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February 21, 2023

Allison Post
WIC Administration, Benefits, and Certification Branch
Policy Division, Food and Nutrition Service
US Department of Agriculture
1320 Braddock Place, 3rd Floor
Alexandria, Virginia 22314

Re: Docket No. FNS-2022-0007, [Proposed Rule on Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages](#)

Dear Ms. Post,

As leading nutrition scientists and health professionals with substantial expertise in diets, health, and nutrition communication and translation, we are pleased that the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) has published a proposed rule to revise regulations governing the WIC food packages to align with the *Dietary Guidelines for Americans, 2020-2025 (DGA)* and reflect recommendations made by the National Academies of Sciences, Engineering and Medicine (NASEM) in the [2017 report](#), “Review of WIC Food Packages: Improving Balance and Choice.”

We commend USDA for the WIC program’s overall success in supporting and improving participant outcomes including: 1) improved birth outcomes; 2) savings in healthcare costs; 3) improved diet and diet-related health outcomes; and 4) improved infant feeding practices.ⁱ At a national level, the prevalence of obesity among WIC participants aged 2 to 4 years dropped from 15.9% in 2010 to 14.4% in 2020, likely a direct consequence of the 2009 nutritional improvements in the food packages.ⁱⁱ Overall, the proposed rule is a strong, positive, and necessary action that will improve the nutrition and health of the nation for more than [six million](#) participating women, infants, and children.

Strengths of the proposed rule that we strongly support include:

Fruits and Vegetables - We applaud USDA’s proposal to increase the monthly Cash Value Voucher (CVV) amounts to reflect the amounts recommended by NASEM (\$24 for child participants, \$43 for pregnant and postpartum participants, and \$47 for partially and fully breastfeeding participants). This critical increase reflects recommendations made by the [Task Force on Hunger, Nutrition, and Health](#) to “make permanent a higher-value WIC benefit that reflects at least 50% of DGA-recommended intake across all food groups, as evaluated by independent experts at NASEM.”ⁱⁱⁱ Research conducted in multiple states during the COVID-19 pandemic demonstrated that increased CVV amounts led to high participant satisfaction, increased purchasing and consumption of fruits and vegetables, and increased variety of fruits and vegetables consumed.^{iv v vi} Fruits and vegetables are foundational components of a healthy diet, and few Americans meet national dietary guidelines for their consumption. This increase in CVV is strongly evidence-based and will improve the health of pregnant women and young children. Programs that support purchases of fruits and vegetables also support local and regional farms and rural economies in the several states.

100% Juice - We support USDA's proposal to reduce the amount of juice in the child, pregnant, and breastfeeding food packages; eliminate juice for postpartum participants; and allow the substitution of a \$3 CVV for the full juice amount as recommended by NASEM and for better alignment with the DGA. This proposed change allows for greater participant choice by providing additional funds to purchase and consume whole fruits and vegetables, if desired by the participant. Evidence is clear for health benefits of whole fruits and vegetables, which compared to juice are higher in fiber, have less free sugar, are more slowly digested, and are more satiating. Evidence on health benefits of 100% juice is more mixed, with some studies suggesting modest benefits, some studies suggesting modest harms, and other studies suggesting no appreciable health impacts. The reduction in juice amount for children is also in alignment with expert recommendations outlined in the *Healthy Eating Research Healthy Beverage Consumption in Early Childhood Consensus Statement (HER Beverage Consensus Statement)*, which concluded that young children should ideally achieve fruit intake recommendations primarily by eating whole fruits, and allow for no more than 4 ounces/day of 100% juice for 1 to 3 year-olds and no more than 6 ounces/day for 4 to 5 year-olds.^{vii} Efforts to bring juice consumption in line with these recommendations for 42% of young children who consume juice are important, as 2017-2018 NHANES data indicate that the average daily intake of 100% juice among 2 to 5 year-old children is 11 ounces, which is well above the HER Beverage Consensus Statement recommendations.^{viii}

Milk - We strongly support USDA's proposal to permit only unflavored milk, as recommended by NASEM and for better alignment with the DGA. This change is also in alignment with the *HER Beverage Consensus Statement* recommendation that infants and children five years and younger not consume flavored milk.^{vii} Flavored milk often contains 11-17 grams of sugar per 8 ounce serving. Unflavored milk is a healthier option for young children. We also support the proposal to require the authorization of lactose-free milk. Many Americans are genetically lactose intolerant, and this change will allow participants who experience lactose intolerance the opportunity to fully redeem the milk benefit.

