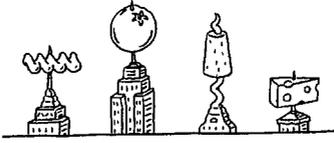


OCT 10 2006



KARP RESOURCES

good food is good business

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22303

PF-
34

October 5, 2006

To Patricia Daniels:

REF Docket ID Number 0584-AD77-WIC Food Package Rule

I am writing to express Karp Resources' support for the USDA's proposed revisions to WIC food packages, particularly the provision that would make farmers' markets eligible WIC vendors.

Karp Resources is a food business and food systems consultancy. With clients in the business, government, and non-profit sectors, we have seen firsthand in New York City how farmers markets are of mutual benefit to urban communities and farmers: healthy food access in underserved areas increases as local farmers' businesses grow. In New York City, many households depend on bodegas and small groceries that carry limited, low quality, or no fresh produce; and in neighborhoods throughout the city, farmers markets have emerged to meet that need.

The introduction of fresh, locally grown fruits and vegetables to the WIC food package will encourage healthy eating for participating mothers and children and will sustain and support our country's small to mid-scale farms. For the program to work best for families and for farmers:

- the fruit and vegetable coupons should be available in \$1-2 denominations;
- there should not be limits to the kind of fresh produce available through coupons;
- farmers should be permitted to participate as seasonal vendors, as climate keeps farmers throughout the country from growing year-round; and
- farmers should be exempt from "WIC-only" cost containment requirements and should not be required to carry a full range of WIC food package products.

Further, it is important that the new fruit and vegetable program be implemented in coordination with the WIC Farmers Market Nutrition Program (where that program exists) and that one is not made a substitute for the other. Together, those programs can contribute to the overall health of women and children, neighborhoods, and agricultural economies across the country.

With thanks for your support of these revisions to the WIC food package,

Karen Karp
Director, Karp Resources

Shayna Cohen
Associate, Karp Resources

PO Box 515 Southold NY 11971 USA Tel +1 631 765 9406 Fax +1 631.765 9068

info@karpresources.com www.karpresources.com

9007 7 2 100

**Community Partnerships – Faith in Action Network
234 State Street
New London, Connecticut 06320**

October 26, 2006

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22303

PI-35

Dear Ms. Daniels:

REF Docket ID Number 0584-AD77-WIC Food Package Rule

I am writing in support of the proposed regulations to improve the nutritional value of the WIC food packages, by allowing produce to be purchased at local Farmer's Markets. We have a number of seasonal farmer's markets in New London County that would benefit nutritionally at-risk families, in addition to helping the economy of the small family-owned farms.

I have been associated with **F.R.E.S.H.** New London (**F**ood **R**esources **E**ducation **S**ecurity **H**ealth) since its founding in 2004. It's mission is to prevent hunger and malnutrition through agricultural education and initiative. In the spring of 2005, **F.R.E.S.H.** began with nine New London teens, who worked a total of 1500 hours through the summer and fall growing and distributing 2000 pounds of produce to individuals and agencies, including the local Soup Kitchen. They have expanded their growing sites and want to improve access for low-income households to healthful nutritious food.

I am asking that farmer's markets be allowed to participate as seasonal vendors, to be exempt from the "WIC-only" cost containment requirements and not be required to carry a full-range of WIC food package products. There should be no limit placed on the type of fresh fruits and vegetables that may be purchased with the new fruit and vegetable coupons.

Thank you for your attention to this matter.

Sincerely,



Mary McGrattan, R.N.
Coordinator, Faith in Action - Parish Nurse/Health Ministry Program



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PI-36

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Jilly Stephens

Patricia N. Daniels
WIC Director, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302
RE: Docket ID Number 0584-AD77

Dear Ms. Daniels:

I am writing to support USDA's proposed new WIC food packages rule because it will improve the health and nutritional quality of the foods offered, expand cultural food options, and increase choices for the women, infants and children in the WIC program.

As part of a food rescue organization in New York City, where more than 40% of Head Start children are overweight or obese as compared to 31% nationally, City Harvest staff members see first-hand how families in New York City are struggling to feed their children the best and most nutritious food possible within their available resources. According to a recent report released by the New York City Department of Health and Mental Hygiene, by the age of two there is a one in four chance that a child will be obese if s/he lives in New York City and is from a low-income family. The chances increase to one in three by the age of four. City Harvest will rescue and deliver more than 20 million pounds of primarily nutrient-dense food, including approximately 13 million pounds of fresh produce, to more than 600 community food programs this year and will provide nutrition education for hundreds of parents and children, but we can't reach all of the hungry women and children in New York City. The proposed new WIC food packages will strengthen WIC's positive role in helping mothers and children maintain a healthy weight and allowing them to make healthy food choices.

I commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits, vegetables, whole grain bread, corn tortillas, and the option of soymilk and tofu, and moving to low-fat milk and whole grain cereals.

I support USDA for building in protections safeguarding the nutritional value of the new food packages for all participants by strictly prohibiting state level cuts to the new food packages.

To ensure that WIC participants can get the full value from the healthy new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC.
- Allow WIC participants to choose the kinds of fruits and vegetables they want.
- Allow WIC participants to choose healthy and culturally appropriate cereal by revising the proposed cereal standard to include whole grain corn-based (i.e. corn flakes), rice (i.e. puffed rice) and bran (i.e. bran flakes) WIC cereals.
- Remove the requirement for children to have a prescription to obtain soy milk from WIC.
- Maximize access to Farmers' Markets and the WIC Farmers' Market Nutrition Program for local seasonal fruits and vegetables.
- Establish WIC state advisory councils of stakeholders to help support and inform the planning and implementation of the new food package.

Thank you for this opportunity to share our support for the healthy WIC food packages and our recommendations to make them stronger still. I hope USDA will act quickly to issue the new food packages.

Sincerely,



Jilly Stephens
Executive Director

OCT 26 2006

National Black Church Initiative

P.O. Box 65177
Washington, DC 20035-5177
Tel: (202) 636-5339
Fax 202-429-5289
dcbci2002@yahoo.com
www.babyfund.net

PI-37

October 26, 2006

Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The National Black Church Initiative (NBCI) is a coalition of 16,000 African-American and Latino churches working to eradicate racial disparities in healthcare. It is a faith-based health organization dedicated to providing critical wellness information and pre-screening to all of its members. The African-American community ranks first in eleven different health risk categories. NBCI's purpose is to partner with national health officials to provide health education, reduce racial health disparities, and increase access to quality healthcare.

National Black Church Initiative strongly supports the WIC Food Packages Proposed Rule. We applaud the U.S. Department of Agriculture (USDA) for the excellent job it is doing to update and strengthen the WIC food packages to better align them with the *Dietary Guidelines for Americans 2005*¹ and the American Academy of Pediatrics' infant feeding recommendations and to better address current nutritional concerns for WIC participants. As USDA finalizes the regulations, please consider the following suggestions to further strengthen the final rule:

- I. Fruits and Vegetables.** One of the most important improvements proposed for the WIC food packages is the addition of more fruits and vegetables, including the addition of infant food fruits and vegetables for 6- to 11-month-olds. We strongly encourage USDA to adhere to the recommendations of the Institute of Medicine's (IOM) Report, *WIC Food Packages: Time for a Change*, and provide WIC mothers and children with the full cash-value voucher amount (\$10/month and \$8/month) for fruits and vegetables.

WIC families – and over 75% of all Americans – consume less than half of the fruits and vegetables recommended in the *Dietary Guidelines*. Given the nutritional importance of increasing fruit and vegetable consumption, this vulnerable population should be given the full benefit recommended by the IOM. The IOM estimated that the \$10 and \$8/month vouchers would help mothers and children obtain at least one additional serving of fruit or vegetable each day.

Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments (COLA); the cost of living adjustment should not be optional as proposed. Without an annual cost of living adjustment, the fruit and vegetable vouchers will continually decrease in value as inflation increases. As a result, the vouchers will buy smaller amounts of fruit and vegetables over time, resulting in participants receiving fewer fruits and vegetables than recommended by IOM.

We support allowing fruit and vegetable vouchers to be used to buy fresh, canned, frozen, and dried fruits and vegetables to provide maximum choice and variety for WIC participants.

In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the Food and Drug Administration's [FDA] "healthy" claim). Though canned vegetables contribute little to Americans' sodium intake (overall vegetables contribute less than 1% of average sodium intake),² limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.

We support the restrictions on added sugars, starches, or salt in infant food in the proposed rule.

We suggest that WIC state agencies require small vendors to provide more than just two varieties each of fruits and vegetables. Each vendor should be required to carry a wide selection of fruits and vegetables. The addition of fruits and vegetables to the WIC Food Packages has the potential to increase participants' access to fruits and vegetables. For example, in the Calaveras County WIC Fruit and Vegetable Project, Mom and Pop stores actually increased the variety of fruits and vegetables available for sale as a result of the WIC fruit and vegetable voucher.

- II. **Juice.** We strongly support the proposed rule on elimination of fruit juice for infants and decreases in the quantity of juice for children and women in the food packages. Pediatricians have been concerned about over-consumption of fruit juice by infants and young children.³
- III. **Whole grains.** We strongly support the emphasis on whole grains in the revised food packages. Those changes will help WIC participants to consume more whole grains as recommended by the *Dietary Guidelines*.

