THE 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 Docket No. FNS-2022-0007

COMMENTS OF THE CENTER FOR SCIENCE IN THE PUBLIC INTEREST

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Benefits, and Certification Branch Policy Division Food and Nutrition Service 1320 Braddock Place, 3rd Floor Alexandria, Virginia 22314

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

The Center for Science in the Public Interest¹ submits these comments in response to the U.S. Department of Agriculture's (USDA) "Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages" proposed rule (87 FR 71090). The proposed rule is rooted in independent, science-based recommendations that promote alignment with the 2020-2025 Dietary Guidelines for Americans (DGAs), promotes choice and dignity among participants, and may strengthen nutrition security.

In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) issued a final report and made expert recommendations to promote further alignment between the WIC food packages and the most recently available science.² The report identified gaps in nutrient intake among the WIC population and articulated actionable steps to improve dietary outcomes through more balanced issuance across the WIC food packages. NASEM's detailed review was presciently aligned with the first-ever issuance of Dietary Guidelines for Americans (DGAs) recommendations for pregnancy, lactation, and the first two years of life,³ reflecting the NASEM report's dedicated effort to ground its recommendations in the most current nutrition science.

WIC has a proven track record of improving health outcomes. The USDA's proposed rule reflects the scientific advice of the NASEM report and the most recent edition of the DGAs, demonstrating an ongoing commitment to build upon the public health advances secured in the 2009 food package review. The USDA should not compromise on following the science-based recommendations throughout this rulemaking process and should ensure that the final food packages both reflect nutrition science and deliver improved results for participating WIC families.

CSPI strongly supports the USDA's proposals to:

- Increase the cash value benefit (CVB) maximum monthly allowances for child, pregnant, breastfeeding, and postpartum participants
- Strengthen whole grain requirements for cereal and bread
- Adjust dairy issuance to promote participant choice while reducing added sugars
- Create a pathway for plant-based dairy alternatives low in added sugars
- Include seafood in the child and adult food packages

¹CSPI has worked since 1971 to improve the public's health through better nutrition and safer food. It is a non-profit consumer education and advocacy organization, supported by donations from individuals and foundations and its members and subscribers to its *Nutrition Action* magazine.

² National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report.

³ U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*, 2020-2025.

• Establish package and container size flexibility across food categories

CSPI encourages the USDA to further strengthen the package update by:

- Allowing juice only as a substitution
- Requiring canned fruits and vegetables in the infant food package have no added sugars or sodium
- Maintaining the elevated CVB benefits throughout implementation
- Making changes to the program that will help reduce children's exposures to toxic heavy metals

CSPI's detailed comments on the proposed rule are outlined below:

Updating the WIC food packages is a critical step to implement the National Strategy on Hunger, Nutrition, and Health.

In September 2022, the Biden-Harris administration outlined a National Strategy on Hunger, Nutrition, and Health⁴ which put forth a coordinated vision to fulfill two primary goals: eradicate hunger and promote healthy eating patterns as a strategy to mitigate chronic diet-related disease – all while reducing health disparities. The National Strategy recognized that a comprehensive, whole-of-nation approach was needed to accomplish these goals, with federal programs and regulations being only one tool in a broader effort to build a healthier America.

Hunger and nutrition are interconnected and have a pronounced impact on health outcomes, especially for young children. The USDA's Economic Research Service estimated that 10.2 percent of U.S. households were food insecure in 2021, meaning that 13.5 million households had difficulty at some time during the year providing food for all their members because of a lack of resources.⁵ Even before the recent food price increases during the COVID-19 pandemic, in a USDA survey of Supplemental Nutrition Assistance Program (SNAP) participants, 61 percent of respondents identified high food costs as the most prevalent barrier to shopping for foods that are part of a healthy diet.⁶

Obesity alone accounts for nearly \$173 billion in annual healthcare spending, and affects approximately one-in-five children..⁷ Nutrition interventions that mitigate chronic disease earlier in life, such as WIC, can have a substantial effect over time, as children with obesity, which is associated with increased risk of chronic disease, are five times as likely to have adult obesity. Following the 2009 revisions to the WIC food packages, prevalence of overweight and obesity among WIC-enrolled children aged 2-4 decreased from 32.5 percent to 29.8 percent between 2010 and 2010.⁸ Hispanic (10.9%), Indigenous (10.0%), and AAPI (16.8%) toddlers recorded even higher reductions in obesity, demonstrating WIC's potential to

⁴ White House, Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health (Sept. 2022), https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-

FINAL.pdf.

