

February 17, 2023

To Whom It May Concern,

We are writing in strong support of USDA's proposed updates to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Package. WIC supports families in putting healthy meals on the table so that young children can grow and thrive. Enrolling in WIC provides low-income mothers, infants, and children with the opportunity to supplement a nutritionally adequate diet. The Alliance to End Hunger unites a diverse coalition of corporations, non-profit groups, universities, associations, individuals, health care providers, foundations, and faith-based organizations that all work together to address domestic and international hunger and malnutrition needs. Improving access to and the nutritional value of WIC is a significant goal of the Alliance as improving maternal and child health is one of our key priorities.

As part of that effort, we worked with the National WIC Association to measure nationwide support for the WIC program in 2021. In a survey of 2,052 nationwide voters, our research found that WIC continues to maintain broad-based voter support across ideological and party lines. This included relatively strong bipartisan support as 62% of Republicans and 90% of Democrats favored expanding the value of the WIC food package in order to enhance WIC's reach and public health outcomes. There is strong public consensus on the positive impact WIC has had on our nation's pregnant and postpartum women, infants, and children, and there is a need to further enhance the impact of the program. USDA's proposed rule of enshrining higher fruit and vegetable benefits into the updated WIC food packages would help to accomplish this.

USDA's proposed updates will enhance access to healthier options – like fruits, vegetables, seafood, and whole grains – by boosting benefit levels and providing greater choice among more nutritious products.

We support USDA's efforts to:

- Make permanent the recent increases in fruit and vegetable benefit, which would provide 50% of fruit and vegetable intake recommended by the Dietary Guidelines for Americans (DGAs);
- Add seafood across the children and adult food packages;
- Enhance the variety of healthy choices for WIC families by establishing new substitution patterns that increase access to dairy and Cash Value Benefit and including a broader range of cultural whole grain options, like quinoa, teff, and blue cornmeal;
- Strengthen standards for companies that manufacture WIC-approved products including cereals and dairy to improve child health outcomes by increasing whole grain intake and reducing sugars and saturated fats;

- Expanding package size ranges across all food categories to allow a broader range of approved products on the grocery store shelf, and
- Creating a pathway for new products that are nutritionally comparable with WIC foods to be approved, such as plant-based dairy alternatives, in order to better accommodate WIC participants with a variety of dietary preferences and allergies.

The DGA identified several key food categories where most Americans —including pregnant women and children—are insufficiently meeting the recommended intake. With added investment, WIC is uniquely positioned to increase the consumption of these priority food groups—such as fruits, vegetables, whole grains, and seafood— while subsidizing household economic security. Due to the WIC benefit bump in 2021, the Cash Value Benefit (CVB) increased by 50% of recommended intake per month and led to increased consumption of fruits and vegetables by WIC participants. In addition, the USDA proposed rule would immensely expand access to seafood from 3.4% of WIC participants to an estimated 58.7%. The *2020 Dietary Guidelines for Americans* emphasizes the benefits of seafood consumption for pregnant and breastfeeding women, noting substantial increased need for iodine during pregnancy and lactation for neurocognitive development of the fetus¹. Aligning the WIC Food Package with DGA recommendations also supports WIC participants to be educated consumers when making dietary choices. With the additional value that USDA now proposes to be made permanent, families have increased variety in key food categories while also reporting a ¼ cup per day increase in fruit and vegetable consumption for WIC-enrolled children ⁱⁱ.

Additional CVB provides a greater degree of choice that can empower WIC families to practice cultural eating patterns and experiment with new varieties. The proposed rulemaking to the WIC food package would provide new substitution patterns, which may improve access to and increase consumption of dairy and whole grains for women, infants, and children. USDA's proposal would create a pathway for plant-based dairy alternative patterns and broader range of cultural whole grain options that still meet nutrition standards to be eligible for WIC. Plant-based dairy alternatives would increase the value and choice of the WIC package for participants with allergens or dietary patterns that exclude dairy. In addition, providing alternatives to milk can increase dairy intake among WIC-enrollees, especially among Asian-Americans, African-Americans, and Native Americans who have the highest percentage of lactose intolerance^{III}. Prior to this proposal, the WIC food packages did not accommodate allergies, vegan diets, and cultural preferences.