We recommend that USDA replace its proposed definition of whole grains and replace it with one based on the definition from the Healthier US School Challenge. We recommend that whole grain WIC cereals and bread meet one of the following standards:

- The product must be whole grain according to a Standard of Identity;
- The ingredient statement on the label must list a whole grain as the first ingredient;
- Where the first listed ingredient is not identified clearly as a whole grain (for example, the first ingredient is "corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is whole grain;
- If the first listed ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product; for such products, documentation must be obtained from the manufacturer; or
- If the label carries the whole grain health claim ("diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may help reduce the risk of heart disease and certain cancers") on its product label, no further documentation is required.

Also, we support retaining the proposed limit on sugars in WIC cereals. Even with USDA's proposed limit on sugars and the definition for whole grains proposed above, there will be plenty of cereal options available to WIC participants. In October 2006, one large grocery store (Safeway) in Washington, D.C. had 95 cereals for sale that met both the whole grains definition above and USDA's proposed limit on sugars. Those criteria also will provide an incentive for companies to introduce new products and reformulate existing products, which would make it easier for WIC participants to increase their intake of whole grains and decrease their intake of sugars, as recommended in the *Dietary Guidelines*.

This is important because whole-grain intake is of particular concern among the WIC-eligible population. Among low-income individuals, intakes of whole grains are 40% lower than the intakes of individuals with high incomes and levels of education.⁴

Consumption of whole grains is associated with lower risk of type 2 diabetes,⁵ coronary heart disease,⁶ ischemic stroke,⁷ and weight gain.^{8,9} Whole grains contain fiber, antioxidants, and the components of antioxidant enzymes such as selenium, copper, and manganese that may help to prevent disease.

We support allowing soft corn or whole wheat tortillas as an alternative to whole grain bread. However allowing only tortillas with no added fat or oils is too restrictive. We recommend allowing tortillas that are low in saturated fat and contain less than 0.5 g trans fat per serving.

- IV. **Milk.** We strongly support the proposed rule bringing the quantity of milk in the WIC food packages in line with the *Dietary Guidelines*. It has not made sense for the WIC food packages to provide more milk than is recommended. In addition, we support the removal of whole milk from the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII). However, USDA should not allow 2% milk either. USDA should require that all milk in the food

packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII) be low-fat (1%) or fat-free (skim).

The *Dietary Guidelines* recommend consumption of 1% or fat-free milk. Since milk is a staple in the diet, the saturated fat content from 2% milk can add up; three cups of 2% milk provide 9 grams of saturated fat, which is almost half the Daily Value for saturated fat. Milk is the number one source of saturated fat in children's diets¹⁰ and the third largest source in adults' diets.¹¹ One-percent and fat-free milk provide all the nutritional benefits of milk, without extra saturated fat, which few Americans can afford in their diets.

- V. **Cheese.** We strongly support the proposed rule regarding reducing the quantities of cheese in the food packages to bring them into line with the recommendations in the *Dietary Guidelines* for decreasing saturated fat and cholesterol intake. To further help WIC participants limit their saturated fat intake, we urge USDA to require all cheese offered in the food packages to be light, reduced, or low in fat to be consistent with the recommendation in the *Dietary Guidelines* to select milk products that are low fat or fat free. While osteoporosis is a significant public health problem, heart disease is the leading cause of death for American women (and men).¹² Cheese is the leading source of saturated fat in the diets of American adults¹³ and the second largest source in children's diets.¹⁴
- VI. **Dairy substitutes.** We support the proposed rule regarding allowing soy-based beverages and calcium-set tofu as substitutes for milk in Food Package IV, V, VI, and VII. However, we recommend that USDA remove the medical documentation requirement for children to receive soy beverages in Package IV. The medical documentation requirement unnecessarily restricts access to these dietary options, especially for low-income families who have limited access to medical care. In addition, medical documentation is irrelevant for women who prefer not to have their child consume dairy products for cultural, religious, or other non-medical reasons. By allowing children better access to calcium-fortified soy products as a substitute for milk, the USDA could help to ensure adequate calcium intake during formative years for children with milk allergies or cultural or religious preferences.

In addition, we recommend that USDA establish an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend that USDA follow FDA's and industry's standards for protein (6.25 grams per 8 ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetables contribute to the food packages' potassium content, these adjusted specifications should not negatively affect the nutritional status of participants.

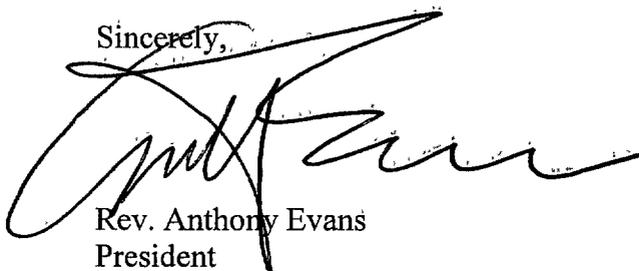
Also, we recommend that USDA clarify that for tofu there is no limit on naturally

occurring fat. The type of fat that is found naturally in tofu is heart healthy.

- VII. **Eggs.** We strongly support the proposed rule on reducing the quantities of eggs in the WIC food packages to bring them in line with the recommendations in the *Dietary Guidelines* for decreasing cholesterol and saturated fat intake. Eggs are the single largest source of cholesterol in the diets of both adults¹⁵ and children.¹⁶ In addition, reducing the quantity of eggs in the food packages makes sense since protein is no longer a nutrient of concern for WIC participants.
- VIII. **Breastfeeding.** We strongly support USDA's proposed revisions to the WIC food packages to provide greater incentive for breastfeeding. According to the USDA, breastfeeding is associated with decreased incidence of lower respiratory infection, otitis media, diarrhea, bacterial meningitis, necrotizing enterocolitis, and urinary tract infection and it may enhance cognitive development.¹⁷ In addition, higher breastfeeding rates among WIC participants would likely decrease the costs of providing infant formula through the WIC Program. In 1993, the General Accounting Office (now known as the Government Accountability Office) estimated that a 10-percent increase in breastfeeding rates within the WIC Program would yield \$408,000 in annual savings.¹⁸
- IX. **Cultural and taste preferences.** We support the proposed rule's inclusion of a greater variety of options throughout the food packages to promote greater acceptability of WIC foods by participants. As mentioned above, we support allowing the substitution of whole grain tortillas for bread and calcium-fortified soy beverages or tofu for milk. We also support the option of substituting canned beans for dry beans in Food Packages III, IV, V, VI and VII and canned salmon or sardines for light tuna in Food Package VII.

Overall, we strongly support USDA's proposed rule for updating the WIC food packages. The proposed changes will better support WIC participants' efforts to eat healthfully and comply with the *Dietary Guidelines*. We urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,



Rev. Anthony Evans
President

¹ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans, 2005*. 6th Edition, Washington, D.C.: U.S. Government Printing Office, January, 2005.

² Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

³ Committee on Nutrition, American Academy of Pediatrics. "The Use and Misuse of Fruit Juice in Pediatrics." *Pediatrics* 2001, vol. 107, pp. 1210-1213.

⁴ Putnam J, Allshouse J, and Kantor L. "U.S. per Capita Food Supply Trends: More Calories, Refined Carbohydrates, and Fats." *FoodReview* 2002, vol. 25, pp. 2-15.

⁵ Fung T, Hu F, Pereira M, Liu S, Stampfer M, Colditz G, and Willett W. "Whole-Grain Intake and the Risk of Type 2 Diabetes: a Prospective Study in Men." *American Journal of Clinical Nutrition* 2002, vol. 76, pp. 535-540.

⁶ Liu S, Stampfer M, Hu F, Giovannucci E, Rimm E, Manson J, Hennekens C, and Willett W. "Whole-Grain Consumption and Risk of Coronary Heart Disease: Results from the Nurses' Health Study." *American Journal of Clinical Nutrition* 1999, vol. 70, pp. 412-19.

⁷ Liu S, Manson J, Stampfer M, Rexrode K, Hu F, Rimm E, and Willett W. "Whole Grain Consumption and Risk of Ischemic Stroke in Women." *Journal of the American Medical Association* 2000, vol. 284, pp. 1534-1540.

⁸ Ludwig D, Pereira M, Kroenke C, Hilner J, Van Horn L, Slattery M, and Jacobs D. "Dietary Fiber, Weight Gain, and Cardiovascular Disease Risk Factors in Young Adults." *Journal of the American Medical Association* 1999, vol. 282, pp. 1539-1546.

⁹ Liu S, Willett W, Manson J, Hu F, Rosner B, and Colditz G. "Relation between Changes in Intakes of Dietary Fiber and Grain Products and Changes in Weight and Development of Obesity among Middle-Aged Women." *The American Journal of Clinical Nutrition* 2003, vol. 78, pp. 920-927.

¹⁰ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

¹¹ Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

¹² American Heart Association (AHA). *Heart Disease and Stroke Statistics -- 2003 Update*. Dallas, TX: AHA, 2002.

¹³ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.

¹⁴ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

¹⁵ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.

¹⁶ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

¹⁷ Weiner J. Food and Rural Economics Division, Economic Research Service, USDA. *The Economic Benefits of Breastfeeding: A Review and Analysis*. Washington, D.C.: USDA, 2001.

¹⁸ U.S. General Accounting Office (GAO). *Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased*. Washington, D.C.: GAO, 1993.



October 31, 2006

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David McGill, Esq.
New York

Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Vice Chair
Eve Rachel Markewich, Esq.
New York

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Secretary
Kathleen K. Spozio
Pennsylvania

Dear Ms. Daniels:

Treasurer
Arthur J. Bassin
New York

The Amputee Coalition of America strongly supports the WIC Food Packages Proposed Rule. We applaud the U.S. Department of Agriculture (USDA) for the excellent job it is doing to update and strengthen the WIC food packages to better align them with the *Dietary Guidelines for Americans 2005*¹ and the American Academy of Pediatrics' infant feeding recommendations and to better address current nutritional concerns for WIC participants.

