

February 21, 2023

Chief Allison Post
WIC Administration, Benefits, and Certification Branch, Policy Division
Food and Nutrition Service
1320 Braddock Place, 3rd Floor
Alexandria, VA 22314

Re: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages
Docket Number: FNS-2022-0007

Dear Chief Post:

Thank you for the opportunity to submit comments on the proposed rule, *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages* (FNS-2022-0007) issued by the Food and Nutrition Service (FNS) on November 21, 2022. On behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and children's health and policy experts, we write in strong support of the proposed rule, which would improve access to and nutritional adequacy of WIC packages.

[Children's HealthWatch](http://www.childrenshealthwatch.org) seeks to achieve health equity for young children and their families by advancing research to transform policy. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care in urban emergency departments and primary care clinics in four cities: Boston, Minneapolis, Little Rock, and Philadelphia. Since 1998, we have interviewed over 80,000 caregivers and analyzed data from those interviews to determine the impact of public policies on the health and development of infants, toddlers, and preschoolers.

Access to nutritious and culturally appropriate food, particularly in early childhood, is essential for keeping current and future generations healthy throughout their lives. As pediatricians and public health researchers, we are acutely aware of the power of WIC to promote good health and food security. For example, our research and the research of others shows that participation in WIC during pregnancy is associated with healthier birth weights on average and lower rates of low birth weight, particularly for Black, Latina, and immigrant mothers.^{1,2} Aligned with National Academies of Sciences, Engineering and Medicine (NASSEM) and Dietary Guidelines for Americans recommendations, the proposed evidence-based changes will strengthen the program and its impact. We strongly support FNS' proposal to:

- Permanently boost benefits for fruits and vegetables;
- Add a monthly issuance of seafood across packages;
- Increase access to whole grains, including a broader range of nutritionally appropriate whole grain options that align with cultural eating patterns;
- Expand package size flexibilities and substitution options; and
- Require vendors to stock at least three varieties of vegetables.

These reforms will have a profound impact on family's ability to offer their child a wide variety of nutritious and culturally appropriate food options, which are necessary for establishing a strong foundation of healthy eating. Research shows that the 2009 WIC food package revisions improved

overall dietary quality and increased consumption of fruits, vegetables, and whole-grains among young children enrolled in the program.³ Similarly, the added cash value benefit in 2021 resulted in rapid increases in fruit and vegetable consumption, averaging an increase of ¼ cup per day from 1.5 cups to 1.7 cups of fruits and vegetables per day for WIC-enrolled children.⁴ Making these benefit levels permanent, as well as expanding access to alternative and culturally appropriate options, will provide greater opportunity for families who participate in WIC to introduce their child to balanced, nutrient-dense foods.

In addition to the direct health and dietary impact for children participating in WIC, the 2009 revisions closed disparities in healthy food access through improved stocking of fresh produce, especially in marginalized neighborhoods. USDA required all authorized vendors to meet minimum stock requirements, including two forms of fruits, two forms of vegetables, and one whole grain cereal.⁵ As a result, WIC-authorized retailers invested in shelf space and capital improvements, such as refrigerator units, that expanded community infrastructure for and availability of fresh produce.⁶ Increasing this vendor requirement once again will likely continue to benefit entire communities.

We support USDA's proposal to adjust dairy issuance to promote participant choice.

Although the proposed rule would decrease overall dairy issuance to allow for more balanced issuance across food categories, the WIC food package is still providing the majority of recommended dairy intake, at 59% for children and 71% for women.⁷ We support USDA's efforts to further improve flexibility and choice among dairy options and remove the limitation on the quarts of milk that could be substituted, allowing a participant to redeem all potential substitutions: yogurt, cheese, and tofu.⁸ USDA's changes to offer a broader range of package and container sizes introduce another degree of flexibility that will make it easier for State WIC agencies to authorize single-serve and multipack yogurt containers, string cheese, and drinkable yogurts. Given these benefits, we support the changes to dairy in the proposed rule to ensure that participants have more choice throughout the food package.