Breakfast Cereals - We applaud USDA's proposed revision to change the criteria for whole grain breakfast cereals and require that WIC-eligible whole grain breakfast cereals contain a whole grain as the first ingredient. Whole grains improve metabolic health, vascular health, and inflammation. Consistent with these benefits, higher intake of whole grains is associated with lower risk of weight gain, diabetes, and other chronic diseases. America's children do not meet national guidelines for whole grain intake, with an average consumption of less than one ounce equivalent per day for children ages 2 to 4 years (compared with 1.5 to 3 ounce equivalents recommended per day).^{ix} This proposed change is important to increase whole grain consumption among both mothers and children. We do not agree with claims that whole grains are culturally inconsistent with major racial or ethnic groups in the United States. All traditional cultures of major racial and ethnic groups in our country include whole grains as part of a nourishing diet. Past steps toward more whole grain intake in WIC produced meaningful benefits. For example, when the 2009 WIC packages were revised to require half of WIC cereal products to meet whole-grain rich standards, Latinx parents purchased these new healthier options, and Latinx children rapidly experienced notable gains, including a 17% increase in fiber intake and a 10% decrease in the prevalence of childhood obesity among Latinx toddlers enrolled in WIC.^x This is critical for Latinx Americans, who maintain the country's lowest average daily consumption of whole grains.

In addition to our support for the proposed changes to WIC, we urge USDA to consider the following issues:

Maintain Elevated CVV Benefits Throughout Implementation

To ensure that participants avoid the experience of decreased CVV benefits, we strongly urge USDA to maintain the elevated CVV benefits throughout the implementation period while States work to adjust complex IT systems to account for the new food packages.

Assess the Carbohydrate-Fiber Ratio for Grain-Rich Products

We ask USDA to evaluate the addition of another criterion, beyond those already in place and proposed, to assess carbohydrate quality of grain-rich foods in the WIC food package. Research has shown that grain-rich products that have at least 1 g of fiber for every 10 g of total carbohydrate are healthier options than those that do not. This carbohydrate-to-fiber ratio provides an overall measure of the relative content of whole grains, bran, and other sources of fiber (e.g., seeds or fruits) versus refined grains, starch, and sugar. Research has documented that a carbohydrate-to-fiber ratio of $\leq 10:1$ identified products with lower available carbohydrate, total sugar, added sugar, and saturated fat, and with more dietary fiber and protein, among other nutrients.^{xi} This metric has been shown to be superior to other approaches for identifying more healthful grain-rich foods, such as the presence of whole grain as a first ingredient.^{xii} Based on this research, we have [recommended](#) that the Dietary Guidelines Advisory Committee (DGAC) evaluate how the carbohydrate-to-fiber ratio in grain-rich food products and the overall diet influence major health outcomes. We recommend that, as part of its review and implementation of the new proposed WIC rule, USDA evaluate how adding the carbohydrate-to-fiber ratio as a criterion to other existing and proposed criteria may influence the healthfulness of products in WIC food packages and use this information for potential updates to the WIC food packages.

Regularly Update WIC Food Packages Based on Evolving Nutrition Science

To ensure the WIC food packages continue to align with current nutrition science and Federal dietary guidance, we strongly urge USDA to coordinate future revisions of the WIC food packages to automatically occur in connection with new editions of the DGA.

