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Submitted via http://www.regulations.gov

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

UnidosUS (formerly the National Council of La Raza) respectfully submits these comments on the Food and Nutrition Service's (FNS) proposed rule, "Special Supplemental Nutrition Program for Women, Infants, and Children: Revisions in the Women, Infants, and Children Food Packages."

UnidosUS is the nation's largest Hispanic* civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers to the success and wellbeing of Latinos at the national and local levels. For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration and that share a desire to make our country stronger.

We write to convey our strong support of the proposed updated food packages for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), including the recommendation that breakfast cereals purchased by WIC dollars must meet the same whole grain requirements that already apply to school nutrition programs and the Child and Adult Care Food Program. We applaud USDA's efforts to focus the proposed revisions on equity and science-based recommendations. The proposed changes advance nutrition security and promote increased choice among WIC participants. Furthermore, implementing these recommendations is an essential step to lessening the inequitable burden of chronic disease on Hispanic families.

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions that are present in the community.

UnidosUS has long advocated for strengthening federal programs, including WIC, to alleviate nutritional insecurity and help families and children access healthy food for a healthy and productive life.

Federal nutrition programs, such as WIC, remain vital to addressing health disparities among Latino mothers, infants, and children who continue to experience high rates of nutrition insecurity and associated poor health outcomes.

Access to WIC food packages in better alignment with the current Dietary Guidelines for Americans (DGA) is critical to reducing nutritional deficiencies and health disparities impacting Latinos. Recent Census Bureau data demonstrates that Latino households with children experience food insecurity at twice (20%) the rate of non-Hispanic White households with children (10%).[1] This persistent food insecurity drives poor health outcomes. Data from the Centers for Disease Control and Prevention (CDC) show that Latinos are disproportionately harmed by several diet-related diseases—compared to non-Hispanic Whites, they have a 50% higher death rate from diabetes, 24% more poorly controlled blood pressure, and 23% more obesity.[2]

Latinos make up the largest group of WIC participants, with more than 2.7 million Latinos enrolled in the program.[3] The WIC program has demonstrated significant success in identifying nutritional deficiencies in vulnerable populations, including Latinos, and in providing access to foods with nutrients tailored for medically at-risk women and children.[4]

As a public health program, WIC is positioned to address racial disparities in child and maternal health outcomes given its high participation rates among eligible Latinos.[5] Previous updates to the food packages were shown to help increase access to healthier foods and overall diet quality for Latino WIC participants.[6]

The proposed update to the food packages builds on previous revisions to the food package in 2009, which have significantly improved the health of Latino WIC participants. Research on the impacts of previous updates consistently shows that WIC participants receiving revised food packages purchase and consume more fruits, vegetables, low-fat dairy, and whole grains.[7] These behaviors are associated with improved diet quality, increased access to healthy foods and beverages, and a lower risk of overweight and obesity among children.[8]

As explained below, we urge the USDA to update the WIC food packages in alignment with recommendations outlined in the National Academies of Sciences, Engineering, and Medicine's (National Academies) *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. These policies would help to ensure that Latino families have access to healthful and nutritious foods.

Specifically, the USDA should:

1. Require all WIC-approved breakfast cereals to meet updated whole grain-rich standards.

In accordance with the National Academies of Sciences, Engineering, and Medicine's (National Academies) recommendations, all breakfast cereals should contain a whole grain as the first ingredient. Implementation of this requirement would reduce high levels of chronic disease that Latinos experience due to disparities in access to healthy food. Furthermore, we agree with the USDA that this update to whole grain breakfast cereal criteria "streamlines the process of determining whether a breakfast cereal is a whole grain cereal and may allow a broader variety of whole grain products for participants to choose from."

