February 21, 2023

Cindy Long, MPA
Administrator, Food and Nutrition Services
United States Department of Agriculture
3101 Park Center Dr # 906
Alexandria, VA 22302

Re: Docket No. FNS-2022-0007-0001; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages (RIN 0584–AE82)

Dear Administrator Long:

Trust for America's Health (TFAH) is grateful for the opportunity to provide comments regarding the United States Department of Agriculture (USDA), Food and Nutrition Services' proposed rule: Special Supplemental Nutrition Program for Women, Infants, and Children: Revisions in the Women, Infants, and Children (WIC) Food Packages. TFAH strongly supports the re-alignment of the WIC updates to reflect the scientific advice of the National Academies of Science, Engineering, and Medicine (NASEM) and the Dietary Guidelines for Americans (DGA).

Trust for America's Health (TFAH) is a non-profit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. TFAH advances evidence-based policy recommendations to strengthen the nation's public health system and envisions a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels. One of TFAH's longstanding policy priorities is chronic disease and obesity prevention, including through improving equitable access to healthy nutrition. Importantly, previous WIC package updates were resounding public health successes by decreasing the prevalence of obesity for children who participate in WIC and increased fruit and vegetable consumption.[1]

[1] *The State of Obesity: Better Policies for a Healthier America 2022* (September, 2022). Trust for America's Health. https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf.

WIC is a vital public health program shown to reduce the risk of infant mortality,[2] improve pregnancy and birth outcomes,[3] increase breastfeeding rates,[4] boost consumption of important under-consumed food groups like fruits and vegetables,[5] enhance dietary quality,[6] and reduce the prevalence of childhood obesity.[7] Following the science-based recommendations of experts will ensure that WIC packages reflect the most up-to-date nutrition science, to further build on the public health accomplishments of the WIC program.

Fruits and Vegetables

TFAH supports the USDA's proposal to formalize and cement the increase fruit and vegetable benefits, as well as the new product size flexibilities because both proposals should help beneficiaries access and consume more healthful foods and stretch benefits further.

Eating a diet rich in fruits and vegetables is linked to numerous health benefits, including lower blood pressure, reduced risk of heart disease and stroke, protection against some types of cancer, lower risk of eye and digestive problems, and assistance in moderating blood sugar levels.[8] Unfortunately, fruit and vegetable consumption is disproportionately lower among socially and economically disadvantaged groups, including people with lower incomes, people of color, and people living in rural areas.[9] One major barrier to fruit and vegetable consumption is that these communities often lack access to retailers that carry affordable, quality, and culturally appropriate produce.[10]

The new WIC product size flexibilities, if finalized, would also play an important role in allowing beneficiaries to purchase more groceries in higher quantities for a lower cost. In general, consumers experience cost savings when buying products in bulk. By enabling WIC beneficiaries to purchase products in larger sizes, it will hopefully lead to an increase in consumption of healthful products like fruits and vegetables at more affordable prices.

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[2] Soneji, S., Beltrán-Sánchez, H. (2019). Association of special supplemental nutrition program for women, infants, and children with preterm birth and infant mortality. *JAMA Network Open, 2*(12):e1916722. https://doi.org/10.1001/jamanetworkopen.2019.16722.

[3] Fingar, K. R., Lob, S. H., Dove, M. S., Gradziel, P. & Curtis, M. P. (2016). Reassessing the association between WIC and birth outcomes using a fetuses-at-risk approach. *Maternal and Child Health Journal, 21*, 825-835. https://doi.org/10.1007/s10995-016-2176-9.

[4] Kline, N., Zvavitch, P., Wroblewska, K., Worden, M., Mwombela, B., Thorn, B. & Cassar-Uhl, D. (2022, February). *WIC Participants and Program Characteristics 2020 Final Report.* United States Department of Agriculture. https://fns-prod.azureedge.us/sites/default/files/resource-files/WICPC2020-1.pdf.

[5] Whaley, S. E., Ritchie, L. D., Spector, P. & Gomez, J. (2012). Revised WIC food package improves diets of WIC families. *Journal of Nutrition Education and Behavior, 44*(3), 204-209. https://doi.org/10.1016/j.jneb.2011.09.011.

[6] Weinfield, N. S., Borger, C., Au, L. E., Whaley, S. E., Berman, D. & Ritchie, L. D. (2020). Longer participation in WIC is associated with better diet quality in 24-month-old children. *Journal of the Academy of Nutrition and Dietetics, 120*(6), 963-971. https://doi.org/10.1016/j.jand.2019.12.012.

[7] Daepp, M. I. G., Gortmaker, S. L., Wang, Y. C., Long, M. W. & Kenney, S. L. (2019). WIC food package changes: Trends in childhood obesity prevalence. *Pediatrics, 143*(5):e20182841. https://doi.org/10.1542/peds.2018-2841.

[8] *Vegetables and Fruits.* Harvard T. H. Chan School of Public Health. Retrieved January 30, 2023, from https://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/vegetables-and-fruits/#:~:text=A%20diet%20rich%20in%20vegetables,help%20keep%20appetite%20in%20check.

