Testimony in Support of LD 982: Resolve, To Expand the Use of the Women, Infants and Children Special Supplemental Food Program at Farmers' Markets

March 20, 2019

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Ronald Jarrett, and I am the Director of Public Policy & Advocacy at United Way of Greater Portland (UWGP). I am here today, on behalf of UWGP, to testify in support of LD 982, “Resolve, To Expand the Use of the Women, Infants and Children Special Supplemental Food Program at Farmers' Markets”

Thrive2027 is our community’s commitment to make Cumberland County stronger for everyone who calls it home. Powered by UWGP, more than 225 business, non-profit, public, and community organizations have endorsed three 10-year goals that promise measurable and meaningful change in Greater Portland. These three goals are:

- **Goal 1:** More children have a strong start in school so that they are reading at grade level by the end of third grade. By 2027, we aim to have 70% of children reading at grade level by the end of third grade; currently, only 56% of Cumberland County children read proficiently at the end of third grade.

- **Goal 2:** More people have the education and employment opportunities they need to be able to live and work in Greater Portland. By 2027, we aim to have 70% of households paying less than 30% of their income on housing; currently, only 15% of low-income households in Cumberland County pay less than 30% of their income on housing.

- **Goal 3:** More of our neighbors live longer, healthier lives. By 2027, we are aiming for a 10% reduction in preventable premature deaths.

Access to healthy food during the first five years of life plays a critical role in ensuring all three goals are achieved. An August 2018 report titled, “Food Fuels Learning: A Portland Public Schools Food Security Needs Assessment,” stated on page 16 the following:

“Hunger makes it difficult to concentrate, learn, and behave well in the school environment. Food insecure students have been found to receive lower grades and report higher absences, leading to increased likelihood of negative repercussions, including poor academic outcomes (Alaimo, K., Olson, C. M., & Frongillo, E. A., 2001; Faught, E. L., Williams, P. L., Willows, N. D., Asbridge, M., & Veugelers, P. J., 2017). Alaimo et al. (2001) found that food insecure students were several times more likely to be suspended or to repeat a grade than their food secure peers. Lack of academic success can result in fewer opportunities, perpetuating food insecurity and poverty in succeeding generations (Faught et al., 2017). Food insecurity also influences children’s psychosocial development. Many of the students experiencing food insecurity have more behavioral and emotional issues than their peers, including trouble making friends and maintaining self-control in classrooms, and were much more likely to have consulted a psychologist (Alaimo et al., 2001; Faught et al., 2017; Kimbro & Denney, 2015). These difficulties further affect the children's academic performance.”

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) for healthcare and nutrition of low-income pregnant women,
breastfeeding women, and children under the age of five. Specific WIC food packages are prescribed for different groups of participants (e.g., pregnant women, infants, young children) to supplement their diets based on nutritional needs. The packages were revised in 2007, the first time since 1980, to align the packages with the Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. All WIC state agencies were required to implement the new food packages by October 2009. Overall, the revised WIC food packages improve the health and nutritional quality of the foods in the program, increase participants’ choices, and expand cultural food options. More specifically, the revised packages retain the basic WIC foods, including milk, cheese, eggs, fruit juice, iron-fortified cereal, beans, peanut butter, infant formula, and (for breastfeeding women) tuna. In addition, the new packages move to low-fat or non-fat milk; offer fruits, vegetables, and whole-grain bread (with the option to substitute whole-grain tortillas, pasta, rice, or other grains); and allow the substitution of soymilk, tofu, and (in 2015) yogurt for milk and cheese. However, these options are not available for WIC recipients at farmers’ markets; only fruits and vegetables during the summer and fall seasons.

LD 982 expands the farmers’ market program from seasonal to include all 12 months of the calendar year. It also expands the scope of food products that may be purchased through the program at a farmers’ market from only fresh fruits and vegetables to all food products allowed to be purchased through the program in general. This would allow a nursing mother of an infant and a preschooler to go to a farmers’ market in winter and purchase eggs, milk, and yogurt.

Young children accessing healthy food through WIC experience improved dietary outcomes, including increased average intakes of iron, vitamin C, thiamin, niacin, vitamin B6, and increased overall nutrient density of the diet. As of October 2018, there are 14,233 Maine infants, toddlers, and Kindergarteners receiving WIC. As the research here suggests, the revised WIC food packages can have favorable impacts on dietary intake, breastfeeding outcomes, and obesity rates as well as on the retail food environment, especially in low-income communities.

For these reasons, we respectfully encourage you to support expanding healthy food options for our most vulnerable young children and their mothers.

Thank you for your leadership and service.

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iii https://www.fns.usda.gov/wic/about-wic-how-wic-helps#Improved%20Diet%20and%20Diet-Related%20Outcomes

iv https://www.fns.usda.gov/pd/wic-program