

Community Teamwork, Inc.

WIC PROGRAM

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December 10, 2003

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

Re: Revisions to the WIC Food Packages

Dear Patricia Daniels,

As Nutritionists for the Massachusetts WIC program with combined experience of 9 years, we welcome the opportunity to comment on the WIC food packages. Although the WIC program has proven steadfast in providing necessary nutrient dense foods for potentially ill-nourished clients, it is time to evaluate and compare what clients need and use in this day and age. Times have changed, and the WIC foods have not. Culturally, our nation has one of the most diverse populations of the world. Many of our WIC foods do not accommodate their native diets; therefore participation of those cultures may be less than anticipated. Participants' nutritional and medical needs have grown diverse as well and need to be met. We have answered the following questions regarding revisions to the WIC food packages from the frontline point of view. In the essence of time, not every question could be addressed in this letter.

1. What elements of the WIC food packages would you keep the same and why?

Since many of the WIC foods provide the essential nutrients protein, iron, calcium, vitamin A, vitamin C, and folic acid, they should continue to be included in the food package. WIC participant children 1 to 3 years old benefit from the WIC package for most nutrients, especially for protein, calcium, iron, folic acid, magnesium, and Vitamin E. (1) Research supports the opinion to keep the current foods available in order to continue to provide adequate RDA requirements for these nutrients. For example, iron fortified cereal provides a low cost source of iron for a historically iron deficient prone population. Eggs are a low cost, versatile source of protein and iron that can be used in many different cultural recipes. Since its inception the WIC program has successfully reduced the rate of anemia among its participants. Although the current food package meets the needs of the majority of WIC's child population, women's needs are not being met with the current food package. (1) Rather than eliminating foods that work for the majority, substitutions should be permitted to improve the intake of essential nutrients in participants for which we are not meeting their needs. The WIC food package not only should coincide with USDA recommendations but also consist of foods that our clients will realistically purchase and use.

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2. What changes, if any, are needed to the types of foods currently authorized in the WIC food packages?

Alternatives to calcium sources are needed for participants who do not consume dairy products. Calcium fortified soy milk has long been needed by WIC clients. Consumers are adding soymilk to supplement a diet that did not contain dairy products for either medical, religious, or ethical reasons. Many children remain on infant formula for extended periods after the age of one, because WIC does not offer a substitute for children with a milk protein allergy. This substantially increases the cost for a child's food package. In addition, numerous cultures served by the WIC program are lactose intolerant. Lactose intolerance in North American adults has been estimated at 79% in Native Americans, 75% in African Americans, and 51% in Hispanics. (2) Fortified soymilk would offer a substitute package to participants currently receiving Lactaid milk. Fortified soymilk is a good source of protein, calcium, and vitamin D. It contains all 9 essential amino acids and has a protein digestibility equivalent to animal protein; making it comparable to cow's milk. (3) Most soymilk is fortified with 300 to 400mg of calcium per cup. Levels of vitamin D are similar to cow's milk fortification. The Soy Foods Association of North America have found numerous studies supporting the FDA approved health claim "25 grams of soy protein per day has a cholesterol lowering effect". Soymilk is priced similarly to lactose-reduced milk making it an affordable substitution. The extended shelf life of soymilk versus cow's milk offers an additional benefit for WIC participants with limited or no adequate refrigeration. The long shelf life also affords clients with limited access to vendors the option of purchasing large quantities one time per month.

Dried beans need to be replaced with more usable sources of protein. Very few WIC clients redeem dried beans, due to the long preparation time required. In our age of convenience foods, clients are looking for quick and easy meal preparation. Canned beans would be a natural substitution to increase consumption of a valuable, low fat protein source. They would also be easier for clients with limited cooking facilities. Canned beans are cost comparable to the alternate choice of peanut butter.

Fruits and vegetables that are nutrient dense would be a great addition to the WIC food package to assist in reduction of the obesity rate among WIC clients. See the answer to question #3 regarding further comment on this food addition.

3. Should the quantities of foods in the current WIC food packages be adjusted?

Juice should be reduced and or replaced due to the link between juice intake and obesity. Consumption of greater than or equal to 12 ounces a day of fruit juice by young children is associated with obesity (4). Fresh fruits and vegetables that are nutrient dense could partially or fully replace juice per the Nutritionist's discretion. Perhaps canned would be the most cost effective and storage friendly for most vendors. As far as quantities, it would depend on the cost and which fruits and vegetables were approved. Utilizing locally grown fruits and vegetables would also be cost efficient. Suggestions for nutrient dense fruits and vegetables might include spinach, carrots, mango, apples, sweet potatoes, peppers, tomatoes, and plantains. States should have the flexibility to determine the form, whether it is fresh, frozen, canned, or a combination. By including fruits and vegetables in the WIC food package you enable clients to improve their diet and make behavior changes. Up until now we only have the Farmer's Market program, which provides a limited amount of funds once per year for each client to use only at local farm stands.

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?

