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Patricia Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Services, USDA  
3101 Park Center Drive, Room 520  
Alexandria, Virginia 22302

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

Dear Ms. Daniels,

The Idaho State WIC Program welcomes this opportunity to comment on Public Notice 7 CFR part 246, Revisions to the WIC Food Packages. As the state agency, we represent all local WIC agencies within Idaho.

1. **Please indicate what elements of the WIC food package you would keep the same and why?**

We recommend keeping the classification for the Food Packages the same.

2. **What changes, if any, are needed to the types of foods currently authorized in the WIC food packages? If you recommend additions or deletions to the types of foods currently offered, please discuss recommended quantities and cost implications.**

Along with the currently authorized foods, we recommend the following additions:

- a. Add fruits and vegetables to food packages III, IV, V, VI and VII in partial or full replacement of juice. Selection criteria should include fruits and vegetables high in vitamin A, vitamin C, folic acid, B5, magnesium, fiber and antioxidants such as carrots, citrus fruits, tomatoes, greens and

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broccoli. Including frozen and canned items, as well as considering seasonal availability will keep costs down. High cost items should be excluded. Consumption of fruits and vegetables has been found to decrease the risks of many chronic diseases including obesity. Inclusion of these items would improve the acceptability and health value of the food package.

- b. Exclude juice from food package II or reduce the total quantity of juice and prescribe it only when the infant is developmentally able to drink from a cup in accordance with current recommendations from the American Academy of Pediatrics.
- c. Add the option of canned beans to food packages III, IV, V, VI and VII. Dried beans are often not used or not redeemed by WIC participants. Canned beans are more commonly accepted and easier to use, and would improve the value of the food package.
- d. Add the option of calcium fortified soy milk to food packages III, IV, V, VI, and VII. Milk is not a traditional food in many cultures. A high incidence of lactose intolerance exists in population groups served in our state. Requests for soy milk are the most common participant request we receive related to food package content.
- e. Add the option of tofu to food packages III, IV, V, VI, and VII. Tofu is an acceptable high protein food. Tofu produced using calcium salts is also a high source of calcium. Tofu could be prescribed in combination with or in place of cheese, peanut butter, beans or tuna (package VII). Tofu is less expensive than cheese or peanut butter and comparable in cost to canned beans. Tofu is a common source of protein for various cultural groups.
- f. Allow the substitution of canned sardines, canned salmon or canned chicken for canned tuna to food package VII. There is a risk of high rates of mercury from excess tuna consumption. Canned sardines and salmon both are high quality sources of protein. States would have the option of prescribing these items based on availability, cost, and cultural preferences.

**3. Should the quantities of foods in the current WIC food packages be adjusted? If yes, by how much and why? Please discuss cost implications.**

- a. Decrease or eliminate juice from all food packages. Excess fruit juice consumption has been linked with contributing to obesity. Food dollars

spent on fruit juice could be shifted to pay for fruits and vegetables that provide vitamin C and fiber.

- b. Decrease the amount of formula provided in food packages I and II in order to strengthen WIC's position on promoting and supporting breastfeeding.
  - c. Change the maximum amount of formula allowed to the maximum amount of ounces prepared using standard dilution versus the maximum amount based on can size.
4. **Recognizing that the WIC Program is designed to provide supplemental foods that contain nutrients known to be lacking in the diets of the target population, what nutrients should be established as priority nutrients for each category of WIC participant, e.g., pregnant women, children 1-5, etc.? Please provide the scientific rationale for them.**

Maintain the current 5 target nutrients and evaluate the need to add folic acid, vitamin B6, magnesium, fiber and zinc.

5. **Keeping in mind that foods provided by WIC are designed to be supplemental, can the WIC food packages be revised (beyond what is allowed under current regulations) to have a positive effect on addressing overweight concerns? If so, how? Please be specific.**

Require 2% or lower fat milk as the standard for women and children over 2 years old. Decrease or eliminate fruit juice amounts. Offer fruits and vegetables. Allow physical activity education to count as a nutrition education contact.

6. **Are there other concerns that affect foods issued through the WIC food packages that should be considered in designing the food packages? For example, should WIC provide options to address allergies (The American Dietetic Association notes that the most common food allergies are to milk, eggs, peanuts, soybeans, tree nuts, fish, shellfish and wheat), cultural patterns or food preferences?**

Allowing the food items recommended in question #2 would allow states the option to tailor allowable foods and food packages to address food allergies, cultural patterns and food preferences.

7. **What data and/or information (please cite sources) should the Department consider in making decisions regarding revisions to the WIC food packages,**

e.g., nutritional needs of the population, ethnic food consumption data, scientific studies, acculturation practices, and participant surveys, etc.?

WIC Program Participant Characteristics  
Healthy People 2010  
U.S. Dietary Guidelines

- 8. Recognizing that current legislation requires WIC food packages to be prescriptive, should participants be allowed greater flexibility in choosing among authorized food items? If so, how?**

We recommend the food packages to remain prescriptive in order to meet the nutritional needs of the participant. Allowing the food items suggested in our response to question #2 would allow food packages to be tailored to better meet participant needs and increase acceptability of the food package.

- 9. How can WIC food packages best be designed to effectively meet nutritional needs in culturally and ethnically diverse communities?**

The food items recommended in our response to question #2 would allow tailoring to meet culture and ethnic preferences.

- 10. Should WIC State agencies be afforded more or less flexibility in designing WIC food packages? Please explain.**

If the food items recommended in our response to question #2 were allowed, each state would have options for flexibility without seeking additional approval from USDA. This would save administrative time for all agencies involved.

Thank you for this opportunity to provide our comments.

Sincerely,



Carolyn Conner, RD, LD  
Idaho WIC Manager

References

National WIC Association Position Paper. *National Association of WIC Directors WIC Food Prescription Recommendations*. October 2003.

National WIC Association Position Paper. *Culturally Sensitive Food Prescription Recommendations*. October 2003.