⁵ Coleman-Jensen A, et al. (2022) Household Food Security in the United States in 2021, Economic Research Report No. 309, https://www.ers.usda.gov/webdocs/publications/104656/err-309.pdf?v=3567.9.

⁶ Gearing M, Dixit-Joshi S, May L (2021) Barriers That Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-Barriers-SurveyFindings.pdf.

⁷ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Poor Nutrition. (last reviewed Sept. 8, 2022), <u>https://www.cdc.gov/chronicdisease/about/costs/index.htm</u>.

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

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close health disparities and strengthen nutrition outcomes in communities of color.⁹

The National Strategy commits to "updating the package of foods offered by WIC . . . to better align with the most recent *DGAs*," while also taking the substantial step to build "on the success of the [American Rescue Plan Act's] temporary increase, through appropriations" to "continue providing the cash value benefit in WIC at a level that supports fruit and vegetable access and recommended consumption."¹⁰ The USDA's proposed rule will deliver on these commitments by enshrining higher fruit and vegetable benefits into the updated WIC food packages.¹¹

The National Strategy acknowledges that stronger nutrition standards across federal programs can "help increase diet quality of beneficiaries and spur companies to reformulate food products."¹² Updated food packages will benefit more than 6.3 million WIC participants and, most significantly, the 4.9 million women and children who will receive enhanced fruit and vegetable benefits.¹³

Enhancing the WIC foods package

The USDA's proposed rule recognizes that WIC's extraordinary public health efforts would be enhanced with increased issuance of under-consumed foods. In 2021, the average WIC benefit constituted only 8.1 percent of annual household expenditures on food at home.¹⁴ The DGAs identify several key food categories where most Americans – including children and pregnant women – are falling short of recommended intake. With added investment, WIC would be well positioned to increase consumption of these priority food groups – such as fruits, vegetables, whole grains, and seafood – while further supporting household economic security.

WIC's food package aims to deliver recommended levels of key nutrients to all participants to deliver on its public health promise and assure a healthy start for young children. Except for the CVB for fruits and vegetables, WIC foods are issued by quantity to yield this result – ensuring that a participant can obtain the same level of nutrients regardless of market fluctuations, inflationary pressures, retail cost, and geographic price variations.

Yet, the value of the WIC benefit has diminished over time. Even though the 2009 food package updates added new food groups like the Cash Value Benefit and whole grains, that regulatory change was cost-

⁹ 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), https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html.

¹⁰ White House, Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health (Sept. 2022), at 24, <u>https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf</u>.

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 13-14, <u>https://fns-</u>

prod.azureedge.us/sites/default/files/resource-files/wic-fr-112122.pdf?eType=EmailBlastContent&eId=6a183be4-23c8-4619-bbe9-8928fa68d112.

¹² White House, Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health (Sept. 2022), at 24, <u>https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf</u>.

¹³ U.S. Department of Agriculture, Food and Nutrition Service. WIC Data Tables, Monthly Data – State Level Participation by Category and Program Costs, FY 2022 (preliminary), <u>https://www.fns.usda.gov/pd/wic-program</u> (note: November 2022 data as most recent month).