Latino adults and children maintain the country's lowest average daily consumption of whole grains. According to USDA data, in 2017–2018, the most recent year for which data are available, average daily intake of whole grains among Latinos was more than 25% below levels for non-Hispanic Whites.[9]

Obesity and diabetes are some of the Hispanic community's most serious—and preventable—health conditions. CDC data show that compared to non-Hispanic Whites, Latinos are more than twice as likely to suffer from type 2 diabetes; the disease afflicts 17% of Latinos, compared to just 8% of non-Hispanic Whites.[10] Moreover, National Survey of Children's Health data show that more than 40% of Latino children are overweight or obese, compared to 27% of non-Hispanic White children.[11] Since 2011, obesity rates have been significantly higher for Latino children than for children of any other racial or ethnic group.[12]

Boosting whole grain intake among WIC participants will reduce nutrition disparities and improve health equity. Research demonstrates that increasing consumption of whole grains, particularly whole grain breakfast cereals, can reduce rates of chronic conditions like obesity and diabetes. A 2020 Harvard T.H. Chan School of Public Health study found that "higher consumption of whole grains … including whole grain breakfast cereal" was "significantly associated with a lower risk of type 2 diabetes." Consuming one or more servings of whole grain breakfast cereal a day was associated with a 19% drop in type 2 diabetes.[13] A Tufts University Friedman School of Nutrition Science and Policy study examining the relationship between whole grain intake and body mass index (BMI) score demonstrated that children who consumed 1.5 daily servings of whole grains had a 40% lower risk of obesity, compared to children who received less than one serving.[14] The single category of whole grain foods most often consumed by children in the study was whole grain-rich breakfast cereal.[15]

Past experience suggests that Latino families and other communities of color are likely to respond favorably to this change. Once access to healthier foods is improved and parents learn about their value, Latino parents choose what is best for their children. This happened the last time WIC nutrition standards were upgraded in 2009, requiring half of WIC cereal products to meet whole grain-rich standards. This gave Hispanic parents additional options, with WIC supplementing the foods that families could buy using other resources. When the WIC national

standard improved, Latino parents purchased the new healthier options, and Hispanic kids quickly experienced noticeable improvements, such as a 17% rise in fiber consumption and a 10% drop in the frequency of childhood obesity among Hispanic toddlers participating in WIC.[16]

Outcomes in Oklahoma are particularly relevant, as it is the only state that is already implementing the proposed whole grain-rich breakfast cereal standards, and Latino parents in the state have demonstrated their commitment to improving their families' health by using WIC to purchase these healthier cereal options. According to the National WIC Association, Oklahoma's Latino families use WIC to purchase whole grain-rich cereals at a level 21% higher than WIC cereal redemptions for all other families in the state.[17]

Additional research confirms that these standards have dramatically improved nutrition for WIC and non-WIC families. Almost half of all Oklahoma toddlers consume whole grains at nationally recommended levels (46.7%), compared to just 7% of toddlers nationally.[18]

According to an analysis from the National WIC Association, 45 of 53 cereals approved in 2022 for WIC currently meet the USDA's proposed standard of whole grain, including six corn-based cereals, four rice-based cereals, and seven oat-based cereals. At least three of the remaining nine cereals claim to include 14 grams of whole grains per serving, which suggests that mild reformulation could satisfy the USDA's proposed standards. Among the 45 whole grain cereals available, nine gluten-free cereals are on the market to accommodate participants with food allergies or sensitivities. None of the non-whole grain cereals are gluten free. Whole grain, gluten-free cereals are inclusive of a range of cereal types, including corn, rice, and oat.

We urge the USDA to maximize the gains realized from improved food packages and nutrition standards by investing in community education efforts when the new WIC package rolls out, informing parents how consumption of whole grain-rich cereals and other nutritious foods in the revised food packages can help their children grow up healthy and strong.

2. Expand whole grain options.

Expanding whole grain options in the food packages is another key step to increasing nutrition security and boosting whole grain intake among WIC participants. We applaud the USDA for proposing a broader range of whole grain options that align with special dietary needs and cultural and personal preferences, 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. The expansion of choice will both reflect traditional diets honored by WIC families while making the program more accessible to the diverse groups that participate in WIC. This step would also increase the availability of more whole grain options among WIC-approved vendors, furthering equity by increasing low-income communities' access to whole grain products.

