



February 21, 2023

Alison Post, Chief
WIC Administration, Benefits, and Certification Branch, Policy Division
Food and Nutrition Service
P.O. Box 2885
Fairfax, Virginia 22031-0885

Re. FNS-2022-0007-0001

Dear Ms. Post,

Thank you for this opportunity to comment on USDA's proposed changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package. On behalf of University of California's Nutrition Policy Institute, I am writing in strong support of the USDA's proposed updates to the WIC food package.

Nutrition Policy Institute (NPI)'s mission is to conduct and translate policy-relevant nutrition research that can help make children, families and communities healthier. One of our research foci is WIC and nutrition in young children. WIC is a critical source of nutrition support for young children in low-income families, providing access to healthy foods and a cash value benefit (CVB) for the purchase of fruits and vegetables. With this comment we offer recent research in support of the USDA proposal to increase the fruit and vegetable benefit in the WIC food packages.

Our study, *California WIC Survey 2019: Families with Children*, found that the most common reason for continuing participation in WIC is the fruits and vegetables provided in the child WIC food package, reported by 92.5% of 2,997 California WIC participants surveyed in 2019. Moreover, this was the top reason for continuing WIC participation across all racial/ethnic groups examined (including non-Hispanic White, Hispanic English-speaking, Hispanic Spanish-speaking, non-Hispanic Black, and Asian participants).¹ This statewide study was done in partnership with the California WIC branch and Public Health Foundation Enterprises WIC (PHFE-WIC), the largest local WIC agency in the country.

In response to the COVID-19 pandemic, in 2021 the WIC CVB increased for women and children ages 1 to 5. NPI partnered with the National WIC Association on a study, *Multi-State WIC Participant Survey: Cash Value Benefit Increase During COVID*, that included nearly 6,500 participants from five State WIC Agencies (Connecticut, Inter Tribal Council of Arizona, Nevada,

¹ Chaney AM, Ritchie LD, Whaley SE, Tsai MM, Randel-Schreiber HR, Yopez CE, Sabatier S, Young A, Meza M, Au LE. Racial and Ethnic Comparisons in Satisfaction with Services Provided by the Special Supplemental Nutrition Program for Women, Infants, and Children in California. *Nutrients*. 2023;15(2):447. doi:10.3390/nu15020447

New Hampshire, and New Mexico) and evaluated the child CVB increase from \$9 to \$35 per month.² We found that child intake of total fruits and vegetables increased significantly by 1/3 cup from 2.01 cups before the CVB increase to 2.31 cups with the CVB increase.

We also investigated WIC participant's perceptions of the CVB increase for children, finding that:

- Before the CVB increase, a majority (76%) indicated that \$9/month was not enough, and a minority (13%) said \$9/month was the right amount for their child.
- During the CVB increase, fewer (25%) said that \$35/month was not enough and more (68%) said that \$35/month was the right amount.
- Only 4 respondents (<0.5%) said that \$35/month was too much for their child.
- The majority of participants (84%) were satisfied with the \$35/month amount.
- Most (76%) preferred a monthly amount of \$32 or more in the future.

Additionally, we partnered with PHFE-WIC to study the CVB increase in California. The longitudinal study, *Increasing fruit and vegetable intake in low-income children under 5*, followed 1,770 families for one year and found the following³:

- Redemption of the CVB tracked with increases, with average monthly household redemption of \$9, \$30, and \$20, when the monthly CVB was at \$9, \$35, and \$24, respectively.
- Compared to when the CVB was \$9, perception of the CVB being sufficient increased from by 14% when the CVB was at \$24/month.
- Prior to any increases in the CVB, 44% of households reported being food secure. After the monthly increase to \$35 and \$24, household food security improved to 52% and 48%, respectively.
- While total fruit and vegetable intake was 0.04 cups/day lower after 12 months of augmentation in the overall sample, it increased by 0.25 cups/day among children with the lowest baseline intake, reducing dietary disparities.
- Furthermore, in follow-up interviews with a subset of study respondents, participants reported being able to purchase higher quality and a wider variety of fruits and vegetables, in addition to increased purchasing and consumption.

