

Department of Health
& Human Services



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December 15, 2003

Patricia Daniels
Director, Supplemental Food Program
Division, Food & Nutrition Services
USDA
3101 Park Center Drive, Rm 520
Alexandria, VA 22302

Dear Ms. Daniels

The Camden County Department of Health & Human Services WIC Program is in support of the enclosed document from the NJ WIC Services. This is in response to the FNS, USDA Advanced noticed of proposed rulemaking on the "Revisions to the WIC Food Package", the enclosed revisions to the WIC Food Package is necessary to better meet the nutritional needs of our WIC participants. These changes include many recommendations that are part of the Healthy People 2010 objectives to promote good health & nutrition.

The Camden County Department of Health & Human Services WIC Program provides WIC benefits to over 11,000 participants & is full support of the NJ WIC Services enclosed recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Kathy M. Kachur".

Kathy M. Kachur
WIC Coordinator

received
DEC 17 2003

Handwritten initials in cursive script, possibly "LMC".

New Jersey WIC Services
Response to the FNS, USDA Advanced noticed of proposed rulemaking on
the "Revisions to the WIC Food Packages."
December 12, 2003

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

Response 1:

Infant formula

Status: Maintain as a WIC food.

Rationale: For non-breastfed or partially breastfed infants, iron fortified infant formulas are recommended by the American Academy of Pediatrics to meet nutrient needs from age birth to 12 months.

References: (1,2,3,13,16,19,20,21,22,23,30,31,33)

Milk

Status: Maintain as a WIC food.

Rationale: Pasteurized, vitamin D fortified milk provides a good source of calcium and vitamin D. Calcium and vitamin D are needed for adequate bone growth and development. Calcium is required for blood clotting and muscle contraction. Milk is commonly consumed in the United States of America (USA).

References: (4,5,6,7,8,9,10,11,12,13,14,17,26,27)

Cheese

Status: Maintain as a WIC food.

Rationale: Cheese provides a good source of calcium. Calcium is needed for adequate bone growth and development, blood clotting and muscle contraction. Cheese is commonly consumed in the USA

References: (4,5,6,7,8,9,10,11,12,14,17,26,27)

Eggs

Status: Maintain as a WIC food.

Rationale: Eggs provide a good source of protein. Protein is needed to build and repair various cells (muscle, connective tissue, blood-clotting factors, transport proteins, lipoproteins, enzymes, immune bodies, hormones, visual pigment and support structures within the bone) in the body. Eggs are commonly consumed in the USA and are an affordable source of protein.

References: (4,5,6,7,8,9,14,16,17,18,26,27)

Beans

Status: Maintain as a WIC food.

Rationale: Beans provide a good source of protein. Protein is needed to build and repair various cells (muscle, connective tissue, blood-clotting factors, transport proteins, lipoproteins, enzymes, immune bodies, hormones, visual pigment and support structures within the bone) in the body. Additionally, there is a growing trend for ethnically diverse populations to increase within the USA. Some of these ethnically diverse cultures consume beans as a staple in their daily intake of food.

References: (4,5,6,7,8,9,14,17, 16,18,19,26,27,30)

Peanut Butter

Status: Maintain as a WIC food.

Rationale: Peanut butter provides a good source of protein. Protein is needed to build and repair various cells (muscle, connective tissue, blood-clotting factors, transport proteins, lipoproteins, enzymes, immune bodies, hormones, visual pigment and support structures within the bone) in the body. Peanut butter is commonly consumed in the USA.

References: (4,5,6,7,8,9,14,17,16,18,19,26,27,30)

New Jersey WIC Services
Response to the FNS, USDA Advanced noticed of proposed rulemaking on
the "Revisions to the WIC Food Packages."
December 12, 2003

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

Response 1(continued):

Cereal

Status: Maintain as a WIC food.

Rationale: There is a significant prevalence of iron deficiency anemia in the USA. Consumption of iron-fortified cereal will promote improvement in iron intake and potentially contribute to decrease risk of iron deficiency anemia. Cereal is commonly consumed in the USA.

References: (4,5,6,7,8,9,14,17,19,20,21,22,23,30,33)

Infant Cereal

Status: Maintain as a WIC food.

Rationale: There is a significant prevalence of iron deficiency anemia in the USA. Consumption of iron fortified infant cereal will promote improvement in iron intake and potentially contribute to the decrease risk of iron deficiency anemia. Infants in the USA commonly consume infant cereal.

References: (4,5,19,20,21,22,23,33)

Juice

Status: Maintain as a WIC food.