¹⁴ U.S. Department of Labor, Bureau of Labor Statistics. Economic News Release: Consumer Expenditures—2021 (Sept. 8, 2022), <u>https://www.bls.gov/news.release/cesan.nr0.htm</u>.

neutral and came at the expense of access to other supplemental foods, like eggs.¹⁵ Further, when WIC was established in the 1970s, a monthly benefit would supply approximately \$20 of supplemental foods across four adult/child categories (milk/cheese, cereal, juice, and eggs). According to the Bureau of Labor Statistics, if the WIC food packages were adjusted for annual inflation to maintain the same purchasing power, the total value of the food benefit would be over \$100 today.¹⁶ Instead, the average WIC benefit in FY 2021 was only \$35.58 across eight adult/child food categories.¹⁷

In addition to supporting increased consumption of under-consumed foods, the WIC program should also take steps to help consumers, especially children, limit their exposures to toxic heavy metals. The U.S. Food and Drug Administration and USDA are currently engaged in a multi-year effort to reduce the levels of toxic heavy metals in foods and beverages consumed by young children. This effort, called the Closer to Zero Action Plan,¹⁸ led by FDA with the USDA assisting, was initiated as a result of two 2021 congressional reports which found that baby foods sold in the US are sometimes contaminated with heavy metals, like lead, arsenic, cadmium, and mercury,¹⁹ that cause brain damage and other harm. Efforts should be made by the USDA to ensure that foods available in the WIC package are not contributing to children's dietary heavy metal exposures. FDA has proposed action levels for lead in juice and foods consumed by children, especially root vegetables and dry cereals.²⁰ In the coming years, FDA anticipates setting standards for mercury in seafood and for arsenic and cadmium in other foods.²¹ The WIC program should take these findings and FDA actions into consideration and identify opportunities to use the WIC program to reduce children's exposures to toxic heavy metals, particularly from root vegetables, cereals, juice, and seafood, while ensuring children consume a nutritious diet.

Below are CSPI's comments on proposed changes to various food group allowances.

A. Fruits and Vegetables

CSPI applauds the USDA's proposal to permanently increase CVB maximum monthly allowances and the proposed requirement to make additional options available for purchase with the CVB, as long as all newly authorized options are required to be free of added sugars, and added sodium. CSPI urges the USDA to make clear that the expanded CVB currently in place is to be maintained throughout the implementation period and is exempt from the requirement that all revisions to the package must be implemented concurrently.

¹⁶ See U.S. Department of Labor, Bureau of Labor Statistics. CPI Inflation Calculator. https://www.bls.gov/data/inflation_calculator.htm.

¹⁵ U.S. Department of Agriculture, Food and Nutrition Service. Interim rule: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages. 72 Fed. Reg. 68,966 (Dec. 6, 2007).

¹⁷ U.S. Department of Agriculture, Food and Nutrition Service. WIC Program Participation and Costs (last updated January13, 2023), https://fns-prod.azureedge.us/sites/default/files/resource-files/25wifyavgfd\$-1.pdf

¹⁸ U.S. Food and Drug Administration. Closer to Zero: Action Plan for Baby Foods. <u>https://www.fda.gov/food/metals-and-your-food/closer-zero-action-plan-baby-foods</u>. Updated 26 January 2023. Accessed: 8 Feb 2023.

¹⁹ U.S. House of Representatives, Subcommittee on Economic and Consumer Policy. Baby Foods Are Tainted with Dangerous Levels of Arsenic, Lead, Cadmium, and Mercury. 4 February 2021. Available at:

https://oversightdemocrats.house.gov/sites/democrats.oversight.house.gov/files/2021-02-04%20ECP%20Baby%20Food%20Staff%20Report.pdf; U.S. House of Representatives, Subcommittee on Economic and Consumer Policy. New Disclosures Show Dangerous Levels of Toxic Heavy Metals in Even More Baby Foods. 29 September

^{2021.} Available at: https://oversight.house.gov/files/ECP%20Second%20Baby%20Food%20Report%209.29.21

https://oversight.house.gov/sites/democrats.oversight.house.gov/files/ECP%20Second%20Baby%20Food%20Report%209.29.21 %20FINAL.pdf.