[9] Houghtaling, B., Greene, M., Parab, K. V. & Singleton, C. R. (2022). Improving fruit and vegetable accessibility, purchasing, and consumption to advance nutrition security and health equity in the United States. *International Journal of Environmental Research and Public Health, 19*(18). https://doi.org/10.3390/ijerph191811220.

[10] Zenk, S. N., Powell, L. M., Rimkus, L., Isgor, Z., Barker, D. C., Ohri-Vachaspati, P. & Chaloupka, F. (2014). Relative and absolute availability of healthier food and beverage alternatives across communities in the United States. *American Journal of Public Health, 104*, 2170–2178. https://doi.org/10.2105/AJPH.2014.302113.

Juice

TFAH is encouraged by USDA's proposal to reduce the issuance of juice and allow participants to substitute the juice issuance for fruits and vegetables through cash-value voucher (CVV). We encourage USDA to go further by eliminating any default juice issuance and simply provide the monetary benefit to the fruit and vegetable CVV, permitting juice only as a substitution option. Compared to juice, whole fruits and vegetables contain more fiber and are a healthier option.[11] Lower-income families, particularly Black families, drink more fruit juice and consume fewer whole fruits compared to white families primarily due to differences in neighborhood socioeconomic status.[12] Currently, children participating in WIC are more likely to be introduced to juice earlier in life and consume higher quantities of juice than non-participants.[13,14] Eliminating the default juice issuance and shifting $3 to the CVV for fruits and vegetables could help increase WIC participants' consumption of whole fruits and vegetables and increase fiber intake for families of color.

Breakfast Cereals and Whole Wheat Bread, Whole Grain Bread, and Other Whole Grain Options

TFAH supports the USDA's proposals to require all breakfast cereals to meet whole grain criteria and to provide whole wheat bread, whole grain bread, and whole grain options in supplemental amounts that better align with the DGA. These steps will help reduce disparities in whole grain intake and improve health outcomes for WIC participants of color. NASEM found that 100 percent of adults and 93 percent of children do not meet the DGA recommended intake for whole grains, and noted that disparities in whole grain intake disproportionately impact Black and Hispanic families.[15] Ensuring children receive whole grain cereals and bread can increase their whole grain intake while delivering key nutrients including fiber, iron, and folate, reducing the risk of cardiovascular disease, type 2 diabetes, and other chronic diseases.[16]

Substitutions

TFAH supports the proposal to allow substitutions that better meet personal and cultural preferences, including the option to substitute legumes, peanut butter, or tofu for eggs. Racial and ethnic groups have reported different perceptions of foods available within the WIC

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[11] 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.
[12] 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.
[13] McElligott JT, et al. (2012) Variation in fruit juice consumption among infants and toddlers: associations with WIC participation. Southern Medical Journal 105(7):364-369, https://doi.org/smj.0b013e31825c0252.
[14] Guthrie JF, et al. (2018) WIC and non-WIC Infants and Children Differ in Usage of Some WIC-Provided Foods. The Journal of Nutrition 148(3):1547S-1556S, https://doi.org/10.1093/jn/nxy157.
[15] 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.
[16] Seal, C. J., & Brownlee, I. A. (2015). Whole-grain foods and chronic disease: evidence from epidemiological and intervention studies. The Proceedings of the Nutrition Society, 74(3), 313–319. https://doi.org/10.1017/S0029665115002104.

program, indicating the need for increased flexibility.[17] Allowing WIC participants to purchase cultural foods, such as whole grain naan, aligns the program with participants' preferences as well as a greater diversity of cooking and food preparation practices. Substitution can also allow families to more easily manage food allergies, such as milk or egg allergies, to obtain alternative foods that are safe to consume.

Conclusion

WIC is a critical nutrition program for millions of children and families across the country and a vital tool for addressing disparities in nutrition, obesity, and a host of health outcomes. As discussed in TFAH's 2022 State of Obesity report, the WIC package updates that went into effect in 2010 created statistically significant reductions in childhood obesity of WIC participants across all racial and ethnic groups studied. [18] TFAH supports fully leveraging WIC as a public health tool to increase health and welfare in participants and urge USDA to continue forward with new package updates that would help address childhood obesity, which disproportionately affects Black and Hispanic children.[19]

Thank you for the opportunity to comment and express our support for the USDA's work to update the WIC program. We look forward to further discussions about how to best support this important work. Please contact Madison West, Associate Government Relations Manager, at mwest@tfah.org with any questions or for additional information.

Sincerely,

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America's Health

[17] Au, L. E., Ritchie, L. D., Tsai, M., Randel-Schreiber, H. R., Martinez, C., Gradziel, P. H., Sabatier, S. M., & Whaley, S. E. (2021). Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. Journal of nutrition education and behavior, 53(1), 60–66. https://doi.org/10.1016/j.jneb.2020.09.014
[18] *The State of Obesity: Better Policies for a Healthier America 2022* (September, 2022). Trust for America's Health. https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf.
[19] *Ibid.*