Higher fruit and vegetable issuance is imperative in ameliorating health outcomes and closing intake disparities. By decreasing overall juice issuance and increasing whole fruit purchases, WIC can combat nutritional intake disparities that disproportionately affect low-income families, in particular, Black families^{iv}. The 2009 revisions to the food package contributed to significant public health gains, with Hispanic (10.9%), Indigenous (10.0%), and Asian American/ Pacific Islander (16.8%) toddlers recording higher reductions in obesity among all WIC-enrolled toddlers reported between 2010 and 2018 (9.4%)^{vvi}. This demonstrates WIC's potential to make further gains in closing the racial nutrition gap with additional CVB for WIC participants. In addition, the 2009 WIC food package revisions led to the improved stocking of fresh produce, especially in low-income neighborhoods. With the new requirement for WIC retailers to increase minimum number of vegetables stocked, community infrastructure for and availability of fresh produce is expanded, closing disparities in healthy food access for many women, infants, and children.

Providing greater choice among nutritious products by decreasing limitations on food options promotes consumption of a sufficient amount and variety of fruits and vegetables in early childhood and creating lifelong health promoting nutrition habits. National data has shown that while WIC participation rates are high among infants, they drop substantially as children get older^{vii}. As FNS is committed to modernizing the WIC program to maximize its impact, it is salient that the program promotes healthy food choice throughout the entire period of eligibility. Since early childhood is a vital time period for shaping lifelong dietary habits and preferences, this is a key opportunity for the introduction of new and diverse healthy foods. The new proposed WIC food package would allow WIC-enrollees to explore a broader range of DGA food recommendations.

We commend USDA's commitment to advancing maternal and child health by utilizing WIC as a vehicle to supplement the nutrition of mothers, babies, and young children. Parents trust and turn to WIC based on its long record of improving health outcomes for babies and young children, which is rooted in a science-based process and expert advice from WIC counselors that prioritizes consumption of healthy foods. Updating the WIC Food Package will not only help fill in key nutritional gaps for all WIC participants, but open nutritional opportunities by providing more choice for WIC recipients. We urge USDA to move as quickly as possible to finalize this rule and ensure that WIC families have access to updated food packages.

Respectfully,

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The Alliance to End Hunger is a <u>coalition</u> of over 100 corporations, non-profits, faith-based organizations, universities, foundations, international organizations, and individuals. While driving factors may vary among membership, there is a shared conviction that ending hunger is both essential and possible.

^{III}National Library of Medicine. Lactose Intolerance. MedlinePlus (last updated May 1, 2010) <u>https://medlineplus.gov/genetics/condition/lactose-</u>

intolerance/#:~:text=Lactose%20intolerance%20in%20adulthood%20is%20most%20prevalent%20in%20people%20of,%2C%20Greek%2C%20an d%20Italian%20descent.

¹U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*, at 117. <u>https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary Guidelines for Americans-2020-2025.pdf</u>.

ⁱⁱ Ritchie L, Lee D, Felix C, Sallack L, Chauvenet C, Machel G, Whaley SE. Multi-State WIC Participant Survey: Cash Value Benefit Increase During COVID. The National WIC Association and Nutrition Policy Institute, University of California Division of Agriculture and Natural Resources. March 2022.

^{iv} 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). <u>https://doi.org/10.1186/1475-2891-14-3</u>.

^v Centers for Disease Control and Prevention. Obesity Among WIC-Enrolled Young Children (last updated Nov. 8, 2022), <u>https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html.</u>

^{vi} Centers for Disease Control and Prevention. Obesity Among WIC-Enrolled Young Children, Table Three: Obesity Among Children 2 to 4 Years Enrolled in WIC by Age, Sex, and Race or Ethnicity (last updated Nov. 8, 2022), <u>https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html</u>.

^{vii} USDA Food and Nutrition Service. WIC Eligibility and Coverage Rates - 2018 (last updated June25,2021), <u>https://www.fns.usda.gov/wic/eligibility-and-coverage-rates-2018</u>.