Rationale: There is a significant prevalence of iron deficiency anemia in the USA. Consumption of juices fortified with vitamin C can enhance the absorption of dietary iron in the human body. Juices fortified with vitamin C are commonly consumed in the USA.

References: (4,5,6,7,8,9,14,19,20,21,22,23,24,25,26,27,31,33)

Infant Juice

Status: Maintain as a WIC food.

Rationale: There is a significant prevalence of iron deficiency anemia in the USA. Consumption of infant juices fortified with vitamin C can enhance the absorption of dietary iron in the human body. Infants in the USA commonly consume infant juices fortified with vitamin C.

References: (4,5,20,21,22,23,24,25,31,33)

Carrots

Status: Maintain as a WIC food (refer to question No. 5).

Rationale: Carrots contain a significant amount of vitamin A in the form of beta-carotene. Vitamin A is required to promote vision, cell growth and development in humans. Carrots are commonly consumed in the USA.

References: (4,5,6,7,8,9,20,26,27,31,37)

Tuna

Status: Maintain as an alternative WIC food.

Rationale: Tuna provides a good source of protein. Protein is needed to build and repair various cells (muscle, connective tissue, blood-clotting factors, transport proteins, lipoproteins, enzymes, immune bodies, hormones, visual pigment and support structures within the bone) in the body. Tuna is commonly consumed in the USA. However, due to food safety and health related concerns regarding the mercury content in tuna it is suggested to offer tuna as an alternative protein food to canned chicken.

References: (4,5,6,7,8,9,16,18,19,26,27,28,29)

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

Response 2:

Recommended food: Decrease milk allowance from 24 to 20 quarts for full food package IV.

Rationale: Dietary Reference Intakes on calcium for children ages 1 through 5 is 500 to 800 mg calcium each day. WIC food package IV could be decreased by 4 quarts of milk per monthly allotment and still provide the required calcium and vitamin D when nutrient content of additional WIC food items is added to the entire WIC IV food package. The cost savings attributed to 4 quarts less of milk per month would be approximately \$3.29 per month (17% reduction in food cost attributed to milk for this package). The cost savings from 4 quarts less of milk could be redistributed towards the purchase of canned chicken (approximately \$1.99), fresh fruits and vegetables. Please refer to question No. 5 for a more in-depth discussion regarding fruit and vegetable recommendations.

References: (4,5,6,7,8,9,10,11,12,13,14,17,26,27)

Recommended food: Chicken as an alternative to tuna.

Rationale: Allow canned chicken to be included in WIC food package No. III, IV, V, VI, and VII.

Chicken provides a good source of protein. Chicken is commonly consumed in the USA. Canned chicken is recommended as a primary WIC food item due to health related concerns regarding the mercury content in tuna. Canned tuna could be allowed as a substitution to canned chicken if requested by a WIC participant.

Comment: Canned chicken can be purchased in 5.5 and 6 ounces containers. Cost analysis indicates canned chicken can be purchased in a 5.5 or 6 ounce can for approximately \$1.99.

References: (4,5,6,7,8,9,16,18,19,26,27,28,29)

Recommended food: Soy Bean Curd (Tofu)

Rationale: Soy bean curd is a non-meat, high protein food that can be used to address dairy food allergies, cultural and vegan food preferences of WIC participants. Tofu can be included in the WIC food package as an alternative to cheese.

Comment: Tofu can be purchased in 14 and 15.5 ounces containers. Cost analysis indicates tofu can be purchased in a range of \$1.69 to \$3.19.

References: (4,5,6,7,8,9,16,17,18,19)

Recommended food: Calcium/vitamin D fortified soymilk as a substitution to cow's milk.

Rationale: Calcium and vitamin D fortified soymilk will provide a non-dairy, high calcium, high vitamin D food source to WIC participants. Soymilk fortified with calcium and vitamin D is recommended as an alternative to pasteurized cow's milk to address dairy food allergies, cultural and vegan food preferences.

Comments: Soymilk can be purchased in either one quart or half-gallon containers. Cost analysis indicates soymilk can be purchased in a one-quart container for approximately \$2.29 and in the half-gallon container for approximately \$3.69.

References: (4,5,6,7,8,9,10,11,12,13,15,17)

Recommended food: Yogurt to be allowed as a substitute to cheese.

Rationale: Yogurt is a high calcium food that is commonly consumed in the USA. Yogurt is recommended as an alternative to cheese to address cultural food preferences.