Finally, we partnered on a larger study in 2021, *Multi-State WIC Participant Satisfaction Survey: Learning From Program Adaptations During Covid*, in collaboration with 12 State WIC agencies to understand the impact of the COVID-19 pandemic on participants experiences with WIC program adaptations.⁴ The survey was completed by 26,642 participants in English or Spanish

² Ritchie L, Lee D, Felix C, Sallack L, Chauvenet C, Machel G, Whaley SE. *Multi-State WIC Participant Survey: Cash Value Benefit Increase During COVID*. The National WIC Association and Nutrition Policy Institute, University of California, Agriculture and Natural Resources. March 2022. <https://s3.amazonaws.com/aws.upl/nwica.org/nwa-multi-state-cvb-report-march-2022.pdf>

³ Whaley SE, Anderson CE, Tsai MM, Yopez CE, Ritchie LD, Au LE. Increased WIC benefits for fruits and vegetables increases food security and satisfaction among California households with young children. *J Acad Nutr Diet*, (under review).

⁴ Ritchie L, Lee DL, Sallack L, Chauvenet C, Machel G, Kim L, Song L, Whaley SE. *Multi-state WIC Participants Satisfaction Survey: Learning from Program Adaptations During COVID*. The National WIC Association, Nutrition

from Colorado, Connecticut, Inter Tribal Council of Arizona, Louisiana, Maine, Minnesota, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, and West Virginia. In the survey, we received 7,831 responses to an open-ended question which asked WIC participants to share any feedback about their WIC experience. Their feedback was coded into themes relevant to changes in the CVB and other proposed changes to the WIC food package, including additions of lactose-free and plant-based beverages as dairy alternatives, allowing substitutes of the CVB for jarred infant fruits and vegetables and juice, vegetarian options, foods appropriate for those with food allergies or specific religious preferences, and greater variety of package sizes.⁵

Although most of the comments received were positive, many respondents to the open-ended survey question wanted more WIC food options, particularly more fruits and vegetables. In their words:

“I believe that adding more funding for the fruit and vegetable benefits is necessary. In order to promote meeting nutritional values, the amount of benefits allotted are far too little.”

“I would love to get a larger fruit and vegetable voucher. My child eats fruit and veggies every day. It would really help to increase the voucher!”

Another theme involved wanting different types of milk, including dairy alternatives (e.g., almond, oat).

“I think it would be very helpful if WIC offered more dairy free options, as I am lactose intolerant and would like the option to get dairy free yogurt or cheese and more options of dairy free milk.”

“My daughter is milk/soy protein intolerant. We can't use the milk, cheese, or yogurt for her. Offering more fruits and veggies or oat milk/almond milk/coconut milk would really help, even if less.”

In addition, many wanted additional CVB in lieu of jarred baby foods or juice. In their own words:

“It would be beneficial to have the option to opt out of getting commercial baby foods and having the produce allowance higher; that way, we can offer more fresh fruits and veggies to our infant.”

Policy Institute, University of California, Agriculture and Natural Resources, and Pepperdine University. December 2021. <https://s3.amazonaws.com/aws.upl/nwica.org/nwamulti-state-wic-participant-satisfaction-surveyreportfinal.pdf>

⁵ Underwood G, Lee DL, Chauvenet C, Ritchie LD, Kim L. Research Brief: Participant Recommendations for Improving the WIC Food Package, Evaluating Data from the 2021 Multi-State Participant Satisfaction Survey. Nutrition Policy Institute, University of California, Agriculture and Natural Resources, Pepperdine University, and the National WIC Association. February 2023. <https://ucanr.edu/sites/NewNutritionPolicyInstitute/files/380693.pdf>

“I would like for the juices to be eliminated for their high sugar content and for more money to be added for fruits and vegetables.”

Other food substitutions requested included wanting vegetarian options, foods for those with food allergies, and options that align with different religious preferences. In their own words:

“Not all WIC families eat typical American food. Please consider altering the program to include families with different backgrounds and eating cultures.”

“There are people that are allergic to soy, dairy, and gluten that like myself we are getting less food cause there's no other options for us please keep in mind of people's food allergies.”

A final theme highlighted specific challenges with the participants shopping experience for WIC foods, including difficulty finding appropriate sizes for specific approved foods, such as bread and yogurt. In their own words:

“Some of the things they said I could buy in the packet I got, I can't actually purchase. 48 oz juice doesn't exist at Walmart. 16 oz bread makes like 5 sandwiches. The quantities make no sense.”

WIC supports families in putting healthy meals on the table so that young children can grow and thrive. Parents trust and turn to WIC based on its long record of improving health outcomes for babies and young children, which is rooted in a science-based process and expert advice from WIC counselors that prioritizes consumption of healthy foods. We applaud the USDA for continuing to support young families with evidence-based updates to the WIC food packages.

Sincerely,

Lorraine D. Ritchie

Lorraine Ritchie, PhD, RD
Director and CE Specialist
lritchie@ucanr.edu; 510-384-4284 or 510-987-0523