Directors
Jeff Cain, MD
Colorado

Patrick Chelf
Minnesota

We at the Amputee Coalition of America, in addition to education, support and advocacy for people with limb loss, are working to help prevent both primary and secondary amputation. This includes efforts to reduce the occurrence of Type 2 diabetes, the leading cause of amputations. As USDA finalizes the regulations, please consider the following suggestions, researched and developed by members of the National Alliance for Nutrition and Activity, to further strengthen the final rule:

Marshall J. Cohen, Esq.
New York

Ralph Fowler
Texas

Richard N. Myers, Jr.
California

Sarah Reinertsen
California

Charles E. Steele
New York

- I. **Fruits and Vegetables.** One of the most important improvements proposed for the WIC food packages is the addition of more fruits and vegetables, including the addition of infant food fruits and vegetables for 6- to 11-month-olds. We strongly encourage USDA to adhere to the recommendations of the Institute of Medicine's (IOM) Report, *WIC Food Packages: Time for a Change*, and provide WIC mothers and children with the full cash-value voucher amount (\$10/month and \$8/month) for fruits and vegetables.

President/CEO
Paddy Rossbach, RN
New York

WIC families – and over 75% of all Americans – consume less than half of the fruits and vegetables recommended in the *Dietary Guidelines*. Given the nutritional importance of increasing fruit and vegetable consumption, this vulnerable population should be given the full benefit recommended by the

900 East Hill Avenue, Suite 285
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National Limb Loss Information Center



IOM. The IOM estimated that the \$10 and \$8/month vouchers would help mothers and children obtain at least one additional serving of fruit or vegetable each day.

Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments (COLA); the cost of living adjustment should not be optional as proposed. Without an annual cost of living adjustment, the fruit and vegetable vouchers will continually decrease in value as inflation increases. As a result, the vouchers will buy smaller amounts of fruit and vegetables over time, resulting in participants receiving fewer fruits and vegetables than recommended by IOM.

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In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the Food and Drug Administration's [FDA] "healthy" claim). Though canned vegetables contribute little to Americans' sodium intake (overall vegetables contribute less than 1% of average sodium intake),² limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.

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- II. **Juice.** We strongly support the proposed rule on elimination of fruit juice for infants and decreases in the quantity of juice for children and women in the food packages. Pediatricians have been concerned about over-consumption of fruit juice by infants and young children.³
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We recommend that USDA replace its proposed definition of whole grains and replace it with one based on the definition from the HealthierUS School Challenge. We recommend that whole grain WIC cereals and bread meet one of the following standards:

- The product must be whole grain according to a Standard of Identity;
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Also, we support retaining the proposed limit on sugars in WIC cereals. Even with USDA's proposed limit on sugars and the definition for whole grains proposed above, there will be plenty of cereal options available to WIC participants. In October 2006, one large grocery store (Safeway) in Washington, D.C. had 95 cereals for sale that met both the whole grains definition above and USDA's proposed limit on sugars. Those criteria also will provide an incentive for companies to introduce new products and reformulate existing products, which would make it easier for WIC participants to increase their intake of whole grains and decrease their intake of sugars, as recommended in the *Dietary Guidelines*.

This is important because whole-grain intake is of particular concern among the WIC-eligible population. Among low-income individuals, intakes of whole grains are 40% lower than the intakes of individuals with high incomes and levels of education.⁴

Consumption of whole grains is associated with lower risk of type 2 diabetes,⁵ coronary heart disease,⁶ ischemic stroke,⁷ and weight gain.^{8,9} Whole grains contain fiber, antioxidants, and the components of antioxidant enzymes such as selenium, copper, and manganese that may help to prevent disease.

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- IV. **Milk.** We strongly support the proposed rule bringing the quantity of milk in the WIC food packages in line with the *Dietary Guidelines*. It has not made sense for the WIC food packages to provide more milk than is recommended. In addition, we support the removal of whole milk from the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII). However, USDA should not allow 2% milk either. USDA should

require that all milk in the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII) be low-fat (1%) or fat-free (skim).

The *Dietary Guidelines* recommend consumption of 1% or fat-free milk. Since milk is a staple in the diet, the saturated fat content from 2% milk can add up; three cups of 2% milk provide 9 grams of saturated fat, which is almost half the Daily Value for saturated fat. Milk is the number one source of saturated fat in children's diets¹⁰ and the third largest source in adults' diets.¹¹ One-percent and fat-free milk provide all the nutritional benefits of milk, without extra saturated fat, which few Americans can afford in their diets.

- V. **Cheese.** We strongly support the proposed rule regarding reducing the quantities of cheese in the food packages to bring them into line with the recommendations in the *Dietary Guidelines* for decreasing saturated fat and cholesterol intake. To further help WIC participants limit their saturated fat intake, we urge USDA to require all cheese offered in the food packages to be light, reduced, or low in fat to be consistent with the recommendation in the *Dietary Guidelines* to select milk products that are low fat or fat free. While osteoporosis is a significant public health problem, heart disease is the leading cause of death for American women (and men).¹² Cheese is the leading source of saturated fat in the diets of American adults¹³ and the second largest source in children's diets.¹⁴
- VI. **Dairy substitutes.** We support the proposed rule regarding allowing soy-based beverages and calcium-set tofu as substitutes for milk in Food Package IV, V, VI, and VII. However, we recommend that USDA remove the medical documentation requirement for children to receive soy beverages in Package IV. The medical documentation requirement unnecessarily restricts access to these dietary options, especially for low-income families who have limited access to medical care. In addition, medical documentation is irrelevant for women who prefer not to have their child consume dairy products for cultural, religious, or other non-medical reasons. By allowing children better access to calcium-fortified soy products as a substitute for milk, the USDA could help to ensure adequate calcium intake during formative years for children with milk allergies or cultural or religious preferences.

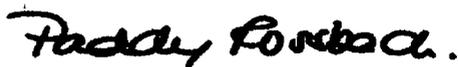
In addition, we recommend that USDA establish an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend that USDA follow FDA's and industry's standards for protein (6.25 grams per 8 ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetables contribute to the food packages' potassium content, these adjusted specifications should not negatively affect the nutritional status of participants.

Also, we recommend that USDA clarify that for tofu there is no limit on naturally occurring fat. The type of fat that is found naturally in tofu is heart healthy.

- VII. **Eggs.** We strongly support the proposed rule on reducing the quantities of eggs in the WIC food packages to bring them in line with the recommendations in the *Dietary Guidelines* for decreasing cholesterol and saturated fat intake. Eggs are the single largest source of cholesterol in the diets of both adults¹⁵ and children.¹⁶ In addition, reducing the quantity of eggs in the food packages makes sense since protein is no longer a nutrient of concern for WIC participants.
- VIII. **Breastfeeding.** We strongly support USDA's proposed revisions to the WIC food packages to provide greater incentive for breastfeeding. According to the USDA, breastfeeding is associated with decreased incidence of lower respiratory infection, otitis media, diarrhea, bacterial meningitis, necrotizing enterocolitis, and urinary tract infection and it may enhance cognitive development.¹⁷ In addition, higher breastfeeding rates among WIC participants would likely decrease the costs of providing infant formula through the WIC Program. In 1993, the General Accounting Office (now known as the Government Accountability Office) estimated that a 10-percent increase in breastfeeding rates within the WIC Program would yield \$408,000 in annual savings.¹⁸
- IX. **Cultural and taste preferences.** We support the proposed rule's inclusion of a greater variety of options throughout the food packages to promote greater acceptability of WIC foods by participants. As mentioned above, we support allowing the substitution of whole grain tortillas for bread and calcium-fortified soy beverages or tofu for milk. We also support the option of substituting canned beans for dry beans in Food Packages III, IV, V, VI and VII and canned salmon or sardines for light tuna in Food Package VII.

Overall, we strongly support USDA's proposed rule for updating the WIC food packages. The proposed changes will better support WIC participants' efforts to eat healthfully and comply with the *Dietary Guidelines*. We urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,



Paddy Rossbach, RN
CEO/President

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³ Committee on Nutrition, American Academy of Pediatrics. "The Use and Misuse of Fruit Juice in Pediatrics." *Pediatrics* 2001, vol. 107, pp. 1210-1213.

⁴ Putnam J, Allshouse J, and Kantor L. "U.S. per Capita Food Supply Trends: More Calories, Refined Carbohydrates, and Fats." *FoodReview* 2002, vol. 25, pp. 2-15.

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⁹ Liu S, Willett W, Manson J, Hu F, Rosner B, and Colditz G. "Relation between Changes in Intakes of Dietary Fiber and Grain Products and Changes in Weight and Development of Obesity among Middle-Aged Women." *The American Journal of Clinical Nutrition* 2003, vol. 78, pp. 920-927.

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¹¹ Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

¹² American Heart Association (AHA). *Heart Disease and Stroke Statistics – 2003 Update*. Dallas, TX: AHA, 2002.

¹³ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.

¹⁴ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

¹⁵ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.

¹⁶ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

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SNE

November 1, 2006

NOV - 1 2006

PI-41

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive
Room 528
Alexandria, VA 22302

Re: Special Supplemental Nutrition Program for Women, Infants and Children (WIC):
Revisions in the WIC Food Packages; Proposed Rule

7 CFR Part 246
RIN 0584-AD77

As educators, the members of the Society for Nutrition Education (SNE) understand the importance of striving for consistency between our educational messages and the food that is provided by the WIC food package. Therefore we laud the United States Department of Agriculture (USDA) for taking an important step forward for the health of the WIC population in the proposed changes to the WIC food package. These long-awaited changes include the much needed addition of fruits, vegetables and whole grains to the WIC package and produce a WIC food package that is more consistent with dietary recommendations in the Dietary Guidelines for Americans and more sensitive to the needs and preferences of WIC's culturally diverse population.