Comments: Plain yogurt can be purchased in either a 32 ounce container. Cost analysis indicates plain yogurt can be purchased in a 32 ounce container in a range of \$2.29 to \$3.29.

References: (4,5,6,7,8,9,10,11,12,14,17,26,27)

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

Response 3:

Recommended food adjusted: Decrease milk allowance from 24 to 20 quarts in full food package IV.

Rationale: Dietary Reference Intakes for calcium for children ages 1 through 5 is 500 to 800 mg calcium each day. WIC food package IV could be decreased by 4 quarts of milk per monthly allotment and still provide the required calcium and vitamin D when nutrient content of additional WIC food items is added to the entire package. The cost savings from reducing the milk allowance of \$3.29 (17% reduction in food cost of milk for this package) could be redirected towards the purchase of canned chicken and carrots.

References: (4,5,6,7,8,9,10,11,12,13,14,17,26,27)

Recommended food adjusted: Decrease Juice in full food package IV.

Rationale: Decrease maximum monthly allowance to 180 oz. juice to comply with recommendations published by the American Academy of Pediatrics. Furthermore, recommend that funds for the eliminated juice allotment (approximately \$5.36) be directed towards providing fresh fruits and vegetables. For a more in-depth discussion regarding fresh fruits and vegetables refer to question No. 5.

References: (4,5,6,7,8,9,14,20,21,22,23,24,25,26,27,31,33)

Recommended food adjusted: Infant Juice (WIC food package II - Infant Status)

Rationale: Do not provide infant juice until infant is six months of age to comply with recommendations published by the American Academy of Pediatrics and address developmental readiness of infant to drink from a cup.

References: (4,5,20,21,22,23,24,25,31,33)

4. What nutrients should be established as priority nutrients for each category of WIC participants?

Response 4:

Recommended target nutrient: Calcium

Rationale: Healthy People 2010 Objective is to increase the proportion of individuals aged two years and older that meet the dietary recommendations for calcium.

References: (4,7,8,9,10,11,12,17)

Recommended target nutrient: Vitamin A (in the form of Beta-Carotene)

Rationale: Healthy People 2010 Objective to increase intake of orange vegetables that contain Vitamin A in the form of carotenoids.

References: (4,7,8,9,20,31,37)

Recommended target nutrient: Folic Acid, especially for women of childbearing age.

Rationale: "AAP endorses the US Public Health Service (USPHS) recommendation that all women capable of becoming pregnant consume 400 micrograms of folic acid daily to prevent neural tube defects (NTDs)."

References: (4,7,8,9,20,30,38,39)

Recommended target nutrient: Protein

Rationale: Healthy People 2010 Objective to reduce growth retardation among low-income children under age 5 years. Adequate protein is required for proper growth and development in the human body.

References: (4,7,8,9,16,18,19)

Recommended target nutrient: Iron

Rationale: Healthy People 2010 Objective to reduce iron deficiency anemia among young children and females of childbearing age. Intake of dietary iron would improve stores of iron in the human body.

References: (4,7,8,9,19,20,21,22,23,33)

4. What nutrients should be established as priority nutrients for each category of WIC participants?

Response 4 (continued):

Recommended target nutrient: Vitamin C

Rationale: Vitamin C improves the absorption of dietary iron and would help to meet the Healthy People 2010 Objective of reducing iron deficiency anemia among young children and females of childbearing age.

References: (4,7,8,9,14,19,20,21,22,23,31)

Recommended target nutrient: Vitamin D

Rationale: "Cases of rickets in infants attributable to inadequate vitamin D intake and decreased exposure to the sunlight continues to be reported in the United States." Intake of foods fortified with vitamin D would decrease the risk of developing rickets.

References: (11,13)

5. 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?

Response 5: Yes, see recommendations below.

Recommended revision: Reduce fruit juice consumption in WIC food package IV and provide fresh fruits and vegetables to WIC Food Package IV. Furthermore, to meet Healthy People 2010 Objective recommend providing fresh fruits and vegetables to WIC food package III, IV, V, VI, and VII.

Rationale: Healthy People 2010 food and nutrition objectives include a recommendation to increase consumption of fresh fruits, orange and green vegetables. Additionally, reduction in fruit juice in WIC food package IV will comply with recommendations issued by the American Academy of Pediatrics on fruit juice consumption for children.

