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WIC Consultant

**VIA OVERNIGHT DELIVERY**

December 11, 2003

Patricia Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of Agriculture  
3101 Park Center Drive  
Room 520  
Alexandria, Virginia 22302

RE: Revisions to the WIC Food Packages

Dear Ms. Daniels:

This letter responds to the *Federal Register* notice dated September 15, 2003 regarding the Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions to the WIC Food Packages.

Post Cereal, a division of Kraft Foods, manufactures ready-to-eat (RTE) cereals eligible for the WIC program. To date, Post Cereal produces six Federally WIC eligible RTE cereals and Nabisco, another division of Kraft Foods, manufactures four hot cereals Federal WIC approved under the Cream of Wheat line. At least one Post Cereal and Nabisco product are represented on 47 different state food lists. Furthermore, a minimum of one Post and/or Nabisco cereal is WIC approved in most of the U.S. territories and Native American WIC programs.

From a nutrition perspective, both RTE and hot cereals play a key role in the diets of WIC participants. Most RTE and hot cereals are fortified with essential vitamins and minerals and some cereals deliver meaningful amounts of whole grains and fiber. Given the increased nutrition needs of WIC participants and the growing numbers of overweight and obese Americans, we submit the following recommendations as revisions to the WIC food prescription:

- 1) Maintain or increase the current cereal allotment for WIC participants.
- 2) Make fiber and whole grains "priority nutrients" on the WIC food package.
- 3) Modify the sugar maximum in WIC cereals to make an exception for cereals higher in fiber and whole grains whose sugar content exceeds 6g sugar/serving.

The current WIC priority nutrients WIC are iron, protein, calcium, Vitamin A and Vitamin C. Cereal, both RTE and hot, are nutrient-dense foods. Cereal, along with the milk commonly consumed with the cereal, contains essential nutrients needed during times of growth. Cereal is low in both fat and saturated fat as well as convenient to eat. Not only does cereal play a key role in enhancing nutrient intake, but also it encourages eating other nutritious foods such as fruit and milk.

Studies show that adults and children who regularly consume RTE cereals, compared to those who do not, have higher daily vitamin and mineral intakes and lower daily intakes of energy (calories), total fat, saturated fatty acids and cholesterol (Nicklas et al, 1998). Cereal is also a cost effective way to receive many nutrients the body needs for adequate growth. A recent study demonstrated that per dollar spent, RTE cereal provides more vitamins and minerals than fast food and other breakfast foods (Nicklas et al 2002). Additionally, serum cholesterol levels are lowest among adults eating a breakfast that

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includes RTE cereal and highest among breakfast skippers (Stanton et al, 1989). Diets high in fat, saturated fat and cholesterol are associated with an increased risk of chronic diseases (Deckelbaum et al, 1999).

Cereal is not just for breakfast anymore. WIC participants are currently allowed 36 oz. of cereal per month. Numerous studies confirm that regular consumption of RTE cereal anytime of the day has a positive impact on the overall diet quality of both adults and children in the United States (Morgan et al, 1986; Haines et al, 1996; Zabik, 1987; Nicklas et al 1995, 1998, Subar et al, 1998). Despite this fact, many Americans are choosing less healthy breakfast options than cereal. According to the NPD Group's Seventeenth Annual Report on Eating Patterns, cereal consumption is declining at breakfast while eggs, sausage and toast are increasing. However, cereal is also eaten at dinner and lunch (NPD 2002). Promoting cereal for breakfast, as a snack and at other meals can help improve the nutrient intake of WIC participants. Therefore, we ask the committee to consider adding additional ounces of cereal to the WIC food prescription to help encourage participants to eat cereal as a snack, for lunch and/or dinner.

Fiber and whole grains should both be priority nutrients on the WIC food prescription. Nine out of ten children and adults do not meet the dietary recommendations for fiber (IOM 2002) and whole grains (Healthy People 2010). For the first time, the Institute of Medicine has set Dietary Reference Intakes for fiber for all age groups based on its protective role in coronary heart disease. Additionally, the IOM reviewed the potential benefits of fiber on other physiological endpoints (e.g., laxation, normalization of blood lipid concentrations, and attenuation of blood glucose responses). Similarly, the Dietary Guidelines for Americans emphasize the consumption of whole grain foods. FDA approved an authoritative body health claim describing the relationship between whole grain foods and coronary heart disease.

