

END HUNGER CONNECTICUT! Inc.

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Testimony Regarding
**S.B. 688: An Act Concerning State Enhancement to the Federal Supplemental
Food Program for Women, Infants and Children**

February 21, 2007

Good Day, Senator Handley, Representative Sayers and members of the Public Health Committee. My name is Sally Mancini and I am the Assistant Director of End Hunger Connecticut!, a statewide anti-hunger and food security organization, with over 1,000 members, many who are emergency food providers. I am here today to speak in favor of S.B. 688: An Act Concerning State Enhancement to the Federal Supplemental Food Program for Women, Infants and Children (WIC).

The WIC program is a preventative nutrition program that provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk. To be eligible for participation in the WIC program an individual must be (1) low-income with a household income below 185% of the federal poverty level; (2) nutritionally at risk, as evaluated by a health professional and (3) a pregnant or postpartum woman, or an infant, or a child under five.

Participants are provided with a monthly food package tailored to enhance their health and nutritional needs which includes vitamins and mineral content usually missing in a low-income diet. Children who receive WIC food packages have lower incidences of iron-deficiency anemia. This is vitally important as anemia affects a child's ability to learn, as well as decreases motor development and creates an increase to susceptibility to lead poisoning.

It is also one of the most effective nutrition programs in the federal arsenal to defeat food insecurity and related outcomes. It is estimated that every dollar spent on WIC results in a savings of between \$1.77 and \$3.13 in Medicaid cost to newborns and their mothers. That cost estimate does not include the future savings in successfully preventing overweight and ensuing diseases, in young children – creating healthy habits in early life. Additionally, a University of California and RAND study showed that WIC participation improved birth outcomes by reducing low birth weight by 29% and very low birth weight by half. This is significant as low and very low birth weight babies are at significant risk for lower earnings, education status and employment rates as adults.

The current Connecticut WIC program is in a state of flux. Recently the Department of Public Health (DPH) issued a Request for Proposal (RFP) from local agencies administering the program. The RFP is due next week. DPH proposes to decrease the WIC service areas from seventeen to twelve under this new proposal. This means that some programs will expand to cover a broader territory and others will in essence be taken over. While on its face this may not seem like a significant change, End Hunger Connecticut! is concerned about the possible decline in service and office presence that comes with program expansion coupled with less than adequate funding.

As you will see from the handout attached to my testimony, participation in the WIC program in Connecticut is stagnating. The WIC program is federally funded, but not as an entitlement. It is constantly under significant monetary pressure. Federal funding is directly tied to participation levels. If Connecticut's program does not grow we can expect level funding for the program. This is difficult on many levels, but especially for the local WIC offices that feel the strain of increased healthcare costs and wages for workers, among other costs that continue to rise every year. To further illustrate this point, the new RFP actually provides less funding, only 6.5M/year for the local WIC offices, as compared to three years ago when the funding level was 7M/year.

Connecticut currently puts no state funding into the program. The \$500,000 in funding proposed in this bill should be directly tied to increasing participation and providing frontline WIC staff with the resources they need to do their job. Many states understand the importance of WIC and put additional funding into the program. Massachusetts contributed \$12.4 million solely to front line operations during each of the last two fiscal years, and New York contributed approximately \$20 million per year during the same period.

We also propose that a WIC Advisory Council be created to oversee the WIC program and provide direct guidance to the Department of Public Health on issues pertaining to participation and access to services. This Advisory Council should be governed by specific goals, including targeted increases in participation and documenting and overcoming barriers to access. End Hunger Connecticut! recommends that the following individuals be asked to participate in the Advisory Council: Chair(s) of the Public Health Committee, Department of Public Health staff, Commission on Children, local WIC directors, WIC recipients, an anti-hunger organization, and nutrition educators.

