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

Dear Ms. Daniels:

The American Dietetic Association (ADA) is the world's largest food and nutrition professional association dedicated to serving the public. The association and its almost 70,000 members rely on evidence-based science to make recommendations for promoting optimal nutritional health and well-being. Based on science and the expertise of our members, ADA offers the following comments on the Women, Infants and Children Supplemental Nutrition Package hereafter referred to as the "WIC package."

The success of the WIC program for improving health outcomes is undeniable. However, since the inception of the program the needs of women, infants, and children living in and near poverty in our country have changed considerably while the WIC package has remained relatively constant. Today, 11.5% of all U.S. children and almost 33% of black and Hispanic children live in poverty. The face of poverty includes families from all cultural and ethnic groups, geographic locations, and educational backgrounds. These diverse characteristics along with the rise in obesity and other chronic diseases and advancements in nutritional science need to be taken into account when reviewing and renewing the WIC package.

The American Dietetic Association applauds USDA for engaging in this important review of the WIC package. The association's response to each of USDA's 11 review issues is attached.

Sincerely,

Marianne Smith Edge, MS, RD, LD, FADA
President, American Dietetic Association

1. **Please indicate what elements of the WIC food packages you would keep the same and why.**
 - A. Maintain the current infant cereal categories as defined as these seem to be adequate across populations. The primary purpose of the infant cereal is to supplement iron. Thus, iron enriched infant cereal should be included in the WIC packages for infants.
 - B. Maintain the current cereal category as defined. The cereal supplement is intended to supplement iron intake and other grains – even whole grains – are not significant sources of iron.
 - C. Maintain many of the criteria for selecting foods for the WIC package including
 - a. Concentration on supplementing nutrients generally lacking in the diet of those served by the program.
 - b. Consideration of fat, sugar, and salt content in determining foods appropriate for the WIC package such as cereals.
 - c. Consideration of cost of overall WIC package.
 - d. Consideration of practicality of foods in WIC package including the food's availability, apportionment, and general appeal.

2. **What changes, if any, are needed to the *types* of foods currently authorized in the WIC food packages? If you recommend additions or deletions to the types of foods currently offered, please discuss recommended quantities and cost implications.**

The supplemental nutrition program was intended to fill the most common gaps that existed in a pregnant or lactating woman's, infant's, or child's diet at the program's inception. Namely, calcium, vitamin A, vitamin C, iron, and protein were identified as the at-risk nutrients. Thus, foods such as milk, juice, and peanut butter were chosen specifically to provide those nutrients. Today, our increased understanding of the importance of nutrition and its relationship to long-term health has lead us to look beyond these nutrients to the overall value of the diet in seeking the best options for the WIC package.

The WIC package should contribute to nutrients needs identified in 1972 as well as other nutrient needs of emerging concern including zinc, folic acid, magnesium, B6, and fiber. However, these nutrients should not be supplemented without regard to the greater context of the diet in which they exist. A broader approach to meeting nutritional needs that supplements what is lacking without contributing to excess calorie and fat consumption would be more effective in not only preventing deficiencies but also in preventing other consequences of poor nutrition such as obesity.

- A. **Offer choices of fruits and vegetables – fresh, frozen, or canned, in addition to or in partial or full replacement of juice for all women and children.** Selection criteria should include fruits and vegetables high in vitamin A, vitamin C, folic acid, B6, magnesium, fiber, and antioxidants, with year round availability at low to moderate price. Examples include carrots, citrus fruits, tomatoes, sweet potatoes, greens, or broccoli. These foods would be available in addition to any

made available by the WIC Farmer's Market Nutrition Program in locations where that program is also available. Offering fresh fruits and vegetables would be a cost increase offset by the savings in protein foods (below).

