



FARE Follow Up with USDA FNS WIC Staff on Importance of Addressing Food Allergy in the WIC Program and Revision to WIC Food Packages to Adequately Address Food Allergy Management and Prevention

Part 1: Food Allergy and Equality Statistics: Underscoring the Importance of WIC to Thoroughly Address Food Allergy with Participants

Statistics:

- *General Food Allergy Statistics*
 - Food allergy is a potentially life-threatening disease affecting 32 million Americans—including 8% of all children and 10% of all adults in the US.¹⁻³
 - Food allergies result in an emergency room visit every three minutes, and 40% of children with food allergies have experienced a severe allergic reaction.¹⁻⁷
- *Racial disparities in prevalence*
 - A recent study published in the Journal of Pediatrics found that non-Hispanic Black children were more likely to have a food allergy and more likely to have multiple food allergies compared with their White and non-white counterparts.^{1,4} This disparity in food allergy makes health equity difficult for Black food allergy patients given the expensive and time-consuming nature of food allergy.
 - While food allergies are on the rise nationally, a 2020 study found that children on Medicaid were less than one-tenth as likely as children on private health insurance to be diagnosed with a food allergy.⁸
 - This study of food allergic children on Medicaid also demonstrated that Asian, Black, and Pacific Islander/Native Hawaiian children had 24%, 7%, and 26% higher odds respectively of having food allergies compared with white children on Medicaid.⁸
- *Racial disparities in outcomes*
 - Black and Hispanic children have been found to have significantly higher rates of food-induced anaphylaxis and Black children have a two-to-threefold higher risk of fatal anaphylaxis than white children.^{9,10}
 - Food allergic children that live in low-income communities often have limited access to healthcare specialists, allergy-friendly foods, and medications — increasing their number of visits to the emergency room for treatment.¹¹
- *Racial and economic disparities in epinephrine access*
 - FARE launched a needs assessment among 724 food allergic adults and caregivers in the underserved, under-representative community in Newark, NJ, through its Community Access Program (CAP).¹²
 - We found that while most had physician-diagnosed food allergy, 40% reported they had never been prescribed epinephrine, and 16% reported having a prescription, but never filling it.¹²
 - Cost, convenience, and knowledge gaps were the top reasons prescriptions were never filled. Additionally, only 12.2% had quick access “all of the time” to epinephrine, compared to 51% of food allergy patients in a nationally representative sample.¹²
- *Racial and economic disparities broaden with food insecurity*
 - Our Newark CAP survey found that in a 12-month period, 71% worried at least sometimes that they would not have enough money for food and would run out of food and 76% utilized food pantries; often facing limited substitution options due to FA.¹²



- Psychosocial burden compounds the health equity issue, with 1 in 5 food allergic children in Newark expressing a fear of eating due to food allergy.¹²
- Approximately 21% of food allergic children with FA in the United States experienced low food security.¹³

Citations:

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Part 2: FARE Position on Food Allergen Substitutions in WIC Food Packages, Inclusion of Foods in the Infant Food Package to Address Early Introduction of Food Allergens to Reduce the Risk of Developing Food Allergy, and Competency in Food Allergy Education, Management, and Prevention for WIC Staff

WIC Food Package Substitutions for Participants with Existing Food Allergy (Women and Children)

FARE firmly believes in and supports the NASEM recommendation for substitutions for those with food allergy, but we believe that FNS must go further. Revision to WIC food packages must allow and provide substitutions for all food allergens where possible in WIC food packages (women and children). Examples include:

- For those with wheat allergy, retaining non-wheat cereals like corn flakes, puffed rice, and oats.
- Allowing gluten free bread to address wheat allergy and Celiac disease in addition to brown rice, oat, and corn options.
- Sun butter (sunflower) or others versus peanut butter because beans as an alternate to peanut butter is not always desired by WIC participants. Tree nut butters also could be included, but many with peanut allergy also choose not to consume tree nuts.
- Retain dairy alternative options. However, alternatives to soy “milk” and tofu are needed for WIC participants with both milk and soy allergy.
- Although there are several fish options that may meet the needs of those with fish allergy, options beyond tuna, salmon, sardines, and mackerel would be beneficial. Canned crustacean shellfish and mollusks such as canned shrimp, mussels, or oysters could be an alternative to fish species for those with fish allergy. Similarly, some with fish allergy choose to avoid all finned fish.
- Substitution for eggs in WIC food packages will be a challenge in delivering equivalent nutrients. However, FARE urges FNS to consider whether a group of non-egg foods can meet nutrient equivalence.
- Tree nuts and crustacean shellfish currently are not included in WIC food packages. However, tree nut butters could be an acceptable substitution to many with peanut allergy, as long as they are labeled without “May Contain peanuts” or other precautionary allergen labeling statement (PAL) that notes peanuts. Further, many with fish allergy could substitute canned crustacean shellfish and find it acceptable.
- FARE urges FNS to consider sesame and alternatives as it plans revisions to WIC food packages, as sesame is often found in whole grain breads that include other seeds. The WIC food package revision proposal likely will not likely be finalized until after sesame labeling as a major food allergen is required by January 1, 2023, per the Food Allergy Safety, Treatment, Education, and Research Act (FASTER Act).

