

February 21, 2023

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

Dear Ms. Post,

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit comments to the United States Department of Agriculture (USDA) in response to its request for information and comments on the proposed rule “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages” originally published in the Federal Register on November 21, 2022 (FNS-2022-0007). Representing more than 113,000 registered dietitian nutritionists (RDNs)<sup>1</sup>, nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States. We are committed to accelerating improvements in the nation’s health and well-being through food and nutrition.

## **1. Summary:**

The Academy applauds the work that has gone into updating the WIC food packages. WIC is a federal program that provides nutrient-dense supplemental food to over a quarter of pregnant women and half of the infants in the United States.<sup>2</sup> By providing at least 50% of priority nutrients, WIC is a critical intervention to improve health outcomes of babies, young children, and both pregnant and postpartum women. WIC reduces health disparities experienced by people who are part of low socioeconomic status communities, shapes food environments across the nation, improves nutrition security, and achieves nutrition policy goals. Research shows that the WIC program significantly improves food security and

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<sup>1</sup> The Academy has approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

<sup>2</sup> National Academies of Sciences, Engineering and M, ed. *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. National Academies Press; 2017. doi:10.17226/23655 at xv (of 1044) (hereafter “NASEM Report”).

diet quality for participants.<sup>3</sup> The proposed rule furthers this work with an evidence-based food package update that aligns with the 2020-2025 *Dietary Guidelines for Americans* (DGAs).

The Academy strongly supports this effort to promote balance and to prioritize dignity with individual choice within the WIC food package. These efforts will empower participants to meet identified nutrition needs with foods that fit their cultural and personal preferences. While balancing the food packages to meet nutrient needs will depart from cost neutrality, the Academy believes that the increased investment in mothers and children is worthwhile and necessary, and that costs incurred from these changes will offset potential healthcare costs in the long run. These revisions protect the most vulnerable infants and children in our nation by reducing the burden of chronic diseases and allowing them to thrive.

## 2. Cash Value Vouchers (CVV): Increase Amount and Choice

**The Academy strongly supports both the increase of CVV and the expansion of food options that can be purchased with CVV.** The 2017 National Academies of Science, Engineering, and Medicine (NASEM) report highlights that 100% of postpartum women, 99% of children, and 99% of pregnant women do not meet the DGA-recommended vegetable intake.<sup>4</sup> It was as recently as 2007 that whole fruits and vegetables were added to the WIC food package. During the COVID-19 pandemic the CVV increased from \$9 to \$24 for children and from \$11 to \$43 for pregnant women and to \$47 for postpartum women. The proposed revision will make this bump permanent and ensure WIC families' access to 50% of DGA-recommended fruit and vegetable intake, consistent with the WIC mandate to provide supplemental nutrition. Access to fruits and vegetables is critical to improve health outcomes and intake disparities that disproportionately impact families with low incomes.<sup>5</sup>

Increasing the fruit and vegetable amounts and options in the CVV is consistent with participants' preferences. In a recent California survey that included 2,993 WIC families, the most common potential change requested (56.1%) was a desire to increase CVV. Hispanic Spanish-speaking and Hispanic English-speaking respondents to this same survey shared high preference to substitute other WIC vouchers for increased access to CVV (92.5% and 92.3%, respectively).<sup>6</sup> In the same survey, a significant proportion of WIC participants preferred additional CVV amounts over jarred fruits and vegetables for older infants, and the option to substitute some CVV in place of jarred fruits and vegetables for younger infants.<sup>7</sup>

Increasing the CVV amount results in increased fruit and vegetable consumption in WIC participants. When the CVV was increased during the COVID-19 pandemic in the spring of 2021, program data

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<sup>3</sup> Au LE, Ritchie LD, Tsai M, et al. Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. *J Nutr Educ Behav.* 2021;53(1):60-66. doi:10.1016/j.jneb.2020.09.014 at 60 (of 66).

<sup>4</sup> NASEM Report at 224-244 (of 1044).

<sup>5</sup> Au LE, Ritchie LD, Tsai M, et al. Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. *J Nutr Educ Behav.* 2021;53(1):60-66. doi:10.1016/j.jneb.2020.09.014 at 62 (of 66).

<sup>6</sup> *Id.* at 62 (of 66).