- B. Allow for the use of alternative milk/calcium-rich food sources that are equivalent in calcium content and bioavailability such as lactaid milk, tofu, soymilk, or yogurt as replacement for regular dairy milk.** This increased flexibility will better meet the individual needs of participants such as those with lactose intolerance, milk allergies, or religious prohibitions against dairy foods. It will be cost neutral or a cost increase depending on implementation.
 - C. Offer the beans and legumes - canned or dried – in all but infant packages.** Canned beans are equivalent in nutritional value and shelf stability to dried beans, but they are significantly more user friendly and better suited for the busy lifestyles of many working and single parents. Beans and legumes are an excellent source of protein, fiber, and magnesium. The canned beans and legumes would be a cost savings when compared to the current peanut butter alternative but a cost increase when compared to dried beans.
 - D. Allow high protein foods such as canned chicken and canned salmon as canned tuna substitutes on an oz for oz basis.** These foods are nutrient dense, readily available, shelf stable, and work well in the diets of participants. The cost would be neutral.
 - E. Create a category of high protein foods that includes eggs, beans, legumes, chicken, tuna, salmon, and peanut butter, and allow participants to choose 2 of them for their food package.** This increased flexibility will better meet individual needs while providing adequate levels of protein to participants. The “Review of the Nutritional Status of WIC Participants” by the Center for Nutrition Policy and Promotion, 1999 indicates that most WIC participants are consuming more than the recommended levels of protein. (*Dietary Reference Intakes for Energy, Carbohydrate, Fiber, and Fatty Acids, Cholesterol, Protein, and Amino Acids*. NAS, IOM, Food and Nutrition Board, 2002) This change would be cost neutral on the whole in that it would add protein options to package III and VI, be neutral in package IV and V, and would decrease total outlay in package VII.
- 3. Should the quantities of foods in the current WIC food packages be adjusted? If yes, by how much and why? Please discuss cost implications.**
- A. Exclude juice from the infant food package or reduce the total quantity of juice and prescribe it only when the infant is developmentally able to drink it from a cup.** Juice is unnecessary in the healthy growth of infants. The vitamin C contained in the food package for 4-11 month olds is almost double the level deemed adequate for this age group. Formula and/or breast milk can adequately meet nutrient needs at this age without added juice. The American Association of Pediatricians recommends that infants be introduced to juice no earlier than 6

months. Thus, juice should not be included in food packages for infants under six months of age.

- B. **Reduce the maximum quantity of milk for children and offer lower fat milk as standard for women and children over 2 years of age.** Reducing the milk from 24 quarts to 16 quarts in packages IV and VI and from 28 quarts to 20 quarts in packages V and VII. Children under 2 need whole milk in order to meet essential fatty acid needs. In order to assure adequate nutrition with the reduced quantity of milk do not allow cheese as a substitution for milk but rather see suggestion below. These changes are consistent with the Dietary Guidelines for Americans and should be cost saving.
- C. **Include 1 lb (16 oz) of cheese to all packages rather than using cheese as an optional milk substitute.** Using lower fat milk as the standard milk for women and children over two allows for the inclusion of cheese in all packages while still complying with the Dietary Guidelines for Americans total fat and saturated fat recommendations. Cheese is readily accessible, appealing, inexpensive and an excellent protein and calcium source.
- D. **Revise the infant formula benefit so that participants receive equivalent amounts of formula on a reconstituted basis regardless of the formula type and allow state WIC agencies to round up to the next whole container to meet needs of participants.** The current maximum allotments of formula such as the 8 lb (128 oz) powdered formula limit often lead to participants receiving less reconstituted formula than they are authorized to receive. Powdered formula is sold in a variety of sizes from 12-oz to 16-oz cans. If someone is using formula that is packaged in amounts less than 16 oz/can, she will not receive enough formula to reconstitute to 806 fl oz. For example, if someone is using 12 oz cans then they will receive 10 cans or 120 oz powder/month which will reconstitute to less than 806 oz total formula. Exactly how many fluid oz less than 806 the participant receives depends on which type of formula is used as they all reconstitute differently. Allowing WIC agencies to disperse benefits on a reconstituted basis and to round up to meet needs will require a cost increase.
- E. **Significantly enhance package III for Children and Women with Special Dietary Needs.**
 - a. Revise the formula benefit for women and children so that participants receive equivalent amounts of formula on a reconstituted basis regardless of the formula type and allow state WIC agencies to round up to the next whole container to meet needs of participants.
 - b. Expand the food package III to include the foods offered in packages IV. Food package III with its absence of milk, cheese, eggs, peanut butter or dry beans/peas, and reduced supply of juice is severely inadequate to meet the needs of today's high-risk populations. The package may be adequate for an infant or a young child whose medical condition precludes him from healthy eating development, but it is inadequate for women and children whose medical conditions require

special formulas but also allow for eating usual foods. This change would result in a cost increase.

