

NATIONAL COUNCIL ON FOLIC ACID

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December 15, 2003

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

Re: Revisions to the WIC Food Packages, 7 CFR Part 246

Dear Ms. Daniels,

Thank you for the opportunity to comment on Public Notice 7 CFR Part 246, Revisions to the WIC Food Packages. The National Council on Folic Acid (NCFA) is a partnership of over 80 organizations whose mission is to improve health by promoting the benefits and consumption of folic acid. Our comments focus on two specific questions raised in the Federal Register notice 7 CFR Part 246, Questions #4 and #9.

Question 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."

Folic acid is a B-vitamin necessary for proper cell growth. We know that folic acid helps to prevent birth defects, and ongoing research indicates that there are other benefits to folic acid. It helps to lower homocysteine levels in the blood, which can help prevent cardiovascular disease. Other studies suggest that folic acid may help reduce the risk of breast, cervical and colon cancer and Alzheimer's disease. ^{1 2 3 4}



FOLIC ACID NOW

MISSION: To improve health by promoting the benefits and consumption of folic acid.



ÁCIDO FÓLICO AHORA

MISIÓN: Mejorar la salud a través de la promoción de los beneficios y el consumo de ácido fólico.

¹ *Folate, Vitamin B6, Vitamin B12, Homocysteine, and Risk of Breast Cancer*, Zhang, S., et al., Journal of the National Cancer Institute, Vol., 95, No., 5, 373-380, March 5, 2003.

² *Plasma Homocysteine as a Risk Factor for Dementia and Alzheimer's Disease*, Seshadri, S. et al., The New England Journal of Medicine, Volume 346: 476-483, February 14, 2002.

³ *Folate Deficiency and Cervical Dysplasia*, Butterworth., C.E. Jr., et al., JAMA, Vol, 267, No. 4, January 22, 1992.

⁴ *Multivitamin Use, Folate, and Colon Cancer in Women in the Nurses' Health Study*, Giovannucci, E., et al., Annals of Internal Medicine, Volume 129, Issue 7, 517-524, October 1, 1998.

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The US Public Health Service and the Institute of Medicine recommend that all women capable of becoming pregnant should consume 400 µg of synthetic folic acid daily to prevent having a pregnancy affected by a neural tube defect (NTD).^{5 6} The two most common NTDs are spina bifida and anencephaly. It is estimated that up to 70% of NTDs could be prevented if women followed this recommendation.

Since 1998, the Food and Drug Administration has required the addition of folic acid to enriched breads, cereals, pastas, rice and other grain products. It has been projected that the current level of folic acid food fortification in the United States will result in only approximately 25% of women of reproductive age consuming 400 µg of synthetic folic acid daily from all sources, including supplements.⁷ Studies have shown low-income women consume low levels of folic acid.⁸ Certain foods are naturally higher in folate; however, the bioavailability averages about 50%. In addition, folate is very susceptible to destruction by heat. Food processing and preparation destroy 50% to 90% of the folate in food.⁹ Given these factors, NCFE believes that folic acid should be established as a priority nutrient for WIC participants.

We request an increase in the folate content of food Package V (Pregnant and Breastfeeding Women), Package VI (Postpartum Women) and Package VII (Breastfeeding Women) to 400 µg of folic acid. Currently, these three packages provide 270 µg, 217 µg and 315 µg of folic acid, respectively. Given the reduced bioavailability of folic acid from orange juice and legumes already contained in these food packages, we recommend adding additional breakfast cereals fortified with folic acid and including other folic acid-enriched foods such as whole grain breads and dark green leafy vegetables into the WIC food packages. In addition, for women who conceive with a short pregnancy interval and may be more deficient in folic acid and therefore more at risk for an NTD-affected pregnancy, ensuring a sufficient intake of folic acid is especially important. Raising the level of folic acid content in the WIC food packages to a minimum amount of 400 µg would help ensure that WIC participants have access to folic acid enriched foods as part of a healthy diet.

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

We believe that making folic acid a priority nutrient for WIC participants will help meet nutritional needs in culturally and ethnically diverse communities. Hispanic women have a higher rate of NTD's than non-Hispanic women, and their diet often includes foods which are not enriched with folic acid. By ensuring that WIC food packages contain higher levels of folic acid, Hispanic women who are WIC participants will have a better chance of eating foods enriched with folic acid, thereby raising their blood folate levels and decreasing their risk of having a pregnancy affected by a NTD. We request that WIC participants be given wider choices of folic acid enriched foods and be allowed to substitute foods to meet the cultural food preferences of all participants.