²⁰ U.S. Food & Drug Administration Closer to Zero

²¹ U.S. Food & Drug Administration Closer to Zero

Higher fruit and vegetable issuance is critical for improving health outcomes and closing gaps in consumption. Nationwide, nearly 90 percent of toddlers consume less than the recommended intake of vegetables, and about 40 percent consume less than the recommended intake of fruit.²² Women who are pregnant and lactating on average consume less than the recommended intake of total fruits and vegetables.²³ When analyzing WIC-eligible populations, NASEM found that 100 percent of postpartum women, 99 percent of children, and 99 percent of pregnant women fall short of DGA-recommended vegetable intake.24

WIC's increased issuance of fruits and vegetables is one of the most substantial investments in nutrition security in recent years. Prior to the American Rescue Plan, CVB issuance was \$9 per child and \$11 for pregnant, postpartum and breastfeeding women. According to NASEM, an appropriate supplemental issuance for the CVB would amount to \$23 per month for children (a 1,300-kcal diet), \$41 per month for postpartum women (a 2,300-kcal diet), and \$45 per month for a pregnant or breastfeeding woman (a 2.600-kcal diet).²⁵ NASEM identified that they would increase the CVB "across food packages to the extent possible within cost-neutral restrictions," which amounted to a far smaller monthly issuance. Within cost-neutrality, children would only be able to receive \$12 per month, with women receiving between \$15-\$35 depending on participant category.

When charged by USDA to identify priorities for additional investment beyond cost-neutrality, NASEM clearly articulated that the first priority should be further increases to the CVB. In spring 2021, this science-based recommendation informed Congress to depart from cost-neutrality and expand the amounts issued through the WIC food packages to current levels representing 50% of DGA-recommended intake. USDA's proposed rule wisely continues this expanded benefit to build on the progress in recent months to boost intake and promote alignment of dietary patterns with the DGAs.

The increased benefits since 2021 have been incredibly well received by program participants and resulted in rapid and measurable increases in fruit and vegetable consumption, according to a survey across five State WIC Agencies. The study reports that excluding juice, legumes, and fried potatoes, consumption of fruits and vegetables by WIC participating children increased by an average of 1/4 cup per day.²⁶ In addition to addressing key nutrient gaps, the CVB is arguably the most versatile element of the WIC food package, providing choices that empower WIC families to maintain cultural eating patterns and try new foods. Added CVB benefits greatly shifted participant perceptions about the value of WIC participation: 83.8 percent of WIC participants surveyed felt that the CVB was "not enough," prior to the increase, compared to 24 percent feeling that the CVB was "not enough" in 2021.²⁷ NASEM identified that a higher-value CVB could incentivize ongoing participation by young children,²⁸ addressing a persistent challenge that fueled participation declines in the 2010s.

²² U.S. Department of Agriculture & U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025.

²³ U.S. Department of Agriculture & U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025.

²⁴ See National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report, at 224-244.

²⁵ NASEM Report

²⁶ Ritchie L, et al. (2022) Multi-State WIC Participant Satisfaction Survey: Cash Value Benefit Increase During COVID. National WIC Association & Nutrition Policy Institute. https://s3.amazonaws.com/aws.upl/nwica.org/nwa-multi-state-cvb-reportmarch-2022.pdf. ²⁷ Ritchie L, et al. (2022) Multi-State WIC Participant Satisfaction Survey: Cash Value Benefit Increase During COVID.

National WIC Association & Nutrition Policy Institute. https://s3.amazonaws.com/aws.upl/nwica.org/nwa-multi-state-cvb-reportmarch-2022.pdf. ²⁸ National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and

Choice: Final Report, at 454-455.

CSPI urges the USDA to maintain the elevated CVB benefits throughout implementation and to explicitly exempt CVB from the limitation in the proposed rule that changes cannot be made on a food category basis. States rightfully need to adjust complex systems changes to account for the new food packages, new products, issuance levels, and substitution patterns. However, a narrow interpretation of the rule as written 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. This would be a disastrous and unintended result of the proposed rule, and we urge USDA to clarify that maintaining the elevated CVB level through implementation is critical, and that CVB is exempt from this limitation.

