

August 13, 2021

Elizabeth C. Archuleta, Director
Office of Intergovernmental and External Affairs
U.S. Department of Agriculture

Re: Comments to U.S. Department of Agriculture (USDA) on the Request for Information regarding Identifying Barriers in USDA Programs and Services; Advancing Racial Justice and Equity and Support for Underserved Communities at USDA (Docket ID FSA-2021-0006)

Dear Ms. Archuleta:

Thank you for the opportunity to provide information as part of USDA's assessment in response to Executive Order 13985. With this letter, we are responding to the federal register notice "Identifying Barriers in USDA Programs and Services: Advancing Racial Justice and Equity and Support for Underserved Communities at USDA" (Docket ID FSA-2021-0006).

PolicyLab is a center of emphasis within Children's Hospital of Philadelphia's (CHOP) Research Institute, working to translate clinical practice expertise into policy. As pediatricians, child health researchers, and policy professionals, we recognize the importance of USDA's programs and services for young children and their caregivers. Our comments focus predominantly on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), but may also be applicable to other federal nutrition programs.

Providing food assistance to mothers and young children in under-resourced communities is vital to ensuring the long-term health and well-being of children and families. Yet, many who are eligible for WIC services are not currently receiving these benefits. Improving uptake of the WIC program is therefore a crucial step towards strengthening the social safety net. Nationally, participation in WIC was declining before the COVID-19 pandemic, when it was [estimated](#) that just over half of eligible families were accessing WIC benefits. By contrast, [more than 80%](#) of demographically similar families were accessing SNAP benefits. Our research informs our view that much of the difference in uptake rates between these food assistance programs is due to the administrative burdens families experience when enrolling in and utilizing the WIC program. In this letter, we offer more specific feedback related to questions #4, 9 and 10 in your notice.

4. Are there USDA policies, practices, or programs that perpetuate systemic barriers to opportunities and benefits for people of color or other underserved groups? How can those programs be modified, expanded, or made less complicated or streamlined, to deliver resources and benefits more equitably?

Offline WIC programs are associated with lower WIC participation and increased administrative burden for participants. The COVID-19 pandemic has only exacerbated these administrative barriers for participants. In a [nationally focused study looking at pre-pandemic data](#), which utilized the national shift from paper WIC vouchers to EBT cards as a natural experiment, we found that this programmatic change resulted in a large, statistically significant increase in uptake of WIC. Forthcoming and related work that looks at data during the pandemic estimates that relative to states with online EBT and remote benefit reloading, states with offline EBT and in-person or mail-in benefit reloading experienced an 9.3% decrease in WIC participation during the pandemic, corresponding to approximately 110,000 fewer beneficiaries across these

states.¹ [In a related commentary](#), we highlight how modernizing WIC enrollment and redemption processes, thereby lowering barriers to accessing WIC services and reducing the stigma associated with redeeming WIC benefits, could improve uptake.

Personal testimony confirms the barriers that WIC participants face. Here we lean on qualitative work in Philadelphia, which will be reflective of state policies related to the WIC program, but we believe that the learnings are relevant in other regions as well. During in-depth interviews with WIC beneficiaries participating in a clinically-based produce program in Philadelphia, caregivers described often feeling frustrated by operational aspects of the WIC program, including the offline EBT system and subsequent WIC office closures that necessitated mailing cards in to receive funds, delaying receipt of benefits.² WIC beneficiaries also shared that the pandemic added further barriers to their access. These interviews also revealed challenges related to grocery shopping—due to fear of the virus, store closures, and/or lack of childcare—as a major barrier to adequate food access during the pandemic. In the words of one caregiver:

“When you mail in your card, it takes about two to three weeks to get back. So, that's a long time within that three weeks of buying, until they reload the card and send a message. So it's very hard to get WIC; WIC has been very hard. I don't know why they are doing it that way. It's been, like a little too difficult for me to wait for something to come back in the mail.”

In work that focused on safety net program use in Philadelphia by families of children with developmental disabilities, survey participants highlighted challenges around the communication of program changes, a lack of available assistance, and poor engagement with virtual services.³ In the words of one interviewee:

“You know it's because I can't get no one on the phone. And last time I heard from somebody else they was saying that WIC was supposed to just automatically keep sending out new cards every month when they got into this eWIC thing. But I haven't received a card either.”

USDA can improve access and utilization of WIC by (1) incentivizing all states to adopt online EBT systems, which allow benefits to be virtually reloaded onto WIC EBT cards, **and (2) requiring less frequent reloading of EBT cards by program participants in offline EBT states**, to minimize the administrative burdens associated with in-person or mail-in reloading.

