



GSA-05

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JANIFER M. GRANHOLM
GOVERNOR
December 15, 2003

JANET OLSZEWSKI
DIRECTOR

Patricia Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service-USDA
3101 Park Center Drive, Room 520
Alexandria, VA 22302

RE: Revisions to the WIC Food Packages, 7 CFR Part 246

Dear Ms. Daniels:

Thank you for the opportunity to provide comments on revising Michigan's WIC food packages. Comments were prepared, in part, with input from local WIC Coordinators, as well as, state nutrition and vendor unit staff.

We consider that the WIC food packages and the nutrition education program are a major component in affecting the dietary quality and food habits of low-income women, infants and children. Our comments are made in consideration of the supplemental nature of the program, and the needs of these participants' nutrition and food requirements. We have also considered the cultural food preferences of our diverse population; and encourage USDA to advise the work of the Institute of Medicine special committee to include the area of cultural food preferences for our participants in their final recommendations.

Our comments relate to the needs of participants that we counsel daily. They need to have access to:

- Sufficient food and formula to meet minimum needs.
- Fruits and vegetables that would not be available to their limited resources.
- Low-fat milk, yogurt, cheese and alternatives to meet varied nutritional needs, both in consideration of the state's great obesity problem in this population, and of participants' needs related to food allergies, intolerances and alternate food choices.
- Alternatives in legumes and vegetables to acknowledge the limitations for food preparation demanded by limited resources and work schedules.

We are also sharing some comments from local agencies that are not part of Michigan's recommended changes. We look forward to further dialogue as food package recommendations are revised.

Sincerely

Alethia Carr, Director
WIC Division

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Michigan Suggestions for USDA WIC Food Package Revisions

Food Packages Currently Defined by USDA Regulations:

Food Package I: Infants 0-3 months (Contract formula – Fe fortified)

Food Package II: Infants 4-12 Months (Contract formula – Fe fortified, Infant cereal with Fe, Fruit juice with >30 mg Vitamin C)

Food Package III: Children & Women with special medical needs (Formula, cereal with >28 mg Fe & <21.2 gms sucrose, Fruit juice with >30 mg vitamin C)

Food Package IV: Children 1-5 years (Skim or whole milk [fluid, dry or evaporated] or cheese, adult cereal with >28 mg Fe & <21.2 gms sucrose, juice with >30 mg vitamin C, eggs, peanut butter or dry beans)

Food Package V: Pregnant and Breastfeeding Women (Skim or whole milk [fluid, dry or evaporated] or cheese, adult cereal with >28 mg Fe & <21.2 gms sucrose, juice with >30 mg vitamin C, eggs, peanut butter or dry beans)

Food Package VI: Non-lactating, Postpartum Women (Skim or whole milk [fluid, dry or evaporated] or cheese, adult cereal with >28 mg Fe & <21.2 gms sucrose, juice with >30 mg vitamin C, eggs)

Food Package VII: Breastfeeding Women (Skim or whole milk [fluid, dry or evaporated], cheese, adult cereal with >28 mg Fe & <21.2 gms sucrose, juice with >30 mg vitamin C, eggs, peanut butter, dry beans, tuna and carrots)

Suggestion (include quantity and cost if known)		Effect on Participant	Reference/ Nutritional Research if Available	Affect on overweight?
Package # I, II	Do not offer juice until 6 months of age.	Infant more likely to begin drinking from a cup. Could help decrease tooth decay and obesity.	Michigan already does this and we suggest that it become the standard for the country.	Could decrease
Package # I, II, III	Adjust the standard for formula to a maximum of 812 ounces for Infant and 918 ounces for Special Woman/ Child.	To maximize benefit to participants based on the formula companies choice in can size and packaging.	Change would allow formula in packages to adjust for both the 14.3-ounce can and the 12.9-ounce can sizes and not split six packs for the Special Woman/Child.	
Package # III, IV, V, VI, VII	Limit fruit juice to 1 serving per day of 4 ounces for children under five (144 oz) and 6 ounces for adults (192 oz) and add fruits and vegetables for other servings. Allow 192 oz of juice for pregnant, breastfeeding and postpartum women.	Reduce amount of juice calories ingested and promote other fruits and vegetables. Vitamin C benefit to postpartum women will help promote healing. Women who breastfeed do not need the added calories per month from excess juice. Juice is not needed to meet folate with folate-fortified cereal.	Excessive fruit juice consumption in children associated with obesity, short stature and tooth decay. ¹	Could decrease

Suggestion (include quantity and cost if known)	Effect on Participant	Reference/ Nutritional Research if Available	Affect on overweight?	
<p>Package # III, IV, V, VI, VII</p>	<p>Supplement food packages with canned & frozen vegetables. Allow spinach, carrots, collards, green beans, pumpkin, winter squash, cabbage, and beets. Allow a fresh option with state discretion to limit to canned, frozen or fresh.</p>	<p>The inclusion of vegetables in the food packages will improve the consumption pattern of WIC participants. Provide a WIC coupon with a selection of vegetable alternatives to increase availability of vitamins and minerals from vegetables and provide flexibility to participant. WIC has power to change food practices.</p>	<p>Dietary guidelines recommend fruits & vegetables.² Including options enables a parent to offer whole foods. Two studies find that french fries are primary vegetable offered to infants/toddlers^{3,4}. Need to limit amount of canned vegetables with high sodium content.</p> <p>Vegetables offer a wide range of vitamins and minerals^{5,6,7,8,9,10} as well as fiber¹¹. Low-income populations have identified cost as a barrier to the purchase of fruits and vegetables. The current WIC package is very low in Vitamins A and E, and the usual diet of WIC participants is not rich in the foods that contain these nutrients, mainly orange vegetables and fruits for Vitamin A and unprocessed grains, seeds and nuts for vitamin E.</p> <p>The current food prescriptions are very low in Vitamin K and Magnesium as well. This is a concern because the sources of these nutrients – green leafy vegetables, nuts and seeds are absent from the diet and are not provided by WIC.</p>	<p>Could decrease</p>