CSPI supports the USDA's proposal to require State Agencies to authorize at least one other form of fruit and vegetable in addition to fresh, providing flexibility to accommodate special dietary needs, cultural and personal food preferences, and storage and cooking limitations. As stated in the rule, given the widespread implementation of this optional allowance across State agencies (81 of the 89 WIC state agencies²⁹ in 2021)³⁰, we anticipate that this will have a minimal impact on operators.

In response to the USDA's request for public comment to better understand the impact of, and potential barriers to, the proposed change to allow fresh and other forms (frozen and/or canned) of fruits and vegetables as an option in the infant food package, CSPI recognizes the importance of convenient packages for WIC families. However, we urge the USDA to require canned fruits and vegetables in the infant food package have no added sugars or sodium. Among children, intake of added sugars has been associated with weight gain, dental decay, and an increase in risk factors for cardiovascular disease,³¹ and a substantial number of studies show that as dietary sodium intake rises, so does blood pressure.³² Studies show a link between elevated blood pressure in childhood and elevated blood pressure in adulthood, and early development of heart disease and risk for premature death.³³ Children who eat higher-sodium diets are 36 percent more likely to have elevated blood pressure than children who eat lower-sodium diets.³⁴

CSPI supports the USDA's proposal to require vendors to stock at least three varieties of vegetables, which will increase access to more varieties of vegetables for WIC participants and all consumers. When minimum stocking standards were implemented in 2009, availability of fruits and vegetables at eligible retailers increased.^{35,36}

CSPI also supports the allowance of purchasing fresh, cut herbs with the CVB. Herbs enhance the flavor of foods and may help increase the palatability of foods lower in sodium.

 ²⁹ Includes 50 state health departments, 33 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico and the Virgin Islands)
³⁰ 87 FR 71090

³¹ Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. Circulation. 2017 May 9; 135(19):e1017-e1034.

³² Whelton PK, et al. Sodium, Blood Pressure, and Cardiovascular Disease: Further Evidence Supporting the American Heart Association Sodium Reduction Recommendations. *Circulation*. 2012;126:2880-89.

³³ Appel LJ, et al. Reducing Sodium Intake in Children: A Public Health Investment. *Journal of Clinical Hypertension*. 2015:17(9).

³⁴ Rosner B, et al. Childhood Blood Pressure Trends and Risk Factors for High Blood Pressure: the NHANES Experience 1988–2008. *Hypertension*. 2013;62:247–54.

³⁵ Zenk SN et al. Fruit and Vegetable Availability and Selection Federal Food Package Revisions, 2009. *American Journal of Preventative Medicine*. 2012;43(4):423-428.

³⁶ Rose, D et al. The Influence of the WIC Food Package Changes on the Retail Food Environment in New Orleans. *Society of Nutrition Education and Behavior*. 2014;46(3):S38-S44.

B. Juice

CSPI supports the USDA's proposal, which echoes NASEM's recommendation, to reduce overall issuance of 100 percent fruit juice and permit substitution of the remaining juice benefit for additional CVB.³⁷ Further, we recommend that the USDA 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 percent fruit juice,³⁸ and fiber was identified as a priority nutrient in the NASEM report across all child and adult food packages.³⁹ The American Academy of Pediatrics has concluded that juice consumption "predisposes to excessive caloric intake" and recommends that "pediatricians should advocate for a reduction in fruit juice in the diets of young children and the elimination of fruit juice in children with abnormal (poor or excessive) weight gain."⁴⁰

A 2012 comparison of participants and non-participants of WIC found that WIC participation is associated with earlier introduction of juice.⁴¹ The current food package for children allows 128 fl. oz. juice monthly,⁴² equivalent to the maximum amount recommended by the American Academy of Pediatrics (at most, 4 ounces per day for children aged 1-3).⁴³ WIC toddlers also consume juice at higher rates compared to non-participants.⁴⁴

Drewnowski and Rehm, who estimated correlates of 100% juice versus whole fruit consumption, conclude that replacing juice with whole fruit *alone* will not make up for discrepancies between expert recommendations and consumption patterns."⁴⁵ Thus, eliminating default juice issuance, paired with the overall CVB value is an effective strategy that would help WIC participants meet dietary recommendations for fruit and fiber intake (which fruit juice contributes to less than whole fruit) and still honor participant choice. Whenever possible, we encourage participants to be provided with education that reiterates the health benefits of consuming whole fruit over fruit juice.

