



**Pennsylvania  
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*Promoting nutrition and food security*

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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: Advanced Notice of Proposed Rulemaking  
Revisions to WIC Program Food Packages

Dear Ms. Daniels:

This letter is written in response to the above-referenced invitation to provide comments on the redesign of the WIC Food Packages. Thank you for providing this opportunity.

**1. The WIC Program has been highly successful in achieving the purposes established by Congress.**

Among the positive results of WIC are improved birth outcomes, reduced childhood anemia, improved breastfeeding rates, stronger connections between participants and preventive medical care, and billions of dollars saved in medical costs. As FNS considers changes in the food packages, it should begin with the recognition that the existing food packages, and the broad principles on which they are based, are an important part of what has created this record of success.

**2. Food packages should continue to meet identified nutritional deficiencies of WIC-eligible individuals through the provision of a targeted "food prescription".**

The WIC Program serves women and children who are at nutritional risk and who are part of low-income households. The current contents of WIC food packages are based on the special needs of that population. This approach should continue. It would be a mistake to base WIC food packages on nutritional models (such as the Food Guide Pyramid) that have been developed for the average American consumer. Such approaches are less likely to meet the special needs of the WIC-eligible population and are, therefore, less likely to achieve the same degree of success as has the more targeted approach currently used.

Food package revisions should continue to protect the nutritional integrity of the WIC food packages by maintaining the current stringent nutrition standards for WIC foods. These standards include high requirements for iron in cereals as well as limits on sugar and fat, including the prohibition of high sugar cereals and sweetened juice or milk.

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WIC has long addressed a short list of targeted nutrients (calcium, protein, iron, vitamins A and C). This target list should be expanded to include folic acid, zinc, vitamin B6, potassium and magnesium. These additions would reflect recent research and open the way to somewhat greater variety in the food packages without abandoning the traditional methodology WIC has employed in assembling those packages.

We oppose the inclusion in the food packages of staples (such as grains and carbohydrates) that are readily available to consumers at low cost and that do not meet identified nutritional deficiencies in the diet of large numbers of WIC-eligible individuals. We believe the success WIC has achieved is built in large part on the fact that it provides a food prescription, not just a market basket of healthy foods.

We recognize it is theoretically possible to combine a targeted, food-prescription approach with a broader approach to diet such as the Food Guide Pyramid. We assume this could be achieved by providing an array from all the food groups, each enriched by the appropriate vitamins and minerals. However, such an approach would make hundreds of items available for inclusion and would greatly complicate the WIC Program. This would be very burdensome and would cause a greater share of public funds to be spent on administrative oversight.

**3. Within the food prescription approach to food package composition, a category that includes fruits and vegetables should be added.**

The items that may be purchased in this category should be fruits and vegetables that provide the targeted nutrients. We believe this would increase the positive nutritional impact of the food packages.

The addition of a fruits and vegetables category would provide a stronger nexus between the food packages and the nutrition education provided to WIC participants. This would in turn improve the effectiveness of the nutrition education activities. WIC enrolls nearly half of all infants born in the United States and is positioned to make a major contribution to life-long health by teaching appropriate dietary practices to young families. While we caution against building the food package around this educational opportunity, we believe it is appropriate for FNS to regard the synergy between the food prescription and nutrition education as a secondary factor in making difficult choices among competing foods.

To off-set the cost of the added fruits and vegetables, we would support a significant reduction in the amount of juice in the food packages. We would not support any reduction in the Farmers' Market Nutrition Program as part of making this addition category.

**4. Except in the food package for young children, milk should be limited to low-fat options. Calcium-rich tofu, yogurt and soymilk should be added as a substitute for milk.**

Due to brain growth and development, fat should not be limited in a child's diet up to age two years. However, because of the problem of obesity, fat should be limited after that age. The WIC packages should reflect this by limiting the fat content of milk in food packages for children over two years. Higher fat options should only be prescribed to those who require the extra calories.

We favor the option to prescribe tofu, yogurt and soymilk in lieu of cows' milk. This would address cultural food preferences as well as individual food allergies.

5. Beware of unintended consequences that would follow a reduction in the quantities of particular foods or in the economic value of the food packages.

A reduction in the amount of milk in the food packages is likely to be one of the options FNS considers in an effort to off-set the increased cost of adding a category for fruits and vegetables. This approach could have unintended consequences and we urge FNS to proceed cautiously in this regard.

While the current amount of milk in the food packages exceeds the daily *minimums* set by the Food Guide Pyramid for the general population, the amount provided is not unhealthy and there is no nutrition-based imperative to reduce milk. One of our concerns is that a reduction in the amount of milk provided to children may lead to increased consumption of substitutes that provide fewer healthful nutrients and more empty calories. This appears to be the finding of a recent Mathematica study, which found that WIC food was replaced by unhealthy junk food such as french fries, sweetened drinks and candy. This possibility should be carefully considered when evaluating cuts.

To cite a second example, it would be a mistake to make the food packages less attractive to potential WIC participants by significantly reducing the economic value of the packages. To do so would cause a decline in participation among eligible women, infants and children, which in turn would lead to fewer at-risk individuals enjoying the health benefits of the WIC Program.

6. Within the limited range of a small number of permitted foods, states should have greater flexibility to design food packages.

Whether or not it is wise to provide states with greater flexibility to design food packages depends in large part on the adequacy of the general parameters put in place by Federal law. If WIC were to adopt a Food Guide Pyramid approach to the food packages, then greater flexibility for the states would open the door to intense political pressure from private food industry interests seeking to insert their products into the mix. If, on the other hand, the federal parameters remain comparatively narrow, then we believe greater state flexibility would be a good thing. It would enable local staff to make appropriate adjustments in each individual's food package that reflect his/her nutritional status.

Thank you for this opportunity to offer these comments and recommendations.

Very truly yours,



Berry Friesen  
Executive Director