- F. **Include 1 lb dried or 24 oz canned beans/peas (legumes) in each of food packages IV-VII without allowance for substitution with any other food items.** Beans and legumes are rich in fiber, folate, iron, and vitamins while being low in fat and sodium and relatively low in calories. The fiber contribution to the diet is particularly important as few foods are as significant fiber sources and fiber has been shown to reduce the risk of obesity, diabetes, gastrointestinal cancers, and cardiovascular disease. Only package VI excludes the option for beans, and thus, including them in all packages will only be a moderate cost increase.

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 participants, e.g., pregnant women, children 1-5 etc.? Please provide the scientific rationale for them.**

The ADA recommends targeting the following nutrients in accordance with the "Review of the Nutritional Status of WIC Participants," USDA Center for Nutrition Policy and Promotion, 1999 and the "Dietary Reference Intakes" series published by the Institute of Medicine, Food and Nutrition Board.

- A. **Calcium, vitamin A, vitamin C, iron, and protein should continue to be priority nutrients.** These nutrients continue to be underrepresented in the average diets of women and children generally served by WIC.
- B. **B6:** Pregnancy and lactation increase the need for B6 and deficiencies can result in seborrheic dermatitis, microcytic anemia, and convulsions. Fortified grain, select fruits and vegetables, meat, poultry, and fish are the primary contributors in the US. Diet.
- C. **Fiber:** Fiber has been shown to reduce the risk chronic diseases such as cardiovascular disease, obesity, and Type II diabetes. It has also been shown to help prevent certain cancers as well as promote normal bowel function, satiety, and weight management. The primary sources of fiber are whole grains, vegetables, and fruits.
- D. **Folic Acid:** Folic acid is particularly important among women of childbearing age, but insufficiency at any age can lead to macrocytic anemia and possible increase in cardiovascular disease. Since the inception of mandatory fortification of cereal grains in 1998, folic acid has been far more prevalent in the diet and primary sources are now enriched grains, certain vegetables and fruits, and legumes.
- E. **Magnesium:** Magnesium is important in promoting cardiovascular health and bone health as well as preventing insulin resistance.

Pregnancy increases the need for magnesium and magnesium intake is generally low among women of all ages. Foods high in magnesium include dark green leafy vegetables, fruits, whole grains, and nuts.

- F. Zinc:** Zinc is vital for healthy growth and development during pregnancy and childhood. Zinc is also a critical component of the immune system. The diets of women and children in WIC are generally low in zinc. Thus, foods high in zinc such as red meats, and certain seafood, whole grains, and nuts.

5. Keeping in mind that foods provided by WIC are designed to be supplemental, 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? Please be specific.

The WIC food package can be revised to address overweight concerns by implementing many of the suggestions already made and highlighted again here.

- A. Reduce the overall fat in the child and adult food packages by using low fat milk as the standard, and allowing for canned chicken or salmon rather than having to choose between beans and peanut butter.
- B. Increasing the amount of fiber in the diet by replacing some or all of juice with fresh fruits and vegetables and providing beans/peas to all children and women.
- C. Reducing the potential for excess calorie intake by reducing the child and women milk benefit, reducing or eliminating the juice benefit, and reducing the total protein benefit in package VII.

6. Are there other concerns that affect foods issued through the WIC food packages that should be considered in designing the food packages? For example, should WIC provide options to address allergies (the American Dietetic Association notes that the most common food allergies are to milk, eggs, peanuts, soybeans, tree nuts, fish, shellfish and wheat), cultural patterns or food preferences.

In general, allowing for participants to make choices within categories rather than having singularly prescriptive plans will allow WIC agencies to meet the cultural, religious, medical, and preference needs of their clients. For instance, allowing people to choose two of many protein source choices would allow someone with a peanut allergy to avoid peanut butter while someone who is a vegetarian could avoid animal products. Likewise, allowing for enriched soy beverages or yogurt to substitute for the dairy milk requirement would allow for people with a milk protein allergy to meet their calcium needs without dairy products or someone with milk lactose intolerance to reduce their lactose while maintaining their calcium intake.

