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Cindy Stewart
President and CEO

October 31, 2003

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

Dear Ms. Daniels:

The Family Health Council of Central Pennsylvania, Inc., (FHCCP) wishes to submit the following recommendations regarding the Revisions to the WIC Food Packages.

The Council administers an 11-county WIC Program serving an average of 12,000 women, infants and children each month in both rural and small urban areas. The agency network includes both direct service and subcontracted sites, and the population served is culturally diverse. The Council has administered its WIC Program for 23 years.

FHCCP supports the National WIC Association's position that the purpose of the WIC food prescription is to:

- Help participants establish dietary patterns that promote lifelong nutritional health;
- Provide the tools by which participants may apply the nutrition knowledge gained from counseling and education to make dietary changes to improve their nutritional health; and
- Provide a reliable source of supplemental food.

Certain issues, however, suggest that the current food prescription could be improved. Obesity is increasing in the United States. Fifty-five percent of the population is now categorized as overweight or obese, and one in five children is overweight, making this a growing public health problem among preschool children in low-income populations. In addition, two-thirds of adult diets exceed the recommendation for fat, but only half of those adults believe they are consuming excessive fat. And finally, WIC participants are now more culturally diverse, making it imperative to incorporate foods reflecting this diversity to enable all cultures to meet their nutritional needs.

In response to these concerns the Council supports the following food prescription recommendations:

- **Offer additional grain product choices**, in addition to cereal. Food products should include low-sugar; low-fat; iron, folic acid, and vitamin-B enriched foods; and good sources of fiber. These can include whole-grain bread; enriched rice, pasta, tortillas, or cornmeal.

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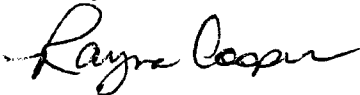
Building and Supporting Community-based Health Networks

- **Offer fruit and vegetable choices - fresh, frozen or canned.** Include fruits and vegetables high in vitamin A, vitamin C, folic acid, B6, magnesium, fiber and antioxidants that are available year round. These can include carrots, citrus fruits, tomatoes, sweet potatoes, greens and broccoli.
- **Exclude or reduce the total quantity of juice from infant food package.** Prescribe it only when the infant is developmentally able to drink from a cup.
- **Reduce the maximum quantity of milk for children** and offer lower fat milks as the standard for all women and for children over 2 years of age. Include other milk/calcium-rich foods such as tofu, soymilk, or yogurt. Offer low-fat cheese as a standard for women and children over the age of 2 years.
- **Offer a choice of either canned or dried beans/peas** to all women and children.
- **Offer the opportunity for a food prescription that includes all WIC foods** in combination with special formulas designed to meet the needs of children and women participants.

Incorporation of these recommendations in the WIC food prescription will reflect the recommendations of nutrition experts and will encourage optimal nutrient intake, comprised of culturally sensitive foods that are low in fat; nutrient-dense; rich in fiber, vitamins and minerals; and representative of the major food groups in the Food Guide Pyramid.

We believe that combining an improved food package with nutrition education will give WIC families the tools they need for better nutritional health. We thank you for your consideration of these recommendations.

Sincerely,



Rayna Cooper, MS, RD, LDN
Nutrition Education Coordinator