

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



Nutrition Programs Administration

Ms. 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 PACKAGE**

Dear Ms. Daniels:

The District of Columbia WIC State Agency is pleased to submit comments in response to the Federal Register notice of Sept. 15, 2003 soliciting public comments on redesigning the food packages offered through the WIC Program.

The D.C. WIC Program provides services to approximately 16,000 participants who are a reflection of the city's racial and ethnic demographics. Like other states, we are increasingly attracting participants of more diverse ethnic backgrounds. Furthermore, we provide services to segments of the population groups who experience high rates of overweight, obesity and chronic diseases as children, young adults and older adults. Research throughout the years has confirmed that WIC has a positive impact on the health and dietary habits of participants. We have a unique and important mission that impacts the nutritional, educational and social welfare of participants throughout the life cycle.

The National WIC Association (NWA) has submitted comments in response to your solicitation. The D.C. State WIC Agency supports the majority of NWA positions on food package revisions and will refer to specific points within our statement. We believe the revisions recommended by the NWA and the D.C. State WIC Agency will further increase program effectiveness. Our comments are based on our commitment to have the WIC food package mirror our nutrition education messages and address WIC clients' basic nutritional needs. We appreciate the opportunity to comment on the proposed changes which will have a profound impact on families across the country.

Sincerely,

Gloria Clark  
 WIC Director

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1. The existing structure of the basic seven food packages has been effective in addressing the needs of the District of Columbia WIC clients. However, making the packages more specific to the participants' needs at each age improves the nutritional value and enhances customer satisfaction. We were particularly concerned with the inclusion of fruit juices earlier than developmentally appropriate. Not only does this promote unhealthy food practices, but this also has the potential to interfere with breastfeeding in infants.
2. We agree with Recommendation #1 listed in the NAWD Food Prescription Recommendations position paper concerning changes in the recommended types of foods, particularly the provision of frozen, fresh or canned fruits and vegetables instead of or in addition to juice. We also strongly support the inclusion of alternative sources of calcium, such as soymilk, tofu, yogurt and lime processed tortillas due to cultural preferences and the high prevalence of lactose intolerance among the largely African American clientele (71%) in the District of Columbia.
3. The quantity of juice given to infants and children should be reduced due to concerns about the increasing rates of overweight seen among WIC children. This would also lower the cost of the food package, which would allow for the provision of fruits and vegetables. We also feel that the quantity of milk should be reduced, as the WIC program is designed to be supplemental and the current prescriptions provide calcium in a quantity that greatly exceeds the Dietary Reference Intake (DRI).

As an example: According to the records from WIC vendors in D.C., forty-six ounces of single strength canned juice costs an average of two dollars. A one-pound bag of fresh carrots costs an average of one dollar. Therefore, each can of juice could be replaced by two pounds of carrots. Currently, packages now provide from 73-126 mg of vitamin C. When 4 pounds of carrots are substituted for two cans of juice, it will eliminate approximately one third of the vitamin C in the package, and carrots add 10 mg of vitamin C per serving. With the smallest package, this is  $\frac{2}{3}$  of  $73 \text{ mg} + 10 \text{ mg} = 58 \text{ mg}$  of vitamin C. According to the NAWD recommendations, the WIC prescription should provide at least 65% of priority nutrients. The RDA for vitamin C is 75 mg, and 65% of this amount is 49 mg. Thus, replacing juice with carrots would still provide more than 65% of the RDA for vitamin C. Additionally, replacing 2 cans of juice with fresh carrots from each of the food prescriptions would provide increased amounts of vitamin A and fiber.

4. We agree with the NAWD recommendations that protein, calcium, iron, vitamin C, vitamin A and folic acid should be priority nutrients. We also feel that priority should be given to ensuring that the fat, sugar, and fiber levels reflect the current Dietary Guidelines and other national recommendations.
5. Despite the fact that WIC foods are designed to be supplemental, WIC has the opportunity and obligation to have a positive effect on concerns about overweight and obesity . One way of accomplishing this is by excluding whole milk from the food package for all participants past the age of two except when medically or nutritionally indicated. Whole milk provides excess amounts of fat and calories while providing no nutritional advantages in terms of protein, calcium or vitamin A. This would help lower WIC participants overall fat consumption and also introduce them to lower fat options, which is beneficial for lifelong health and in accordance with WIC goals to promote good nutrition. This would also ensure that WIC vendors provide a greater variety of lower fat milks.  
  
Substituting fresh, frozen or canned fruits and vegetables for juices also has the potential to make a positive impact on obesity rates by providing increasing amounts of fiber and reducing the total amount of calories.
6. WIC should be responsive to cultural patterns and food preferences, and the NAWD recommendations outline a variety of foods that are considered acceptable to different cultural groups. Primarily, WIC has an obligation to make calcium-rich alternatives to milk available due to the large segment of WIC clients who are lactose intolerant, allergic to milk, or do not regularly consume milk as part of their normal cultural eating pattern. In the District of Columbia, more than 70% of WIC participants are African American, and lactose intolerance is very common within this group.
7. Further investigation is needed to explore the items that are typically not redeemed by WIC clients, and additional follow-up surveys are necessary to determine which items are wasted after they are purchased. Recommendation #4 from NAWD details several other topics of research that would be valuable in the development of a more effective program, particularly research of additional appropriate foods to provide for an enhanced breastfeeding food prescription.
8. WIC clients should be allowed greater flexibility in choosing food items among authorized food categories. This can be accomplished by utilizing the sample packages listed in the NAWD Culturally Sensitive Food Prescription Regulations to allow for a variety of different products supplying each target nutrient. While we agreed that the packages appeared helpful and promising due to the diversity of foods included,

we want to emphasize that it is vital NOT to label the groups and prescribe based on ethnic makeup or limit foods to clients of a certain ethnicity.

9. One way to effectively meet nutritional needs in culturally and ethnically diverse populations is to allow for a variety of vendors, including small stores selling ethnic foods.
10. State agencies should be afforded more flexibility to ensure the ability to meet the specific needs of diverse populations. The NAWD recommendation #2 covers this issue in further depth.
11. As food selection criteria are very complex and interrelated, it is hard to prioritize their importance without considering some of the conflicting concerns. Therefore, we believe that the appeal of the foods offered to the recipient is of primary importance, though secondary to concerns of nutritional quality of foods. The primary goal of the WIC program is to influence dietary behavior through nutrition education. The items in the WIC food package should be carefully selected to reflect the nutritional messages delivered to the participants. If the food items have no appeal to the WIC client, the WIC client has no motivation to apply her or his gained nutrition knowledge through redemption of food vouchers. Please consider that where the appeal for some food items is low, the WIC participant does not get the full benefit of a synergistically working food package.

Although appeal is one of the most important criteria, obviously it has to be balanced by cost effectiveness, burden of management, and economical package sizes. Cost effectiveness will drive the number of persons for whom WIC benefits are available; hence we must balance between serving fewer participant's while ensuring the utmost satisfaction with the WIC foods versus serving more persons and compromising on the acceptability of food items. The burden of management will ultimately result in competing food dollars verses administrative dollars and lead to the same considerations as alluded to earlier. Package sizing is very important and ultimately drives the availability of food items to the WIC participant as determined by the food manufacturer. Our belief is that the WIC program should assert more influence on the food industry to ensure that WIC food dollars are maximized.