

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF COMMUNITY & PUBLIC HEALTH**

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**John A. Stephen**  
 Commissioner

**Mary Ann Cooney**  
 Director

December 12, 2003

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:

The New Hampshire WIC Program is appreciative of the opportunity to provide comment on proposed revisions to the WIC Food Package, as follows:

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

New Hampshire is supportive of continuing with the 5 key nutrients of iron, calcium, vitamin A, vitamin D, and vitamin C, but would encourage that folate be added as the sixth key nutrient. We are also supportive of continuing to have food packages developed based on different client types, ie, different food packages for pregnant vs. postpartum women, based on differing nutrient requirements.

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.

New Hampshire would recommend adding fresh fruits and vegetables to the packages of all WIC participants. Given the limited number of servings of fruits and vegetables that Americans are consuming, and the positive association between fruit and vegetable consumption and a reduced risk of many types of cancer and chronic diseases, it would be beneficial to add this to the WIC food packages. We would suggest allowing a maximum of 2 pounds of a combination of fresh fruits and vegetables each month for all client types except infants.

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

New Hampshire recommends that the amounts of food be more reflective of the Dietary Reference Intakes of the target nutrients based on the age of children and the category type of women, ie pregnancy vs. lactation vs. postpartum. This is true particularly for calcium, vitamin C, vitamin A, folate/folic acid, and iron.

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An additional area concerning quantities of food is that of special infant formulas in the nursette 3 or 4 ounce bottles. For example, when 3 ounce bottles of special formulas are issued, due to grocery stores being unable or unwilling to provide individual bottles and only providing whole cases, a participant loses 28 bottles or about 84 ounces; similarly when 4 ounce bottles are provided, 12 bottles or 48 ounces of formula are lost. A similar situation exists when issuing powdered formulas; due to changes in container sizes, ounces are lost due to not being able to issue the full amount. For both of these situations, we would recommend being allowed to round up to full cases or container amounts, or to average over 2 months.

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.

Folic acid is a B-vitamin necessary for proper cell growth. Folic acid helps to prevent birth defects, and ongoing research indicates that there are other benefits to folic acid. It helps to lower homocysteine levels in the blood, which can help prevent cardiovascular disease. Folic acid has also been shown to help prevent breast, cervical and colon cancer; and may help prevent Alzheimer's disease.

The US Public Health Service and the Institute of Medicine recommend that all women of childbearing age should consume 400 micrograms of synthetic folic acid daily to prevent having a pregnancy affected by a neural tube defect (NTD). The two most common NTDs are spina bifida and anencephaly. It is estimated that up to 70% of NTDs could be prevented if women followed this recommendation.

Since 1998, the Food and Drug Administration has required the addition of folic acid to enriched breads, cereals, pastas, rice and other grain products. It has been projected that the current level of folic acid food fortification in the United States will result in only approximately 25% of women of reproductive age consuming 400 micrograms of synthetic folic acid daily from all sources, including supplements. Studies have shown low-income women consume low levels of folic acid. Certain foods are naturally higher in folate; however, the bioavailability averages about 50%. In addition, folate is very susceptible to destruction by heat. Food processing and preparation destroy 50% to 90% of the folate in food. Given these factors, folic acid should be established as a priority nutrient for WIC participants. We request an increase in the folate content of Food Package V (Pregnant and Breastfeeding Women), Package VI (Postpartum Women), and Package VII (Breastfeeding Women) to 400 mcg of folic acid. Currently, these three packages provide 270 mcg, 217 mcg, and 315 mcg of folic acid, respectively. Given the reduced bioavailability of folic acid from orange juice and legumes already contained in these food packages, we recommend adding additional breakfast cereals fortified with folic acid near the 400 mcg level. Raising the level of folic acid content in the WIC food packages to a minimum amount of 400 mcg would help ensure that WIC participants have access to folic acid enriched foods as part of a healthy diet.

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.

New Hampshire recommends that fresh fluid milk be required as reduced or lowfat for the standard food package for all children older than 2 years age and for all women, with an exception being allowed by the competent professional authority only under specific nutritional reasons. We also recommend that a limited amount of fruit juice be allowed to substitute for fresh fruits and vegetables that are a good source of vitamin C, which will significantly reduce calories being provided.

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?

New Hampshire would like to see greater flexibility in protein sources offered through the food packages, ie, additional choices other than peanut butter or dried beans. Participants often express a desire for greater variety of foods, and other protein sources such as canned tuna, canned chicken, canned beans, tofu, and peanuts could be offered in substitution with dried beans, eggs, and peanut butter for appropriate participant categories.


The other area we would like to see greater flexibility in is options available for fresh fluid milk. In participant surveys, this is an area that participants frequently request substitutions for, particularly requesting soymilk and rice milk due to allergies or cultural preferences, and would suggest soy and rice milks appropriately fortified with calcium, vitamin A, and vitamin D. Additionally, we would like to have substitutions allowed for eggs, such as tofu or hummus.

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

New Hampshire recommends that by making folic acid a priority nutrient for WIC participants, this will help meet nutritional needs in culturally and ethnically diverse communities. Hispanic women have a higher rate of neural tube defects than non-Hispanic women, and their diet often includes foods which are not enriched with folic acid. By ensuring that WIC food packages contain higher levels of folic acid, Hispanic WIC participants will have a better chance of eating foods enriched with folic acid, thereby raising their blood folate levels and decreasing their risk of having a pregnancy affected by a neural tube defect. Requiring that folic acid become a priority nutrient in food packages V, VI, and VII will help ensure that WIC participants have greater access to an important and beneficial vitamin, and increase their folic acid intake to help reach the level recommended by the US Public Health Service and the Institute of Medicine.

New Hampshire supports many of the recommendations made in the National WIC Association Culturally Sensitive Food Prescription Recommendations, in particular the following:

- Incorporate a wider selection and substitution of foods to meet the food preferences of all participants served, in addition to offering the current regulatory food packages.
- Add culturally appropriate foods to complement core cultural foods, including foods that are consumed as a foundation food, are low to moderate in cost, are widely available, and would be purchased and consumed regardless of availability from WIC.
- Allow WIC foods to contribute no less than 65% of the RDAs or RDIs for the current target nutrients and folic acid. Foods offered and food patterns established must be consistent with national nutrition standards, such as the Dietary Guidelines for Americans.



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- Allow states to offer specific foods in substitution with and/or in combination with current foods to improve the nutritional value, enhance cultural acceptability, offer variety, and increase consumption of the WIC foods, such as: alternative calcium-rich foods in substitution or in combination with milk and cheese, high-density fruits and vegetables to partially or fully replace juice, and alternative protein food items in substitution or in combination with current protein rich foods.

Sincerely,



Robin Williamson McBrearty, MSW  
Chief

Bureau of Nutrition and Health Promotion