<sup>7</sup> Kim LP, Whaley SE, Gradziel PH, Crocker NJ, Ritchie LD, Harrison GG. Mothers prefer fresh fruits and vegetables over jarred baby fruits and vegetables in the new special supplemental nutrition program for women, infants, and children food package. *J Nutr Educ Behav.* 2013;45(6):723-727. doi:10.1016/j.jneb.2013.01.022 at 725 (of 727).

indicated a rapid and significant increase in fruit and vegetable consumption for participants.<sup>8</sup> Academy members who work in WIC have seen firsthand the impact of the CVV voucher increase during the COVID-19 pandemic. One Academy member writes:

*“Increased CVV for veggies and fruits is especially helpful. I have seen this make a big difference in participants ... eating more fruits and vegetables.”*

As highlighted by the NASEM report, fruits and vegetables are WIC foods suitable across many cultures that have the potential to meet diverse dietary preferences of people belonging to ethnic and religious groups served by the WIC program.<sup>9</sup> This revision is consistent with the most recent DGA recommendation of using a dietary pattern approach to “enable multiple adaptations to fit cultural, personal, and individual needs and preferences in food choices.”<sup>10</sup> Alignment with the DGAs necessitates that the WIC food packages reflect diverse food patterns. Food preferences serve as an important predictor for food purchase and, in turn, consumption.<sup>11</sup> The increased CVV and greater flexibility within this category is a crucial strategy by which to achieve this priority.

### **3. Increased Flexibilities and Substitutions Across the WIC Food Package:**

**The Academy strongly supports the wide-ranging strategies the USDA has outlined to promote flexibility and substitutions within the proposed WIC food package revisions.** Specifically, the Academy supports the added requirement for State agencies to: (1) authorize one additional form of fruit and vegetables alongside fresh, (2) authorize both dried and canned legumes, (3) authorize tofu as an egg substitution, (4) allow other nut and seed butters as a peanut butter substitution, (5) authorize all fresh fruit and vegetable packages regardless of size, and (6) authorize package sizes that are equal to *or* add up to the monthly allowance.

These proposed revisions reflect appropriate and necessary accommodations for participant dietary needs and choice according to culture, religion, preference, allergies, and/or living situation. Such flexibility promotes dignity within the WIC program and makes shopping easier and more accessible for participants. Similar provisions on the State level in the past have proven that flexibilities, in turn, increase redemption rates. Academy members write:

*“As both a long-term WIC employee and a former participant, the requirement to offer both [canned and dry legumes] reduces the stress on the participant as not all participants know how to prepare dried beans or may have time restraints. [Canned legumes] can provide an immediate healthy meal for working parents.”*

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<sup>8</sup> 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-report-march-2022.pdf> at 4 (of 19).

<sup>9</sup> NASEM Report at 272 (of 1044).

<sup>10</sup> Committee DGA. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services.*; 2020. doi:10.29309/tpmj/2015.22.06.1254 (Hereafter “Scientific Report”) at 25.

<sup>11</sup> Au LE, Ritchie LD, Tsai M, et al. Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. *J Nutr Educ Behav.* 2021;53(1):60-66. doi:10.1016/j.jneb.2020.09.014 at 65 (of 66).

*“Equity, inclusion, and access for all participants should be the focus [in the WIC food package], in addition to nutritional benefits. Offering tofu as a substitute would open up access for all participants to plant-based sources of protein and calcium.”*

*“Nuts/seeds are costly, which needs to be considered in this development. However, having a family member that is allergic to certain nuts has introduced me to the detailed investigation needed when purchasing food products. Accessibility is important.”*

Flexibility and substitutions will reduce food spoilage. The USDA estimates that at the consumer level, 25% of fresh fruit is lost because of spoilage, compared to 11% of processed fruits (in the form of juice, canned, or frozen).<sup>12</sup> While many State agencies already provide the option of fresh or canned fruits, vegetables, or legumes, *guaranteeing* choice for participants enables them to determine what works best in their situation. Choice will reduce unintended and unnecessary waste that occurs because of WIC program requirements, ensuring that these nutrient dense foods ultimately will be eaten by the participants who depend on them most.

Alongside environmental constraints such as availability of transportation, distance to a WIC vendor, or storage equipment, cost is a driving factor for WIC participants in determining appropriate form, particularly for fruits and vegetables. In a diet modeling study, replacing juice with a fresh fruit increased food costs by 13%, compared to 1.5% increase from a lower-cost fruit replacement (either frozen or canned).<sup>13</sup> The Academy supports the direction of these proposed revisions to allow for additional flexibility. The mandate of the WIC program is to provide supplemental access to priority nutrients, and outcomes improve when participants have the ability to choose the type, form, and package size of food that best fits their needs and preferences.

#### **4. Increased Vegetable Stocking Requirements:**

**Alongside the increased CVV benefit, the Academy supports the proposed Federal minimum stocking requirements of three or more types of vegetables.** A nationwide study of 52 small urban food stores with WIC participants comprising 21-30% of their customer base found that store owners were supportive both of WIC and of the program’s 2009 revisions. Vendors indicated that the CVV adjustments required initial challenges, including the need to explain package updates to customers, invest in additional equipment, and some initial waste, but that ultimately stores experienced long-term benefits. Their customer base, made up primarily of repeat customers, was uniformly happy with increased availability in these outlets.<sup>14</sup>

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<sup>12</sup> Drewnowski A, Rehm CD. Socioeconomic gradient in consumption of whole fruit and 100% fruit juice among us children and adults. *Nutr J.* 2015;14(1):1-9. doi:10.1186/1475-2891-14-3 at 9 (of 11).