We encourage USDA to consider allowing the issuance of whole milk in Food Package III to children 2 – 4 years and to pregnant, breastfeeding and postpartum participants with specific growth-related needs but for whom the use of nutritional supplements (such as PediaSure) is unnecessary.

Under the current food package rule, older children and adult participants that have a diagnosed growth condition (such as Failure to Thrive or inadequate prenatal weight gain) can only receive whole milk from WIC if they are also prescribed a nutritional supplement. USDA does not address this issue in the current proposed food package rule. Children's HealthWatch supports the issuance of whole milk in Food Package III, without a medical supplement, to this group when appropriate for the diagnosis and treatment plan. Providing whole milk can often be an effective treatment that comes at a lower cost and is easier to find at retail than a nutritional supplement.

We recommend that USDA expands the list of special medical foods for children with special health care needs.

Research from Children's HealthWatch found that among families with young children with low incomes, those with versus without a child with special health care needs (SHCN) were 24% more likely to experience food insecurity.⁹ These findings are consistent with others' clinical and epidemiologic observations that children with SHCN often require restrictive and expensive dietary requirements resulting in additional household expenses to care for the children.¹⁰ The additional nutritional

requirements pose further household nutritional and financial challenges, further stressing the family's ability to care for the child. Additions to the WIC food list to allow even more flexibility for special medical foods to meet packaging requirements as well as encouraging food companies to design medical/specialty foods to meet WIC packaging and nutrient guidelines (e.g. rice milk with higher protein content) could help offset the often greater medical and dietary needs of these children.

We encourage USDA to take its proposal further by allowing juice only as a substitution.

USDA's proposed rule, echoing NASEM's recommendation, would reduce overall issuance of 100% fruit juice and permit substitution of the remaining juice benefit for additional Cash Value Benefit (CVB).¹¹ USDA should go one step further and flip the substitution pattern: eliminate default juice issuance, add an additional \$3 (adjusted for inflation) to the CVB, and permit juice only as a substitution option.

Whole fruit is higher in fiber than 100% fruit juice,¹² and NASEM prioritized fiber intake across all child and adult food packages.¹³ By decreasing overall juice issuance and boosting CVB for whole fruit purchases, WIC can work to reverse intake disparities that disproportionately affect low-income families and, in particular, Black children.¹⁴ WIC participation is also associated with earlier introduction of juice¹⁵ and higher rates of consumption when compared to non-participants.¹⁶ By eliminating default juice issuance, WIC can better align participant perceptions and nutrition education messages with medical advice.

We strongly urge USDA to maintain the elevated CVB benefits throughout implementation.

USDA's proposed rule outlines an implementation timeline of 18 months, allowing States to adjust complex computer systems to account for the new food packages.¹⁷ This window is critical to ensure that States are positioned to appropriately program in new products, issuance levels, and substitution patterns. However, the proposed rule suggests that changes cannot be made on a food category basis; instead, an entire food package (e.g., the food package for children) must be adjusted at the same time. For example, the proposed rule suggests that canned fish could not be added to the child food package until the entire child food package is updated. This limitation is of particular concern for the food packages with elevated Cash Value Benefit, as a narrow reading of that limitation would suggest that benefits must be reduced to \$9 or \$11 for fruits and vegetables unless *all* changes are included across the individual food package. USDA should avert this disastrous result and explicitly exempt Cash Value Benefit from this limitation in implementation to assure equitable treatment of WIC participants as States adjust their systems and program in the new food packages.

As pediatricians and child health experts, we are appreciative of the Administration's commitment to strengthening the WIC program to be more inclusive and aligned with science-based recommendations. Thank you for the opportunity to submit comments in support of this rule change.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Stephanie Ettinger de Cuba', with a long horizontal flourish extending to the right.