9. Are there data-sharing activities in which USDA agencies should engage, so that repetitive collections of the same data do not occur from one USDA component to the next?

As health care providers, we know how difficult it can be for low-income families with young children to travel to multiple appointments. Coordination with primary care medical teams and sharing health data electronically (with a patient confidentiality waiver) could make it easier for families to participate in WIC by reducing the number of visits needed for infants and young children. Adjunctive eligibility could also simplify the enrollment process and thereby improve WIC participation.

USDA can incentivize and support the development of mechanisms for WIC offices to coordinate receipt of nutritional risk data from health care providers for

certification and re-certification. While federal rules strongly encourage WIC programs to integrate with health care providers and permit WIC staff to accept documentation of nutritional risk, height/weight measurements, and blood tests done by medical professionals, there are gaps in the systems and protocols needed to operationalize the coordination between these health and social service systems.

USDA can facilitate adjunctive eligibility to simplify the enrollment process and improve WIC participation. Adjunctive eligibility could reduce the documentation burden placed on eligible WIC beneficiaries who participate in other social welfare programs, such as SNAP, Medicaid, or TANF. Adjunctive eligibility determination can be improved through robust data sharing across agencies, allowing WIC staff to electronically determine participants' eligibility and proactively contact and enroll WIC-eligible clients, while shifting the documentation burden away from these clients. With [many WIC participants](#) accessing Medicaid (70%) and using SNAP (30%), the potential impact of these changes is significant, [Unified, simple, user-centered electronic application processes that](#) streamline and integrate WIC enrollment with enrollment in SNAP, Medicaid, and other government benefit programs may also be beneficial.

10. How can USDA use technology to improve customer service? Do you have suggestions on how technology or online services can help streamline and reduce regulatory or policy requirements? What are those technological programs or processes and how can USDA use them to achieve equity for all?

USDA can use technology to streamline WIC enrollment and improve the distribution and utilization of WIC benefits, including the WIC Farmers Market Nutrition Program (FMNP) vouchers.

USDA can make permanent the COVID-19 waiver to permit remote certification through video WIC visits in order to increase access and enrollment for families with barriers to transportation. Our research found that states that permitted remote benefit reloading experienced a 3.5% increase in WIC participation during the pandemic. This is likely due to both increased need, in the setting of economic stress caused by the pandemic, and improved access, as states waived the requirement for in-person visits for WIC certifications and allowed families to certify or re-certify remotely.¹ Video or telephone-based WIC visits allow families to receive valuable nutritional education through WIC, without the expense, stress, and inconvenience associated with traveling to a WIC office with their young child or children. Improved information sharing could eliminate the need for families to visit their local WIC office in-person for hemoglobin or lead screening in instances where this screening was already completed by a pediatric primary care provider.

USDA can expand on the SNAP Online Pilot purchasing pilot to incorporate WIC purchasing. A promising series of studies on online WIC shopping identified that WIC participants found the proposed online ordering model [acceptable](#) and [feasible](#) in a pilot implementation.

Further, **electronic distribution and redemption, using eWIC cards, could help alleviate barriers to access to fresh produce through the Farmers Market Nutrition Program** by 1) loading these benefits on the WIC EBT card, and 2) enabling benefit use in a wider range of settings (i.e., online farmer's markets and CSAs).

WIC is an important resource for young children and their caregivers. We are keen to see USDA continue to support improvements that increase accessibility and utilization of this essential program. We look forward to a continued conversation about improving service to underserved communities and addressing inequities in our federal nutrition programs. Please contact us for further discussion.

Sincerely,

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Additional references

1. Vasan A, Kenyon CC, Roberto CA, Fiks AG, Venkataramani AS. Association of Remote Versus In-Person Benefit Delivery with WIC Participation During the COVID-19 Pandemic. *JAMA*. 2021; In press.
2. Cullen DL, Brown R, Reilly G, Patel F, Freedman C, Virudalchalam S. Pandemic Food Access: Caregiver Experiences and the Impact of a Clinically-Based Produce Program. Presented at Pediatric Academic Societies Conference; May 1, 2021; virtual
3. Levins H, Ruskin R. LDI Awards 13 Special Rapid-Response COVID-Related Research Grants. Penn Leonard Davis Institute of Health Economics. May 20, 2020. Accessed August 13, 2021. <https://ldi.upenn.edu/our-work/research-updates/ldi-awards-13-special-rapid-response-covid-related-research-grants/>