C. Milk and Milk Substitutions

CSPI supports the USDA's proposal to reduce the maximum monthly allowance of milk, permit only unflavored milk, increase options to accommodate dietary restrictions and preferences, such as lactose-free, unflavored milk, and provide a path forward for plant-based milk alternatives. We urge the USDA to

⁴⁰ American Academy of Pediatrics. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. 2017.

- ⁴² US Department of Agriculture. Maximum Monthly Allowances of Supplemental Foods for Children and Women
- ⁴³ American Academy of Pediatrics. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations

³⁷ 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://www.federalregister.gov/documents/2022/11/21/2022-24705/special-supplemental-nutrition-program-for-women-infants-and-children-wic-revisions-in-the-wic-food .

³⁸ U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*, at 88.

³⁹ See National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report, at 224-244.

⁴⁰ 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,

⁴¹ 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,

⁴⁴ 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,

⁴⁵ Drewnowski A, Rehm CD (2015) Socioeconomic gradient in consumption of whole fruit and 100 percent fruit juice among US children and adults. Nutrition Journal 14(3).

establish an added sugars standard, as opposed to total sugars, for milk, vogurt and all non-dairy alternates.

Reducing the milk allowances in the WIC food package would still provide the majority of recommended dairy intake for children and fully breastfeeding women (75 percent and 71 percent, respectively).⁴⁶

The NASEM report proposed that only unflavored milk be permitted to align with the Child and Adult Care Food Program (CACFP) standards, which at the time only allowed unflavored low-fat milk, and to limit added sugars in food packages.⁴⁷ NASEM also found that while nonfat, flavored milk was permitted in the school meal programs (though now low-fat flavored is allowed), the nonfat, lower-added-sugars flavored milk provided to schools were not widely available commercially.

This recommendation is critical because according to USDA data, the major source of added sugars in school meals is flavored milk.⁴⁸ Like with school meals, if flavored milk is permitted, we urge the USDA to establish an added sugars limit. Further, we encourage the USDA to establish an added sugars limit for yogurt and dairy alternatives to maintain consistency with the DGA recommendations.

NASEM did not provide recommendations with respect to authorizing plant-based beverages beyond soy. CSPI urges the USDA to follow through on its proposal to develop a pathway to authorize nutritionally comparable dairy alternatives without having to wait for a future review or rulemaking. Setting a path forward will encourage manufacturers to work toward new fortified products, increasing choice within the WIC package for participants with allergens or dietary patterns that do not include dairy. We urge the USDA to provide clear guidance on added sugars limits so that industry can reformulate accordingly.

D. Breakfast Cereals

CSPI urges the USDA to require that all breakfast cereals, at a minimum, meet the whole grain-rich criteria. Further, we recommend that the USDA establish an added sugars limit, as opposed to a total sugars limit, for all breakfast cereals.

The 2020 DGA recommends that at least half of grains consumed be whole.⁴⁹ According to the USDA, eating more whole grains is associated with reduced risk of heart disease and is a healthful source of fiber.⁵⁰

The addition of whole grains to WIC's offerings roughly doubled the associated effect of WIC participation on the purchase of whole grain products⁵¹ and resulted in a 17 percent increase in whole grain consumption among WIC participants (a 51 percent increase over baseline),⁵² contributing to a

⁴⁸ U.S. Department of Agriculture, Added Sugars in School Meals and Competitive Foods Report to Congress. May 2022. ⁴⁹ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2020-2025 Dietary Guidelines for Americans.

⁴⁶ National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report

⁴⁷ National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report

⁵⁰ U.S. Department of Agriculture. All about the Grains Group. https://www.choosemyplate.gov/eathealthy/grains. Accessed March 2022.