<sup>13</sup> *Id.* at 9 (of 11).

<sup>14</sup> Gittelsohn J, N. LM, Andreyeva T, et al. Small Retailer perspectives of the 2009 Women, Infants and Children Program Food Package Changes. *Am J Heal Behav.* 2012;36(5):655-665. doi:doi:10.5993/AJHB.36.5.8 at 9 (of 15).

Increased food variety also attracts and benefits non-WIC customers. In neighborhoods with limited choices of foods, these 2009 WIC package updates mitigated disparities in food environments, particularly for residents with low incomes who may have limited access to transportation.<sup>15</sup>

The Academy acknowledges that there is an issue of equity and access in the ability of small vendors in both urban and rural communities to implement proposed changes. This is particularly pertinent for fresh fruits and vegetables, as perishable foods pose challenges.<sup>16</sup> Small vendors have proven resilient and adaptable to past WIC changes. Yet, member feedback to the Academy underscores the importance of added stocking requirements coinciding with authorization of one additional form vegetables alongside fresh (canned, frozen). The Academy encourages the USDA to provide technical support to States and Local Agencies to partner with distributors and establish networks to reduce the burden on small vendors. It is important that the USDA continues to identify potential barriers with WIC food package changes faced by small vendors and take steps to provide equitable assistance to these outlets. Small vendors are critical stakeholders committed to the WIC program, providing access to nutrient dense foods within their communities.

## **5. Reduction of Juice Allotment:**

**The Academy agrees with the USDA's proposed reduction in juice in the revised WIC food package.** This new issuance promotes balance alongside other changes made in the proposed rule. Reduced juice allotment aligns with the DGAs, which recommend that no more than half of fruit servings be provided by 100% juice.<sup>17</sup> Proposed changes will also align with 50% of the limit for juice recommended by the American Academy of Pediatrics<sup>18</sup> which amounts to 0.5-0.75 cups for children ages 1-6 years.<sup>19</sup>

**As with other flexibilities and substitutions, the Academy strongly supports the revision that allows participants to exchange juice for CVV to promote choice for cultural and personal preferences.** Whole fruit consumption falls short of recommended guidelines for all people, and it is lowest among individuals living in households with lower incomes.<sup>20</sup> Flexibility also helps to meet participant preferences, as observed in the California WIC survey of 2,993 families. Survey results revealed that 91% of respondents would rather have fruits and vegetables than juice.<sup>21</sup> Proceeding from the 2009 WIC food package updates, WIC clinics in Chicago saw a marked increase in whole fruit

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<sup>15</sup> Andreyeva T, Luedicke J, Middleton AE, Long MW, Schwartz MB. Positive Influence of the Revised Special Supplemental Nutrition Program for Women, Infants, and Children Food Packages on Access to Healthy Foods. *J Acad Nutr Diet.* 2012;112(6):850-858. doi:10.1016/j.jand.2012.02.019 at 856 (of 858).

<sup>16</sup> Gittelsohn J, N. LM, Andreyeva T, et al. Small Retailer perspectives of the 2009 Women, Infants and Children Program Food Package Changes. *Am J Heal Behav.* 2012;36(5):655-665. doi:doi:10.5993/AJHB.36.5.8 at 10 (of 15).

<sup>17</sup> Dietary Guidelines for Americans, 2020–2025.; 2020. doi:10.1177/21650799211026980 at 62 (of 164).

<sup>18</sup> NASEM Report at 13 (of 1044).

<sup>19</sup> NASEM Report at 13 (of 1044).

<sup>20</sup> Drewnowski A, Rehm CD. Socioeconomic gradient in consumption of whole fruit and 100% fruit juice among us children and adults. *Nutr J.* 2015;14(1):1-9. doi:10.1186/1475-2891-14-3 at 7 (of 9).

<sup>21</sup> Au LE, Ritchie LD, Tsai M, et al. Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. *J Nutr Educ Behav.* 2021;53(1):60-66. doi:10.1016/j.jneb.2020.09.014 at 64 (of 66).

consumption and a decrease in 100% fruit juice consumption for Hispanic women. In the same study, acculturation was negatively associated with fruit consumption.<sup>22</sup>

Fruit juice provides key nutrients, but is lacking in fiber. Fiber is both a shortfall nutrient and a nutrient of public health concern for both adults and children.<sup>23</sup> Fruit juice is also high in sugars and is associated with dental carries in early childhood.<sup>24</sup> An Academy member writes:

*“I support the allowance to opt out of juice in lieu for additional CVV. We have many moms that want this and even pediatricians that specifically tell parents, [‘No juice.’]”*

The Academy recognizes that while fruit juice may offer a strategy for parents to address storage and spoilage issues, parents also need access to more expensive whole fruits. A slight reduction of juice along with both increased CVV amount and the option to substitute juice for additional CVV is a critical step to reduce disparities in fruit consumption by ensuring that WIC participants have access to a combination of whole fruit and 100% fruit juice that aligns with the DGAs. **The Academy encourages the USDA to see this as an incremental step and encourages the USDA to eventually include 100% juice only as a substitution in future WIC food package revisions.** WIC participation is associated with earlier introduction<sup>25</sup> and higher juice consumption rates<sup>26</sup>. Flexibility to substitute CVV for 100% juice mitigates adverse health outcomes and aligns with medical guidance.