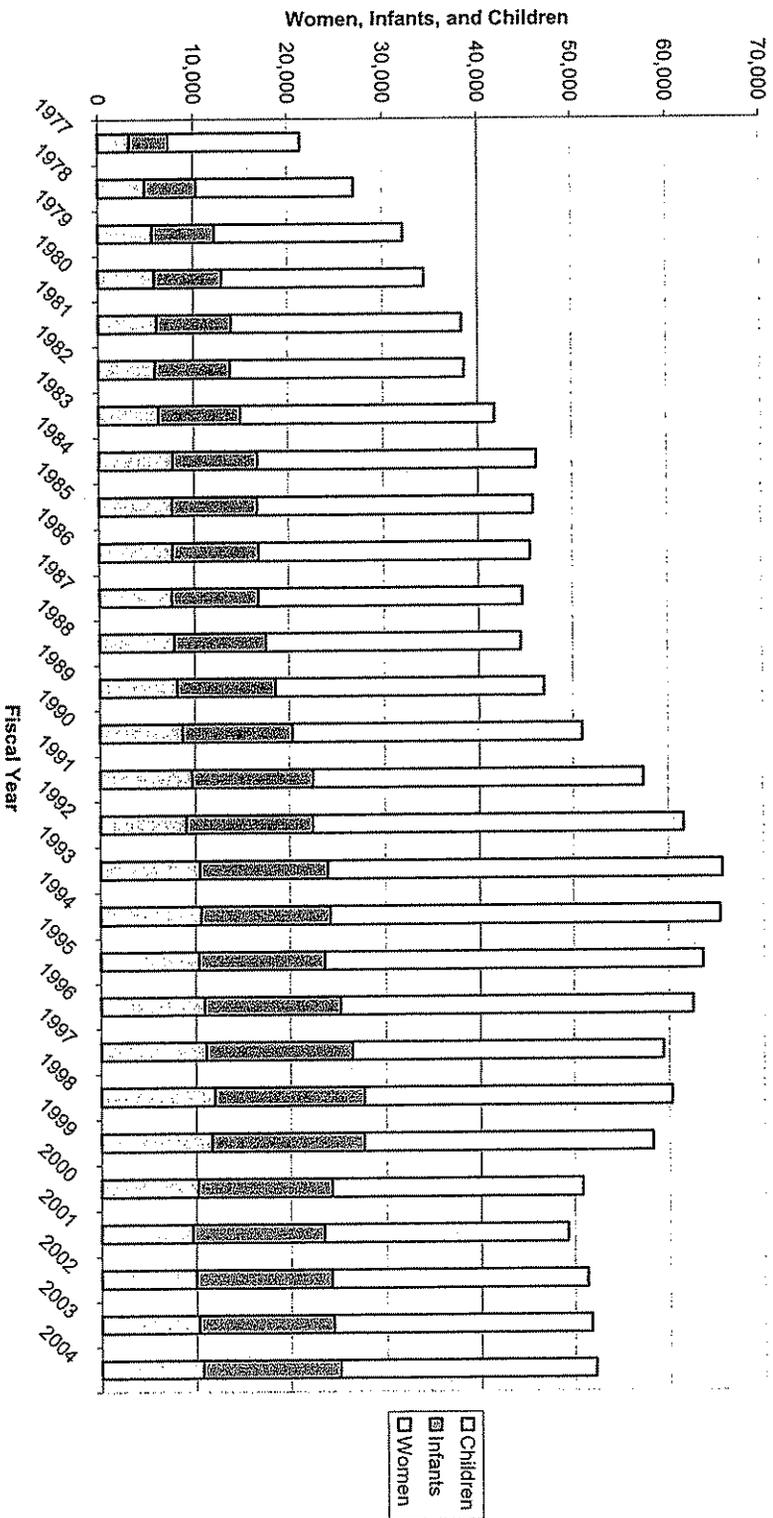
The WIC program provides a vital, nutritional support system to women and children in our state. We ask that you support **SB 688**.

Thank you.

The Connecticut WIC Program

Since 1974, the WIC Program has provided much needed nutrition and health benefits to low-income women, infants, and children in Connecticut. The Connecticut WIC program began by serving 5,979 participants in 1974 and has grown to serve 52,130 participants in 2004. The WIC program provides participants with supplemental foods through a monthly package tailored to meet their special dietary needs. WIC Nutrition Services and Administrative funds support WIC's excellent nutrition education, which includes a focus on encouraging healthy eating and activity habits, supporting breastfeeding mothers, and providing information on how to shop for nutritious foods. The combination of essential food, health referrals, and nutrition education is a key component of WIC's success.

WIC Participation in Connecticut 1977-2004



Number of WIC Participants in Connecticut					
Fiscal Year	Women	Infants	Children	Total	
1974				5,979	
1975				17,731	
1976				20,310	
1977	3,294	4,060	14,035	21,389	
1978	4,836	5,481	16,700	27,017	
1979	5,593	6,680	19,864	32,137	
1980	5,837	7,188	21,379	34,404	
1981	6,054	7,959	24,282	38,295	
1982	5,903	8,032	24,627	38,561	
1983	6,219	8,721	26,827	41,767	
1984	7,758	9,006	29,429	46,193	
1985	7,706	9,036	29,059	45,802	
1986	7,703	9,202	28,548	45,454	
1987	7,624	9,229	27,763	44,617	
1988	7,884	9,677	26,882	44,443	
1989	8,175	10,409	28,291	46,875	
1990	8,709	11,623	30,629	50,961	
1991	9,654	12,831	34,917	57,402	
1992	9,056	13,377	39,174	61,607	
1993	10,465	13,535	41,735	65,735	
1994	10,596	13,660	41,205	65,461	
1995	10,351	13,309	39,965	63,625	
1996	10,941	14,362	37,218	62,521	
1997	11,111	15,383	32,874	59,368	
1998	11,988	15,756	32,523	60,267	
1999	11,726	15,982	30,592	58,299	
2000	10,197	14,165	26,506	50,867	
2001	9,595	13,932	25,725	49,252	
2002	9,980	14,311	27,039	51,329	
2003	10,291	14,180	27,250	51,721	
2004	10,691	14,485	26,954	52,130	