



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
WIC Program  
Post Office Box 47886  
Olympia, Washington 98504-7886  
Division of Community and Family Health

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

**FROM:** Kim Wallace  
State WIC Program Director

**SUBJECT:** Public Comment - Revisions to the WIC Food Packages

Dear Ms. Daniels:

Thank you for providing the opportunity to provide comment on the WIC Food Packages. The Washington State WIC Program provides services to over 265,000 women and children each year and is a significant source of nutrition education and healthy foods for these families.

In the past 30 years, the WIC population and their nutritional needs have changed greatly in our state. Washington state has one of the highest rates of hunger and food insecurity in the country. More than half of all Washington state residents are obese or overweight, a condition that has been associated with food insecurity. Our clients have become more culturally diverse with dietary practices that are not necessarily in line with the current food packages. Nutrition science and dietary recommendations have also changed during this time, calling for Americans to increase consumption of fruits, vegetables and high fiber foods and limit fat and low-nutrient/high sugar foods.

Numerous health and nutrition organizations, health experts and individual clients have requested changes to the types of foods offered by the WIC Program. Government-sponsored studies have shown WIC clientele have nutritional intakes that do not meet the US Dietary Guidelines. We have an opportunity to align the food packages with current dietary guidelines, support positive cultural food practices, address current public health and nutrition concerns, and help the young families WIC serves to establish healthy eating patterns. Thank you for your careful consideration of our comments.

## 1. Elements of the WIC food packages that should continue

- a. **Recommendation:** Retain the 6 grams sugar per ounce cereal limitation and restriction of caries-promoting food items.

**Rationale:** The Center for Nutrition Policy and Promotion reported that young children consume 11-17 teaspoons of added sugar, well above the level of 5-8 teaspoons recommended by the Food Guide Pyramid. Relaxing the sugar limit goes against the current dietary guidelines and would worsen over consumption of sugar by children, placing them at increased risk for dental carries.

## 2. Changes to the types of foods currently authorized in the WIC food packages

- a. **Recommendation:** Allow states to add fruits and vegetables – fresh, frozen or canned – in addition to, or in partial or full replacement of juice for all women and children.

**Rationale:** Fruits and vegetables are low in fat and high in complex carbohydrates, fiber, antioxidants and can be a significant source of folate, vitamin B6, vitamin C, vitamin A, and other important nutrients. Research has established the link between fruit and vegetable consumption and a decreased risk of chronic diseases such as cancer, heart disease and obesity. Numerous health and government organizations promote increased consumption of these key foods, yet national surveys show that actual consumption is below recommended levels. Adding fruits and vegetables to the program would increase access to these foods, align the WIC program with current dietary recommendations, and allow for increased flexibility for state programs to meet the cultural dietary practices of clients.

States should have the option of including fruits and vegetables that are available year round at a low to moderate price. The costs of including these foods could be partially offset by the other recommendations included in this letter such as reducing the amount of milk and juice in the children's food package. These fruits and vegetables should be offered in addition to any produce available through the WIC Farmers' Market Nutrition Program as the FMNP is not active in all areas of the country and is seasonal.

- b. **Recommendation:** Exclude juice from the infant food package.

**Rationale:** Fruit juice is not necessary for a healthy infant. Exclusively breastfed infants receive sufficient vitamin C through breastmilk until they are of age when foods containing this vitamin are typically introduced. Infant formula provides sufficient vitamin C to meet an infant's nutritional needs. The Center for Nutrition Policy and Promotion found that WIC infants between 4 – 11 months consumed 305% of the RDA for vitamin C. Many infants receive juice through a bottle, despite nutrition education efforts. This practice increases the risk of baby-bottle tooth decay and replaces breastmilk or infant formula. WIC has the opportunity to highlight the importance of delaying the introduction of juice by not providing it in the infant food packages. In

addition, the current practice of adding juice to the infant food package adds additional expense without corresponding evidence of its nutritional efficacy.

- c. **Recommendation:** Allow states the flexibility to substitute canned salmon or canned sardines in place of canned tuna.

**Rationale:** Recent studies have shown canned tuna to have significant amounts of mercury. Depending upon a breastfeeding woman's fish consumption and body weight, she could be exposed to higher amounts of mercury than what environmental health experts recommend. Based upon studies carried out by the Washington State Division of Environmental Health, a woman weighing 125 pounds should not consume more than one 6-ounce can of tuna each week. Food package VII allows for up to 26 ounces each month of canned tuna, an amount that may place some women at risk for over exposure to mercury. This change would also serve to increase choice for clients with diverse cultural dietary practices.