## **6. Reduction of Dairy Allotment, Added Substitutions, and Removal of Cheese Category:**

**The Academy supports the USDA’s proposal to adjust dairy issuance to promote participant choice.** The proposed rule would decrease overall dairy allotments to balance allotments across food categories and align with the DGAs. Even with these changes, the WIC food package will still provide 71% to 96% of the recommended daily intake of dairy.<sup>27</sup> The current food package provides nearly 100% of the recommended amounts for most categories, and 159% of the recommended amounts for breastfeeding women.<sup>28</sup> Even with the proposed dairy reduction, the program remains within its mandate to provide *supplemental* nutrition for priority nutrients including calcium. The decreased dairy is proposed within an overall effort to balance the WIC food package. The decreased dairy is countered with an increase of CVV for fruits and vegetables, a category for which WIC currently provides *less than 50%* of the recommended intake across all categories. Balance of dairy issuance will bring the package into closer alignment with the 2020-2025 DGAs.

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<sup>22</sup> Odoms-Young AM, Kong A, Schiffer LA, et al. Evaluating the initial impact of the revised Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food packages on dietary intake and home food availability in African-American and Hispanic families. *Public Health Nutr.* 2014;17(1):83-93. doi:10.1017/S1368980013000761 at 87 (of 93).

<sup>23</sup> NASEM Report at 86 (of 1044).

<sup>24</sup> NASEM Report at 159 (of 1044).

<sup>25</sup> McElligott JT, Roberts JR, Varadi EA, O'Brien ES, Freeland KD, Basco WT Jr. Variation in fruit juice consumption among infants and toddlers: associations with WIC participation. *South Med J.* 2012;105(7):364-369. doi:10.1097/SMJ.0b013e31825c0252 at 363 (of 369).

<sup>26</sup> 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> at 2989 (of 2993).

<sup>27</sup> 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 71142 (of 71162) (hereafter “Proposed WIC Rule”).

<sup>28</sup> NASEM Report at 110 (of 1044).

**The Academy strongly supports added dairy substitutions to promote flexibility and choice for participants.** The Academy supports steps proposed by the USDA to further improve flexibility and choice among dairy options. Removal of the limitation of the quarts of milk that can be substituted allows a participant to redeem dairy issuance with “substitute” items that increase flexibility and meet cultural and individual preferences: yogurt, soy-based yogurt, cheese, soy-based cheese, soy-based milk, and tofu.<sup>29</sup> People from diverse backgrounds utilize various forms of calcium-rich foods to provide the important nutrients that are fulfilled through this category. It is important that the WIC food package and food categories continue to more broadly reflect the diverse cultures and eating patterns of participants, including Indigenous peoples. WIC participants may not consume dairy because of actual or perceived lactose intolerance, a vegan dietary eating pattern, and/or personal or cultural preferences and practices. Nearly 70% of the world’s population is lactose intolerant.<sup>30</sup> The proposed calcium-rich food options allow WIC participants to plan daily meals and snacks that meet personal and cultural preference while incorporating priority nutrients for themselves and child participants. Academy members write:

*“It is necessary to add soy based to the options as the population for plant based is expanding. Improvements and risk reduction of cardiovascular disease is [attributed] to plant-based eating. By not adding this as an option, we increase the risk of chronic disease and increase the burden of health disparities among low-income individuals.”*

*“[It is important to] recognize the fact that up to 70% of the world population are lactose intolerant, and many of our non-white...immigrant populations are either lactose intolerant or do not consume dairy as part of their habitual diet, and yet for thousands of years, these ethnic groups have managed to raise their children and live healthily in their homelands with low prevalence of osteoporosis or suffer bone health issues. This shows that people can be healthy, and enjoy good bone health, and low risk of osteoporosis without having to drink milk or consume dairy products.”*

USDA’s changes proposed 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. **The Academy supports the changes to dairy in the proposed rule to ensure that participants have more choice throughout the food package.**

**The Academy supports the USDA’s efforts to create a pathway for additional calcium-rich options that meet the nutrition requirements for this category, including plant-based milks that are consistent with the nutrition profile of soymilk.** While options that fit these criteria may not yet be available widely in the marketplace, WIC guidelines drive market innovation. Plant-based milk is a growing segment of the market. Setting nutrition standards and frameworks for plant-based drinks to meet the criteria for fortified soy beverages (calcium, vitamin A, vitamin D) will encourage manufacturers to work toward new fortified products. These products will then become available in the market not only for WIC participants but for the broader population. Academy members write:

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<sup>29</sup> Proposed WIC Rule at 25 (of 1044).