While changes proposed by USDA are an improvement, they fall short of the recommendations outlined by the Institute of Medicine (IOM) in their report on the WIC Food package. USDA's application of the cost-neutrality principle is forcing cuts that reduce or eliminate some key IOM recommendations including the following:

- The proposal falls short of the monthly allotment amount for fruit and vegetables that IOM determined was necessary for a nutritionally sound WIC food package. These recommendations were based on compelling research showing low intakes of fruits and vegetables for young children and adult women, as well as evidence that increased fruit and vegetable consumption promotes healthy body weight. SNE recommends that USDA increase the monthly voucher to \$8 for children and \$10 for adults, to be consistent with the evidenced-based IOM recommendations.
- Another key IOM recommendation, the option of offering yogurt as a calcium-rich food, is not included in USDA's proposed WIC food package. SNE recommends that USDA include yogurt in the WIC food package to accommodate cultural preferences and increase the variety of authorized calcium-rich food sources.

- With regard to whole grain products in the food package, SNE recommends that USDA strives to minimize the confusion that is likely to occur if the definition of a whole grain product for WIC is not consistent with advice for consumers on how to “make half your grains whole” in the Dietary Guidelines for Americans and MyPyramid.

Farmers markets are an important source of fresh, locally grown fruits and vegetables for WIC participants through the WIC Farmers Market Nutrition Program (FMNP). SNE recommends that USDA, through the WIC food package regulations, assures that Farmer’s Markets can continue to be a significant source of fresh fruits and vegetables for the WIC population. In order for WIC recipients to most easily use the proposed fruit and vegetable WIC vouchers at farmers’ markets, SNE offers the following recommendations for inclusion in the WIC food package regulations:

- Protect the WIC FMNP from reduction in current funding levels or the establishment of rules, systems, or procedures at the federal or state levels that would adversely affect the operation and effectiveness of the WIC FMNP.
- Require coordination between the proposed WIC fruit and vegetable voucher program and all existing and future federal-state WIC FMNP.
- Specify that farmers and farmers’ markets that are currently authorized under state WIC FMNP procedures be automatically eligible for vendor specification under the new fruit and vegetable voucher program. These WIC FMNP farmer and farmers’ market authorization procedures should also be applied by states in the future vendor specification process.
- Allow farmers and farmers’ markets to participate as seasonal vendors, since most farmers’ markets in the country are unable to operate year round. Similarly, farmers’ markets need to be exempted from the “WIC only” cost containment requirement and not be required to carry a full range of WIC food package products.
- Provide EBT and or voucher systems that have practical applications for farmers and farmers’ market vendors.

Finally, as suggested in the IOM report, we also recommend that steps be taken to work with State and local WIC agencies and authorized retailers to facilitate clients’ use of cash-value vouchers for fruits and vegetables. This may include the following strategies:

- Ensure that adequate signage and tools (e.g. accurate, consumer-friendly scales) are available at retail outlets, for WIC clients to estimate the cost of their fruit and vegetable purchases before proceeding to checkout and readily identify those items located in the produce department that do not qualify.
- Package fruits and vegetables so that costs are easily understood.
- To minimize stigma and maximize efficiency, ensure that systems are in place to allow a client to pay for any excess costs for fruits and vegetables, should the total cost of produce at checkout exceed the value of the vouchers presented.

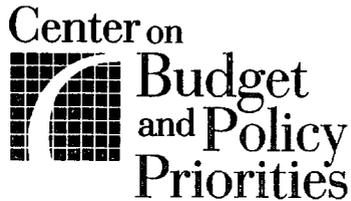
In summary, the proposed WIC food Package regulations take critically important steps toward a healthier WIC food package. SNE supports the improvements in the package. In addition we urge USDA to make further improvements in WIC package regulations as outlined in this letter.

Thank you for the opportunity to comment on the proposed WIC food package and for your consideration of our recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Robin Ann Orr".

Robin A. Orr, PhD
President
Society for Nutrition Education



NOV - 3 2006

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November 6, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302
Submitted via email to WICHQ-SFPD@fns.usda.gov

PI-42

Dear Ms. Daniels:

We are writing to comment on the proposed rule, "Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages" published by USDA in the Federal Register on August 7, 2006.

We enthusiastically support the thrust of the proposed changes to the WIC food package to reflect the latest research in nutrition science. The WIC program has a well-documented record of improving the nutrition of participants and reducing health care costs. Updating the WIC food package will allow the program to continue to serve an important public health role and to better meet the nutritional needs of low-income women and children.

We also appreciate the thorough and scientifically-based process that USDA engaged in to develop the proposed changes to the food package. The review conducted by the Institute of Medicine brought to bear the most current knowledge about the nutritional needs of low-income women, infants, and children, as well as more practical considerations like the availability and palatability of specific foods. We applaud USDA's close adherence to the Institute of Medicine's recommendations.

Because the food package has remained unchanged for so long and because the proposed changes affect so many aspects of the WIC food package, we urge USDA to seek funding for rigorous and comprehensive evaluations of the impact of the changes on participants' nutrition and health, program participation, and program costs, as well as implementation issues that emerge. Chapter 7 of the Institute of Medicine report offers examples of some of the important evaluations that should be conducted.

In keeping with the Center's expertise, our more specific comments on the proposed rule pertain to program funding or costs and the value of the food package.

Deviations from the changes proposed by the Institute of Medicine. In the instances in which USDA deviated from the Institute of Medicine's proposed changes to assure cost neutrality, neither the preamble nor the Regulatory Impact Analysis provided a nutrition-based rationale for why these particular changes were adopted by USDA rather than alternative changes that would also achieve cost-neutrality. In light of the careful balancing conducted by the Institute of Medicine and the thoughtful analysis that accompanied its recommendations, USDA would substantially strengthen its proposed changes by further explaining why alternative cost-saving measures were rejected.

Moreover, we urge USDA to seek additional funds to fully implement the changes proposed by the Institute of Medicine, in particular providing \$8 monthly fruit and vegetable food instruments to children and \$10 monthly fruit and vegetable food instruments to women.

Until such funds are provided, we encourage USDA to conduct small-scale pilot projects so that the costs associated with allowing yogurt as a substitute for milk and the costs associated with providing higher dollar value fruit and vegetable food instruments to women and children, which may affect redemption rates, can be better estimated.

We also recommend that USDA carefully monitor the costs associated with the proposed changes once implemented. If the changes prove less costly than estimated, we recommend that USDA fully or partially implement the changes proposed by the Institute of Medicine that were not included in the proposed rule.

Maintaining the value of fruit and vegetable food instruments. The proposed rule *permits* USDA to maintain the value of the proposed fruit and vegetable food instruments over time by adjusting for inflation (see 71 Fed. Reg. 44798 and 71 Fed. Reg. 44818, Table 2, note 14). We urge USDA instead to commit to making inflation adjustments — by specifying in the final rule that inflation adjustments will be made — so that the value of the newly proposed fruit and vegetable benefit does not erode over time.

One of the reasons the WIC program has consistently been shown to yield nutrition and health benefits for participants is that the value of the food package has been maintained over time. By providing set amounts of food items, regardless of inflation-related increases in their prices, the value of the food package has been preserved.

USDA's proposed approach to adjusting the fruit and vegetable food instruments deviates from this longstanding practice in a fundamental way that could reduce the nutritional and health benefits of the WIC program. If USDA were to elect not to adjust the amount of the fruit and vegetable food instruments to reflect inflation, fruits and vegetables would in essence be discriminated against relative to other items in the WIC food package. The quantities — and hence nutrient values — of other parts of the food package would remain constant, while those of the fruit and vegetable component of the package would steadily diminish. As a result, the carefully constructed nutrient balance incorporated into the Institute of Medicine's proposed changes would be thrown off, as participants would receive less of the nutrients in fruits and vegetables relative to other nutrients. To be consistent with the treatment of other WIC foods and to ensure that the value of the fruit and vegetable component of the food package is maintained relative to other items, it is essential that USDA adjust the fruit and vegetable food instruments.

If fruit and vegetable inflation occurs at the projected rate for the CPI for fruit and vegetables — the inflation measure USDA used in its Regulatory Impact Analysis (see 71 Fed. Reg. 44854, Table C) — but inflation adjustments are not actually made, the value of a fruit and vegetable food instrument established in fiscal year 2007 would decrease by 12 percent by fiscal year 2011. After 10 years without an inflation adjustment, the value would decrease by 25 percent (assuming that fruit and vegetable inflation continues at the average rate projected by the CPI for fruit and vegetables for the period covering fiscal year 2007 through fiscal year 2011).

We are also concerned that if USDA makes the inflation adjustment optional, it would be relatively easy for Congressional appropriators looking for funds (such as for Congressional earmarks) to direct USDA not to make the adjustment and provide a lower WIC funding level accordingly. Appropriators could accomplish the override by merely writing a sentence into a Committee report. Thus, by making the inflation adjustment optional, USDA would essentially be inviting Congress to reduce the value of the WIC food package.

Finally, the cost estimates that were used to determine that the proposed rule is cost neutral assumed that the proposed inflation adjustment will be made. If in the future USDA or Congress were to choose not to make the inflation adjustment, the changes made by the proposed rule would result in a cut to WIC benefits.