Comments: Recommend that there be an added "5 A Day" WIC food component as part of the WIC food package. This "5 A Day" component of the WIC food package would have a defined dollar value (for example: \$5.00) that could be spent on selected fresh fruits and vegetables. The participant would be allowed to choose from a grouping of fruits and vegetables that contain target nutrients such as:

Good Sources of Vitamin A (carotenoids)	Good Sources of Vitamin C	Good Sources of Folate
Carrots	Oranges	Oranges
Sweet potatoes	Grapefruit	Spinach
Pumpkins	Kiwi	Mustard greens
Winter Squash	Strawberries	Romaine lettuce
Spinach	Cantaloupe	
Collards	Broccoli	
Turnip Greens	Peppers	
Kale	Tomatoes	
Mango	Cabbage	
Cantaloupe	Romaine lettuce	
Apricots	Turnip Greens	
Tomatoes	Spinach	

The innovative concept of including a food component that not only meets Healthy People 2010 Objectives but also addresses participant food preferences, cultural diversity, target nutrient recommendations and food cost would be a welcomed addition to WIC food package III, IV, V, VI, and VII.

References: (4,5,6,7,8,9,14,21,25,26,27,31,32,33,35,36,37)

5. 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?

Response 5 (continued):

Recommended revision: Decrease milk allowance from 24 to 20 quarts for WIC food package IV.

Rationale: Providing less milk and supplementing with canned chicken and carrots would not detrimentally affect a participant's protein intake. Additionally, WIC full food package IV could be decreased by 4 quarts of milk per monthly allotment and still provide the required calcium and vitamin D when the nutrient content of additional WIC food items is added to the entire package. Furthermore, a reduction in the consumption of 4 quarts of whole milk/month would reduce a participant's intake by 128 grams of fat and 2400 Kcal/month (5 grams fat and 80 calories per day). See above cost analysis in question 2.

References: (4,5,6,7,8,9,10,11,12,13,14,17,26,27,35,36,37)

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

Response 6:

Yes, to address food allergies recommend the following substitutions:

Food Allergy to:

Milk – substitute with soymilk

Eggs – substitute with chicken, tuna, tofu

Peanuts – substitute with beans, lentils

Fish – substitute with chicken, tofu

7. What data and/or information should the Department consider in making decisions regarding revisions to the WIC food packages (site sources)?

Response 7:

Decisions regarding changes to the WIC food packages should be based on current nutrition research, public health goals and objectives, participant food preferences, food cost and nutrient contribution of food packages.

Suggested References:

1. Commercial Item Description Formula, Infant. United States Department of Agriculture. May 14, 2002. A-A-20172B.
2. American Academy of Pediatrics, Committee on Nutrition. Iron Fortification of Infant Formula. Pediatrics. 1999. Vol. 104, No 1, 119-123.
3. American Academy of Pediatrics, Committee on Nutrition. Soy Protein-based Formulas: Recommendations for Use in Infant Feeding (RE9806). Pediatrics. 1998. Vol. 101, No 1, 148-153.
4. Healthy People 2010: Understanding and Improving Health, Second Edition. November 2000.
5. Pennington, JA. Bowes and Church's Food Values of Commonly Prepared Food, Seventeenth Edition. 1997. Lippencott, Williams and Wilkins.
6. Putnam J, Allshouse J. Food Consumption, Prices, and Expenditures, 1970-97. Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture. Statistical Bulletin No. 965.
7. Nutrition During Pregnancy, Part 1 Weight Gain, Part II Nutrient Supplements. Washington, DC: National Academy Press; 1990.
8. Nutrition During Lactation. Washington, DC: National Academy Press; 1991.
9. Nutrition and Your Health: Dietary Guidelines for Americans. 5th Ed. Washington, DC: United States Department of Agriculture and Health and Human Services. 2000. Home and Garden Bulletin No 232.
10. Calcium Requirements of Infants, Children, and Adolescents. American Academy of Pediatrics, Committee on Nutrition. Pediatrics. November 1999. Vol. 104: No. 5: 1152-1157.

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7. What data and/or information should the Department consider in making decisions regarding revisions to the WIC food packages (site sources)?