<sup>30</sup> Storhaug CL, Fosse SK, Fadnes LT. Country, regional, and global estimates for lactose malabsorption in adults: a systematic review and meta-analysis. *Lancet Gastroenterol Hepatol.* 2017;2(10):738-746. doi:10.1016/S2468-1253(17)30154-1 at 741(of 746).

*“Expanding plant-based milk alternatives will be beneficial for the large proportion of Americans who are lactose intolerant, have a cow's milk protein allergy, or prefer not to consume dairy for ethical or religious reasons. There are currently many options that satisfy the nutrient requirements, and new milks are constantly coming to market.”*

The Academy encourages the WIC program to align with the DGAs commitment to diverse eating patterns that reflect the cultural preferences of our nation, including the increasing interest and commitment to plant-based diets. This added choice is inclusive of participants for whom dairy foods are allergens or for those whose dietary patterns do not include dairy.

## **7. Updated Nutrition Standards for Dairy and Calcium-Rich Foods:**

The proposed WIC food package revisions include several nutrition standards for the dairy or calcium-rich food group. **The Academy supports the added calcium requirement of a minimum of 200 mg/100g for tofu, a WIC milk substitute.** This requirement will ensure that tofu meets the nutrient priority criteria as a calcium-rich food and that participants have choice within the program to access nutrient rich foods that align with DGAs according to cultural and personal preferences. **The Academy also supports the added vitamin D requirement for yogurt, a WIC milk-substitute, to align with the DGA requirements, at 100 IU (2.5 mcg) per 8 ounces.** Vitamin D is a nutrient of concern, and the fortification of yogurt will assist participants in having access to sources of vitamin D to support healthy development. One Academy member writes:

*“Vit D deficiency has many implications to health. [B]lack and brown skin people, as well as religious populations that cover their skin, may suffer from Vit D deficiency. The added Vit D requirement would assist with improvement of Vit D levels leading to healthier outcomes.”*

**The Academy is also supportive of a proposed limit on total sugars for yogurt and soy-based yogurt to be (≤40 grams per 8 ounces to ≤30 grams per 8 ounces), and the proposed limit on total sugars for soy-based beverages (12 grams of total sugars per 8 fluid ounces).** Currently, more toddlers participating in WIC exceed the recommended intake of added sugars than toddlers who do not participate, 8.1% and 2.4%, respectively.<sup>31</sup> Research shows that the amount of added sugars consumed by children participating in WIC has not declined in recent years, and is unlikely to decline without limiting the amounts added to these food items.<sup>32</sup> Approximately one-quarter of children participating in WIC consume yogurt.<sup>33</sup> The NASEM report recommended that lower-sugar yogurts be made available.<sup>34</sup> Prior experience with changes in WIC packages, illustrated by increased availability of whole wheat bread in small stores after the 2009 updates, demonstrated the impact of food package

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<sup>31</sup> Guthrie JF, Anater AS, Hampton JC, et al. The special supplemental nutrition program for women, infants, and children is associated with several changes in nutrient intakes and food consumption patterns of participating infants and young children, 2008 compared with 2016. *J Nutr.* 2020;150(11):2985-2993. doi:10.1093/jn/nxaa265 at 2987 (of 2993).

<sup>32</sup> *Id.* At 2991 (of 2993).

<sup>33</sup> Guthrie JF, Catellier DJ, Jacquier EF, et al. WIC and non-WIC Infants and Children Differ in Usage of Some WIC-Provided Foods. *J Nutr.* 2018;148(9):1547S-1556S. doi:10.1093/jn/nxy157 at 1555 (of 1556).

<sup>34</sup> NASEM Report at 516 (of 1044).



changes to retail food availability.<sup>35</sup> The changes proposed to reduce total sugars for yogurt, soy-based yogurt, and soy beverages create incentives for these formulations to become more widely available, increasing access both to WIC participants and non-participants. These options then become the normative choice, improving overall acceptance. Academy member comments include:

*“While there may be currently eligible yogurts no longer eligible, I would hope this would encourage those manufacturers to reformulate and reduce the sugars to be eligible. Our society needs to make rules that help to reduce the added sugars in foods that Americans think are healthy.”*

**Like our partners in the NANA coalition, the Academy will gladly work together with the USDA and industry to develop a proposed added sugar limit. The Academy supports exploration of a limit on added sugars versus a total sugar limit.** This effort aligns with the DGAs and is consistent with ongoing work in other Federal Nutrition programs. Alongside these efforts, the Academy encourages the USDA to incorporate additional efforts for participant education around sugar consumption, as added sugar intakes remain high for children participating in WIC. These higher intakes are likely due not solely from consuming foods that are part of the WIC food package, but also from foods purchased by families outside the WIC program.