Inflation adjustment methodology

In addition to committing to making inflation adjustments to the fruit and vegetable food instruments, we urge USDA to reconsider the proposed methodology for adjusting for inflation. USDA proposes to make inflation adjustments in whole dollar increments that reflect the sum of annual, unrounded inflation increases, and to make those adjustments in the fiscal year in which the whole dollar increment accrues. In other words, USDA would always round the inflation-adjusted value of the food instrument down to the nearest whole dollar.

We recommend that USDA use an increment smaller than a whole dollar and round to the nearest increment, rather than always rounding down. This is important for several reasons, as described below.

We appreciate the advantages of providing fruit and vegetable food instruments in whole dollar values, but we believe that the administrative simplicity for WIC agencies, vendors, and participants of making whole dollar adjustment is outweighed by three distinct disadvantages of using a whole dollar increment.

First, the value of the food instrument would decline each year in which an adjustment is not made. Based on the projected inflation rate for the CPI for fruit and vegetables (see 71 Fed. Reg. 44854, Table C), the children's \$6 food instrument, if implemented in fiscal year 2007, would not be adjusted for inflation until fiscal year 2012, by which point its value would have declined by 12 percent. Likewise, the women's \$8 food instrument would not be adjusted for inflation until fiscal year 2011, by which point its value would have declined by 9 percent. In general, because \$1 is a substantial portion of the underlying \$6 or \$8 benefit, the value of the children's food instrument could decline by as much as 16.5 percent before being adjusted and the value of the women's food instrument could decline by as much as 12 percent before being adjusted. Using a smaller increment would reduce the decline in value between inflation adjustments.

Second, the increase in costs associated with each inflation adjustment that is made will be much larger if USDA makes adjustments in whole dollar increments rather than a smaller unit. That, in turn, will make it more difficult for Congress to provide sufficient funding to cover the increment. In a year in which both the women's and children's fruit and vegetable food instrument were adjusted, the increased cost to the program would be approximately \$75 million to \$85 million. Congress is more likely to provide the increased funding associated with an inflation adjustment if the annual increments are smaller and more frequent.

Third, the timing lag between when the President's budget request is developed and the start of the fiscal year may result in incorrect funding estimates that are difficult for Congress to correct. The President's budget request is finalized in the December or January before the start of the fiscal year. At that time, the most current CPI data available would be for November of the previous year, since November data is typically published in mid-December. If USDA were to make inflation adjustments using CPI data for the year ending in November of the preceding year, *ten months would elapse* between the end of the data period and the period in which WIC participants would begin using their vouchers. Since prices can change considerably in a ten-month period, USDA could conclude that an inflation adjustment was not needed, only to have prices rise significantly in the following months — or vice versa. There is no food program administered by USDA's Food and Nutrition Service that contains an inflation adjustment in which a lag of anything close to this duration is allowed to occur. As a result, it would be strongly preferable to make the inflation adjustment based on the most recent data available at the start of the fiscal year, which would likely be data for the August preceding the start of the fiscal year — or, in keeping with the Food Stamp Program, data for June. Thus, in turn, takes us back to the question of the size of the increment that should be used.

If August or June food price data were used for the inflation adjustment, then USDA would need to estimate — when the President's budget was being developed — whether an inflation adjustment would be triggered. It is likely that in some years, USDA would estimate that an inflation adjustment would not be needed and then actual data would show an adjustment would be needed (and vice-versa). If the incremental cost increase associated with the inflation adjustment were modest because the increments used were smaller than a dollar, Congress would likely be able to provide the funding needed above the President's request. But if a whole dollar increment were used and \$75 million to \$85 million were needed late in the appropriations process, Congress very well might not be able to provide the needed funds.

For these reasons, we urge USDA to use an increment smaller than a whole dollar when making inflation adjustments. For example, if a 25-cent increment were used, the incremental cost associated with an inflation adjustment would be less than \$20 million even in years in which both the children's and the women's food instruments were adjusted.

We also recommend that USDA round up as well as down when making inflation adjustments. If USDA only rounds down, participants would consistently be shortchanged. Participants would almost never receive a fruit and vegetable food instrument with the full value provided upon implementation of the new food package. Since the initial value of these food instruments already is lower than the Institute of Medicine recommendation, further reduction in value should be avoided. In contrast, if USDA were to round up or down to the nearest increment, such as to the nearest quarter of a dollar, the value of the fruit and vegetable food instrument would sometimes be slightly

more than at its inception and sometimes slightly less. In recent years, USDA has had the discretion to determine how to round in making inflation adjustments to the shelter and standard deductions that are used when calculating food stamp benefits. In both cases, USDA chose to protect participants by rounding up or down to the nearest dollar. We urge USDA to make a similar choice to maintain the value of the fruit and vegetable food instruments for WIC participants by rounding up or down to the nearest increment.

Breast pumps for less than partially breastfeeding participants after 6 months postpartum. The proposed rule would change the benefits available to women who breastfed but supplement breastfeeding with a substantial amount of infant formula. Partially breastfeeding women who request, after the sixth month postpartum, more than the maximum amount of formula for a partially breastfed infant would be considered WIC participants and could receive WIC services, but could not receive a food package. The proposed rule explains that these women could receive services such as nutrition education, breastfeeding promotion and support, and referrals to health and social services.

We recommend that USDA clarify that these women can also be provided with breast pumps purchased using WIC food funds, just as breast pumps can be provided to women who meet the partially or fully breastfeeding criteria. Breastfeeding women who do not meet the proposed partially breastfeeding criteria may be supplementing breast milk with infant formula because they have returned to work and have difficulty providing sufficient breast milk for their infants. If WIC-funded breast pumps are made available to such women, they may be able to provide more breast milk to their infants or extend the duration of breastfeeding, thereby increasing the immunological and nutritional benefits for the infant.

Fruit and vegetable variety. In the preamble of the proposed rule and in the Regulatory Impact Analysis, USDA reiterates the Institute of Medicine's conclusion that allowing WIC participants a wide variety of choices among a broad range of federally authorized fruit and vegetable options is likely to increase the appeal to participants, increase the perceived value of program participation, and increase consumption of fruits and vegetables more than the provision of a narrow, but nutrient-rich array of fruits and vegetables. Yet USDA undermines the proposed authorization of a wide array of fruits and vegetables by allowing state agencies to restrict these options and to authorize vendors that provide as few as two varieties of fruits and vegetables.

We urge USDA to require state agencies to allow WIC participants to purchase any of the federally authorized fruit and vegetable options. We understand that, nonetheless, state agencies may establish minimum stocking requirements for authorized vendors and that not all federally authorized fruit and vegetable options will be available at the vendors accessible to each participant. Moreover, we agree that it may be appropriate for state agencies to establish different stocking requirements for different vendor peer groups and thus state agencies should be given the flexibility to do so, as allowed under proposed 7 C.F.R. § 246.12(g)(3)(i).

But USDA's proposal to allow states to authorize a vendor with as few as two varieties of fruits and vegetables is not well supported in the proposed rule. It is not clear that requiring vendors generally — or at a minimum, certain categories of vendors — to provide more than two varieties of fruits and vegetables would overly burden vendors or reduce participant access to WIC-authorized vendors. Therefore we recommend that USDA reconsider the minimum stocking requirement and better explain the requirement ultimately adopted. (If USDA decides to maintain the requirement

that vendors stock a minimum of two fruits and vegetables, the regulatory language should be revised to clarify that the vendor must stock two varieties *each* of fruits and vegetables, as stated in the preamble. (See 72 Fed. Reg. 44798.)

Rounding up of infant formula. Consistent with provisions in the Child Nutrition and WIC Reauthorization Act of 2004, the proposed rule would allow state agencies to “round up” to the next whole container to provide the maximum infant formula allowance. The proposed rule changes the methodology for calculating how much formula should be distributed when a state chooses to round up. We have no objection to the proposed methodology.

The proposed rule is confusing, however, with regard to how a state could provide the required amount of powder infant formula — that is, the “Full Nutritional Benefit” or FNB — in the container sizes that are currently available *without* rounding up. In other words, it appears that unless formula manufacturers change their packaging practices, a state would have to round up in order to comply with the provisions of the proposed rule. If this is the case, then the final rule should make clear that under current packaging practices, states have to round up in order to provide sufficient powder infant formula.

Consider, for example, a state that has a contract with Mead Johnson. The Mead Johnson powder infant formula container size most commonly used by WIC is 12.9 dry ounces, which reconstitutes to 94 fluid ounces. For a fully formula fed infant under four months old, the FNB of powder formula is 806 fluid ounces per month (see 71 Fed. Reg. 44795, Exhibit G and 71 Fed. Reg. 44817, Table 1). If the state provides 8 cans of formula, the infant would receive 752 reconstituted fluid ounces of formula, which is insufficient to comply with the FNB of 806 fluid ounces. The state must round up to the next whole container (using the proposed methodology) in order to provide the FNB. The same pattern emerges for the other infant formula brands and for the food packages proposed for fully breastfeeding infants up to one year old. Thus, no state would be able to opt not to round up unless the infant formula manufacturers change their container sizes or reconstitution rates.

The cost estimates described in the Regulatory Impact Analysis assume that states round up the amount of powder formula provided (see 71 Fed. Reg. 44841). Thus, clarifying that with current powder infant formula container sizes, states would have to round up in order to provide the FNB would not increase the costs associated with the proposed policy. But doing so would provide much clearer guidance to states regarding how to implement the new rounding up provisions.

Implementation of “partially breastfeeding” food packages. In keeping with the Institute of Medicine’s recommendations, USDA proposes to pilot test the addition of a “partially breastfeeding” category for infant and women participants before proceeding with full implementation. In light of the possibility that unintended consequences may result from the proposed changes in benefits for partially breastfeeding participants, we support USDA’s proposal to implement these changes on a limited scale while assessing the results. We would particularly urge, as the American Academy of Pediatrics has recommended, pilot testing of the proposal to provide no formula to partially breastfed infants in their first month.

