

WIC Should Help Prevent Food Allergies by Supporting Early Allergen Introduction

[Population Health Sciences](#)

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As pediatricians, we know the burden that food allergies place on families all too well. We meet children scared of attending birthday parties out of fear of ingesting a potential allergen; we watch hesitant parents shove bulky EpiPens into their bags, never out of arms reach; and we care for teenagers in the intensive care unit receiving IV medications to calm the swell of their allergic reaction. Because of these experiences, we advise families as early as the four-month well-child visit to give their children small amounts of highly allergenic foods to prevent the development of food allergies later in childhood.

In fact, expert guidelines from the [American Academy of Pediatrics](#) and the [American Academy of Allergy, Asthma, and Immunology](#) recommend that families regularly feed their children infant-safe forms of common food allergens when solid feeding begins. This practice has been shown to [reduce the risk of developing food allergies later in childhood](#) by an estimated 15-30%, depending on the allergy. However, disparities exist within these numbers—below we'll discuss policy solutions that could help close the gaps.

Disparities in Early Allergen Introduction

About [1 in 13 children](#) in the United States has one or more food allergies, including nearly 300,000 children in Pennsylvania alone. In addition to the stress they place on children and families, food allergies can [increase out-of-pocket food and health care expenses](#) for households with children. For example, [peanut allergy](#) has been associated with increased health care costs and greater resource utilization, including [more frequent](#) emergency room visits and hospitalizations. These economic costs are disproportionately driven by infants and children, with [55%](#) of all private insurance claims in Pennsylvania that are related to allergic food reactions and anaphylaxis coming from patients ages 0-13.

Prevention strategies like early allergen introduction could thus have major downstream psychosocial and economic benefits. However, there are significant disparities in food allergen introduction for both low-income families and families of color.

One [recent study](#) showed that fewer Black children than White children were introduced to common food allergens before 6 months of age. For example, only 2.9% of Black children were introduced to peanut products before 6 months of age, as compared to 21.9% of White children. This is an especially relevant and crucial area of intervention given that Black and Hispanic children are [significantly more likely](#) to have food allergies than White children. Early allergen introduction may also be particularly challenging for low-income families who have limited resources to purchase common allergenic foods, such as peanut butter, eggs, and wheat-based

bread and cereals.

Revising the WIC Food Package: An Opportunity

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded and state-administered program that provides nutritious food and nutrition education to low-income pregnant and postpartum people, infants, and children under the age of 5. WIC is a key source of support when purchasing food and grocery items for the over 6 million WIC participants nationally and close to 200,000 participants in Pennsylvania alone. State WIC agencies can thus exert considerable influence over the foods that families provide to their children.

Agencies select foods to cover from a predetermined list outlined by the U.S. Department of Agriculture (USDA), known as the WIC food package. **By including common food allergens as part of the WIC food package starting at 4-6 months of age, the USDA and state WIC agencies could support efforts to improve early allergen introduction, in order to reduce both the overall prevalence of food allergies in children and mitigate the disparities that exist between racial and socioeconomic groups in food allergy burden.**

The USDA [recently announced](#) proposed revisions to the WIC food package for the first time since 2014. In this revised food package, we were encouraged to see support for food alternatives for children and families already suffering from food allergies as a means of *secondary* prevention of allergic reactions. However, we believe that the USDA should also expand its list of WIC-eligible foods so that state agencies can better support early allergen introduction as a mechanism of *primary* prevention—that is, to prevent food allergies before they occur.

Our Recommendations for Improving the WIC Food Package

Emphasizing the need for early allergen introduction, our team at PolicyLab recently submitted [public comments](#) to the proposed WIC revisions that suggest lowering the age of eligibility for egg, wheat, soy, and peanut-based products from 1 year to 4-6 months, in addition to expanding coverage of sesame-based products at the national level.

Furthermore, at the state level, we recommend the Pennsylvania WIC agency eliminate all restrictions on soy-based products and leverage local WIC agencies to provide education on early allergen introduction through their print and mobile app communications.

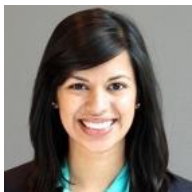
Improving the WIC food package to support early allergen introduction would not only align WIC with current expert recommendations, but also have downstream benefits for families, schools and the health care system at large. Preventing food allergies could [save an estimated ~\\$4,000 per child per year](#) in health care costs, which could save Pennsylvania insurers over \$1 billion annually. Beyond the economic impact, reducing food allergies may also have numerous [benefits](#) for the psychosocial health and development of thousands of children whose allergy-related experiences of anxiety, social isolation, and sometimes even bullying can strain schools and impair academic outcomes.

Prevention of food allergies could dramatically reduce health care costs and promote more equitable child health outcomes, and we believe the USDA and the Pennsylvania WIC program are poised to take necessary steps in that direction.

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