## **8. Updated Nutrition Standards for Breakfast Cereal and Strengthen Whole Grain Intake:**

**The Academy supports the steps to strengthen whole grain intake, including a whole grain breakfast cereal requirement.** This adjustment will limit choice for WIC-eligible breakfast cereals and limit some corn- and rice-based cereals. Currently, more than 93% of children and 100% of pregnant, postpartum, or breastfeeding women do not meet the recommended intake levels for whole grains.<sup>36</sup> Fortified breakfast cereals have the potential to improve whole grain consumption in young children, ensuring access to key nutrients like fiber, iron, and folate. The 2006 Institute of Medicine (IOM) report recommended that all breakfast cereals offered by WIC be whole grains.<sup>37</sup> Public comments to the USDA at that time expressed concern over the removal of corn- and rice-based cereals, particularly as it relates to child acceptance and cultural acceptance for Hispanic communities.<sup>38</sup> Some Academy members expressed the same concern. One Academy member writes:

*“Please don't eliminate cereals that do not meet the whole grain criteria but are nutritionally equal in nutrients (with the fortification) and low in sugar. Culturally these cereals are loved by Hispanics and consumers with allergies and sensitivities.”*

The Academy recognizes that WIC is a *supplemental* nutrition program designed to provide access to priority nutrients. Whole grain consumption improves intake of fiber and iron, and is associated with

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<sup>35</sup> Oliveira V, Frazao E. Painting a More Complete Picture of WIC: How WIC Impacts Nonparticipants. Amber Waves. Published 2015. Accessed January 26, 2023. <https://www.ers.usda.gov/amber-waves/2015/april/painting-a-more-complete-picture-of-wic-how-wic-impacts-nonparticipants/>

<sup>36</sup> Slavin JL, Sanders LM, Stallings VA. Opportunities to increase whole grain intake within the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Cereal Chem.* 2022;(August):1-9. doi:10.1002/cche.10612 at 4 (of 9).

<sup>37</sup> *Id.* At 2 (of 9).

<sup>38</sup> *Id.* At 5 (of 9).

reduced risk of chronic diseases of concern such as cardiovascular disease, type 2 diabetes.<sup>39</sup> Adequate whole grain intake is an ongoing concern for WIC participants.

Research shows that the 2009 WIC food package changes improved food environments in local stores, and the most substantial gains were from the increase in offerings of whole grain products. The 2009 changes were implemented in local stores within six or seven months.<sup>40</sup> Market data shows that the number of whole grain cereals available has doubled since 2006, indicating greater variety than at the time the 2006 IOM report was published. National school nutrition programs have already implemented a whole grain cereal requirement, and more closely aligning school meals and WIC rules will add consistency in foods offered to and consumed by children at home and at school. The WIC whole grain breakfast cereal requirement would continue to expand market variety, including whole grain corn- and rice-based cereal options. To achieve the greatest success and least number of unintended consequences in implementing these changes, the Academy recommends that the USDA encourage both continued industry innovation and appropriate research in participant whole grain intake, breakfast cereal food package redemption rates, and participant nutrition education.

**The Academy applauds the USDA’s effort to expand whole grain options in the proposed WIC food package.** Academy members are enthusiastic to see the addition of nutritionally appropriate whole grain options that align with cultural eating patterns, including 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.<sup>41</sup> These options will significantly improve families’ access to whole grains consistent with their cultural and personal preferences, including for immigrant and refugee participants. Together, the whole grain breakfast cereal requirement along with these expanded whole grain options represent incremental steps for WIC to promote a healthy eating pattern.

**The Academy would be glad to work with USDA, collaborating on additional research to explore a limit on added sugars versus total sugars.** WIC revisions shape food environments in our nation. Research shows that prior to the 2009 package revisions, stores in communities with a higher proportion of people with lower incomes had significantly lower scores of healthy food supply than WIC stores in areas where people reported higher incomes.<sup>42</sup> After the 2009 WIC food package revisions, the gap in those healthy food supply scores narrowed notably, showing that WIC plays a key role in reducing disparities in food access. As previously mentioned, research shows that the added sugar consumption in children participating in WIC has not declined in recent years, and that higher sugar intake may be attributed to breakfast cereals and yogurts included in the package.<sup>43</sup> The Academy encourages the

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<sup>39</sup> Seal CJ, Brownlee IA. Whole-grain foods and chronic disease: Evidence from epidemiological and intervention studies. *Proc Nutr Soc.* 2015;74(3):313-319. doi:10.1017/S0029665115002104 at 314 (of 319).

<sup>40</sup> Gittelsohn J, N. LM, Andreyeva T, et al. Small Retailer perspectives of the 2009 Women, Infants and Children Program Food Package Changes. *Am J Heal Behav.* 2012;36(5):655-665. doi:10.5993/AJHB.36.5.8

<sup>41</sup> Proposed WIC Rule at 71102 (of 71162).

