



# INTER TRIBAL COUNCIL

## of ARIZONA, INC.

December 1, 2003

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YAVAPAI PRESCOTT INDIAN TRIBE

Patricia N. 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

Dear Ms. Daniels:

The Inter Tribal Council of Arizona, Inc. (ITCA) appreciates the opportunity to comment on the WIC Food Package Revisions published in the **Federal Register, Vol. 68, No. 178, September 15, 2003**. ITCA is an intergovernmental organization of nineteen tribes in Arizona and is a WIC state agency.

The WIC Food Package is in need of updating to meet the current public health issues facing low-income women, infants and children and to more adequately reflect the variety of cultural/ethnic food preferences represented by the WIC population. ITCA supports USDA efforts to make necessary modifications to the food package in a timely manner. The following are ITCA's responses to the comment questions in the Federal Register.

1. *Please indicate what elements of the WIC food packages you would keep the same and why.*  
ITCA supports keeping all of the items in the WIC food package, however the combination and quantities should be revised as outlined below.
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.*  
ITCA supports modifying the types of foods in the food packages in the following ways:
  - **Authorize only iron-fortified infant formula.** The American Academy of Pediatrics (AAP) Policy Statement, July 1999, states "Infants who are not

breastfed or are partially breastfed should receive an iron-fortified formula (containing between 4.0-12 mg/L of iron) from birth to 12 months. Ideally, iron fortification of formulas should be standardized based on long-term studies that better define iron needs in this range." The policy also states, "There are no known medical contraindications to iron-fortified formulas (e.g., iron overload syndromes, colic, constipation, cramps, or gastro esophageal reflux)." WIC should support this recommendation by not providing low iron formula for infants. There are no cost implications for this modification.

- **Eliminate juice for infants.** There is no nutritional or health benefit to providing juice to infants and there are possible adverse effects of juice consumption. Infants receive all the necessary vitamin C they need from infant formula which provides 40mg of vitamin C per 26 fluid ounces, well above the RDA for infants. Older, exclusively breastfed infants may need a small amount of juice (about ½ ounce per day). The AAP points out in their statement *The Use and Misuse of Fruit Juice in Pediatrics*, May 2001, "Offering juice before solid foods are introduced into the diet could risk having juice replace breast milk or infant formula in the diet. This can result in reduced intake of protein, fat, vitamins, and minerals such as iron, calcium and zinc. Malnutrition and short stature in children have been associated with excessive consumption of juice." The AAP also states that "Dental caries have also been associated with juice consumption." Juice may also contribute to excess caloric intake and resulting excessive weight gain. Eliminating juice for infants would result in a cost savings.
- **Reduce the quantities of protein-rich foods for children.** The current food package provides a high level of protein. Milk, cheese, eggs and peanut butter all contribute to the protein content of the food package. Eggs and peanut butter are high in fat and contribute insignificant amounts of other nutrients. These high protein foods should be provided in reduced quantities and on a substitution basis. For example, a WIC participant could select two choices from the list of four or five sources. This would result in a cost savings that could offset costs for providing fruits and vegetables and other grain products.
- **Add fresh, canned or frozen fruits and vegetables. Decrease the quantity of juice.** Fresh fruits and vegetables supply an abundance of vitamins, minerals and fiber. Many vitamins that are lacking in the diets of women and children such as selenium, vitamin A, calcium, folate and vitamin C are found in these foods. These foods also help promote the overall healthy eating message of fruits and vegetables that has been lacking in the WIC message. Fruits and vegetables are reasonably priced and widely available.
- **Increase the quantity and variety of grain products.** Grains are the basis for a healthy diet according to the Dietary Guidelines for Americans and the Food Guide Pyramid. Important WIC nutrients of concern to WIC participants are found in grain products including folate, zine, vitamin B6 and magnesium. Grain products that are low in sugar and high in fiber

should be offered, including whole grain bread, enriched rice, pasta, tortillas and cornmeal.

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.*
- The quantity of high protein foods such as milk, cheese and eggs should be reduced for children. The current quantity of milk provides 24 quarts per month which exceeds the recommendation of 16 quarts per month outlined in the Food Guide Pyramid. Overconsumption of milk may lead to obesity, diabetes and other health problems. Reducing these foods would result in cost savings that can offset costs for additional grains and fruits and vegetables.
  - Decrease the quantity of juice as an authorized food and substitute fruits and vegetables in whole or part for the juice.
  - Offer canned or dried beans/legumes to all women and children as a low-fat source of important nutrients including protein, folate, fiber and iron. Canned beans should be provided as the preparation time of dried beans hinders the acceptance among many WIC participants.

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 participant, e.g., pregnant women, children 1-5, etc. Please provide the scientific rationale for them.*

Maintain the target nutrients of protein, iron, calcium and vitamin C. Add fiber, zinc and vitamin D to the target nutrients for all participants and add folic acid, vitamin B6 and magnesium to the target nutrients for pregnant women.

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.*

The program could authorize only low-fat or skim milk for women and children over the age of two. The quantity of cheese allowed could be decreased. The emphasis on higher fat foods such as peanut butter, eggs, and cheese could be balanced with low fat foods such as fresh, frozen or canned fruits and vegetables and whole grains such as rice, tortillas, pasta and cereal.

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 what), cultural patterns or food preferences?

States should be allowed the flexibility to include foods that are locally available, culturally appropriate and affordable that meet the nutrient standards developed by USDA. WIC participants reflect a variety of cultures and cultural beliefs. Foods offered through the WIC program should be flexible enough to support the cultural food habits of a diverse range of cultures.

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.?*

USDA should consider data related to the nutritional needs of the population including data and recommendations from respected sources including:

**American Academy of Pediatrics:** *Pediatric Nutrition Handbook; The Use and Misuse of Fruit Juice in Pediatrics; Folic Acid for the Prevention of Neural Tube Defects; Use of Low-Iron Formula*

**American Dietetic Association**

**National WIC Association:** *NAWD WIC Food Prescription Recommendations*

**Institute of Medicine**

**Center for Nutrition Policy and Promotion:** *Review of the Nutritional Status of WIC Participants*

**USDA/DHHS:** *Dietary Guidelines for Americans; USDA Food Guide Pyramid*

8. *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?*

Participants should be allowed greater flexibility in choosing authorized food items by providing a variety of food package combinations in which the foods items collectively meet the nutrient standards defined by USDA.

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

Cultural needs can be met by providing predefined food packages and also allowing states the ability to design food packages that meet the needs of participants in their state using local foods.

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

States should be afforded more flexibility in designing WIC food packages as each state has unique cultural needs that may not be met by food

packages designed at a national level. In addition, some foods available locally may be cost effective for one state program, but may not be financially feasible for another state program in another geographic area.

- 11 *The WIC program's overall goal is to achieve the greatest improvement 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 administrative 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.*

The role of USDA in choosing foods should be limited to selecting foods based on the nutrient content of the foods. Individual states should have the authority to choose specific food items on the basis of cost effectiveness, appeal to participants, package sizing, etc. as these factors may vary from state to state.

Thank you for your careful consideration of these comments. If you have any questions, please feel free to call Mindy Jossefides, WIC Director at 602.248.4822.

Sincerely,



John R. Lewis  
Executive Director