⁵¹ Oh M, Jensen HH, Rahkovsky I (2016) Did Revisions to the WIC Program Affect Household Expenditures on Whole Grains? Applied Economic Perspectives and Policy 38(4), https://doi.org/10.1093/aepp/ppw020. ⁵² Whaley SE, Ritchie LD, 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.

national increase in whole grain consumption among adult women (by 34 percent) and toddlers (by 46 percent) between 2007 and 2012.⁵³

Despite the boost associated with the 2009 food package changes, whole grain intake has plateaued in recent years. Women who are pregnant or lactating, on average, consume within the recommended range of total grains, but exceed recommended limits for refined grains while not meeting recommended intake for whole grains.⁵⁴ Black and Hispanic families face the greatest intake disparities, with the average Hispanic toddler consuming 25.5 percent to 34 percent of recommended whole grain intake.⁵⁵ NASEM recognized that breakfast cereals are well positioned to drive increased whole grain intake for young children, leveraging limited WIC resources to deliver whole grains and key nutrients like iron and folate through the same food category.

NASEM identified that multiple whole grain cereals – including gluten-free varieties – are already on the marketplace.⁵⁶ Additionally, CSPI's 2021 School Meal Corporate Report Card found that all General Mills and Kellogg K-12 grain products were whole grain-rich, while 97% of Post's K-12 cereals were whole grain-rich.⁵⁷ Further, many cereals met the WIC standard of no more than 6 grams of sugars per 1 oz., including Kellogg's cinnamon flakes and frosted mini-wheats bites (which were also whole grain-rich). General Mills sells a frosted corn flake that is whole grain-rich, and Post sells three different varieties of Honey Bunches of Oats that are all whole grain-rich. Aligning school meal product formulations with retail offerings would be a welcome change for the school nutrition community and support acceptance of whole grain-rich products at school.

Introducing whole grains during childhood is critical for WIC participants' health throughout the life course, as whole grain consumption boosts intake of priority nutrients like fiber and iron and is associated with reduced risk of cardiovascular disease, type 2 diabetes, and other chronic diseases.⁵⁸

In response to the Agency's request for public comment regarding the use of an added sugars limit instead of a total sugars limit for breakfast cereal, CSPI recommends a shift to an added sugars standard with a two year implementation period in order to allow for industry engagement and reformulation.

Both the 2015 and 2020 DGA have recommended that no more than 10 percent of calories come from added sugars. Meanwhile, the majority of children and adults consume more than the recommended limit of added sugars.⁵⁹ Industry-wide reformulation to reduce added sugars is critical, and CSPI recommends a coordinated approach by the USDA across child nutrition programs to bring attention to added sugars. WIC, CACFP, and the Smart Snacks in Schools standards (competitive foods) in K-12 schools all currently contain limits on total sugars, which require reconsideration to fully align with the quantitative recommendations of the DGA.

⁵³ National Academies of Sciences, Engineering, and Medicine (2017) Review of the WIC Food Packages: Improving Balance and Choice: Final Report, at 80. https://s3.amazonaws.com/aws.upl/nwica.org/2017-nasem-report.pdf ("2017 NASEM Report").

⁵⁴ U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025.*

⁵⁵ See U.S. Department of Agriculture, Agricultural Research Service. Food Patterns Equivalents Database, 2011-2018 (last modified Jan. 6, 2021), <u>https://www.ars.usda.gov/northeast-area/beltsville-md-bhnrc/beltsville-human-nutrition-research-center/food-surveys-research-group/docs/fped-data-tables/</u>.

⁵⁶ National Academies of Sciences, Engineering and Medicine (2017) Review of WIC Food Packages: Improving Balance and Choice: Final Report, at 307.

⁵⁷ Center for Science in the Public Interest. School Meals Corporate Report Card 2021.

⁵⁸ Seal CJ, Brownlee IA (2015) Whole-grain foods and chronic disease: evidence from epidemiological and intervention studies. Proc Nutr Soc. 2015 Aug;74(3):313-9. <u>https://doi.org/10.1017/S0029665115002104</u>.