We specifically support the limitation of including only folic acid-fortified corn masa flour in the revised food packages. Following the Food and Drug Administration's (FDA) decision to allow voluntary fortification of corn masa flour with folic acid in 2016, several studies have investigated the availability of folic-acid-fortified corn masa flour. In 2019, researchers at Emory University found a nationwide failure of voluntary folic acid fortification of corn masa flour and tortillas with folic acid.[19] A 2021 study analyzing the impact of voluntary corn masa flour fortification found "no changes in the estimated usual intake of folic acid among Hispanic women of reproductive age who reported the consumption of corn masa flour products" before and after voluntary fortification took place.[20] These findings highlight the need for the WIC food package to require that corn-masa flour be fortified with folic acid. Doing so will drive market reformulation and ensure that WIC-authorized vendors and markets serving Latino families across the country are stocked with products meeting this requirement.

3. Increase the amount and varieties of fruits and vegetables available by increasing the fruit and vegetable benefit, requiring WIC-authorized vendors to stock at least three forms of fruits and vegetables, requiring WIC-authorized vendors to stock at least three varieties of vegetables, and expanding what can be purchased with the cash-value voucher (CVV).

The current DGA recommends that adults consume 1.5–2 cup equivalents of fruit and 2–3 cup equivalents of vegetables daily. However, Latino adults and children are not meeting the recommendations set by the DGA.[21] Several studies have indicated that strategies are needed to increase fruit and vegetable intake by Latinos.[22] Higher consumption of fruits and vegetables is associated with a lower risk of diabetes and stroke, both of which disproportionately harm Latinos.[23] Thus, increasing consumption of fruits and vegetables among Latinos will help close intake and health disparities.

Studies assessing the impact of the 2009 food package revision demonstrate that as a result of the introduction of the CVV, fruit and vegetable purchase and consumption among WIC participants increased nationally.[24] We agree that revisions to increase the monthly CVV allowances to $24 for child participants, $43 for pregnant and postpartum participants, and $47 for breastfeeding participants align with recommendations in the current DGA and will provide WIC participants with "greater choice and variety to select fruits and vegetables that accommodate their cultural and other food preferences."

One in ten Latinos reported difficulty accessing fresh fruits and vegetables—the highest rate of any racial or ethnic group.[25] Frozen, canned, and dried fruits and vegetables offer similar nutritional benefits to fresh foods, are less perishable, and are suitable for people who have allergies to certain raw foods.[26] Additionally, limiting fruits and vegetables to fresh only may limit participants' options based on season and geography. Consequently, this change will provide participants with more flexibility in accommodating different storage and cooking conditions, dietary restrictions, and personal preferences. The requirement of at least three forms of produce also promotes equity by ensuring that participants have access to seasonal and regionally specific options.

Moreover, with the proposed increase in the CVV, consumers may be encouraged to waste fewer benefits if they can buy other forms and varieties of fruits and vegetables.

4. Eliminate the default juice issuance and allow juice only as a substitution at participant request.

The DGA emphasizes the consumption of whole forms of fruits and vegetables over juice. An article published by the *Journal of the American College of Cardiology* indicates that juices concentrate calories and therefore recommends whole food consumption.[27] Furthermore, juice does not contain dietary fiber, which is important in reducing the risk of diabetes, obesity, and heart disease.[28]

Given low fiber intake among Latinos, particularly Hispanic women, targeted interventions, are needed to increase fiber intake in the WIC food packages. USDA should eliminate the default juice issuance and substitute it with an increased cash value benefit. However, the juice benefit should be provided as a substitution at participant request.

5. Require the authorization of lactose-free milk.

While dairy milk provides important nutrients, the proposed updates to the dairy category recognize that not everyone drinks milk whether it be due to dietary needs, cultural preferences, or personal choice.

Research indicates that lactose intolerance affects between 50% and 80% of people of Hispanic origin.[29] While almost all WIC state agencies currently authorize lactose-free milk, the USDA should take steps to further promote nutrition security and improved health outcomes by requiring that state agencies authorize both fluid and lactose-free milk. Given that most states already meet this proposed requirement, this revision would not result in additional administrative burdens and would improve consistency across other USDA FNS programs.

