Child nutrition act of 1966 and wic analysis

Business



Child Nutrition Act of 1966 and WIC Analysis a. How effective is the policy is in terms of solving the social problem.

The Child Nutrition Act of 1966 has since formed and developed many programs beneath it to aid those in poverty. The five top producing programs under the Child Nutrition Act in fiscal year 2010 include the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program, and the School Breakfast Program.

WIC serves 45-50 % of all infants born in the United States (Facing Hunger in America, 2011, para. 3). According to Kowaleski-Jones & Duncan (2002), much of the research on the effects of WIC participation on children has focused on the potential benefits of increased use of prenatal care, increased Medicaid savings, better infant outcomes, and less infant mortality. In addition to the previously stated, WIC's effectiveness can be supported by the perception of "WIC Works," (Kowaleski-Jones, ; Duncan, 2002).

The observation that "WIC works," is driven by the great deal of research for WIC partakers to birth healthier offspring (Kowaleski-Jones, ; Duncan, 2002). For example, each dollar spent on WIC saved the state at least \$1.77 to \$3. 13 in health care costs (Bitler, ; Currie, 2004). According to Public Health Nurse Supervisor Luzette Samargia, of Duluth, Minnesota, WIC is effective and produces positive outcomes (Facing Hunger in America, 2011, para. 11).

Luzette manages about 27 public health nurses and 3 dieticians, who as part of their jobs are highly trained to provide WIC health checks, breastfeeding

encouragement, nutrition counseling for mothers and their young children, and appropriate WIC food vouchers (Facing Hunger in America, 2011, para. 7). According to Luzette: WIC has generally not been found to significantly change food patterns of participants or to reduce the incidence of obesity. Thus, WIC programs are increasing their focus on nutrition education.

And in 2009 the WIC nutrition advice and foods available with WIC vouchers were completely updated in accordance with current USDA guidelines. For example, WIC vouchers may now be used for fresh fruits and vegetables, more whole-grain products are required and only milk with 2 percent or lower fat content is authorized for women and children age 2 and older (Facing Hunger in America, 2011, para.

12). WIC's goal is not to end poverty and solve all problems amongst it.
WIC's purpose is to aid those in need and supplement their nutritional prerequisites.

Breastfeeding an infant is vital to a newborns development, yet not everyone has this knowledge. WIC does offer free infant formula to its participants but strongly encourages mothers to breastfeed.

b. Describe the policy's strengths and limitations Limitations involved when discussing WIC can be drawn to breastfeeding rates. Because WIC provides free infant formula, breastfeeding rates have been a hot topic amongst WIC participants. However, according to the National WIC Association breastfeeding rates have slightly risen in recent years.

In the year 2004, approximately 55% of mother's participating in WIC's benefits were breastfeeding; in the year 2010 rates had increased to over 60% (National WIC Association [NWA], 2011).

An additional limitation involved with WIC is of course funding (Mahoney, 2008). Each year Congress authorizes just how much of funding will be allotted for the WIC program (Mahoney, 2008, pg. 4) According to the USDA: They requested \$6. 1 billion for the WIC Program for fiscal year 2009, a 1. 3% increase from fiscal year 2008.

This request was based on projected increases in participation and food costs, and the USDA's proposal to limit nutrition services, cut administrative costs, and to restrict eligibility for Medicaid recipients – a proposal rejected by Congress for fiscal year 2008 (Mahoney, 2008, pg. 4). With inflation rates continually on the rise and because WIC is not an entitlement program, if funds are not available eligible participants at nutritional risk may not receive the supplemental nutrients as they have in the past (Mahoney, 2008, pg. 5).

In contrast to limitations WIC also has much strength.

In Indiana alone, according to the National WIC Association in the fiscal year of 2011 167, 875 women, infants, and children participated (National WIC Association [NWA], 2013, pg. 1). WIC is preparing ways in which women can avoid the long lines, the stigma, and hassle when purchasing nutritious foods. Indiana is currently preparing plans in converting the WIC program to the Electronic Benefit Transfer (EBT) by 2020 (NWA, 2013, pg. 2) c. Who gains and who loses as a result of the policy?

Are there people in need who are left out? Who is left out? WIC serves a tightly-defined population – strictly low to moderate income, nutritionally atrisk pregnant women, breastfeeding women, non-breastfeeding postpartum women, infants, and children up to their fifth birthday (Facing Hunger in America, 2011). Participants of WIC's family members may benefit from participation, yet if you were not mentioned previously you may be left out from receiving WIC benefits. e. Is the policy addressing only a portion of a larger issue?

What is the larger issue? f. Does the policy improve social well-being? Explain in detail.

g. Does the policy advance the cause of social and economic justice?

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