<sup>42</sup> Andreyeva T, Luedicke J, Middleton AE, Long MW, Schwartz MB. Positive Influence of the Revised Special Supplemental Nutrition Program for Women, Infants, and Children Food Packages on Access to Healthy Foods. *J Acad Nutr Diet.* 2012;112(6):850-858. doi:10.1016/j.jand.2012.02.019 at 856 (of 858).

<sup>43</sup> Guthrie JF, Anater AS, Hampton JC, et al. The special supplemental nutrition program for women, infants, and children is associated with several changes in nutrient intakes and food consumption patterns of participating infants and young children, 2008 compared with 2016. *J Nutr.* 2020;150(11):2985-2993. doi:10.1093/jn/nxaa265 at 2991 (of 2993).

USDA to move toward an added sugar limit as feasible and underscores that participant nutrition education on decreasing sugar intake should be raised as a priority within the WIC program.

## 9. Updated Qualification for Whole Grain:

**The Academy supports the change in qualification for whole grain bread to be consistent with the FDA standards of identity, where the product must contain at least 50% whole grains and the remaining grains must be either enriched or whole grains.** The new qualification for whole grains is consistent with the “whole grain-rich” definition, which was developed *after* the 2009 WIC food package revisions for application within national school nutrition programs.<sup>44</sup> The implementation of this whole grain-rich criteria in schools has resulted in improvements in whole grain intake for children.<sup>45</sup> A 2019 USDA study demonstrates that school meal participants demonstrate higher diet quality and whole grain intake than non-participants, and school meal participants are more likely to meet the daily recommended intake for whole grains than non-participants.<sup>46</sup>

The Academy acknowledges that the whole grain-rich qualifications may be slightly more flexible than the current qualifications. However, this definition is likely to improve the participant shopping experience, equipping them with the strategy of identifying a whole grain ingredient as the first on the ingredients list to help make more healthful choices. Academy members noted that from the consumer perspective, the whole grain rich definition is more specific and will reduce some program challenges. Using a consistent qualification for national School Nutrition programs and WIC means that children will be likely to be provided with similar whole grain bread products in both of those settings, which will improve consistency in food offerings, which may positively increase acceptance of these items.

## 10. Addition of Fish to All Food Packages:

**The Academy supports the addition of canned fish in the packages for pregnant, partially breastfeeding, postpartum, and fully breastfeeding women, as well as for children ages 2-4 years.** This rule will increase access to seafood. Currently 3.4% of WIC participants have access to seafood and the proposed changes will expand that number to an estimated 58.7% of participants. Seafood is an important source of protein and other priority nutrients including iron, choline, omega-3 fatty acids, calcium, and vitamin D.<sup>47</sup> This adjustment aligns with the 2020-2025 DGA recommendation of consuming 8 ounces of seafood high in EPA/DHA per week, a distinct recommendation for pregnancy, lactation, and early childhood life stages due to its potential benefits for a child’s cognitive development.<sup>48</sup> In California, 64.3% of WIC families were interested in adding canned fish to their children’s food package.<sup>49</sup> The Academy is supportive of a monthly issuance pattern to reduce burden

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<sup>44</sup> Slavin JL, Sanders LM, Stallings VA. Opportunities to increase whole grain intake within the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Cereal Chem.* 2022;(August):1-9. doi:10.1002/cche.10612 at 5 (of 9).

<sup>45</sup> *Id.* at 5 (of 9).

<sup>46</sup> *Id.* at 3 (of 9).

<sup>47</sup> Scientific Report at 117.

<sup>48</sup> NASEM Report at 841 (of 1044).

<sup>49</sup> Au LE, Ritchie LD, Tsai M, et al. Alignment of California WIC Participant Preferences With Proposed WIC Food Package Recommendations. *J Nutr Educ Behav.* 2021;53(1):60-66. doi:10.1016/j.jneb.2020.09.014 at 62 (of 66).

and confusion for families and promote program retention. Overall, Academy members showed strong support of adding canned fish as a protein food.

*“I am happy to see the benefit for canned fish expanded. I think this is a great way to ensure shelf stable protein foods that are easily accessible, plus the benefit of omega 3.”*

The Academy also supports the effort to add canned fish to the food package for one-year-old children. As it relates to this age group, and the potential of adding 3 ounce or smaller package sizes of salmon, Atlantic mackerel, and sardines in boneless varieties for the 1-yr old food package, members write:

*“Market availability of these products will most likely be an issue. I am against adding this option to the food package for this participant age group secondary to possibility of participants purchasing varieties with bones at vendors therefore posing a choking risk.”*

*“There are 1 oz packaged tuna and salmon available on the market in a variety of stores. This addition to children age 1 is feasible and if consumed will naturally provide iron, calcium and omega 3 to their diet. In this age group we see a lot of iron deficiency between age 1-2 as they are off formula and just learning to eat. The fish would be beneficial to their health and a feasible accommodation.”*

*“I can see there are 2.5 oz options of salmon available in the pouches. So pouches and then additional sizes must be part of the option for seafood in order for this to be redeemable. I personally think tuna should also be available if it is going to be available for women as it will cause confusion when shopping. They wouldn't be able to combine all seafood benefits otherwise and this will be an additional category in addition to women seafood. Our current state benefits are significantly redeemed for tuna. A smaller percentage for salmon and then sardines. Less than 1% is redeemed for Mackerel currently.”*

These member comments highlight that adding fish in cans or pouches will require education for parents about bones as choking hazards, and to differentiate between women and child food packages, because tuna is not included in the food package for children.

