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Fighting hunger through education, outreach and advocacy

Patricia Daniels
USDA, Director, WIC
3101 Park Center Drive, Room 520
Alexandria, Virginia 22302

December 15, 2003

Dear Ms. Daniels:

Thank you for the opportunity to provide comments on "Revisions to the WIC Food Packages." From its inception, the Supplemental Nutrition Program for Women, Infants, and Children has been a vital public health program that has improved health outcomes for thousands of low-income Americans. This is certainly a program that has proven its worth over time.

- My recommendations for changes to the WIC food packages are based on three things: Since the inception of the WIC Program, new scientific nutrition information has emerged. The Center for Nutrition Policy and Promotion (CNPP) Review found that there are additional nutrients besides the original nutrients that WIC addressed (calcium, protein, iron, vitamin A and vitamin C) that are deficient in the diets of the WIC population, these being: folic acid, zinc, vitamin B6 and magnesium.
- At the same time that these new scientific findings have emerged, our nation's eating and lifestyle habits have changed and the result has been a growing obesity epidemic.
- New recommendations must keep in mind the diverse cultural eating habits of the American people.

As a registered dietitian and former WIC employee, I would like to recommend the following changes to the existing WIC Food Packages:

1. Decrease the amount of juice offered in the package and replace it with fresh or frozen fruits and vegetables, with the option to fully replace juice with fresh or frozen fruits and vegetables. Canned vegetables and fruits in their natural juices would also be acceptable choices.

Although providing essential vitamins like A and C, produce in juice form can lead to the over-consumption of empty calories which in turn contributes to our nation's obesity problem. These juices lack fiber and possible additional phytochemicals which the fresh, frozen and canned fruits and vegetables provide.

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2. Limit milk to low-fat options for everyone over the age of 2 and limit the quantity of cheese offered in the food package.

Due to brain growth and development, fat should not be limited in a child's diet up to age 2. However, because of our nation's growing obesity epidemic, fat should be limited after age 2 and the fat content of the WIC package should reflect this. I recommend that the fat content of milk allowed in the WIC program should be limited to 1% and skim. Higher fat options should only be "prescribed" to those who require the extra calories.

While cheese does provide calcium and protein, cheese is high in fat and thus, should be limited in the WIC food package. The calcium and protein intake of WIC participants will not be compromised as long as low-fat milk and its alternatives (see Recommendation #3) are available to replace the decrease in the quantity of cheese.

3. Allow alternatives for those who cannot or do not drink milk and/or consume cheese. These options should include tofu, soymilk, yogurt (limited sugar content) and/or calcium-enriched orange juice.

These alternatives address personal cultural food preferences as well as individual food allergies.

4. Add beans to all food packages, even if a participant is also getting peanut butter. Allow the option of canned beans.

Beans are an excellent and inexpensive way to increase ALL of the nutrients that the CNPP recently found to be of concern in the WIC population: folic acid, zinc, vitamin B6 and magnesium. At the same time, beans are an excellent source of fiber and provide protein and iron, two nutrient deficiencies that WIC was originally charged to address. Beans would help to make-up for any protein lost from decreasing the amount of cheese in the WIC food package. Families on the WIC Program, like other families in our country, have limited time to prepare meals. Allowing canned beans to be part of the WIC food package would make it easier for WIC families to include this healthy low-fat food in their daily diets.

These recommendations can be summed up in the following statement: Maintain the current WIC package, but allow more flexibility for food substitutions. Some of these food substitutions would include additional new foods.

Of course, while the cost of this supplemental nutrition program must be contained, any cost increase should rightly be viewed as a very important investment in our nation's future. These recommendations were written keeping in mind that the WIC Program is the foundation of a lifetime of sound eating practices. By addressing eating habits at these times of vital growth and development, we are able to have a positive effect on birth outcomes, development, learning, and human lives.

Sincerely,



Tanya Thampi-Sen, MPH, RD
Program Manager