



**CABINET FOR HEALTH SERVICES**  
COMMONWEALTH OF KENTUCKY  
FRANKFORT 40621-0001

Department for Public Health  
HS2W-C

December 15, 2003

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

Dear Ms. Daniels:

Enclosed are comments in regard to the proposal of revisions to the WIC Food Packages, 7 CFR Part 246. We have reviewed other responses from the National WIC Association and the National Council on Folic Acid and have compiled our comments based upon some of the recommendations from these groups.

Kentucky implemented the first WIC Program in the nation in January 1974 and takes great pride in our WIC Program. In working with our integrated public health system, we have asked our local agencies to also provide input concerning revisions to the WIC food packages. We will include their comments along with State Agency comments for your review.

Thank you for the opportunity to comment on the current WIC food packages.

Sincerely,

Fran Hawkins  
Manager  
Nutrition Services Branch

Enclosure

cc: James S. Davis, M.D.  
Jane Monahan  
Nutrition Workgroup



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## Revisions to WIC Food Packages

1. Current WIC food packages are based upon the key nutrients identified during the 1968 White House Conference on Nutrition as deficient in the diets of low income pregnant, postpartum and breastfeeding women, infants and children. The five key nutrients of protein, calcium, iron, vitamin A and vitamin C are fairly well represented by the current WIC food package regulations across the categories of WIC participants. We would support review of the food packages by the Institute of Medicine to determine if food packages need to be changed.
2. In the last thirty years, the population in the United States has become more diverse and changes to the WIC food packages would be beneficial in some specific areas and better accepted by various populations. WIC is a supplemental nutrition and food program and should not be expected to provide 100% of any of the nutrients. Specifically, synthetic folic acid has been identified by the Centers for Disease Control as a nutrient to be consumed by women of childbearing years to prevent up to 70% of neural tube defects. This campaign has been based upon the evidenced based research utilizing a folic acid supplement or multivitamin that provides 400 micrograms of this nutrient. While foods such as cereals and breads have been fortified since 1998 with synthetic folic acid, we do not have any research showing that consumption of these foods will provide the same 70% benefit. Therefore, WIC should continue to provide cereals that are fortified with folic acid but not be required to provide 100% of the folic acid through cereal. WIC should counsel all women about the need for the synthetic source of folic acid through a multivitamin or supplement and encourage women to purchase and consume the WIC cereals. WIC nutrition education should also encourage women to select and consume black beans and orange juice that also provide natural folate. The benefits of folic acid have been identified in the literature and natural sources of folate should be consumed in addition to the consumption of synthetic folic acid. Even though folate is not as well used by the human body and must be converted to folic acid in the body, we do not know all the other properties provided by natural foods that may benefit overall health.
3. Current health issues need to be addressed in the individual nutrition counseling provided by WIC combat identified health problems or assist in the prevention of health problems. These issues include the prevention of osteoporosis, obesity and neural tube defects. The current WIC food packages provide nutritious foods that provide the calcium to prevent osteoporosis but need to include more options to provide other calcium sources besides milk and cheese when participants have health or religious beliefs that preclude consumption of these foods. State WIC Programs should be given the options and flexibility to provide food packages with other calcium sources such as calcium fortified juices, calcium fortified tofu and calcium fortified soy milk without unmanageable policy issues. Obesity can be addressed through the options of the current food packages that allow for lowfat and fat free milk and cheeses combined with additional counseling on physical activity. Neural tube defects and the appropriate foods have been addressed in previous comments.
4. Balance needs be a part of the food package options so that additional food packages are not a burden to the participant to purchase, WIC Programs to monitor or implement and

cost neutral. Again, WIC is a supplemental nutrition and food program and should not be expected to provide foods to meet all the needs of participants. Freedom of choice of foods within categories should be the option of the states to address in specific food packages available to participants. All of the states and territories that operate WIC do not have the same access to a wide variety of foods and should not be provided a burden to provide foods that are not easily available. Dietitians in our state agree that whole grains and fresh fruits and vegetables are better choices for WIC participants but also agree that not all vendors in rural states will be able to supply these types of foods. Flexibility needs to be considered with any proposed changes to the food packages for WIC. Be mindful of rigid requirements in any proposed changes to the food packages.

5. The National WIC Association has outlined food options for alternative choices to enhance cultural acceptance. Many of the foods would be manageable solutions for cultural acceptance but flexibility again is a key issue. Will foods only be available to each specific cultural group? WIC Programs cannot be expected to develop a food list appropriate for only specific cultures and food instruments with these identified food packages much less monitor for minimum inventory. Adding some additional food items to the choices for WIC participants is a manageable option but let states determine the foods for their specific WIC Program.