

WIC Vendor and Technology Branch,
Policy Division,
Supplemental Nutrition and Safety Programs,
Food and Nutrition Service, USDA,
1320 Braddock Place,
Alexandria, Virginia 22314

RE: 7 CFR Part 246 [FNS-2022-0015-0001] Special Supplemental Nutrition Program for Women, Infants, and Children: Online Ordering and Transactions and Food Delivery Revisions to Meet the Needs of a Modern, Data-Driven Program

Dear Patricia Bailey and Colleagues,

As pediatricians, child health researchers and health policy professionals at PolicyLab at Children's Hospital of Philadelphia, we recognize the critical importance of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to the children and families we serve. We know that many of the families we serve trust and turn to WIC because of the program's track record of improving nutrition and health outcomes for babies and young children through targeted subsidies of nutritious foods and expert advice from WIC counselors. And yet, not all eligible caregivers and children participate in the program.

We were pleased to see the U.S. Department of Agriculture's (USDA) proposed changes to meet the needs of a Modern, Data-Driven Program in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Background

Central to our recommendations is improving uptake of the WIC program. In our home state, Pennsylvania, about [half](#) of eligible families access WIC benefits. By contrast, [over 95%](#) of demographically similar families are accessing Supplemental Nutrition Assistance Program (SNAP) benefits. These data mirror national enrollment in [WIC](#) and [SNAP](#). We believe that a significant driver of the difference in uptake rates between these food assistance programs is the administrative burdens families experience in the WIC program. USDA should continue to lower barriers to WIC enrollment and participation in order to deliver benefits to more eligible families. One way to lower these barriers is supporting states in making the programs more user-centered, including by enabling online ordering and Internet-based transactions. In this comment, we offer our perspective on elements of the proposed rule, informed by research, including studies conducted by our team of investigators at PolicyLab, and by our clinical experience caring for WIC-eligible beneficiaries in Pennsylvania.

Online shopping may help address barriers identified by WIC-eligible caregivers

In a [recent study](#), WIC-eligible caregivers identified barriers to using benefits and how to optimize benefit use to specifically increase produce access. In our interviews with WIC-eligible caregivers, they described limited produce options in their neighborhood and shared that available produce is of lower quality than produce offered in more affluent areas, making it necessary to travel to other neighborhoods to acquire produce. Additionally, time constraints and higher cost of produce relative to other foods amid competing financial priorities were significant factors affecting access for many caregivers.

Some expressed that junk food and fast food were more affordable and convenient than fresh produce. One caregiver described:

“...the burger is .99 cents. The salad is like \$5.49. Which are you going to choose if you’re low income? You’re going to choose the burger for your kids. And then they wonder why kids are so obese. They’re obese because they can’t afford to give them the right fruits and vegetables that they need.”

Many caregivers also reported difficulty finding child care as a barrier to being able to go to the store or market. Caregivers noted that traveling and shopping with young children created challenges to obtaining produce. Participants described an ideal food program as one that would include: an option for delivery, a wide variety of fruits and vegetables, and provision of recipes and produce-oriented children’s activities.

A separate study examining WIC use among eligible Hispanic immigrant mothers noted challenges to purchasing food in stores related to language barriers that might be ameliorated with online ordering.

[Previous studies](#) that piloted [online ordering](#) and home delivery demonstrate high acceptability among WIC-eligible participants. Additionally, participants suggested that a program would be most helpful if it was free or covered by benefits, and online shopping could increase WIC redemption by [eliminating the stigma and inconvenience](#) associated with finding and purchasing WIC-approved products in stores.

Our future work:

From this work, we heard that expansion of delivery-based grocery options that are covered wholly or partially by WIC benefits may be an ideal next step in facilitating access to fresh produce and addressing food insecurity among WIC-eligible families. We are currently studying a [low-cost produce delivery program](#) that we piloted in partnership with a community organization.

At CHOP, we also have two “Food Pharmacies” in our primary care and subspecialty sites where participants, can access six months of free home delivery of box of seasonal fruits and vegetables, once a month, with an option of a virtual check in with a resource navigator. The resource navigator offers further “food and financial” support with information about budgets, culturally diverse recipes and helping ingredients stretch further for bigger families. Initial qualitative research with some of these families shows high acceptability of this programming, with participants citing home delivery giving them more time to cook and a definite desire for choice and options for prepared meals as well. Expansion of this programming with inpatient, more urban and suburban populations is underway with online ordering, prepared meal options and a strong component of choice.

Issuing benefits remotely is associated with greater participation

In a study we conducted at the peak of the COVID-19 pandemic, WIC participants shared that [remote benefit issuance](#) was critical for maintaining access to WIC. In a related study, we found that [WIC participation during the pandemic was](#) 14% lower in “Offline Electronic Benefits Transfer (EBT)” states, where beneficiaries had to reload their EBT cards in person, as

compared to “Online EBT” states, where beneficiaries could reload their cards remotely. Maintaining the ability for states to conduct remote benefit issuance and reloading will be critical to sustaining gains in participation seen during the pandemic and ensuring families with barriers to transportation can continue to receive and redeem WIC benefits.

We have also heard from families that providing WIC and SNAP benefits enrollment assistance in health care settings could be a beneficial strategy for connecting them with these programs. In a recent pilot project, we have started asking families of infants ages 0-6 months if they are interested in information about WIC or SNAP and working with our clinic’s [Medical Financial Partnership](#) team to provide them with enrollment assistance. In the future, streamlining data sharing between pediatric primary care practices and local WIC agencies could help boost participation and reduce administrative burdens, like the need to complete redundant measurements or blood tests, for WIC beneficiaries.

Digital tools like shopping apps will further streamline the WIC shopping experience and may also improve access to WIC’s nutrition education programming.

With support from the USDA, many WIC programs across the country are innovating to modernize WIC and make beneficiaries’ experience more user centered. Many states utilize apps, which can allow beneficiaries to check their balance, identify recipes, determine eligible products, and locate WIC offices and vendors. Early research suggests that these apps may lead to [greater benefits redemption](#) rates. Some state programs also offer virtual nutrition education through their apps, allowing participants to complete the courses at convenient times and without having to travel.

Recommendations

We recommend that USDA remove existing barriers faced by beneficiaries, vendors and administrators in participating in online ordering and internet-based transactions. In removing these barriers and in modernizing WIC, USDA should focus on improving the user experience and continue to support future flexibility too. There remain [opportunities](#) to leverage technology so that states can better reach and serve WIC-eligible participants, including through integrated applications and certification processes, improved data sharing with health systems to reduce the need for redundant visits, laboratory studies, and measurements, and remote telephone or video visits.

We recommend that the USDA allow state agencies to pay for fees associated with online shopping in a retail food delivery system with either 1) non-federal funding at state agency discretion and/or 2) federal funding in situations where it is deemed necessary to meet special needs (e.g., participant access or other needs as identified by the state agency). Critical though, is how this would be implemented equitably within and across states. There is an important opportunity to learn from and be responsive to the [findings](#) from SNAP online ordering pilots.

In addition, we highlight that there may be other ways that USDA can consider modernizing WIC to optimize program and benefit utilization, including creating parity between SNAP and WIC program design. For example, SNAP benefits may be used for low-cost farm share or Community Support Agriculture programs, outside standard models of online ordering and supermarket delivery, but WIC benefits may not.

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Finally, we encourage USDA to support more large-scale studies on acceptability, feasibility, and effectiveness of options that increase access and use of benefits among WIC-eligible families to inform federal food benefit programs and improve long-term health among this population.

We are happy to share more about our research and recommendations and to discuss how we can work together towards shared objectives.

Best,

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