



Wyoming Department of Health

Steve Freudenthal, Governor

Deborah K. Fleming, Ph.D., 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:

We appreciate the opportunity to comment on Public Notice 7 CFR Part 246, Revisions to the WIC Food Packages. Wyoming whole heartedly supports the effort to bring the 30-year old WIC food package up to date so that it is consistent with current nutrition science and dietary guidelines, culturally sensitive, responsive to emerging health issues such as pediatric overweight and adult obesity and also adaptable to an ever-changing marketplace.

Attached, you will find our comments on the eleven review issues cited in the Federal Register Notice. We look forward to continued collaboration on this issue. Thank you.

Sincerely,

Janet Moran, R.D., M.S.
Wyoming WIC Program Manager

Attachment

REF: JMM-03-65

received

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**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
Revisions to the WIC Food Packages
(Federal Register Vol. 68, No. 178; September 15, 2003)**

Wyoming's Response to the Review Issues

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

We support retaining the following principles for selecting foods for the WIC food packages because they appear to have served the Program well:

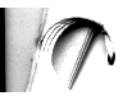

- a. Inclusion of supplemental foods containing nutrients determined to be lacking in the diets of the WIC population;
- b. Consideration of the fat, sugar and salt content of foods in the WIC packages;
- c. Consideration of the cost in the overall design of the WIC food packages;
- d. Assurance that foods reflect practical considerations for both the participant and program needs, including market availability, appeal, variety, versatility and the ability to be apportioned into individual servings;
- e. Assurance that foods have the ability to offer flexibility for individuals in meeting their nutritional goals.

We want to maintain the existing limits/requirements for sugar and iron in infant and child/adult cereals and specify that cereals with dried fruit conform to the 6 gram per ounce sugar limit. Also, we want to retain the requirement that juice be 100% pure juice that contains the existing vitamin C requirement.

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.

We recommend the following changes (note that the cost implications are indicated for general purposes only as we feel that the cost/benefit issue will require in-depth analysis by the IOM/USDA):

- Add choices of fresh, frozen or canned vegetables and fruits as a juice substitute on an ounce for ounce basis for women and children. Selection criteria should include those high in vitamin A, vitamin C, folic acid, B6, magnesium, fiber and antioxidants, with year round availability at a low to moderate price. This is especially important for states like Wyoming where our participants do not have access to a WIC Farmers' Market Program. This most likely would result in a cost increase unless paired with a decrease in fruit juice which could make it cost neutral.
- b. Allow calcium fortified soymilk as a substitute for milk on an ounce for ounce basis. This will provide more options for certain ethnic groups and an alternative calcium source to participants with milk allergy or lactose intolerance. This may be cost neutral or result in a cost increase due to a generally higher cost of soy products.

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- c. Provide supplemental foods (beyond cereal and juice) in addition to formula in Food Package III for children and women with special dietary needs. Women and children on formulas may be able to advance to other foods while decreasing their intake of the formula. This flexibility should be allowed in order to ensure the participants' nutritional goals are met. Since there are so few of these types of special needs participants, the cost increase should not be significant.
- d. Allow canned beans without bacon or pork (four-16 oz. cans or eight-8 oz. cans for 1 pound dried) as an alternative to dry beans and peas. Dry beans and peas are time consuming to prepare and are a food that is underutilized by WIC participants. This proposed change would encourage greater use of legumes thereby increasing fiber, iron, calcium and folic acid in the diet. This action would increase costs.
- e. Allow yogurt as a substitute for milk. Yogurt is generally more acceptable for those who experience lactose intolerance and it addresses cultural acceptability issues as well. This could be cost neutral.
- f. Allow substitution of canned salmon or canned chicken for tuna on an ounce for ounce basis for breastfeeding women. These are similar high protein/low fat options that should be more appropriate for certain regions/cultures served by WIC. We believe this to be cost neutral due to the low numbers of participants affected.
- g. Allow tofu as a substitute for legumes//peanut butter on an ounce for ounce basis. This would increase acceptance by certain cultural groups and vegetarians with a minimal cost increase.
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. Maximize infant formula on a reconstituted basis, regardless of formula type, i.e., concentrate, powder or ready-to-feed, and which is independent of manufacturer's changing packaging sizes. Allow states to round up to the next whole container size when the can sizes do not provide the maximum amount allowed to ensure that all infants receive the full nutritional benefit per month. This alleviates the substantial shortage over a certification period and reduces potential health risks as well as the financial hardship of participants. This would be a cost increase.
- b. Decrease the amount of juice allowed for children. The current allotment is 288 ounces per month which provides over 9 ounces per day. A 6-oz. serving (180 ounces per month) provides 100% of the vitamin C requirements. The decrease in cost can help to offset the increase for adding fresh, frozen or canned vegetables/fruits mentioned above.
- c. Exclude infant juice from the infant food package. Fruit juice is not an essential component in an infant's diet. The amount of vitamin C found in the WIC food package for infants 4 to 11 months old is nearly double that estimated to be an adequate intake for this age group. This would result in a cost decrease.
- d. Decrease the amount of milk from 24 to 16 quarts for children and postpartum women and from 28 to 20 quarts for pregnant and breastfeeding women. These reductions are consistent with the dietary guidelines. Also, do not allow cheese substitutions for milk. Costs would decrease with this recommendation.
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- e. Include a maximum of one pound of cheese in food packages for children, pregnant, breastfeeding and postpartum women. Cheese is a widely accepted, calcium-rich food. This could be cost neutral or a cost decrease.
 - f. Decrease eggs from 2 ½ dozen to 2 dozen. Current regulations allow for either amount. This would reduce costs.
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 participants, e.g., pregnant women, children 1-5, etc.? Please provide the scientific rationale for them.
- a. Retain the current target nutrients, i.e., protein, calcium, vitamin A, vitamin C and iron, provided by the WIC food package(s).
 - b. Consideration should also be given to the availability of other nutrients that have been found to be of concern for the WIC population or the American population as a whole, including folic acid, magnesium, zinc, B6 and fiber. See the "Review of the Nutritional Status of WIC Participants", USDA Center for Nutrition Policy and Promotion, 1999 and the "Dietary Reference Intakes" series published by the Institute of Medicine, Food and Nutrition Board).
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.
- a. As suggested above, reduce the amount of milk, juice, cheese and eggs in WIC food packages.
 - b. Increase the amount of fiber provided by the food packages by allowing fresh, frozen or canned vegetables and fruits as well as canned beans which will increase the utilization of legumes (also mentioned above).
 - c. Keep the current flexibility that states have to offer low fat milk and cheese choices. In Wyoming, at least half of our participants' milk purchases are either low or non fat milk.
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.