⁵⁹ U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025.*

E. Whole Wheat Bread, Whole Grain Bread, and other Whole Grain Options

CSPI applauds the USDA's proposals to strengthen the whole grain bread requirement to whole grainrich, and to offer a broader range of nutritionally appropriate whole grain options that align with cultural eating patterns.

We are encouraged by the inclusion of quinoa, wild rice, millet, triticale, amaranth, kamut, sorghum, wheat berries, tortillas with folic acid-fortified corn masa flour, corn meal (including blue), teff, buckwheat, and whole wheat pita, English muffins, bagels, and naan. Additional cultural options will both reflect traditional diets honored by WIC families while making the program more accessible to new immigrants and refugees as they settle in the United States.

F. Canned Fish

CSPI supports the USDA's proposals to add access to canned fish for participants.

Seafood is an important source of protein and other nutrients like iron, choline, omega-3 fatty acids, calcium, and vitamin D that are a priority for the WIC population.⁶⁰ The 2020 DGAs emphasized the particular benefits of seafood consumption for pregnant and breastfeeding women, noting the potential benefits to a child's cognitive development.⁶¹ Women who are pregnant generally consume below the recommendations for seafood consumption, while lactating women are generally in the lower range of recommendations.⁶² The USDA's proposed rule would greatly expand access to seafood.

CSPI supports the USDA's proposal to issue seafood monthly, instead of forcing a complicated rotation with legumes and peanut butter. In addition to the health benefits of expanded access to a new food category, the USDA should avoid complex issuance patterns that could confuse participants and deter retention of eligible families.

CSPI further agrees with the choice to limit canned seafood choices for children to salmon, Atlantic mackerel, and sardines as these varieties are known to be lower in methylmercury, a toxic heavy metal that can harm brain development, and are included as "Best Choices" in the advice on seafood consumption for children (ages 1-11 years old) and people who might become or are pregnant or breastfeeding, jointly issued by the FDA and U.S. Environmental Protection Agency (EPA).⁶³ We encourage that similar limitations be applied across the whole WIC program considering that the FDA/EPA advice does not make different "Best Choice" recommendations for children versus people who are pregnant, might become pregnant, or are breastfeeding.

⁶⁰ U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*, at 55, 61, 101, 117. <u>https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-</u>2020-2025.pdf.

 ⁶¹ U.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>.
⁶² U.S. Department of Agriculture & U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*, 2020-2025.

 $^{^{63}}$ U.S. Food and Drug Administration & U.S. Environmental Protection Agency. Advice about Eating Fish: For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 – 11 Years. Updated: 28 September 2022. Available: <u>https://www.fda.gov/food/consumers/advice-about-eating-fish</u>.

G. Maximum Monthly Allowances

CSPI supports the USDA's proposal to allow State agencies to authorize a greater variety of package sizes to increase variety and choice, while still providing participants with package sizes that ensure they can receive the full benefit amount.

The 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.

This step will not only expand options and introduce more convenient package sizes, but it also empowers WIC shoppers to assume greater responsibility in maximizing their redemptions. Combined with tailored and individualized nutrition education and the emerging support of digital tools like shopping apps, package size flexibility could both reduce barriers in the shopping experience and further invigorate WIC's nutrition education programming.

In response to the Department's request for public comment on requiring State agencies to authorize both package sizes that equal or add up to the maximum monthly allowance (to ensure participants have a pathway to receiving the full food benefits to which program participation entitles them) and package sizes that do not (to ensure greater variety and choice), CSPI encourages that both options be made available to ensure the greatest ease and likelihood of full redemption of benefits for participants.

Conclusion

CSPI is deeply encouraged by and applauds the USDA's commitment to ensuring that WIC participants receive packages that support health while honoring cultural choices and dietary preferences. We thank you for your dedication to bolstering nutrition security for WIC's target population and following the science-based recommendations. We urge the USDA to ensure that the final food packages both reflect nutrition science and deliver improved results for participating WIC families.

Sincerely,

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