any questions you may have.