6. Add dairy substitution options to promote flexibility and choice for participants.
Latinos utilize a variety of calcium-rich foods to provide nutrients fulfilled by the dairy category, including yogurt and cheese.[30] Building on improvements to flexibility and choice in the food packages, the USDA should remove the limitation on the quarts of milk that can be substituted to allow participants to redeem dairy issuance with substitute items, such as yogurt, soy-based yogurt, cheese, soy-based cheese, and tofu.

In addition, the proposed changes to offer a greater range of package and container sizes provide enhanced flexibility that will allow State WIC agencies to authorize single-serve and multipack yogurt containers, drinkable yogurt, and string cheese more easily. The proposed changes to the dairy category provide additional flexibility, variety, and choice for WIC participants to have more substitution options for milk and meet personal and cultural preferences while consuming priority nutrients.

Furthermore, allowing other plant-based milk alternatives that meet federal WIC nutrient specifications for soy beverages, such as oat and almond milks, will encourage industry reformulation and as a result, improve availability of healthy options.

7. Add seafood across the children and adult food packages.

A study published in the *Journal of the American Medical Association* demonstrates that up to 10% of cardiometabolic deaths are associated with insufficient consumption of seafood, fruits, vegetables, and nuts/seeds.[31] Canned fish is rich in proteins and several essential nutrients, including omega-3 fatty acids.[32]

To expand the categories of WIC participants receiving fish and further bolster equitable access to nutritious foods, the USDA should add canned fish across the child and adult food packages.

The proposed changes to the WIC food package will benefit low-income communities of color as a whole by progressing equitable access to healthy foods.

WIC improvements are responsible for broad community-wide gains. The introduction of new WIC stocking standards for WIC-authorized retailers and nutrition standards for WIC-approved products in 2009 significantly increased the availability of healthy foods at markets and corner stores in low-income neighborhoods.[33] Studies show that because of the revisions, shopkeepers (in both convenience and grocery stores) were incentivized to stock healthier foods. In Connecticut, for example, prior to the 2009 WIC food package revision, only 8% of WIC-authorized convenience and grocery stores had any whole grain/whole wheat bread; 81% did after the revisions took place.[34]

A study following the implementation of the 2009 revisions demonstrated a 39% increase in healthy food supply, particularly improved availability and variety of whole-grain products, in WIC convenience and grocery stores in lower income areas.[35] Another study assessing the 2009 revisions' impact on predominantly Hispanic and African American low-income neighborhoods found that the availability of healthy foods increased significantly in stores, overall, with more substantial increases in WIC-authorized stores.[36]

As in the past, if the WIC food packages are improved to incorporate the National Academies' recommendations, all WIC-authorized vendors will be required to offer shoppers the choice to buy healthier foods. This will bring improved access to affordable healthy food options to low-income, Latino neighborhoods throughout America, benefiting WIC participants and other families alike.

The proposed revisions may also spur industry reformulation and innovation.

Private industry has played an important role in promoting changes to previous WIC food packages, spreading WIC's nutritional improvements to benefit the community as a whole. In

the case of breakfast cereals, already new whole grain offerings are coming to market, including versions of corn flakes that fully comply with the whole-grain-rich recommendation from the National Academies.[37] Grocery stores have also adapted to past improvements, with significant changes even in small family-owned grocery stores that added healthy products in response to WIC's last round of standards. More adaptations along these lines will almost certainly result if the USDA leads the way with WIC.

We appreciate the USDA's efforts to take meaningful steps for improving the WIC food package as an opportunity to improve nutrition security and equity. For these reasons, we urge the USDA to revise regulations governing WIC to promote nutrition security and equity and align the WIC food package with the current DGA and recommendations made in the 2017 National Academies' report.

In updating the food package and implementing the White House's National Strategy on Hunger, Nutrition and Health, we also urge the USDA to continue working closely with community-based and advocacy organizations to inform parents and families of the changes to the food packages and their role in advancing the health of their families and children. Should you have any questions or need further information, please contact Umailla Fatima at ufatima@unidosus.org.