If USDA ultimately decides to pilot test only the change in formula provision during an infant’s first month, we hope that USDA will rigorously evaluate the remainder of the changes for partially

breastfeeding participants to identify any unintended negative consequences and make changes accordingly.

Alternatively, if USDA ultimately decides to pilot test all of the changes associated with the creation of “partially breastfeeding” categories, we urge USDA to explain far more clearly than is done in the proposed rule what benefits will be made available to partially breastfeeding women/infant dyads while the pilot projects are underway.

One approach would be to provide partially breastfeeding women and infants who are not participating in the pilot projects with the same benefits as they receive under current program rules. This approach has three significant disadvantages. First, it would mean that state WIC agencies would need to continue offering the current food packages for some women and infants for up to three years after implementing the new food packages for most participants. Offering both new and old food packages for an extended period of time would create an administrative burden for state agencies and could cause confusion for WIC participants. Second, it would mean that some partially breastfed infants (those 6 months to 11 months old) could receive more infant formula than fully formula fed infants, which doesn’t make sense. Third, this approach would not allow USDA, in conducting the pilot projects, to address the most salient question with regard to the effect of the changes on breastfeeding behavior: how the breastfeeding behavior of partially breastfeeding women who receive the new partially breastfeeding food packages compares to the breastfeeding behavior of partially breastfeeding women who receive one of the other new women's food packages. Since the ultimate goal is for all women to receive one of the new food packages, this comparison seems more important than comparing the breastfeeding behavior of partially breastfeeding women receiving the new partially breastfeeding food packages to the breastfeeding behavior of partially breastfeeding women receiving the packages they are now receiving.

Therefore, we recommend that if USDA proceeds with pilot testing all the changes associated with the creation of “partially breastfeeding” categories, partially breastfeeding women and their infants in non-pilot areas be given an appropriate *new* food package while the pilot projects are underway. In particular, we recommend that the method for assigning partially breastfeeding women and their infants to one of the new food packages be consistent with the current practice: partially breastfeeding women would be given the proposed Package V, and their infants would be given the proposed Packages I-FF and II-FF.

Categorical tailoring of food packages. In keeping with the Institute of Medicine’s recommendations, USDA proposes to prohibit categorical nutrition tailoring of WIC food packages. We support the proposed prohibition for two reasons. First, the Institute of Medicine had the resources to conduct a rigorous assessment of the nutritional needs of various categories of WIC participants. State WIC agencies are unlikely to have such resources or the capacity to conduct lengthy assessments before engaging in categorical tailoring. Thus, we believe that the careful balance achieved by the Institute of Medicine’s proposals should be maintained unless an individualized assessment of a participant’s nutritional and health needs is made as allowed under the proposed rule.

In addition, we are concerned that if states are permitted to categorically tailor the WIC food package, some state WIC agencies could become the target of intense lobbying by industry representatives who have a financial stake in how a state categorically tailors the food package. State WIC agencies could also be pressured or required by state legislatures, acting at the behest of

industry representatives, to make specific changes in the WIC food package for various categories of participants. We do not believe that state WIC agencies should be put in the position of having to devote resources to responding to such efforts, nor are we confident that the outcome would always be in the best interest of WIC participants.

In conclusion, we reiterate our support for the bulk of the proposed changes and thank you for your consideration of our more specific comments.

Sincerely,

Bob Greenstein
Executive Director

Zoë Neuberger
Senior Policy Analyst

Investment Areas

NOV - 3 2006

PI-43

Success By 6

October 31, 2006

Nurturing Youth

Promoting Health & Wellness

Patricia Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, U. S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Responding to Basic Needs

Increasing Self-Sufficiency

RE: Docket ID Number 0584-AD77, WIC Food Packages Proposed Rule

Supporting Older People

Dear Ms. Daniels:

United Way Initiatives

I am writing to strongly support the **WIC Food Packages Proposed Rule** calling for the addition of fruits and vegetables to the WIC food packages. I commend the Food and Nutrition Service (FNS) for proposing important changes to the WIC food packages that are more consistent with current dietary guidance such as the *2005 Dietary Guidelines for Americans*. As a member of the South Carolina Coalition for Obesity Prevention Efforts (SCCOPE) dedicated to moving South Carolina towards a healthy weight, I applaud the agency for providing WIC moms and children with fruit and vegetable options through the use of vouchers that can be used to purchase all types of fruits and vegetables.

Child Care Resource & Referral

As you proceed through the rulemaking process, please consider the following suggestions:

Early Childhood Literacy

2-1-1 Hotline

Follow Institute of Medicine's Recommendations

Day of Caring

Given that many WIC participants – and most South Carolinians consume less than one half of the fruits and vegetables recommended in the *2005 Dietary Guidelines for Americans*, WIC can play an important role in helping our citizens meet these guidelines. Adding more fruits and vegetables to the WIC food packages is especially critical to encouraging infants (through the addition of infant food fruits and vegetables), young children, and moms to establish positive dietary patterns conducive to good health. A diet rich in fruits and vegetables decreases the risk of high blood pressure, heart disease, obesity and certain cancers.

Fair Housing

Assets for Family Success

Promoting Senior Value

Early Childhood Development

Because of the importance of increasing fruit and vegetable consumption, I strongly encourage FNS to follow the recommendations of the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change" and provide WIC moms and children with a \$10/month and \$8/month, respectively, cash-value voucher for fruits and vegetables. These amounts will help moms and kids eat at least one additional serving of fruit or vegetable each day – an important objective of the IOM.

Your Health Matters

Trident United Way
6296 Rivers Ave.
North Charleston, SC
29406

Allow All Fruits and Vegetables

To maximize choice for WIC moms and kids, I fully support that *all* fruits and vegetables – fresh, canned and frozen (with appropriate limitations on fat, sugar and sodium) – qualify for purchase using the fruit and vegetable voucher.

(843) 740-9000
(843) 566-7193 fax
email: tuwc@tuw.org
www.tuw.org

what matters.

Please remember Trident United Way in your estate plans and let us know when you do.

WIC pilot projects conducted in California and New York successfully demonstrated that WIC moms will purchase a wide variety of nutrient dense fruits and vegetables when given a voucher specifically for fruits and vegetables. In addition, these projects demonstrated that WIC Moms highly valued their fruit and vegetable vouchers, resulting in a 90% redemption rate.

It is also critically important that the South Carolina state and local WIC agencies allow WIC moms and kids to have maximum choice in selecting fruits and vegetables to purchase using the vouchers. I do not recommend that WIC state agencies be allowed to restrict or limit choice of which fruits and vegetables are eligible for purchase with the cash-value vouchers. In addition, I suggest that WIC state agencies encourage vendors to provide a wide selection of nutritious fruits and vegetables for WIC moms and kids.

Enhance Nutrition Education

The importance of nutrition education is stressed throughout the proposed rule. I encourage FNS to urge state and local WIC agencies to emphasize increased consumption of fruits and vegetables in their nutrition education activities. Specifically, education should include information on:

- Why it is important to eat a variety of fruits and vegetables every day
- How to select fruits and vegetables that are nutrient dense, best seasonal buys, most economical, and convenient
- Preparation tips and recipes
- Food safety tips

As a SCCOPE member concerned about the burden of obesity in and supportive of increasing fruit and vegetable consumption, I look forward to an opportunity to work collaboratively with my colleagues in WIC agencies to develop and implement effective nutrition education programs.

In addition, with the creation of the new Fruits & Veggies—More Matters™ brand by the Produce for Better Health Foundation and its national partners, the Centers for Disease Control and Prevention has worked with other federal partners to define strict criteria for determining which food products can carry the new brand. We encourage FNS to recommend that state and local administering agencies urge WIC participants to look for foods that carry the Fruits & Veggies—More Matters™ brand in helping them select a variety of healthy fruits and vegetables.

I commend FNS for developing this proposed rule to more accurately reflect current dietary recommendations, especially in increasing fruit and vegetable consumption for WIC moms and kids. I urge FNS to issue the final rule by spring of 2007.

Sincerely,



William Settlemyer, Chair
Charleston, Berkeley, Dorchester Counties / South Carolina
Promoting Health & Wellness Vision Council

Monterey County Coalition
HEALTHY MOTHERS, HEALTHY BABIES

Partners

Community Hospital of the
Monterey Peninsula

Mee Memorial Hospital

Natividad Medical Center

Salinas Valley Memorial
Healthcare System

Monterey County Health
Department

Sumana Reddy, MD
Acacia Family Medical Group

Alan Rosen, MD
Monterey Peninsula Pediatric Group

Central Coast Alliance for Health

Monterey Adult School

Pacific Grove Adult Education
Parents Place

Salinas Adult School

Douglas of Monterey County

Visiting Nurses Association

Childbirth Education League
of Monterey

Nursing Mothers Council of
Salinas

Mission

To improve infant, maternal & family
health through education &
collaborative partnerships of public and
private organizations to promote,
support & protect breastfeeding in
Monterey County

1120 Forest Ave #129
Pacific Grove, CA 93950

Phone: 831-625-4987 X1702

Fax: 831-625-4795

E-mail: breastfeeding@chomp.org

November 2, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

PI-44

**RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.**

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. On behalf of **Monterey County Coalition HEALTHY MOTHERS, HEALTHY BABIES**, which provides education resources to medical professionals and parents to promote, protect, and support breastfeeding, I am pleased to support these long-awaited reforms. I commend the Department for proposing important changes to WIC that are consistent with the 2005 *Dietary Guidelines for Americans* and align with the American Academy of Pediatrics infant feeding recommendations. I believe that, when implemented, they will greatly strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

1. Timely Implementation of Final Rule. The WIC Community has waited for 32 years for these comprehensive science-based nutritional revisions. State WIC agencies and local providers are eager to get started on the planning and implementation issues involved with so many major changes to WIC foods. Therefore, I urge USDA to conduct its analysis of the comments on the Proposed Rule quickly and efficiently, and **publish a Final Rule by mid-2007 at the very latest.** WIC families should not have to wait any longer for better WIC foods!