We think the following issues should be addressed in designing WIC food packages:

- a. Cultural food patterns—e.g., substituting soy milk for regular milk may increase the acceptability for Asian populations, vegetarians and those with milk intolerance. Providing yogurt as a substitute for milk may also be more appropriate for certain cultures. Tofu, when used as a substitute for legumes/peanut butter, may be more appropriate for Asian populations, vegetarians and those with a peanut allergy.
- b. Individual food preferences—e.g., some people may prefer canned chicken or salmon over canned tuna.
- c. Increased variety—e.g., the addition of vegetables and/or fruits adds variety as well as additional nutrients and should increase acceptability.

- d. Changing public health nutrition issues and consistency with Dietary Guidelines—e.g., the WIC food package should continue to offer low fat milk and cheese, and the amounts of milk, cheese, eggs, juice, etc., should be reduced as outlined above.
- e. Consideration of the needs of high risk individuals—e.g., additional foods beyond formula and juice need to be offered in Food Package III for special needs children and women.
- f. Consideration of the requirement for WIC EBT—e.g., WIC foods must be able to be identified by UPC for scanning purposes.

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.?

The following information should be considered:

- a. Responses to these review questions from State and Local WIC Agencies and WIC Program participants.
- b. Nutritional needs of the target population.
- c. Food consumption data.
- d. Dietary Guidelines and the Food Guide Pyramid; other nutrition guidelines issued by nationally recognized groups such as USDA, DHHS, NIH, the American Heart Association, the American Academy of Pediatrics, etc.
- e. Public health issues significantly influenced by nutritional intake such as pediatric overweight, adult obesity, diabetes, cardiovascular disease, cancer, etc.)
- f. Changing population, market and agricultural trends.

Also, the Institute of Medicine should be engaged at least every 10 years to re-evaluate the foods in the WIC food package(s) for nutritional integrity in order to ensure that the foods continue to provide a healthful food supplement to WIC participants.

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

Yes. Recommendations made above would allow additional flexibility to choose a “preferred” food from a group of foods. We should continue the balance between the prescriptive nature of the food package and participants’ choice in order to ensure nutritional needs are met and that the participant receives the maximum benefit from the food package.

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

As mentioned previously in this document, allow soy milk as a substitute for regular milk; allow tofu as a substitute for legumes/peanut butter; include fresh, frozen or canned vegetables and fruits in the food package; allow canned salmon or canned chicken as a substitute for canned tuna.

The ability to select from more choices in the food package should be available to all WIC participants, not just those who belong to certain ethnic/cultural groups or have specified medical conditions.

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

States should be allowed more flexibility to determine which specific foods to provide within the defined categories depending on what is most appropriate for their state considering market conditions, food preferences and availability as well as the population mix. For example, if the recommendation to allow the substitution of vegetables or fruits for juice is implemented, the WIC State Agency should be allowed to choose from an approved list of vegetables/fruits which would reflect the dietary consumption patterns of the participants served, would be available year round at low to moderate price and would be administratively feasible to provide. We would also like to see a provision included in the regulations to allow states to submit documentation to USDA to request a specific waiver from USDA policy to address special needs within the state.

11. The WIC Program's overall goal is to achieve the greatest improvements in health and development outcomes for WIC participants, achieved partly by providing food that targets nutrients determined to be lacking or consumed in excess in the diets of the WIC population. In addition to targeting these food nutrients, food selection criteria should address necessary operational concerns for the foods—for example, cost effectiveness; appeal to recipients; convenient and economical package sizes; complexity/burden for the WIC administration structure to manage; etc. It would be helpful if commenters would identify/recommend WIC food selection criteria, describe how the criteria interact, indicate their relative weighting or importance and provide supporting rationale.

- a. The following selection criteria for WIC foods should be used (note: infant formula and medical foods are excluded from these criteria):
 - 1) Provides one or more of the identified target nutrients; serves a role in completing a balanced and nutritionally sound supplemental food package (i.e., limit fat, sugar and salt content);
 - 2) Year-round availability;
 - 3) Low to moderate cost;
 - 4) Participant acceptance/convenience—appealing to a sufficient number of participants and cultures;
 - 5) Can be apportioned into individual servings;
 - 6) Administratively feasible for both states and WIC vendors to provide.
- b. Equal weight should be assigned to all food selection criteria as all criteria are important. Foods (except infant formula and medical foods) must meet all recommended criteria in order to be WIC-approved.