

**DEPARTMENT OF
HEALTH**
in pursuit of good health

December 12, 2003

Patricia Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
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 Pennsylvania WIC Program appreciates the opportunity to comment on Public Notice 7 CFR Part 246, Revisions to the WIC Food Packages. We have reviewed and generally support the National WIC Association's (NWA) position papers "*NAWD WIC Food Prescription Recommendations*" (2000) and "*NWA Culturally Sensitive Food Prescription Recommendation*" (2003). We believe these documents adequately address the changing needs of our WIC population, but have a few additional comments we would like you to consider.

Our responses are listed below and correspond to the Review Issues referenced by the September 15, 2003 Federal Register Bulletin under Section XI.

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

WIC food packages should continue to supplement the diet with nutrient dense foods that provide significant amounts of nutrients known to be lacking in our target populations. WIC should continue to consider the fat, sugar and salt content of WIC foods as appropriate.

2. What changes, if any are needed to the types of foods currently authorized in the WIC food packages?

WIC should consider new research that has identified other micronutrients of potential concern such as folic acid, zinc, Vitamin B6 and Magnesium, as well as dietary causes of chronic diseases and obesity as addressed in the 2000 Dietary Guidelines for Americans. WIC should also allow states to consider foods that are culturally appropriate for large segments of their population. Specifically, states should be allowed, at their discretion to:

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- Offer choices of grain products in addition to, or in partial replacement of cereals such as whole grain bread, enriched rice, other enriched products, pasta, tortillas, or cornmeal.
- Offer choices of fruits and vegetables in addition to or partial replacement of juice
- Allow soymilk (fortified with calcium, Vitamin A and D) as an alternative to milk. Soymilk is frequently requested for participants with milk allergies. Also allow yogurt and calcium rich tofu as a partial replacement for some of the milk in the food package.
- Offer canned or dry beans to women and children. Canned beans are easier to prepare and more appealing to most of our population than dried beans.
- Offer foods that are widely acceptable by both local cultural groups and the general population. Ethnic foods such as yogurt, soymilk, fruits and vegetables, tofu, and tortillas are appealing to the general population as well as many cultural groups.

Foods chosen must continue to be economical, administratively manageable (clearly describable so easily understood by both participants and vendors), domestically produced, readily available in all seasons in retail stores, and have low potential for spoilage.

3. Should the quantities of the current WIC food packages be adjusted?

Staff should be allowed to substitute fruit and vegetables for portions of juice. Many children are getting too much juice, but not eating fruits and vegetables.

4. What nutrients should be established as target nutrients for each category of WIC participant?

In addition to considering target nutrients that need to be increased, WIC should consider target nutrients that should be limited. Specifically, WIC guidelines should encourage limiting the calorie and fat content of the food package, especially in the milk group, for participants unless otherwise indicated (e.g. children under age two, underweight children, etc).

5. Can the WIC food packages be revised to have a positive effect on addressing overweight concerns?

Offering canned beans or perhaps other foods as an alternative to standard peanut butter may be helpful. Most WIC participants in Pennsylvania choose peanut butter (a high fat, calorically dense food) rather than dry beans, partly because most dry beans are time consuming to prepare. Allowing canned beans may significantly increase use of beans.

6. Are there concerns that affect Foods issued through the WIC food packages that should be considered in designing the food packages (e.g. allergies, cultural patterns, or food preferences)?

Expanding alternatives to peanut butter (e.g., canned beans, and/or perhaps other foods) would improve ability to tailor food packages for participants at risk of allergies due to personal or family history of allergic symptoms. The AAP suggests eliminating peanut products in at risk breastfeeding women and delaying introduction of peanut products in at risk children.

Allowing soymilk for children and adults would be very helpful for both cultural appeal and allergy prevention.

- 7. What data and/or information should the Department consider in making decisions regarding revisions to the WIC food packages (e.g nutritional needs, ethnic food consumption data, scientific studies, participant surveys)**

Collect data on inappropriate use of special formula and resulting cost to the WIC program.

- 8. Should participants be allowed greater flexibility in choosing among authorized food items? If so, how?**

WIC nutritionists should be allowed more flexibility to work with the participants to tailor food packages to meet both participant preference and nutritional needs. The addition of some of the food items suggested in question 2 would help increase that flexibility.

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

Include some ethnic food products that are widely accepted by different ethnic groups and widely available in regular supermarkets (e.g. soy milk, tofu, tortillas, fruits and vegetables, etc.) Encourage State Agencies to submit to USDA substitutions of ethnic food items for the comparable items of the same food group.

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

We agree with NWA's position to increase flexibility to allow a combination of Special formula and conventional foods. Many physicians prescribe one or two cans of nutrient dense formula (e.g. PediaSure) to increase calorie and nutrient intake in children who are capable of eating some food, but have inadequate weight gain or failure to thrive. Because the cost of the formula often exceeds the perceived value of the standard foods, WIC usually provides formula rather than foods, especially if the participant does not receive Medical Assistance or other insurance to cover the cost of the formula. Allowing a combination of food and formula would assist WIC in improving intake of standard foods, rather than relying on formula for weight gain and nutrition.

In theory, we agree with NWA's position to base the amount of special formula a participant

receives on reconstituted yield. Many of the participants seem to get "cheated" when receiving formulas (often some of the most expensive) that have a low yield per pound of powder. Establishing maximum amounts of formula based on yield may benefit some of those most in need. However, this might be very difficult to monitor maximum allotment as each formula has a different yield, and the yields from a single formula may vary based on caloric concentration prescribed. Also, certain modular formulas such as Duocal, Polycose, and ProMod do not always get "reconstituted", but rather are added to other formulas or foods.

11. Indicate food selection criteria (e.g., cost, appeal to recipients, package sizes, WIC administrative burden, etc) how they interact, their relative importance and supporting rationale.

Foods should be nutrient dense, economical, administratively manageable (clearly describable so easily understood by both participants and vendors), readily available in retail stores, offer variety, and have broad appeal.

If you have any questions regarding the comments we have submitted, please feel free to contact me or Shirley Sword, Chief of Nutrition Services on my staff. Again, we thank you for the opportunity to provide comments.

Sincerely,



Frank C. Maisano

Director

Division of Women, Infants and Children (WIC)