The chart below details the average fiber intake by age group compared to the recommended Dietary Reference Intakes. There is wide gap between recommendations and actual intake (see below). Dietary Reference Intakes for total fiber are based on fiber's protective role in coronary heart disease, emphasizing key benefits from cereal fibers and viscous fiber (IOM 2002).

<b>Age group</b>	<b>Average Intake (g dietary fiber)</b>	<b>Dietary Reference Intakes (g total fiber)</b>
Children 1-3 years old	9.5	19
Children 4-8 years old	12	25
Women 19-50 years old	13	25
Pregnant women 19-50 years old	16	28
Lactating women 19-50 years old	19	29

The grain guideline from the Dietary Guidelines for Americans 2000 recommends eating six or more grain products daily, including several servings of whole grains. One of Healthy People 2010 objectives is to increase the percentage of persons aged 2 years old and older who consume at least 3 daily servings of whole grains, out of a total of 6 or more daily servings of grain products. Currently, only 7% of persons 2 years old and older meet these recommendations and Healthy People 2010 strives for this figure to reach 50% by 2010. WIC can help make a substantial difference in these numbers if whole grains are considered a priority nutrient on the food prescription. Since RTE and hot cereals are a convenient source of fiber and whole grains, their consumption by WIC participants should be encouraged.

Fiber and whole grains may play an important role in weight management. Numerous studies suggest that increased fiber intake from foods may increase satiety (Howarth et al, 2001; Burton-Freeman et al, 200; Levine et al, 1994). Diets high in fiber may reduce the amount of calories that are consumed throughout the day because of the potential satiating effect of fiber and its low energy density (less kcal per gram than protein, fat, or other carbohydrate). Moreover, waist circumference and BMI are negatively associated with whole grain intake (McKeown et al, 2002; Newby et al, 2003, Koh-Banerjee et al, 2003). A recent prospective cohort study (Nurses Health Study) found that women who consumed more whole grains had lower body weights than women who consumed less whole grains. Women with the highest fiber intakes had almost a 50% reduced risk of significant weight gain (Liu et al, 2003).

Growing rates of overweight and obesity are key concerns for all Americans, including WIC participants. In addition to the aforementioned research regarding the role of fiber and whole grains in weight management, other evidence suggests that breakfast, particularly a breakfast that includes cereal, may also be useful in weight management.

Breakfast consumption is a healthy eating behavior that may help play a role in weight management (Duyff, 1998; Holt et al, 1999). People who skip breakfast do not typically consume fewer calories by the end of the day. In fact, they tend to eat more calories during the morning and/or at lunch compared to breakfast eaters (Yunsheng et al 2003; Holt et al, 1999). Beyond the basic role eating breakfast plays in weight management, it has also been linked, specifically, to successful weight loss maintenance. In a recent study breakfast consumption (cereal was eaten 60% of the time) was a key behavior by successful weight loss maintainers that was associated with maintaining weight loss (Wyatt et al, 2002).

When it comes to weight management, what is eaten for breakfast makes a difference. In a recent study, people who ate RTE cereal, hot cereal or quick breads for breakfast weighed less than those who skipped breakfast or ate a breakfast consisting of eggs and meat. Additionally, persons who ate eggs and meat for breakfast had the highest daily calorie intake (Cho et al, 2003). In another study, cereal intake was a predictor for weight loss in women, whereas intake of sweets, biscuits, fats and processed meats was not (Shulz et al, 2002).

Based on review of the relevant science and the nutrient needs of the WIC participants, there is a great need to add more whole grain and fiber-containing cereals to the cereal component of the WIC food package. The FDA defines cereals that contain at least 3 grams of fiber per serving and reference amount as a "good source" of fiber. There are numerous cereals currently on the market that contain at least a "good source" of fiber and offer a significant amount of whole grains. In order for more fiber and/or whole grain-containing cereals to qualify for WIC, the current sugar limitation (6 grams total sugar per ounce) may need modification. Given WIC participants nutritional needs, the benefits of getting more fiber and whole grains from cereal may outweigh the sugar content, especially since sugar in cereal often comes naturally from dried fruit in the product. Experts suggest that nutrient displacement is unlikely in diets that contain  $\leq 25\%$  kcal as added sugars (IOM 2002); however, the IOM report specifically encourages consumption of fruits and vegetables without regard to their inherent sugar content. One suggestion is to overlook the sugar maximum on WIC cereals that offer a "good source" of fiber. A preferred option is to exclude the natural sugars in fruits added to cereals when considering a particular cereal product for Federal WIC eligibility. By making this exception, an additional number of whole grain and fiber-containing cereals would be allowed for the nutritionally at-risk WIC population. Below are examples of Post Cereals with  $\geq 3$  grams of fiber per serving and reference amount and  $\geq 25\%$  (by weight) whole grain ingredients.

