

WIC Administration Benefits, and Certification Branch Policy Division, Food and Nutrition Service
P.O. Box 2885
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RE: 7 CFR Part 246 [FNS-2022-0007] Comments on Revisions in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Packages

Dear 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.

We were pleased to see the U.S. Department of Agriculture's (USDA) proposed updates to the WIC food package, which will help ensure that all pregnant people and young children in the United States can access adequate and nutritious food. In this comment, we offer our perspective on the proposed updates, informed by research, including studies conducted by our team of investigators at PolicyLab, and by our clinical experience caring for WIC beneficiaries in Pennsylvania.

We support USDA's proposal to establish higher values for the WIC Cash Value Voucher (CVV) so that pregnant people and children can reach their target intake for fruits and vegetables. As pediatricians, we know that there are many multi-faceted reasons why low-income children and families may not be able to access and consume fruits and vegetables, but ensuring improved fruit and vegetable access through vouchers, such as the WIC CVV, is an important step towards reducing nutrition disparities, improving child health outcomes, and preventing childhood obesity and its associated complications.¹

Previous studies have found that some WIC participants who leave the program while still eligible cite the inadequacy of WIC fruit and vegetable benefits as a reason for leaving the program.¹ In our own research, we found that while many caregivers expressed wanting their children to eat more fruits and vegetables, the high cost of produce and the limited support provided by WIC could serve as a barrier to accessing these nutritious foods. In addition, some caregivers reported using Supplemental Nutrition Assistance Program (SNAP) benefits, rather than WIC, to purchase fruits and vegetables because of the inadequacy of their WIC CVV.²

USDA's proposed rule represents an important step towards supporting these families in establishing healthy eating patterns by allowing WIC benefits to cover 50% of recommended fruit and vegetable intake for pregnant and postpartum people and children.

We encourage the USDA to go further by removing fruit juice and increasing the CVV for whole fruit accordingly. USDA's proposed rule would reduce overall issuance of 100% fruit juice and permit substitution of the remaining juice for additional CVV. We believe that the USDA should go further and remove fruit juice from the food package entirely. Recent nationwide data highlight the dire state of fruit and vegetable consumption among 1- to 5-year-

old children in the United States, with fewer than one third consuming a daily fruit and fewer than one half consuming a daily vegetable.² Removing fruit juice and increasing the CVV would help to address the pressing need to increase fruit and vegetable consumption among young children, while remaining consistent with WIC's mission to supplement the diets of participants with nutritious foods. Default juice issuance should be eliminated, with the corresponding funds added to the CVV.

Whole fruit is higher in fiber and more nutritious than 100% fruit juice. By stopping juice issuance and boosting CVV for whole fruit and vegetable purchases, WIC could help reverse disparities in consumption of fruit and vegetables that disproportionately affect low-income and minoritized families. Previous research has shown WIC participation is associated with earlier introduction of juice and higher rates of juice consumption.^{3,4} One 2013 study found a significant reduction in purchases of 100% juice after the 2009 revised WIC package decreased juice allowances.⁵ Eliminating juice issuance as part of this revised food package could therefore significantly reduce 100% juice consumption and increase fruit and vegetable consumption among WIC recipients, with beneficial impacts on their health.

We encourage the USDA to remove foods with added sugars from the food package. We suggest achieving this goal by including an added sugars limit, rather than only a limit on total sugars. American women and children consume excess added sugars, resulting in myriad negative consequences for their health, including cardiovascular disease and diabetes.^{3,4} As a supplemental nutrition program, WIC can help to address the problem of excess added sugar consumption in the US by providing only foods that contain no added sugars. Cereals, dairy products, and other foods should be included in the food package only if they contain no added sugars.

We support USDA's efforts to establish package and container size flexibility across food categories. We appreciate that USDA's proposed rule offers far greater flexibility to state WIC agencies in authorizing smaller package sizes than the maximum across all food categories (except for infant formula). This will expand options and introduce more convenient package sizes (e.g. single-serve yogurts) and empower WIC shoppers to choose the package sizes they prefer and better align their redemptions with their dietary needs and preferences.

Previous studies have found that the inflexibility of WIC benefits, including restrictions in package size, can serve as a barrier to full redemption and may even disincentivize participation.¹ In our own research, we have heard from families that limited flexibility in WIC package size can serve as a barrier to program participation, making it harder for families to identify WIC eligible products and to buy the products best suited to their needs.⁶

We encourage the USDA to continue their support of digital tools like shopping apps that 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.⁷ 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. Along with their support of WIC apps, we appreciate USDA's support of online shopping

pilots, which could increase WIC redemption by eliminating the stigma and inconvenience associated with finding and purchasing WIC-approved products in stores.^{8,9}

Our research suggests that WIC should also continue to offer remote benefit issuance as an option even after the end of the COVID-19 public health emergency.

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.⁵ 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.¹⁰ 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 support the USDA’s proposal to adjust dairy issuance to promote participant choice and create a pathway for plant-based dairy alternatives for participants with allergens or dietary patterns that do not include dairy.

The revised WIC package will remove the limitation on quarts of milk that can be substituted, allowing participants to redeem their benefits for yogurt, cheese or tofu instead of milk. The package also proposes developing a pathway to authorize comparable dairy alternatives. In our research and clinical practice, we have heard from caregivers of children with food allergies that WIC can be difficult to navigate.¹¹ Some caregivers have even reported leaving the program because of the limited substitutions options available to their children with allergies to WIC-issued products like milk, eggs and fish. The revised WIC package could promote program retention and allow these families to maximize the use of their benefits through substitutions, for example, substituting tofu for milk as needed.

We encourage the USDA to go further and note that WIC could use its food package and nutrition education to promote an evidence-based approach to the prevention of food allergies, which is known as early allergen introduction.

One of the most effective, evidence-based methods for primary prevention of food allergies is the introduction of food allergens into a child’s diet early in infancy. Recent guidelines from the American Academy of Pediatrics, the American Academy of Allergy, Asthma, and Immunology, and the USDA Dietary Guidelines for Americans all recommend that families regularly feed their children infant-safe forms of peanut products, eggs and other common allergens when solid feeding begins around 4-6 months of age.¹²⁻¹⁴ However, this may be challenging for low-income families who have limited access to these foods.

The most common food allergens in the United States are milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, soy and sesame. Of these, milk, eggs, wheat, soy and peanut butter are included in the federal WIC food package for children 1-4 years old, but not for children ages 4-12 months, during the time period when introducing these allergens might be most critical. Other allergens, such as sesame, are barely found in WIC-eligible foods. Sesame-based products such as hummus are widely available in stores, are nutritious and could be easy to incorporate into the revised food package. When finalizing their revised food package, we believe that the USDA should look to include common food allergens like milk, eggs, wheat, soy and peanut butter in their food package at 6 months, rather than at 1 year, and consider covering additional foods that could promote early allergen introduction, such as hummus and sesame products.

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We appreciate the USDA's proposed updates, which will enhance access to healthier foods for all WIC beneficiaries, and this opportunity to share our feedback. We encourage the USDA to move quickly to update and finalize this rule in order to ensure that WIC families can access the updated food packages and experience the associated health benefits as soon as possible. If we can be a resource in any way as this important work continues, please contact Dr. Aditi Vasana at vasana@chop.edu and Dr. Senbagam Virudachalam at virudachalams@chop.edu.

Sincerely,

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