The current WIC food package adequately assists children 1-5 years old to meet the RDA for the target nutrients as determined by the Secretary of Agriculture. Given the improved health outcomes of WIC children, those target nutrients; protein, iron, calcium, vitamin A and C, should remain the same. Additional target nutrients should be considered.

The overwhelming rising rate of obesity needs to be addressed in the WIC food package. Consuming foods high in fiber such as fruits and vegetables, may contribute to better eating habits, thus assist in combating obesity, prevention of some forms of cancer and decreasing heart disease. Fiber should be considered as a target nutrient.

Pregnant women require 400 micrograms of folic acid daily in order to help prevent neural tube birth defects. (5) Many women do not normally consume foods that contain folic acid and rely on their prenatal vitamin to meet the recommended dose. About 2,500 children are born each year in the United States with a neural tube defect. If all women took adequate folic acid before conception and during pregnancy, the number of babies born with a neural tube defect could drop by as much as 70 percent. (6) Folic Acid should be considered as a target nutrient.

5. Keeping in mind that foods provided by WIC are designed to be supplemental, can the WIC food package be revised to have a positive effect on addressing overweight concerns? If so, how?

Currently we offer low fat versions of dairy products that are normally high in saturated fats. Clients underutilize this option frequently due to culture and preference. Rather than change the foods, our nutrition staff needs to further educate clients on the benefits of low fat dairy foods in order to improve redemption of low fat products. Individual state agencies could encourage local programs to make low fat food packages the standard package issued to clients.

As addressed in question #3 and 4, the addition or substitution of fruits and vegetables for juice would have a significant impact on the overweight concerns in this country.

6. Are there other concerns that affect foods issued through the WIC food packages that should be considered in designing the food packages?

Food allergies are a common childhood disorder, affecting up to 8% of children younger than age 3. (7) The most common food allergies in young children are milk, eggs, wheat, peanuts, tree nuts, and soy, three of which are offered in the WIC food package. Designing a WIC food package for children with severe allergies would be beneficial. For parents of a child with multiple food allergies they could spend up to two or three times more on groceries because of the special foods their child requires. By allowing the Nutritionist to prescribe substitutions we could better service our clients with special needs.

8. Recognizing that current legislation requires WIC food packages to be prescriptive, should participants be allowed greater flexibility in choosing among authorized food items?

As a health and nutrition based program, WIC food packages should remain prescriptive. Nutritionists conduct assessments based on a participant's dietary intake, anthropometric data, personal preferences, medical needs, and living conditions. As professionals, Nutritionists are best suited to determine a client's overall nutritional needs. However, a client's request should be considered when prescribing a food package whenever possible. In the state of Massachusetts clients choose from a variety of prescribed foods at the grocery store already.

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

As far as cultural food preferences are concerned, WIC has not changed with the increased diversity of our population. Currently our WIC food package prescribes a sample day's menu of cow's milk over cereal for breakfast, peanut butter and juice for lunch, and eggs with cheese for dinner. For example, in Lowell, Massachusetts, 20% of our WIC population is from Cambodia. The traditional Cambodian diet does not include the majority of those WIC foods. Additional data from WIC programs across the country is needed in order to accurately assess the nutritional needs of such cultural and ethnical diverse communities.

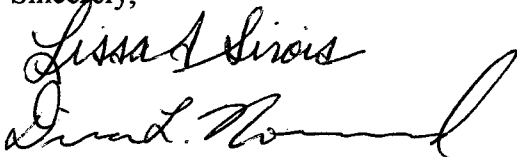
Rice would be an attractive addition to the existing WIC food package. For those WIC participants who do not eat cereal, rice could be substituted. Rice is a food consumed in numerous cultures participating in the WIC program. At the local level, we have had many requests to add rice to the food package. It is a staple for many cultures, is cost effective, stores well, and can be fortified with vitamins and minerals. Over 70 % of the white rice consumed in the United States is enriched. Rice naturally contains thiamin, niacin, and iron. All enriched rice is additionally fortified with folic acid. (8) For those ethnic groups that choose not to participate in the WIC program because they don't consume the foods we offer; rice would be an enticing invitation to utilize our services. Once they are on WIC they would be more likely to consume other WIC foods, thus, increasing their intake of the target nutrients.

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

Individual states should be allowed the flexibility and discretion to substitute foods based on their population. Given the large size of the country, ethnicity varies significantly from one state to the next, varying the needs and preferences of participants. By allowing states to make substitutions within the food packages, we can enhance cultural acceptability, meet clients' medical needs, and utilize local agriculture. By increasing flexibility at the local level we could possibly increase consumption of WIC foods and in turn, increase nutrient intake, overall participation, and client satisfaction.

In conclusion, there are multiple reasons for altering foods in the WIC food package. First and foremost we must remember that every client is an individual with varying cultural backgrounds, medical issues, personal preferences, cooking abilities and varying living conditions. Considering the basic WIC food package has not been changed for twenty years, it is time to reflect the changing needs of our clients. It is time to move ahead and provide adequate supplementation to the diets of women and children in order to continue to improve health outcomes and encourage healthy lifestyle changes.

Sincerely,



Lissa A. Sirois, BS

Diana L. Normand, RD

References:

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