⁵ *Recommendations for the Use of Folic Acid to Reduce the Number of Cases of Spina Bifida and Other Neural Tube Defects*, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 1993; 41(RR-14): 1-7.

⁶ *Dietary Reference Intake: Folate, Other B Vitamins and Choline*, Institute of Medicine, Washington, DC: National Academy Press; 1998.

⁷ *Estimated Folate Intakes; Data Updated to Reflect Food Fortification, Increased Bioavailability, and Dietary Supplement Use*, Lewis C.J., et al., American Journal of Clinical Nutrition, Vol. 70, 198-207, 1999.

⁸ *Periconceptional Intake of Folic Acid among Low-Income Women*. Itikala P.R., et al., Journal of the American Medical Association, 2000; 283(23): 3074.

⁹ *Perspectives in Nutrition*. Times Mirror/ Mosby College Publishing; 1990.

The WIC food packages are an important part of a healthy diet for many people, providing important nutrients that are necessary for proper growth and development. Requiring that folic acid become a priority nutrient in food packages V, VI and VII will help ensure that WIC participants have greater access to an important and beneficial vitamin, thereby increasing their folic acid intake to the level recommended by the US Public Health Service and the Institute of Medicine.

Thank you for the opportunity to provide comments on this important issue.

Sincerely,

Anita B. Boles

Chair, National Council on Folic Acid

Encl.

Member Organizations of the National Council on Folic Acid

1. Alabama Folic Acid Council
2. American Academy of Family Physicians
3. American Academy of Physician Assistants
4. American Association of Health Plans
5. American College of Medical Genetics
6. American College of Nurse Practitioners
7. American College of Nurse-Midwives
8. American College of Obstetricians and Gynecologists
9. American College of Preventive Medicine
10. American Dietetic Association
11. American Medical Student Association
12. American Medical Women's Association
13. American Pharmacists Association
14. American Society for Reproductive Medicine
15. Arizona Folic Acid Council
16. Association of Maternal and Child Health Programs
17. Association of Perinatal Networks of NY
18. Association of Reproductive Health Professionals
19. Association of State and Territorial Public Health Nutrition Directors
20. Association of Women's Health, Obstetric and Neonatal Nurses
21. California State Folic Acid Council
22. Council for Responsible Nutrition
23. Delaware March of Dimes Folic Acid Coalition/Christiana Care Health System
24. Florida Folic Acid Council
25. Genetic Alliance
26. Georgia Folic Acid Task Force
27. Health Resources and Services Administration
28. Healthy Mothers Healthy Babies Coalition of Hawaii
29. Idaho Perinatal Project
30. Illinois Department of Human Services
31. Iowa Folic Acid Council
32. Louisiana Folic Acid Council
33. Maine Folic Acid Council
34. March of Dimes
35. Maryland Folic Acid Council
36. Mississippi Folic Acid Council
37. Montana State Folic Acid Council
38. National Alliance for Hispanic Health
39. National Association of Hispanic Nurses
40. National Association of Neonatal Nurses
41. National Association of Nurse Practitioners in Women's Health
42. National Association of Pediatric Nurse Practitioners
43. National Association of School Nurses, Inc.
44. National Birth Defects Prevention Network
45. National Black Nurses Association
46. National Council of La Raza
47. National Healthy Mothers, Healthy Babies Coalition
48. National Nutritional Foods Association
49. National Perinatal Association
50. National Society of Genetic Counselors
51. National WIC Association
52. Nevada Folic Acid Council
53. North Carolina Folic Acid Council
54. North Dakota Folic Acid Task Force
55. Oklahoma Coalition on Folic Acid
56. Oregon Folic Acid Council
57. Pan American Health Organization
58. Pennsylvania Folic Acid Task Force
59. Shriners Hospitals for Children
60. Society for Nutrition Education
61. Society for Public Health Education
62. South Carolina Folic Acid Council
63. Spina Bifida Association of America
64. Tennessee Folic Acid Council
65. Texas Folic Acid Council
66. The Arc of the United States
67. The Robert Wood Johnson Foundation
68. The Teratology Society
69. University of North Carolina, Chapel Hill
70. USA Dry Pea & Lentil Council
71. Virginia Council on Folic Acid
72. Washington State Folic Acid Council
73. West Virginia Folic Acid Council
74. Wheat Foods Council
75. Wyoming Folic Acid Council