### 3. Quantities of foods in the current package that should be adjusted

- a. **Recommendation:** Reduce the maximum quantity of milk for children from 24 to 16 quarts per month.

**Rationale:** The current child's food package provides 24 quarts per month. This amount exceeds the Dietary Guidelines – Food Guide Pyramid recommendation of 16 quarts per month. Changing the maximum amount of milk for children from 24 to 16 quarts per month would provide milk in the amounts recommended by the US Dietary Guidelines for Americans, the American Dietetic Association and the Center for Nutrition Policy and Promotion.

- b. **Recommendation:** Reduce the ounces of infant cereal from 24 ounces to 16 ounces. Allow states to consider reducing the amount to 8 ounces.

**Rationale:** Between 6-12 months of age, infants receiving the standard food package receive iron from iron-fortified formula and infant cereal. We estimate the total iron provided to these infants per month is 181% of the RDA. Reducing the infant cereal to 16 oz would reduce the iron provided to 15.84 mg per day or 158% of the RDA. Reducing the cereal to 8 oz per month would provide 13.59 mg iron per day or 136% of the RDA.

This recommendation is based on the following calculations:

- Each ounce of (reconstituted) iron-fortified formula provides 0.36 mg iron.
- A monthly food package with 9 cans of powdered formula provides 945 ounces (reconstituted). Multiplying 0.36 by 945 equals 340.2 mg iron per month.
- Twenty-four ounces of infant cereal provides 202.5 mg iron.
- The sum of the iron from both sources is 542.7 mg.
- Dividing 542.7 by an average 30-day month results in a possible intake of 18.09 mg per day. The RDA for 6-10 month old infants is 10 mg/day.

States should be allowed to consider either amount (16 oz or 8 oz) based upon cost, availability and client use.

**Recommendation:** Reduce the ounces of cereal in the children's food package from 36 to 24 ounces.

**Rationale:** Based upon information supplied by the National WIC Association's Cultural Food Packages Recommendations, the standard food package for children provides approximately 115% RDA for iron. The recommended serving size for dry cereals is 1 oz therefore WIC provides 52.25% of the RDA for iron to children in cereal. Reducing the cereal to 24 oz would still provide children with 34.8 % of their iron from cereal and over 97% of the RDA for iron. The WIC program is and should continue to be supplemental in nature. The cost savings associated with reducing the amount of cereal could balance the costs associated with providing such foods as fruits, vegetables, tofu or yogurt.

#### 4. Priority nutrients for WIC clients

- a. **Recommendation:** Continue to target protein, iron, calcium, vitamin C, and vitamin A as priority nutrients for the food packages. In addition, add the following nutrients: fiber, zinc, vitamin D, magnesium, folate, and vitamin B6.

**Rationale:** The current target nutrients are critical during periods of growth and development. Iron-deficiency anemia and inadequate intakes of calcium are still dietary concerns among women and preschool children in low-income populations.

National food consumption data indicate USDA should increase the number of target nutrients. CSFII reports women and children of low-income households consume less than half the recommended 20-30 grams/day of dietary fiber. NHANES III data report that pregnant women's intake of zinc to be less than 70% of the RDA. Intake of zinc among 1-3 year old children was less than 66% and that of 4-5 year olds was less than 80% of the RDA. The 1999 Center for Nutrition Policy and Promotion Report, using NHANES III data, indicated mean intakes of Vitamin D and magnesium among women to be less than recommended levels. The same report also indicated pregnant women have low intakes of folate and vitamin B6. Low intake of these nutrients may have a life-long negative impact. By targeting the additional nutrients listed above and increasing the variety foods containing them, the WIC program would positively influence the consumption of nutrient-dense foods among low-income families.

#### 5. Changing the WIC food packages to address overweight concerns

- a. **Recommendation:** Add fresh, frozen, and canned fruit and vegetables to the packages for all women and children.

**Rationale:** Fruits and vegetables are low in calories and high in water and fiber. They add color, texture and taste to meals. Weight loss intervention studies find that adults with higher vegetable and fruit consumption are less likely to be overweight. For

children, the addition of fruits and vegetables to the diet would help low-income families establish more healthful dietary habits.

- b. **Recommendation:** Restrict the maximum allowable amount of cheese for all women and children from a maximum of 4 pounds to a maximum of 2.