Modernize WIC and Increase Access and Participation

Beyond the present revisions proposed by USDA to improve the nutritional quality of the WIC food packages, other critical opportunities exist for USDA as well as Congress to modernize the WIC program and increase access and participation. The [Task Force on Hunger, Nutrition, and Health](#) (Task Force) - a diverse multi-stakeholder group of experts, direct service providers, and leaders with varying expertise and perspectives - outlined a series of [policy recommendations and actions](#) related to WIC to advance the goals of the September 2022 White House Conference on Hunger, Nutrition, and Health.ⁱⁱⁱ The Task Force's policy recommendations and actions for WIC (either individually or as one of the federal nutrition programs) are highlighted below for consideration. The National Strategy on Hunger, Nutrition, and Health makes some commitments around some of these actions, such as making it easier for eligible individuals to access WIC, expanding online shopping in WIC, testing telehealth initiatives to facilitate virtual breastfeeding support and one-on-one counseling in WIC, and translating the WIC Breastfeeding Support training materials and website into Spanish. The additional actions listed below will further modernize WIC and increase access and participation:

Policy Recommendation #1: Increase access to and participation in federal nutrition programs by expanding eligibility, simplifying enrollment, and improving convenience for participants.

- Coordinate federal and state food assistance program enrollment with other federal social service programs to enhance convenience for participants.
- Expand eligibility for WIC for children by one year, until their sixth birthday, to ensure there is not a gap in benefits between the end of WIC eligibility (age 5) and the beginning of kindergarten (typically age 5-6), when access to school meals typically begins.
- Extend postpartum eligibility in WIC from the current limits of six to 12 months, depending on breastfeeding status, to two years.
- Allow private health plans and Medicaid to partner with WIC and offer services for women and children who are above the income threshold for WIC or who do not meet the categorical eligibility.
- Permanently allow telephone and video certifications and recertifications, which were permitted during the COVID-19 public health emergency, and partner with health care providers to document health metrics needed to determine program eligibility.
- Fund investments in affordable, high-quality broadband so that Americans can more easily access federal nutrition programs through online applications, remote interviews, and online ordering in the Supplemental Nutrition Assistance Program (SNAP) and WIC.

Policy Recommendation #4: Improve program convenience and benefit flexibilities for participants of EBT-based programs (e.g., SNAP and WIC) to increase participation in these vital programs and allow the programs to better promote food and nutrition security.

- USDA and Congress should continue to expand online WIC, allowing participants to make purchases (including produce) through online retailers and farmers' markets. Online WIC should be expanded to additional states.

Policy Recommendation #7: Strengthen federal nutrition education programs, including Supplemental Nutrition Assistance Program-Education (SNAP-Ed), WIC Nutrition Education, and the Expanded Food and Nutrition Education Program (EFNEP), to allow them to provide more effective nutrition education to more people.

- USDA should encourage and incentivize health promotion programs and nutrition education within grocery stores, particularly for SNAP and WIC participants and in low-income neighborhoods.

Policy Recommendation #12: Create and invest in programs and policies that promote human milk feeding as the premier source of infant nutrition.

- Congress and federal agencies such as USDA and the U.S. Department of Health and Human Services (HHS) should increase and expand funding for breastfeeding education, training, and support within federal programs, such as WIC. These initiatives should promote the well-documented health and other benefits of breastfeeding, the availability of lactation counseling and breastfeeding-specific food packages through WIC, and be culturally relevant and aimed at populations with historically lower rates of breastfeeding.

In closing, we reiterate our strong support for USDA's sensible, evidence-based, proposed revisions to the WIC food packages to align them with the *Dietary Guidelines for Americans, 2020-2025* and recommendations made by the National Academies of Sciences, Engineering and Medicine 2017 Report. As leading nutrition scientists and health professionals, we are confident these revisions are

appropriate, evidence-based, important, and will lead to better health for Americans participating in the WIC program without any decrements to participation, dietary quality, or dietary variety.

We also offer additional recommendations for the proposed rule, and more broadly for modernizing the WIC program and improving program access and reach.

We emphasize our willingness to share our time and expertise to work further with USDA as helpful in its quest to update and harmonize policies and rules to improve food and nutrition security, health, and health equity in our nation. Several of us have served on major committees whose missions were to weigh scientific evidence in order to establish national and international nutrition policy guidelines. We would be glad to further share our experience and knowledge in this arena.

We thank USDA for the opportunity to submit this comment in response to the proposed revisions in the WIC food packages.

Sincerely,



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These comments represent the recommendations of individual Tufts faculty members. The opinions expressed in this document do not necessarily represent the views or opinions of the Friedman School of Nutrition Science and Policy, Tufts University, or its affiliates.

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