## **11. Infant Food Packages**

The Academy asked members to provide insight, as requested by the USDA, related to low redemption of infant meat, particularly as this category is an important source of iron for fully breastfed infants. Members commented:

*“From what I have witnessed and been told by clients, their infants do not like the meat options and most choose to puree and or finely chopped their own meat for infants. Overall, meat consumption is low in infants as some parents will not introduce it more than once or twice, and if the infant does not like it, they do not continue to try it.”*

*“I think many families are skeptical of the jarred meat when it is a single ingredient. I think they would choose it more often if it was in a combination food, but these aren't eligible. I'd love to see the option for eggs or beans for infants in lieu of jarred meats.”*

*“Generally infant jarred pureed infant meats are unpalatable and not widely accepted by infants. Recommend allowing more iron rich alternatives including plant-based alternatives that are more widely acceptable.”*

**The Academy supports the increased flexibility in formula allowances for partially breastfed infants. The Academy encourages the USDA to qualify all formula allotments as “up to” amount,** and to start partially breastfeeding mothers with a smaller amount, as highlighted in comments below. These proposed changes will enable partially breastfeeding mothers to make choices in the hospital but still allow for flexibility. The proposed changes will help to reduce an unnecessary burden of choice for mothers during the first few days after birth while keeping a goal of establishing a breastfeeding routine for her and her baby. One Academy member writes:

*“We are also excited about the additional flexibility in formula for the first month of monthly breastfeeding moms. We know we don't really want our moms to get more formula but our hospital WIC staff is doing crazy things to try to convince the mom in the hospital to choose the breastfeeding package when she sees she only gets one can for the first month and sometimes two months. I wish it could default to one can, but we could add another when mom asks even before the one-month mark. For many it doesn't matter. If they want more formula, they are just buying anyway. I think more research needs to be done if the presence of the formula on the card really impacts their breastfeeding journey or if it is more about their decision and/or preparedness to breastfeeding at that moment.”*

The Academy reiterates its priorities around infant feeding. **The Academy expresses concern about the marketing of formula within hospitals and discourages these activities.** As shortages continue to affect families across the nation, **the Academy advocates for long-term solutions to infant formula shortages** to ensure that infants don't face hunger and food insecurity due to continuing or future shortages.

## **12. Potential Administrative Burden**

The Academy believes that the administrative burden of implementing these changes in 18 months from publication is feasible. Members noted that the implementation of these changes will produce an appreciable amount of work, but that the updates are necessary and will significantly benefit the participants for whom the program is mandated to support and thus, is a worthwhile effort. The resiliency and adaptability of State and local WIC agencies has been evident in the past, and the changes proposed in this new WIC package will only drive further innovation with the end goal of providing access to nutritious food for program participants. The Academy is hopeful that added flexibility and choice included in this package, particularly with the increased CVV benefit, will support ongoing participation within the program.

## **13. Methodology**

The Academy underscores the USDA's recognition that the prospective cohort studies largely used for these revisions are often limited to White and socioeconomically homogenous samples. These limitations represent a critical impediment to the generalizability of evidence and recommendations,

particularly when systematic reviews fail to adjust for important potential confounders such as race/ethnicity [and] socioeconomic status. Unrepresented and unstudied demographics represent most of the WIC population and the lack of relevant studies examining them raises questions about their applicability to the general participant base.

We strongly encourage the USDA to initiate and fund a call to action for more research questions and study designs dedicated to accounting for underrepresented groups that also examine differing family structures. The lack of evidence relevant to minority and low SES populations remains a weakness in the literature and needs to be elevated as a priority going forward. Specifically, we urge the USDA to undertake, fund, and/or advocate for more research related to added sugar limits and both barriers and access points to sources of high fiber foods, alongside other questions raised in this letter.

#### **14. Conclusion**

The Academy of Nutrition and Dietetics appreciates the opportunity to submit comments and applauds the USDA for making efforts to propose these revisions to the WIC food package on behalf of the program's participants. Please contact either Jeanne Blankenship at [jblankenship@eatright.org](mailto:jblankenship@eatright.org) or Karen Ehrens [kehrens@eatright.org](mailto:kehrens@eatright.org) with any questions or requests for additional information.

Sincerely,



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