2. Fruits and Vegetables. I strongly support providing 8.2 million WIC mothers and young children with cash-value vouchers to purchase fruits and vegetables, as recommended by the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change." While the IOM recommended \$10/ and \$8/month vouchers, the proposed rule reduced this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation. This will better assist WIC families to purchase and consume fruits or vegetables each day. **However, the proposed voucher levels are an excellent start and should be immediately implemented**

3. Other Positive Changes Will Improve Dietary Intake. I support the proposals to reduce the amount of certain foods (milk, cheese, eggs, and juice) in order to better align WIC with current Dietary Guidelines and recommendations from the American Academy of Pediatrics. In particular:



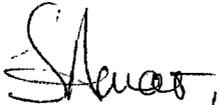
healthy mothers healthy babies

- The proposal will provide stronger incentives for continued breastfeeding by providing less formula to partially breastfed infants and providing additional quantities/types of food for breastfeeding mothers. To further enhance the food package for fully breastfeeding women, I urge USDA to **raise the cash-value vouchers for fruits and vegetables to the original IOM-recommended amount of \$10 per month.**
- The proposal to **reduce juice and replace it with infant food at 6 months** will support recommendations by the American Academy of Pediatrics for introducing infants to fruits and vegetables at the appropriate age.
- The provision of **whole grain and soy options** will allow WIC to better serve California extremely diverse young families.
- The inclusion of **lower-fat milk and less cheese and eggs** supports adequate calcium intake, while at the same time lowering saturating fats and cholesterol in accordance with current dietary guidance.

All of these proposed changes will strongly reinforce WIC nutrition education messages, as well as address the cultural food preferences among California's diverse population.

We look forward to working with USDA and the WIC program to implement these excellent food package improvements over the next few years. These changes will be a major policy lever to improve community food security, address the obesity epidemic, and help low-income families make healthier food choices. Taken together, this regulatory proposal will ultimately have a positive impact on the health of women, infants and children in California.

Sincerely,



Trina Ammar, RN, IBCLC
Monterey County Healthy Mothers, Healthy Babies®
Breastfeeding Promotion Committee Chair
and
Lactation Education Service Coordinator
U.S. Baby-Friendly(tm) birth facility
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NOV - 3 2006

Vermont Campaign to End Childhood Hunger



November 3, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22303

PI-45

Dear Patricia,

On behalf of the Vermont Campaign to End Childhood Hunger, I am pleased to offer comments regarding the Food and Nutrition Service's proposed changes to the WIC program food package [Docket ID Number 0584-AD77].

As a community anti-hunger advocate and a registered dietitian, I am familiar with the importance of WIC and the vital nutritional support that it offers mothers and children in need. Due to the challenges that low-income Vermonters face in affording the high cost of fresh fruits and vegetables, I am gratified to learn of the USDA's initiative to expand the traditional program package to include these essential elements. Not only will adding fruits and vegetables to the WIC package provide much needed nutrients to women during pregnancy, but also ensure that young children are introduced to healthy foods at an age when they are laying the foundation for future eating habits. I also strongly support USDA for building in protections safeguarding the nutritional value of the new food packages for all participants by strictly prohibiting state level cuts to the new food packages.

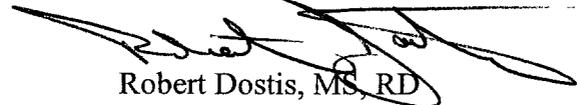
To ensure that WIC participants can get the full value from the healthy new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- ❖ Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC. It is disconcerting that the current proposal falls short of providing children between the ages of one and five with the amount of fruits and vegetables needed to ensure a "nutritionally sound" WIC package by 25%.
- ❖ Provide WIC participants with the freedom to choose healthy and culturally appropriate foods for their family by
 - Allowing recipients to select the kinds of fruits and vegetables they would like included in their package
 - Revising the proposed cereal standard to include whole grain corn-based (i.e. corn flakes), rice (i.e. puffed rice) and bran (i.e. bran flakes) WIC cereals.

- Removing the requirement for children to have a prescription to obtain soy milk from WIC.
- ❖ Maximize access to Farmers' Markets and the WIC Farmers' Market Nutrition Program for local seasonal fruits and vegetables.
- ❖ Establish WIC state advisory councils of stakeholders to help support and inform the planning and implementation of the new food package.

Thank you for this opportunity to express the full support of the Vermont Campaign to End Childhood Hunger for the healthy WIC food packages and offer recommendations to make them stronger still. I hope USDA will act quickly to issue the new food packages and to continue to work for a program that meets the nutritional requirements of the thousands of women and children so desperately in need of assistance.

Sincerely,



Robert Dostis, MS, RD
Executive Director



Colorado Anti-hunger Network

NOV - 3 2006

Working to Alleviate Hunger through Advocacy, Food Policy, Research and Resource Development

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*Tina Podolak
Executive Director*

PO Box 18745
Denver, CO
80218-8745

October 30, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

PI-46

**Re: Comments on WIC Food Packages Proposed Rule
Docket ID Number 0584-AD77**

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. The Colorado Anti-Hunger Network is a diverse network of over 60 private, public and on-profit organizations and individuals that strives to speak with one voice about food insecurity and hunger in Colorado. We are committed to influencing state and national policies and programs that directly impact the well being and futures of children, families, seniors, and other vulnerable populations, that experience hunger on a daily basis.

We strongly and enthusiastically support these long-awaited reforms that will provide families with healthier, more varied food options and applaud the Department for proposing important changes to WIC that are consistent with current nutrition and dietary guidelines. It is our belief that when implemented, they will greatly strengthen the WIC program's ability to improve the health status of millions of families. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants, and children. The proposed changes will strongly reinforce the WIC nutrition education messages, as well as address the ethnic and cultural food preferences among Colorado's diverse population.

We encourage consideration of the following:

1. To fully enhance the food package for fully breastfeeding mothers, we urge USDA to raise the cash-value vouchers for fruits and vegetables to the original IOM-recommended amount of \$10 per month.
2. Children be able to receive soy products as a preference without the requirement of medical documentation.
3. States have the flexibility to substitute wheat-free cereals based on a medical prescription.
4. States be given the option of providing the breastfeeding infant, in the first month, with one can of powdered formula, while still allowing the mother to be considered exclusively breastfeeding for the purposes of WIC data collection.

5. Let all WIC families shop at Farmers' Markets. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.
6. State flexibility is critical. Once implementation is authorized, we strongly urge USDA to allow states more latitude as they implement these sweeping changes. The Department should allow States to choose a plan for rolling out these complex changes using a strategy and timetable that is most effective for state operations, least disruptive for grocers, and most effective for our local agency work of informing and assisting participants with many changes and more choices. Specifically, allow states to make changes by food category or participant (package) category.

We look forward to working the USDA and the WIC community to implement these excellent food package improvements over the next few years. These changes will be a major policy lever to improve community food security, address the obesity epidemic, and help low-income families make healthier food choices. Taken together, this regulatory proposal will ultimately have a positive impact on the health of women, infants and children in Colorado.

Sincerely,



Tina Podolak
Executive Director

Children's Bureau, Inc.

Help and Hope... Right Here at Home

NOV - 3 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division - Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

PI-47

Re: Possible Expansion of WIC Food Selections

Ms. Daniels:

I am writing in support of the USDA's proposed new guidelines for the WIC food package. To improve the health of mothers and children, it is vital that the USDA update available selections based on scientific dietary guidelines. The Institute of Medicine and the American Academy of Pediatrics have both recommended several foods for the optimal health of growing infants and toddlers. Many of these, however, are not available to children of low-income mothers who utilize WIC services. Roughly half of all U.S. infants participate in WIC, meaning the availability of truly healthy and nutritional foods must be included in the food package.

As a Policy Analyst, I have studied the WIC program in depth and feel there are a great many strengths to the program. The program provides for families who are considered low-income or working poor, in addition to those living below the Federal Poverty Level. I strongly support the expansion of WIC to farmer's markets and health food stores, as well. These strengths however, are often overshadowed by criticisms of the WIC program. Many of the criticisms, I'm sure you're familiar with, Ms. Daniels. However, I wanted to share them again.

The most frequent criticism is that the current WIC package relies too heavily on dry packaged, high carbohydrate foods or high fat dairy, without enough lean proteins, fresh vegetables or fruit. The items currently being offered have frequently been linked to obesity, which as you know is reaching epidemic proportions in children. Many analysts and family advocates feel the current WIC package is determined not by scientific recommendations but by the guidelines set forth by Grocery Industry lobby. I've found in my research that the majority of studies into the WIC program are also funded by these groups. These facts cast some doubt about the overall concern of the USDA for the health of families and children. Is WIC a program designed to benefit poor families, or American Grocers and Food producers? Whose best interest is prioritized?

Ms. Daniels, I strongly favor adding more fruits and vegetables, whole grains (including cereals, rice, and breads), corn tortillas, soy milk, tofu, canned beans, and low-fat milk. These options would provide a greater variety of high nutrient food choices to WIC participants, and will greatly also improve WIC's capacity to meet the needs of its culturally diverse population. In addition, the new WIC package could be further



strengthened by aligning with the Institute of Medicine's dietary recommendations, rather than Grocery Industry professionals.