Suggestion (include quantity and cost if known)	Effect on Participant	Reference/ Nutritional Research if Available	Affect on overweight?	
Package # IV, V, VI, VII	Add low-fat yogurt as a milk alternative for children over 2 years and pregnant and breastfeeding women.	Provides low-fat alternative with Vitamin D for those who don't like milk.	Bulk container of vanilla or plain yogurt are cost effective. As a substitute for milk, this would decrease overweight and be alternative to cheese for those not liking or tolerating milk.	Could decrease
Package # IV, V, VI, VII	Support that states offer 2% or lower fat milk to all WIC participants with the following exceptions: Children younger than 2, participants with special nutrition needs such as children who are not growing properly or pregnant women with weight gain issues.	Could decrease fat intake.		Could decrease
Package # IV	Eliminate peanut butter for 1-2 year olds.	Peanut butter for a 1 year old is questionable, especially at 18 oz a month. Parents usually do not offer peanut butter to a 12 – 23 month old more than once or twice a week, and then with some trepidation regarding choking. The peanut butter ends up being given to older, non-WIC eligible children or adults in the home.	Peanuts and peanut butter, in addition to being highly allergenic also present a choking risk for toddlers. It is not recommended to feed young children peanuts or peanut butter until the child is 3 years old. ¹²	
Package # IV, V, VI, VII	Add whole grain bread to food packages with whole grain as first ingredient & minimum of 3 gms fiber/serving.	Could decrease intake of inappropriate snack foods.	Dietary guidelines recommend 6-11 servings of grains. ¹	Could decrease

Suggestion (include quantity and cost if known)	Effect on Participant	Reference/ Nutritional Research if Available	Affect on overweight?	
<p>Package # IV, V, VI, VII</p>	<p>Offer vitamin D and calcium fortified soy milk and rice milk as alternative to fluid milk.</p>	<p>Alternative for those with documented milk allergies or lactose intolerance. Do not offer for other food issues due to lack of research on long-term intake. May help drinking too much juice because of milk intolerance. Rice milk intake should be limited for toddlers due to being poor source of protein & fat. These can also be alternatives for vegetarians.</p>	<p>Allow soymilk in reduced quantities (perhaps up to the equivalent of 12 quarts). This would have the same relative cost as a full fluid milk benefit. Infants who don't tolerate milk or cheese due to allergy are frequently kept on soy formula past one year of age. Continued formula feeding after 1 year is not cost effective and it promotes disordered eating when parents delay starting solids because formula "has it all." After 16 to 18 months, when these children can get calcium, protein, vitamin A and D in sufficient amounts from other sources, they get no milk or cheese benefit at all. The vegan population gets no benefit in either fluid milk or cheese.</p>	
<p>Package # IV, V, VI, VII</p>	<p>Add frozen or canned beans (legumes) such as kidney beans, navy beans, great northern beans, pinto beans, etc, as alternatives to dry beans. Include baked beans and pork & beans as the bean option because of popularity with participants.</p>	<p>Good and more convenient source of protein</p>	<p>Dietary guidelines recommend as alternative protein source.¹</p>	

Suggestions Made by Michigan Local And State Staff but not submitted as Part of the Michigan WIC Suggested Revisions:

Suggestion
1. No juice for any infant less than one year of age. Less cost to WIC program.
2. Bread, bagels, pasta, crackers, lo cost for some choices.
3. Low fat yogurt (high fat for 1-3 years old).
4. Add bread and rice (whole grain).
5. Delete juice from all coupons. Replace with canned/frozen vegetables/fruit.
6. Offer less milk for toddlers. The total amount of milk offered to 1 and 2 year olds is too much for a toddler, given the cheese benefit and the fact that WIC is a supplemental program.

¹ Committee on Nutrition, American Academy of Pediatrics, Pediatric Nutrition Handbook, p. 47, 1998.

² Nutrition and Your Health: Dietary Guidelines For Americans, 2000, 5th Edition, USDA

³ The Kaiser Family Foundation study released 10.28.03 at www.kff.org

⁴ Gerber study released at ADA 2003 <http://www.mathematica-mpr.com/3rdLevel/infantfeeding.htm>

⁵ Position of the American Dietetic Association, "Nutrition Care for Pregnant Adolescents", Vol. 94, No 4, pp 449-50, April 1994.

⁶ Position of the American Dietetic Association, "Oral Health and Nutrition", Vol. 96, No 2, pp 184-88, February 1996.

⁷ Position of the American Dietetic Association, "Child and Adolescent Food and Nutrition Programs", Vol. 96, No 9, pp 913-16, September 1996.

⁸ Institute of Medicine, National Academy of Sciences, Nutrition During Pregnancy, Washington, DC, National Academy Press, 1990.

⁹ Barlow SE and Dietz WH, "Obesity Evaluation and Treatment: Expert Committee Recommendations", Pediatrics: Vol. 102, No 3, September 1998.

¹⁰ USDA, "Review of Nutritional Status of WIC Participants, Executive Summary", Center for Nutrition Policy and Promotion, 1999.

¹¹ Williams CL, et al, "A New Recommendation for Dietary Fiber in Childhood", Pediatrics, Vol. 96, pp 985-88, 1995.

¹² American Academy of Pediatrics