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- ¹ Black MM, Cutts D, Frank DA, et al. Special Supplemental Nutrition Program for Women, Infants, and Children participation and infants' growth and health: A multisite surveillance study. *Pediatrics*. 2004;114(1):169-176
- ² Ettinger de Cuba S, Mbamalu M, Bovell-Ammon A, et al. Prenatal WIC is associated with increased birth weight of infants born in the United States with immigrant mothers. *Journal of the Academy of Nutrition and Dietetics*. 2022;122(8):1514-24.
- ³ Impact of the revised WIC food packages. Food Research & Action Center. 2019. Available at: https://frac.org/wp-content/uploads/frac_brief_revised_wic_food_package_impact_nutrition_retail.pdf
- ⁴ Ritchie L, et al. Multi-State WIC Participant Satisfaction Survey: Cash Value Benefit Increase During COVID. National WIC Association & Nutrition Policy Institute. 2022. Available at: <https://s3.amazonaws.com/aws.upl/nwica.org/nwa-multi-state-cvb-report-march-2022.pdf>.
- ⁵ 7 C.F.R. §246.12(g)(3)(i).
- ⁶ Zenk SN, et al. Fruit and Vegetable Availability and Selection: Federal Food Package Revisions, 2009. *American Journal of Preventive Medicine*. 2012;43(4):423-428, <https://doi.org/10.1016/j.amepre.2012.06.017>; Rose D, et al. The Influence of the WIC Food Package Changes on the Retail Food Environment in New Orleans. *Journal of Nutrition Education and Behavior*. 2014;46(3):S38-S44, <https://doi.org/10.1016/j.jneb.2014.01.008>; Hillier A, et al. The Impact of WIC Food Package Changes on Access to Healthful Food in 2 Low-Income Urban Neighborhoods. *Journal of Nutrition Education and Behavior*. 2012;44(3):210-216, <https://doi.org/10.1016/j.jneb.2011.08.004>;
- ⁷ National Academies of Sciences, Engineering and Medicine. Review of WIC Food Packages: Improving Balance and Choice: Final Report, at 837, 841. 2017. <https://doi.org/10.17226/23655>.
- ⁸ U.S. Department of Agriculture, Food and Nutrition Service. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages, Proposed rule, at 25, <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-fr-112122.pdf?eType=EmailBlastContent&eld=6a183be4-23c8-4619-bbe9-8928fa68d112>.
- ⁹ Rose-Jacobs R, Fiore JG, de Cuba SE, Black M, Cutts DB, Coleman SM, Heeren T, Chilton M, Casey P, Cook J, Frank DA. Children with special health care needs, supplemental security income, and food insecurity. *Journal of Developmental & Behavioral Pediatrics*. 2016;37(2):140-7.
- ¹⁰ Lucas BL, Feucht SA, Grieger L. Children with Special Health Care Needs: Nutrition Care Handbook. Chicago, IL: American Dietetic Association; 2004.
- ¹¹ U.S. Department of Agriculture, Food and Nutrition Service. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages, Proposed rule, at 18-19, <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-fr-112122.pdf?eType=EmailBlastContent&eld=6a183be4-23c8-4619-bbe9-8928fa68d112>.
- ¹² U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*, at 88. https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf.
- ¹³ See National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report, at 224-244. <https://doi.org/10.17226/23655>.
- ¹⁴ Drewnowski A, Rehm CD (2015) Socioeconomic gradient in consumption of whole fruit and 100% fruit juice among US children and adults. *Nutrition Journal* 14(3). <https://doi.org/10.1186/1475-2891-14-3>.
- ¹⁵ McElligott JT, et al. Variation in fruit juice consumption among infants and toddlers: associations with WIC participation. *Southern Medical Journal*. 2012;105(7):364-369, <https://doi.org/smj.0b013e31825c0252>.
- ¹⁶ Guthrie JF, et al. WIC and non-WIC Infants and Children Differ in Usage of Some WIC-Provided Foods. *The Journal of Nutrition*. 2018;148(3):1547S-1556S, <https://doi.org/10.1093/jn/nxy157>.
- ¹⁷ U.S. Department of Agriculture, Food and Nutrition Service. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages, Proposed rule, at 52, <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-fr-112122.pdf?eType=EmailBlastContent&eld=6a183be4-23c8-4619-bbe9-8928fa68d112>.