**Post Cereals That Contain  $\geq 3g$  Fiber per Serving &  $>25\%$  (by Weight) Whole Grain**

Cereal	Fiber (g)	Total Sugar (g)	Sugar from Fruit (g)
100% Bran (1/3 cup/29g)*	9	7	0
Shredded Wheat and Bran (1 1/4 cup/59g)	8	<1	0
Raisin Bran (1 cup/59g)	8	20	14
Shredded Wheat (spoon size biscuit) (1 cup/49g)	6	0	0
Fruit and Bran, Peaches, Raisins & Almonds (1 cup/55g)	6	14	5
Fruit and Bran, Dates, Raisins & Walnuts (1cup/55g)	5	15	7
Frosted Shredded Wheat (1 cup/52g)	5	12	0
Banana Nut Crunch** (1 cup/59g)	5	11	3
Grape Nuts** (1/2 cup/58g)	5	5	0
Bran Flakes** (3/4 cup/30g)	5	5	0
Great Grains with Crunchy Pecans (1/2 cup/53g)	4	8	0
Great Grains with Raisins, Dates, Pecans (1/2 cup/54g)	4	13	9
Honey Nut Shredded Wheat (1 cup/52g)	4	12	0
Grape-nuts Flakes** (3/4 cup/29g)	3	4	0
Cranberry Almond Crunch (1 cup/59g)	3	14	5
Maple Pecan Crunch (3/4 cup/52g)	3	13	0

\*Does not contain whole grains \*\*WIC approved Post Cereals

Due to insufficient daily intake of fiber and whole grains in all Americans, nutritionally at-risk WIC participants can benefit greatly if both fiber and whole grains are priority nutrients on the WIC food prescription. Further, an exception to the sugar maximum in WIC cereals with a "good source" of fiber and/or containing whole grains would allow a convenient solution for WIC participants to consume more fiber and whole grains in their diets. Finally, since cereal is eaten at all times of the day, not simply at breakfast, we strongly encourage the committee to increase the current allotment of 36 oz. of cereal per month for WIC participants.

Thank you in advance for your attention to these suggestions to modify the WIC food prescription. If you have any questions, please telephone me at (202) 342-7678 or via email at post-wic@mindspring.com.

Sincerely,



Alexis Fobes  
WIC Consultant

Enclosures

**WIC Approved Post Cereals: Nutrition Facts**

<b>Cereal</b>	<b>Folic Acid (%DV)</b>	<b>Iron (%DV)</b>	<b>Zinc/ with added 1/2 cup skim milk (%DV)</b>	<b>Calcium/ with added 1/2 cup skim milk (%DV)</b>	<b>Vitamin D/ with added ½ cup skim milk (%DV)</b>	<b>Total Fat (g)</b>	<b>Saturate d Fat (g)</b>
Bran Flakes (¾ cup/ 30g)	25	45	10/15	0/15	10/25	0.5	0
Banana Nut Crunch (1 cup/ 59g)	50	90	10/15	0/15	10/25	6	5
Honey Bunches of Oats – Honey Roasted (¾ cup/ 30g)	50	45	2/6	0/15	10/25	1.5	0
Honey Bunches of Oats – Almond (¾ cup/ 32g)	50	45	2/6	0/15	10/25	2.5	0
Grape-nuts (½ cup/ 58g)	50	90	8/10	2	10/25	1	0
Grape-nuts Flakes (¾ cup/ 29g)	50	45	6/10	0	10/25	1	0
Cream of Wheat, Inst ( 28g)	25	45	0	20	0/25	0	0

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