Response 7 (continued):

11. Institute of Medicine, Food and Nutrition Board, Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. Washington, DC; National Academy Press; 1997.
12. National Institutes of Health Consensus Conference. NIH consensus development panel on optimal calcium intake. JAMA. 1994; 272: 1942-1948.
13. Gartner L, Greer F, and the section on Breastfeeding and Committee on Nutrition. Prevention of Rickets and Vitamin D Deficiency: New Guidelines for Vitamin D Intake. Pediatrics. April 2003. Vol 111. No 4. 908-910.
14. Biing-Hwan L, Jayachandran N, Variyam J, Allshouse J, Cromartie J. Food and Agricultural Consumption in the United States: Looking Ahead to 2020. Food and Rural Economics Division, Economic Research Service, United States Department of Agriculture, Agricultural Economic Report No 820.
15. Heaney R, Dowell M, Rafferty K, Bierman J. Bioavailability of the calcium in fortified soy imitation milk, with some observations on method. American Journal of Clinical Nutrition. 2001. Vol 73. No 1. 128-129.
16. Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids. Food and Nutrition Board. Washington, DC: National Academy Press; 2002.
17. Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids. Food and Nutrition Board. Washington, DC: National Academy Press; 2002.
18. Johnson R, Niclas T. Dietary guidance for healthy children ages 2 to 11 years- Position Statement of the American Dietetic Association. Journal of the American Dietetic Association. 1999. 99:93.
19. Godfrey K, Robinson S, Barker D, Osmond C, Cox V. Maternal Nutrition in early and late pregnancy in relation to placental and fetal growth. British Medical Journal. 1996. 312:410.
20. Institute of Medicine. Iron Deficiency Anemia: Recommended Guidelines for the Prevention, Detection, and Management Among U.S. Children and Women of Childbearing Age. 1994.
21. Institute of Medicine. Dietary Reference Intakes for Vitamin A, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc. Food and Nutrition Board. Washington, DC: National Academy Press; 2002.
22. Sherry B, Mei A, Yip R. Continuation of the Decline in Prevalence of Anemia in Low-Income Infants and Children in Five States. Pediatrics. 2001; 107: 4: 677-682.
23. Looker A, Dallman P, Carroll M, Gunter E, Johnson C. Prevalence of iron deficiency in the United States. Journal of the American Medical Association. 1997. 277: 12: 973-976.
24. Looker A, Cogswell M, Gunter E. Iron Deficiency --- United States, 1999—2000. Morbidity and Mortality Weekly Report. 2002. 51: 40: 897-899.
25. Committee on Nutrition, American Academy of Pediatrics. The Use and Misuse of Fruit Juice in Pediatrics. Pediatrics. 2001. Vol 107;No 5:1210-1213.
26. Kenkel, P, Ray, F. Trends in Food Consumption and the Food Product Industry. Oklahoma State University. OSU Extension Facts F-880.
27. Smiciklas-Wright H, Mitchell D, Mickle S, Cook A, Goldman J. 2002. Foods Commonly Eaten in the United States. Quantities Consumed Per Eating Occasion and in a Day. 1994-1996. U.S. Department of Agriculture NFS Report No. 96-5.
28. Center for Food Safety and Applied Nutrition, U.S. Food and Drug Administration. An Important Message For Pregnant Women And Women Of Childbearing Age Who May Become Pregnant About The Risks of Mercury In Fish. FDA Scan. March 2001.
29. New Jersey Department of Health and Senior Services. A Women's Guide To Eating Fish and Seafood. G5864. January 20, 1998.

7. What data and/or information should the Department consider in making decisions regarding revisions to the WIC food packages (site sources)?

Response 7 (continued):

30. United States Environmental Protection Agency. Update: National Listing of Fish and Wildlife Advisories. EPA Fact Sheet. Office of Water 4305. EPA-823-F-03-003. May 2003.
31. Institute of Medicine. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline. Food and Nutrition Board. Washington, DC: National Academy Press; 1999.
32. Institute of Medicine. Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids. Food and Nutrition Board. Washington, DC: National Academy Press; 2000.
33. The Office of Analysis, Nutrition and Evaluation. Nutrition Report Series. The Prevalence of Overweight Among WIC Children. WIC-01-PCOM. USDA, FNS, Special Nutrition Programs. July 2001.
34. Oliveira V, Gunderson C. WIC Increases the Nutrient Intake of Children. Welfare Reform and Food Assistance. January-April 2001.
35. Hency G, Cheung M, Weill J. WIC In Native American Communities: Building A Healthier America. Food Research and Action Center. 2000.
36. Mei A, Scanlon K, Grummer-Strawn L, Freedman D, Yip R, Trowbridge F. Increasing Prevalence of Overweight Among US Low-income Preschool Children: The Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1983 to 1985. Pediatrics. Vol 101. No 1. January 1998. 12.
37. Barlow S, Dietz W. Obesity Evaluation and Treatment: Expert Committee Recommendations. Pediatrics. Vol 102. No 3. September 1998. 29.
38. Rothman K, Moore L, Singer M, Nguyen U, Mannino S, Milunsky A. Teratogenicity of High Vitamin A Intake. The New England Journal of Medicine. November 23, 1995. Vol 333. No 21. 1369-1373.
39. Committee on Genetics, American Academy of Pediatrics. Folic Acid for the Prevention of Neural Tube Defects (RE9834). Pediatrics. Vol 104. No 2. August 1999. 325-327.