Citations:

National Academies of Sciences, Engineering, and Medicine 2017. *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. Washington, DC: The National Academies Press.

<https://doi.org/10.17226/23655>. Table 3-15, p. 143; Table 3-16, p. 149-150

[Public Law 117-11](#): Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021.



Urgency to Revise the WIC Infant Food Package to Deliver Benefits Toward Reducing the Risk of Developing Food Allergy

- FARE firmly believes that the infant food package must be revised to address early introduction of food allergens to reduce the risk of developing food allergy, given the recommendation in the *2020-2025 Dietary Guidelines for Americans*. FARE believe it is incumbent that the WIC program must include the early introduction food allergens in the WIC food package for infants between 4 and 12 months, regardless of the WIC program's focus only on supplemental nutrient delivery. The stakes for the future health of American infants and children that should eliminate the majority of food allergies in a generation warrants nothing else, and the time is now.
- The landmark results of the LEAP study (Learning Early About Peanut Allergy) on early introduction of peanut in infant diets to reduce the risk of peanut allergy is supported by the National Institutes of Health's [National Institute of Allergy and Infectious Disease \(NIAID\)](#), more broadly by the [American Academy of Pediatrics](#), [American Academy of Allergy, Asthma and Immunology](#), [American College of Allergy, Asthma and Immunology](#), and codified as Federal nutrition policy in the *2020-2025 Dietary Guidelines for Americans* (DGA). The DGA states on page 58, *Potentially allergenic foods (e.g., peanuts, egg, cow milk products, tree nuts, wheat, crustacean shellfish, fish, and soy [plus sesame given the FASTER Act requirements that adds sesame as the ninth food allergen required to be labeled] should be introduced when other complementary foods are introduced to an infant's diet. Introducing peanut-containing foods in the first year reduces the risk that an infant will develop a food allergy to peanuts.... **There is no evidence that delaying introduction of allergenic foods, beyond when other complementary foods are introduced, helps to prevent food allergy....*** [Emphasis added]
- One additional note related to early introduction in the diet of infants of cow's milk to reduce the risk of developing milk allergy. FARE supports WIC's goal for infants to be fully breastfed during the first year of life. However, to achieve success with early introduction of food allergens, small amounts of milk should be introduced along with egg and peanut beginning around 4 to 6 months of age, then proceeding to include other top food allergens. Plain yogurt is an excellent vehicle to deliver cow's milk and only requires up to 4 tablespoons per week. This is not meant to undermine recommendations for exclusive breastfeeding during the first year, or recommendations to avoid cow's milk as a beverage until 12 months of age.

Citation:

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025. 9th Edition*. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov). Page 58.

Food Allergy Education for WIC Competent Professional Authorities (CPAs) on Food Allergy Basics, Referrals, management, and Early Introduction to Reduce the Risk of Developing Food Allergy

- FARE believes that all WIC personnel (CPAs) should have knowledge, skills, and tools to educate about food allergy, referrals to other health care providers, management, and infant early introduction to reduce the risk of developing food allergy. To this end, FARE is developing a food allergy education module that can be used by CPAs to educate WIC participants about food allergy, management, and early introduction among infants.
- See PDF presentation deck attached to this e-mail that summarizes the FARE WIC Food Allergy Training & Resource Development Advisory Committee, goals, module content, and timeline.



Part 3: FARE Position on Complete Food Allergen Information for Online Redemption of WIC Foods

Note: FARE did not raise this issue during our brief meeting, but we believe it is worth outlining our position on e-commerce and food allergy, given USDA FNS's support of WIC Online.

- FARE firmly believes that individuals with food allergy and their families and caregivers must have complete food allergen information – food allergen labeling required by the Food Allergen Labeling and Consumer Protection Act of 2004 in ingredient declarations and “Contains: [X]”, as well as including precautionary allergen labeling (PAL) statements such as “May Contain [X]” – when purchasing foods online. As USDA FNS works via its grant to the [Gretchen Swanson Center for Nutrition](#) on developing requirements, conducting a pilot and then taking the program nationally, we urge consideration of the critical information needs for those with food allergy.
- To this end, FARE participated orally and [submitted formal comments](#) to the U.S. Food and Drug Administration's (FDA) 2021 New Era of Smarter Food Safety Summit on E-Commerce. Also, we encourage USDA and FNS to collaborate with FDA on guidelines for online food purchases to ensure complete food allergen information always is provided.