**Rationale:** Limiting the amount of fat in the food packages may help to prevent over consumption and excess weight gain in women and children. This change would correspond to the recommendations of the Dietary Guidelines and current health messages on reducing fat intake. Many clients choose the additional cheese because they cannot drink milk. Adding other calcium-rich foods to the packages would maintain access to foods high in calcium.

## 6. Addressing food allergies, cultural food patterns, or other concerns

- a. **Recommendation:** Allow the use of alternative milk/calcium-rich foods such as tofu, soymilk, or yogurt as the replacement for milk.

**Rationale:** The WIC population has become much more culturally diverse since the food packages were established. The current WIC food packages provide foods that are not a part of the usual dietary patterns for many clients. In addition, lactose intolerance is common in the WIC population and requires milk restriction from the diet. Allowing alternative calcium-rich foods such as tofu, soymilk, and yogurt would enable state programs to better meet nutritional needs and cultural practices for these individuals.

- b. **Recommendation:** At the federal level, provide a broader list of substitutions that supply the target nutrients peanut butter, beans and peas provide. Allow states to consider cost neutral substitutions that meet clients' needs.

**Rationale:** Alternative sources of protein and iron could be offered to clients who are allergic to peanut products or are not accustomed to having peanut butter as part of their diets. Providing a list for states to choose from reduces the burden on states to justify a substitution. States would make selections that maintain overall food costs, provide good sources of protein, and meet the dietary practices of their clients. We recognize beans and peas provide important nutrients such as folic acid, fiber, iron, and protein. However, many clients are unaccustomed to preparing them and choose not to eat them.

- c. **Recommendation:** Allow states the ability to offer food prescriptions that include all WIC foods in combination with a special formula offered in Food Package III.

**Rationale:** Based upon the medical diagnosis, a client may benefit from a supplemental food package that contains foods as well as formula. In particular, the current package is not adequate for children or women who can consume regular foods, but who have increased nutritional needs. For example, a child transitioning from tube-feedings to solid foods may benefit from a combination of formula and supplemental foods.

**7. Data and/or other information the Department should considered when designing food packages**

- a. **Recommendation:** Utilize the National WIC Association's position paper and government studies and documents such as NHANES III, CSFII, and the US Dietary Guidelines.

**Rationale:** These documents provide, or point to, more recent data on the nutritional practices and needs of the WIC population.

**8. Client flexibility in choosing from among authorized foods**

- a. **Recommendation:** States should be allowed (but not required) to create and offer an array of food packages that contain essentially equivalent and appropriate levels of target nutrients but different food items/options. The specific food items allowed and respective amounts of each would be determined by USDA/FNS. In addition to nutritional value, states should consider food and administrative costs, client and vendor compliance, availability, and client acceptability when determining food packages.

**Rationale:** This approach is supportive of individual client needs and preferences and administratively prudent. Allowing a high degree of client choice, i.e. food item by food item, would pose difficulties in maintaining the administrative and food costs of the program. Allowing rather than requiring states to offer potentially many more food packages is respectful and supportive of state differences---client diversity, food prices, MIS system capabilities, etc.

**9. State flexibility for designing WIC food packages**

- a. **Recommendation:** Allow increased flexibility to incorporate a wider selection and substitution of foods. Build substitutions into the federal food package regulations so that states do not have the administrative burden of submitting requests for individual substitutions to accommodate allergies, cultural needs and preferences, and dietary needs.

**Rationale:** Having substitutions built into the federal food package regulations would reduce the time required for submitting individual requests and allow states to efficiently devise food packages to meet the nutritional and cultural needs of their clients.

**10. Recommended WIC food selection criteria**

- a. **Recommendation:** Criteria should be established at the federal level related to levels of target nutrients. Criteria should be established at the state level related to client dietary practices, price, availability, and administrative costs. States should have the flexibility to select from a list of federally allowed foods, depending on the state-developed criteria listed above. States should be allowed to prioritize their criteria.

**Rationale:** Each state is in the best position to determine the types of foods to offer to their clients. For example, if the list of fruit and vegetable choices included carrots, kiwi, papaya, tomatoes, sweet potatoes, greens, cabbage, cauliflower and broccoli, a tropical state like Hawaii could appropriately choose differently than a northern mainland state like North Dakota.

Thank you for the opportunity to provide public comment. We look forward to working with USDA/FNS to devise food packages that reflect current public health nutrition recommendations and better meet the needs of our clients.

Cc: Lissa Ong, FNS Western Region Office  
Tamara Gardner, FNS Western Region Office  
Chris Townley, DOH Federal Relations