8. Should participants be allowed greater flexibility in choosing among authorized food items?

Response 8:

Recommendation: Yes, if the recommended changes contained in this document are designed into the WIC food package then health, cultural and ethnic related factors will be addressed by the new design of the food package. The WIC participant would directly benefit as a result of a greater food selection that would potentially increase consumption of target nutrients in various food items.

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

Response 9:

Recommendation: Allow more variety of foods in the WIC Food Package as suggested in this document.

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

Response 10:

Recommendation: The demographic characteristics and incidence of health related risks among populations vary from state to state. Therefore, to meet the nutritional needs of culturally and ethnically diverse subgroups of the population **more flexibility** is needed in designing the WIC Food Packages. Recommend that the State agency be allowed to design food packages within the confines of the federal regulations. As an example, Federal regulations can define a maximum quantity for yogurt, cheese, milk and soy milk. The State agency would be able to choose to include all or some of the items listed in the Federal regulations.

11. 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:

Response 11:

Recommendation:

State agencies develop and maintain a list of authorized foods and should review food list on an annual basis with participant input, local agency and food industry (ex: New Jersey Food Council). When necessary, the list is revised and a new list issued based on the following:

- a. changes in Federal regulations;
- b. changes in the type and nutrient content of foods approved by the program;
- c. information on new products developed since the issuance of the last food list; and
- d. product recalls, product discontinuation, product name changes and sizes.

Availability and cost are most important except as noted regarding Special Formulas and culturally appropriate foods. In addition to the above, the following General Criteria should be considered when adding or deleting food items:

A. Availability

Each food must be available Statewide through a majority of authorized WIC vendors. Exceptions are allowed for *special formulas, approved store brands and cultural foods that may be available only at specified authorized vendors.*

B. Cost

The prices of all foods shall be considered for their effect on food package costs prior to selection for the authorized food list. A food item may be disallowed due to excessive cost, as the highest cost item in a particular category or for cost savings. The definition of excessive cost for a food item shall be determined by the State after conducting cost comparisons and weighing other criteria. *Exceptions may be made for special formulas.* Before adding new food items the State must consider the impact the changes will make to their WIC computer system. These changes include the costs to implement in the system as well as the costs to update the food list on the ID Folder and vendor food card, and costs and changes that have to be made to checks.

C. Packaging

Food packaging shall be reviewed and considered when selecting foods for the authorized food list. Some considerations to be taken into account are:

1. Size and cost
2. Probability of package confusion for the participant
3. Old and new packaging available at the same time
4. Shelf life

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11. 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:

Response 11(continued):

D. Labeling:

Mislabeled food products shall be excluded from the authorized food list.

E. Nutrient Content

100% of the inventory of a food product available on the market must meet the federal regulations for nutrient content for iron, Vitamin C, Vitamins A, Vitamin D, Sugar and Sodium in order to be selected for the authorized food list. (This applies to reformulation of products when new and old products are available concurrently.)

F. Sugar and Sodium Content

1. The sugar and sodium contents of foods shall be reviewed prior to selection for the authorized food list.
2. Cereals selected may not exceed 6 grams sugar per ounce as established by federal regulations. The State reserves the right to strengthen this standard after further study. Food containing > 450 mg of sodium per serving (6 oz for juice, 1 oz for cereal) shall be evaluated more closely for selection to the authorized food list.
4. Cereals with a sugar and sodium content of 6 gm/oz and > 350 mg/oz respectively shall be **excluded** from the authorized food list.

G. Adulteration

Adulterated food products shall be excluded from the authorized WIC food list.

H. Additives/Substances:

Any products containing additives/substances at levels that have been confirmed hazardous or for which there is strong evidence that they may be potentially harmful to WIC participants, shall be excluded from the authorized food list.

I. Participant Preferences:

Participant food preferences shall be taken into consideration in selecting foods for the authorized food list. This can be accomplished by participant surveys and focus groups.

J. Variety

The State reserves the right to limit or select varieties of any food based on consideration of cost, participant confusion, participant preference, availability and promotion of participant compliance in the selection and purchase of allowable foods.