Notes

[1] https://www2.census.gov/programs-surveys/demo/tables/hhp/2023/wk53/food2_week53.xlsx

[2] https://www.cdc.gov/vitalsigns/hispanic-health/index.html

[3] https://www.fns.usda.gov/apps/WIC2021/graphic3-v2021-v6.html

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4174695/

[5] https://www.fns.usda.gov/apps/WIC2021/graphic3-v2021-v6.html

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028606/pdf/nihms564515.pdf

[7] https://frac.org/wp-content/uploads/frac_brief_revised_wic_food_package_impact_nutrition_retail.pdf

[8] https://pubmed.ncbi.nlm.nih.gov/26276067/; https://pubmed.ncbi.nlm.nih.gov/26276067/; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6565338/

[9] https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/fped/Table_2_FPED_RAC_1718.pdf

[10] https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html

[11] https://www.childhealthdata.org/browse/survey/results?q=8455&r=1&g=914

[12] https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/overweight-obesity-child-H.pdf

[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7341349/

[14] https://www.cambridge.org/core/journals/public-health-nutrition/article/whole-grain-consumption-is-inversely-associated-with-bmi-zscore-in-rural-schoolaged-children/E54A84BE4BF433697408A6433DE9988C

[15] Ibid.

[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028606/pdf/nihms564515.pdf; and https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html.

[17] https://s3.amazonaws.com/aws.upl/nwica.org/whole-grain-rich.pdf

[18] https://oklahoma.gov/content/dam/ok/en/health/health2/documents/toddler-nutrition-and-physical-activity-march-2018-tots-brief.pdf; and https://s3.amazonaws.com/aws.upl/nwica.org/2017-nasem-report.pdf.

[19] https://pubmed.ncbi.nlm.nih.gov/31082001/

[20] https://pubmed.ncbi.nlm.nih.gov/33923768/

[21] https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953382/#R1.

[22] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953382/#R1

[23] https://pubmed.ncbi.nlm.nih.gov/24088718; https://pubmed.ncbi.nlm.nih.gov/20724400; https://pubmed.ncbi.nlm.nih.gov/16443039; https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html#:~:text=Diabetes%20Affects%20Hispanic%20or%20Latino,it%20at%20a%20younger%20age and; https://my.clevelandclinic.org/health/articles/23051-ethnicity-and-heart-disease.

[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7666910/

[25] http://hungerreport.org/2016/wp-content/uploads/2015/11/HR2016-Full-Report-Web.pdf

[26] https://journals.sagepub.com/doi/pdf/10.1177/1559827614522942

[27] https://www.sciencedirect.com/science/article/pii/S0735109717300360?via%3Dihub

[28] https://time.com/5072703/drinking-juice-unhealthy-disadvantages/

[29] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1906652/#:~:text=Lactose%20intolerance%20occurs%20in%20about,in%20Asia%20and%20American%20Indians.

[30] https://academic.oup.com/jn/article/151/9/2749/6329779; and https://www.jandonline.org/article/S2212-2672(14)00679-0/fulltext.

[31] https://pubmed.ncbi.nlm.nih.gov/28267855/

[32] https://www.elsevier.com/books/a-complete-course-in-canning-and-related-processes/featherstone/978-0-85709-679-1

[33] https://www.sciencedirect.com/science/article/abs/pii/S0749379712004345

[34] https://www.choicesmagazine.org/choices-magazine/theme-articles/an-evaluation-of-food-deserts-in-america/effects-of-the-revised-food-packages-for-women-infants-and-children-wic-in-connecticut

[35] https://pubmed.ncbi.nlm.nih.gov/22709812/

[36] https://www.researchgate.net/publication/221691828_The_Impact_of_WIC_Food_Package_Changes_on_Access_to_Healthful_Food_in_2_Low-Income_Urban_Neighborhoods; and https://academic.oup.com/jn/article/148/suppl_3/1547S/5086689.

[37] https://cereals.generalmills.com/products/total/