7. What data and/or information (please cite sources) should the Department consider in making decisions regarding revisions to the WIC food packages, e.g., nutritional needs of the population, ethnic food

consumption data, scientific studies, acculturation practices, and participant surveys, etc.?

In addition to all relevant USDA studies and publications, DRI publications, and other related government reports, the American Dietetic Association utilized the following references in constructing our comments and recommends the following documents be taken into consideration while reviewing the WIC Food Package.

American Academy of Pediatrics. Pediatric Nutrition Handbook Fifth Edition. Kleinman RE, ed. Elk Grove Village, IL: American Academy of Pediatrics. 2003: p103.

Committee on Nutrition. The Use and Misuse of Fruit Juice in Pediatrics. *Pediatrics*. 2001;107 (5): 1210-1213.

Gartner LM, Greer FR and the Section on Breastfeeding and Committee on Nutrition. Prevention of rickets and vitamin D deficiency: new guidelines for vitamin D intake. *Pediatrics*. 2003; 111(4):908-910.

Graves DE and Suitor CW. Celebrating diversity – approaching families through their food (rev. ed). Arlington, VA: National Center for Education in Maternal and Child Health.

Pac S, McMahon K, Ripple M, Reidy K, Ziegler P, Myers E. Development of the Start Healthy Infant and Toddler Feeding Guidelines. *Journal of the American Dietetic Association*. In Press.

Position of the American Dietetic Association: Nutrition and Lifestyle for a Healthy Pregnancy Outcome. *Journal of the American Dietetic Association*. 2002; 102(10): 1479-1490.

Position of the American Dietetic Association: Dietary Guidance for healthy children aged 2 to 11 years. *Journal of the American Dietetic Association*. 1999; 99: 93-101.

Position of the American Dietetic Association: Child and Adolescent Food and Nutrition Programs. *Journal of the American Dietetic Association*. 1996; 96: 913-917.

Position of the National WIC Association: NAWD WIC Food Prescription Recommendations. 2000.

8. Recognizing that current legislation requires WIC food packages to be prescriptive, should participants be allowed greater flexibility in choosing among authorized food items? If so, how?

Participants should be allowed the freedom to make choices among authorized foods within categories. They should be allowed to meet nutrient needs by choosing among foods authorized within nutrient categories of calcium rich (dairy milk, enriched soy milk, yogurt), high protein foods (eggs, beans/legumes, chicken, salmon, tuna, or tofu), and high vitamin C (orange juice, fresh fruits, and fresh vegetables).

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

Allowing flexibility is the best way to meet varying cultural needs and preferences. Allowing a variety of foods in each of the nutrient categories would allow people to make selections that meet their nutritional and cultural needs. Appendix 1 and 2 of the National WIC Association Comments clearly outline the the specific variety of foods that would be recommended in each category and the various nutritionally equivalent food packages that could be developed as well as examples of how those foods could be adapted to meet cultural needs.

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

States should have the flexibility to make the changes outlined in answers #2 and #3. In addition, there should be a defined process for states developing and submitting requests for substitutions and an equally defined process for the department evaluating and approving or rejecting those requests such that geographic and demographic variations can be addressed in a timely and efficient manner.

11. The WIC program's overall goal is to achieve the greatest improvements in health and development outcomes for WIC participants, achieved partly by providing food that targets nutrients determined to be lacking or consumed in excess in the diets of the WIC population. In addition to targeting these food nutrients, food selection criteria should address necessary operational concerns for the foods—for example, cost effectiveness appeal to recipients; convenient and economical package sizes; complexity/burden for the WIC administration structure to manage; etc. 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.

The American Dietetic Association supports using the following criteria for evaluating WIC foods. These criteria should all receive equal weight in the evaluation process and should be revisited on a regular basis to review their relevance medical, cultural, and financial needs of the people they serve.

- A. Provides significant contribution to one or more of target nutrients
- B. Is readily available to participants on a year round basis
- C. Is of low to moderate cost
- D. Appeals to participants

- E. Is appropriate in a variety of cultures
- F. Comes in convenient packaging and sizing
- G. Can be apportioned into appropriate servings
- H. Is feasible for vendors to provide
- I. Is feasible for state agencies to provide
- J. Is an appropriate contributor to a balanced food package that is consistent with the Dietary Guidelines for Americans.