WIC is a wise investment in nation's future

By Maureen Black and David Paige

December 10, 2007

Babies do not know much about economic theory, but their health and well-being are dependent on economic conditions. Economists such as Nobel laureate James J. Heckman are convinced that securing babies' health and education is a wise investment. Yet Congress is considering a compromise with President Bush that would limit the funding of our country's largest and most successful health and nutrition program targeted to pregnant women, infants and children under age 5.

WIC - formally the Special Supplemental Nutrition Program for Women, Infants and Children - was initiated by the U.S. Department of Agriculture in 1974 to prevent low birthweight and iron deficiency. WIC provides food, nutrition counseling and health referrals to pregnant and postpartum women, infants and children who meet income, residency and nutritional criteria.

In Baltimore, nearly eight of every 10 infants receive WIC services. Throughout Maryland, approximately half of all infants receive WIC.

At an estimated cost of $5.96 billion for 2008, WIC benefits reach 8.5 million U.S. families with young children. However, if Congress adopts the president's budget of $5.387 billion, more than 500,000 mothers and children will be unable to access the program as early as February. In Maryland alone, 7,300 families would be denied services. Even the compromise now under consideration would reduce the WIC caseload by nearly 300,000 families.

Although the income eligibility criterion for WIC has remained at 185 percent of poverty, the number of WIC participants has been increasing steadily, climbing to more than 131,000 Maryland families in October - a 15 percent increase over the past two years. The surge in requests for WIC services reflects an increase in the number of low-income families in Maryland, coupled with rising food, energy and housing costs and a sagging economy.

The consequences of inadequate food can be seen among the children referred to the Growth and Nutrition Clinic at the University of Maryland. When young children do not receive enough food, their growth may falter. Their rate of weight gain slows down, and if the food supply continues to be inadequate, their rate of height gain slows down. The result is a child who is thinner and shorter than expectations based on national growth charts, a condition diagnosed as "failure to thrive." In addition to growth problems,
children with failure to thrive are at risk for health, learning, academic and behavioral problems that can persist through school age.

Scientific studies have shown repeatedly that WIC benefits families through healthier pregnancies, increased rates of breast feeding and improvements in children's health and nutrition. Children raised with WIC services enter school healthy and ready to learn.

WIC is operating under a continuing resolution, with funds frozen at 2006 levels. Threats to WIC's funding endanger its ability to respond to requests for services. Families, health care professionals and child advocates are justifiably outraged at the harm to children's health and well-being that will result if WIC is not adequately funded. Now is the time to heed the advice of economists: Secure funding for all WIC-eligible families is a wise investment.

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