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Medical and Health Research Association of New York City, Inc.
Promoting the Health of the Community Since 1957

December 15, 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:

On behalf of MHRA's neighborhood WIC program, we are pleased to offer comments on revisions to the WIC food package in response to USDA's request.

As New York State's largest WIC Program, serving some 44,000 participants in New York City, our participant population is culturally diverse, speaks many different languages, and would welcome the addition of culturally appropriate foods to the WIC food package. We agree that current food packages do not go far enough to fulfill WIC food prescriptions for diverse populations and are suggesting the attached food package changes and substitutions.

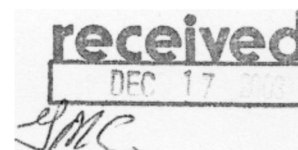
Thank you for this opportunity to provide comments.

Sincerely,

Inez Sieben
Senior Deputy Director
Service Program Management

Enclosure

C: V. Ford
C. Théroux Oliver



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MHRA NEIGHBORHOOD WIC PROGRAM

Comments on Revisions to the WIC Food Packages

Background

The WIC food prescription is designed to promote healthy dietary patterns, provide optimal growth and development, and prevent nutrition-related conditions and diseases for all WIC participants.

Since the beginning of the WIC Program in 1974, the most significant change to the WIC prescriptions occurred in 1988 when a specific food package was added for breastfeeding women and homeless participants.

In 1994, USDA sought comments on the creation of a culturally sensitive food package. At that time, an analysis of the comments showed that the WIC food prescriptions were not culturally acceptable to the diverse population served - and might actually contribute to a decrease in WIC participation. Since then, requests for revisions to WIC foods and food packages now in use have continued through formal and informal discussions.

Medical and Health Research Association of New York City, Inc. (MHRA) operates the largest WIC program in the New York State. Approximately 44,000 pregnant and postpartum women and their children up to age 5 receive nutrition education and counseling as well as checks redeemable for prescribed foods that are intended to eliminate or diminish their existing nutritional risks and/or prevent them from developing various medical conditions. The program is located in 18 multi-ethnic communities throughout New York City. Our clients are referred to us by medical primary care clinics as well as private doctors who provide health care within those communities. Our WIC nutritionists assess clients' nutritional risks, offer nutrition counseling, prepare care plans for high-risk clients, prescribe specific food packages tailored to clients' specific needs, and provide feedback to clients' health care providers about their patients. Our ongoing efforts in these diverse neighborhoods and communities are characterized by individualized attention, flexibility and responsiveness to the distinct cultural and social needs of our clients. We are aware that participants are not eating or redeeming all of the WIC foods provided and believe that the cultural unacceptability of some of the food items is a contributing factor. ***Since the overall nutritional needs and eating patterns of WIC's target population have changed, it is important to offer a broader selection of foods and food prescriptions.***

Review Issues

- Please indicate what elements of the WIC food packages you would keep the same and and why.

  The food packages, as presently constituted, are of high nutritional value and are acceptable to a wide segment of the population. However, we recommend maintaining the dried bean option instead of changing to canned beans. A pound of dried beans provides 12 servings, whereas a can of beans provides only 3.5. The canned bean option should be kept for the homeless food package. In addition, many of New York City's ethnic groups are accustomed to using dried beans; and USDA support this economical practice.

Our staff question the inclusion of the mixed juices, such as Juicy Juice, out of concern that these beverages may reinforce a preference for very sweet drinks and encourage over-consumption. Given the concern about obesity among WIC participants, USDA should reconsider the inclusion of these products in the WIC food packages.

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 would like to see the inclusion of such foods as yogurt, and fresh fruits and vegetables. While this might increase the cost of the food package, we feel that, in the long-term, this may reduce healthcare costs associated with Type II diabetes, heart disease, and other obesity-related conditions. Almost one-half of all infants born in the United States pass through the WIC Program; therefore, WIC is a major source of nutrition and health information for a large segment of the United States population. By simply including these foods, the Federal government has a great opportunity to have a major, positive impact on the future health of many American residents.

Yogurt is a staple amongst many ethnic groups, as well as to the native-born. It is nutritious and easy to digest, even for those with lactose intolerance, and could be used as a partial substitute for fluid milk and high-fat cheeses. Many participants find large amounts of fluid milk unacceptable; and the inclusion of yogurt would provide an alternative while supporting the WIC Program's goal of encouraging calcium consumption.

Many advocates for the WIC Program have asked for an expansion of the Farmers Market Nutrition Program during the summer months and for the inclusion of fresh fruits and vegetables on a year-long basis in the WIC food package. There are several different ways the latter could be accomplished: for example, a separate voucher could be issued similar to a Farmers Market coupon or as a partial or complete substitution for fruit juice. Vouchers could be specific (e.g., bags of oranges in the winter months) or general (e.g., $10 worth of fresh produce).

We support the position of the National WIC Association (NWA) that any new food packages meet the standard of providing 65% of target nutrients in their entirety rather than the current standard of a food-to-food comparison. In other words, it should be accepted that the need for a particular nutrient may well be met by a food other than the traditional WIC foods: calcium-fortified tofu, lime-processed corn tortillas, fish canned with the bones are all good sources of calcium for populations or individuals who cannot or will not include dairy products in their diets.

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.
Our recommendation is that food quantities be more in line with the standard manufacturing sizes (or ideally, that the major manufacturers of WIC allowable foods be somehow encouraged to standardize their packaging). Such a change would enable WIC clients to realize maximum benefits from their food packages without needing to perform complicated calculations. Otherwise, the WIC package maximums have served the clients well. While

the NWA has recommended that the maximums for children be reduced as a cost-savings measure in children ages 3 to 5, we do not encourage this approach. New York State adopted more stringent guidelines for children, which, we feel, have reduced the appeal of the program to parents of older children. Maintaining the current maximums enables the WIC local agency to design food prescriptions that best meet the needs of the child and his/her family as well as encourage participation.

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.
Wide consensus exists within the healthcare community on the benefits of folic acid for the prevention of birth defects and for its potential in reducing the incidence of heart disease. In addition, there is a growing body of scientific research on the importance of Vitamin D in the prevention of various types of cancer and hypertension and in reducing the fracture rate in both the elderly and children. Higher calcium intakes have been associated with lower blood pressure, a decreased incidence of colon cancer, and lower levels of body fat. Therefore, calcium and vitamin D-rich foods should continue to receive emphasis in the WIC Program.

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 introduction of fruits and vegetables into the package would allow participants to have more choices of high-nutrient dense foods and would aid in control of obesity and other associated medical conditions.

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?
Food allergies, cultural patterns and food preferences are all important components to determining food packages. Providing WIC nutritionists more latitude in substituting certain foods in a food package, combined with the appropriate nutrition education, would allay concerns clients may have.

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.?
Given local programs' first-hand experience with the populations they serve, the responses submitted to the "call for comments" are likely to provide the most in-depth, qualitative information on the needs of WIC consumers at local levels. Further, regional food availability studies are good sources of information on locally grown and seasonal produce. Local food costs should be considered when determining state grants to account for the significant variations in different regions of the country.

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?

Greater flexibility among authorized food items is an interesting concept that may warrant further research. So long as safeguards to guarantee the nutritional integrity of the program are instituted, it is possible that participants will consume more WIC foods if they are allowed more flexibility in choosing them. If the emphasis of food packages were switched to the nutrient density of the entire package, instead of the current food-to-food comparison, then the participant should be choosing among food packages rather than among foods within a specific category, again to guarantee the nutritional integrity of the program.