In addition, I believe the requirement that a medical prescription be necessary for children to receive soy milk should be abolished. This restriction not only threatens the health of individuals with undiagnosed lactose intolerances or milk allergies, it also seriously discriminates against those families who prefer either an organic or vegetarian lifestyle. Are low-income families not entitled to choice or self-determination? Are those things the price a parent must pay for seeking USDA assistance to feed their children? If for no other reason, soy milk is often less expensive than regular milk and removing the restriction would save the USDA money.

Ms. Daniels, I have full confidence that you have the interests and health of WIC participants in mind. I can't imagine anyone holding a position such as yours without having compassion and goodwill for those in need. I hope that you will consider the recommendations made by the medical community, and the requests of families and advocates. Please approve the final rule as soon as possible.

Finally, I understand that WIC is a supplemental food program, and that many participants could use food stamps to purchase items that aren't offered by WIC. Certainly, that is true. However, anyone who remotely follows U.S. Congress knows that funding for food stamps continues to be decreased, and eligibility is continuously limited. A mother and her infant may qualify for WIC vouchers, but what if her food stamps must also feed her 7 and 8 year old children, as well as a sick parent who lives in her home? Food stamps only stretch so far, Ms. Daniels.

Ask yourself this - looking at the foods that are currently available in the WIC program - could you (or would you) feed only these items to your infant or toddler? Would you personally subsidize on only those items? If your answer is yes, you are the exception. If your answer is no, and you can't imagine living on Cheerios, Peanut Butter and Beans, than I implore you - Please approve the changes.

Thank you,



Beth Mickelson, MSW
Policy Analyst
Children's Bureau, Inc.



NOV 06 2006

13-AP

PI-48

November 6, 2006

Patricia N. Daniels, Director
Supplemental Food Programs, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Thank you for this opportunity to provide comments on "Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages" (Federal Register 44735 (Monday, August 7, 2006)). We are writing to support USDA's proposed WIC Food Packages rule, which will:

- improve the health and nutritional quality of the foods in the program;
- expand cultural food options; and
- Increase participants' choices.

We commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits and vegetables, whole grain bread, corn tortillas, whole grain rice and other whole grains, the option of soymilk and tofu, and moving to only low-fat milk and whole grain cereals.

Since the food packages were last revised, there has been an explosion of knowledge related to nutrition and health, as well as a growing obesity problem in this country. The addition of fruits and vegetables, whole grain products, and other improvements in the new WIC food packages, will strengthen WIC's positive role to help mothers and children maintain a healthy weight and allow them to make healthy food choices. This will help nutritionally vulnerable children form healthy eating habits from an early age.

Moreover, we applaud USDA's proposed improvements for infants, breastfeeding women, and medically fragile participants. The introduction of fruits and vegetables as baby food for older infants will provide healthy foods the family might not otherwise be able to afford. The new enhanced food package for breastfeeding women should help WIC to promote breastfeeding. The new rule also will provide welcome relief for families struggling to pay for essential nutrition products for women and children with special nutritional needs.

It is clear that USDA has engaged in an exhaustive program of soliciting input from the many WIC stakeholders including through the Institute of Medicine report process. Many of the changes proposed are consistent with the recommendations made by FRAC and others in public comment letters and meetings, including adding fruit and vegetables, tofu and soymilk to the food package; retaining strong nutritional standards and the current types of foods; increasing participant choices; and expanding culturally appropriate food choices.

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www.frac.org

To ensure that WIC participants can get the full value from the new WIC food packages, we offer the following comments and recommendations to strengthen the proposed rule:

- I. Expand and Enhance the Fruit and Vegetable Benefit
- II. Revise the Standards for Whole Grain Cereals and Bread to Assure Access to Healthy and Culturally Acceptable Choices
- III. Remove Prescription Requirement for Soy Milk and Tofu
- IV. Keep Pilot for "No Breastfed Infant Category for Infants Under One Month"
- V. Keep Proposed Food Package Protections
- VI. Maintain Strong Federal WIC Nutrition Standards
- VII. Maximize Access to Farmers' Markets
- VIII. Establish State WIC Food Package Advisory Councils
- IX. Study the Impact of the Implemented Interim Rule

I. Expand and Enhance the Fruit and Vegetable Benefit

We commend USDA for adding much-needed **fruits** and vegetables to the WIC food packages consistent with the Dietary Guidelines for Americans 2005. Research clearly demonstrates that a diet rich in **fruits** and vegetables is associated with a reduced risk of high blood pressure, heart disease, overweight and obesity.

Fruits and vegetables provide fiber and vitamins important in the diets of WIC participants. The low-income families participating in WIC may not be able to afford **fruits** and vegetables on their limited food budgets. In addition, the inclusion of **fruits** and vegetables will provide a valuable educational tool for WIC nutritionists.

Many young children including children on WIC have a low intake of **fruits** and vegetables. Data from the Mathematica Policy Research, Feeding Infants and Toddlers Study (FITS), a survey examining the feeding habits of U.S. infants and young children, shows that many are eating high-calorie foods such as French fries and drinking soft drinks instead of healthy age-appropriate foods and drinks. One-third of 19-to-24-month-old toddlers were not eating a single fruit in a day, and one-fifth were not eating any vegetables.

(A) Increase the Fruit and Vegetable Benefits to Fully Meet the Institute of Medicine Recommendations: USDA should make the value of the WIC fruit and vegetable benefit consistent with the IOM's recommendation to provide \$10 per month of fruits and vegetables for women and \$8 for children. The proposal gives children only three quarters of the amount of fruit and vegetables the Institute of Medicine (IOM) determined was necessary for a nutritionally sound children's WIC food package. Children receive \$8 in fruits and vegetables in the food package recommended by the IOM, but the USDA package provides only \$6. For women the proposed rule provides only \$8 in fruits and vegetables rather than the \$10 recommended by the IOM.

The \$2 dollar shortfall in fruits and vegetables is particularly problematic for children because the \$2 needed to pay for the **fruits** and vegetables was cut from the children's package but it was then shifted out. We are concerned that the net value of the new children's WIC food package has dropped approximately \$2 each month. This is not helpful for good nutrition or participation. It is particularly important to maintain the overall value of the children's package in order to meet the full IOM recommendation, which was based on research showing that young children have inadequate intakes of fruits and vegetables. Nothing in Congress' mandate to USDA to improve the food package necessitated the Administration assuming such stringent cost constraints that prevented the package from being as robust and health affirming as possible. Replacing the \$2 in **fruits** and vegetables for the children's package will cost approximately \$90 million a year for the next five years.

Reducing the size of the WIC food package for young children could diminish WIC's positive impact on the health and nutritional status of children enrolled in the program. Less WIC food for these young children could also result in more non-WIC foods, which according to the recent **Mathematica** study cited above, all too often include unhealthy junk food. The WIC food package functions not just as a source of nutritional support but also as an incentive to bring clients into the WIC clinic and engage them with the clinic's nutrition education and **referrals** to health care. This incentive is important: if parents decide not to enroll their children in WIC because the children's food package is too small to be worth the effort, then the children can not reap any of the program's benefits.

(B) Allow WIC Participants to Choose the Fruits and Vegetables They Want and Can Use: WIC participants should be allowed to use the WIC food vouchers to select the **fruits** and vegetables that provide the best nutritional value, best bargain and best choice for themselves and their children. The rule should not give State agencies the authority to set state limits on the variety of fruits and vegetables participants are allowed to purchase with WIC vouchers. The successful WIC fruit and vegetable pilots undertaken in California and New York allowed WIC participants full choice. A recent article in the Journal of the American Dietetic Association, *Choices Made by Low-Income Women Provided with an Economic Supplement for Fresh Fruit and Vegetable Purchase*, reported on a very successful California pilot where the most frequently purchased items included oranges, apples, bananas, peaches, grapes, tomatoes, carrots, lettuce, and broccoli. The researchers

concluded that allowing WIC participants to choose the fruit and vegetables they want and can use was successful:

"The variety of choices shown in this study leads us to conclude that low-income consumers make wise, varied, and nutritious choices from available produce and that the potential for dietary improvement with a targeted subsidy that allows free choice within the fresh produce category is significant."

In the *Factors Affecting Enrollment and Continued Participation* section of USDA's report, *National Survey of WIC Participants*, WIC participants made clear the value of the current WIC food package. They rated the two highest benefits as "vouchers for foods I know are nutritious" and "money saved on grocery bills." WIC participants reported high levels of satisfaction with the WIC food package. The incentive value of the food package will be reduced if foods that participants are satisfied with are replaced with foods that are less acceptable or accessible such as allowing only a limited selection of fruits and vegetable. The nutritional value of the food package will also suffer because the WIC participants will not eat the fruits or vegetables if they do not like them and they are no longer able to benefit from the nutritional value of the foods that have been cut. The balance for this trade-off depends on a complex set of variables related to the type of fruits and vegetables, their availability, and their acceptability, particularly for children. WIC parents, like all parents, consider the taste preferences of their children as a key factor in making food decisions. Some vegetables are not readily accepted by children. The best approach would be to allow participants to choose their own fruits and vegetables without limiting their options on the voucher.

(C) WIC Fruit and Vegetable Minimum Vendor Requirements Should Assure Variety:

We agree with USDA that vendors should be required to have at least a minimum number of types of fruit and vegetable and that these rules should take into account the size of the store. We commend USDA for emphasizing that vendors provide a variety of fruits and vegetables. However, we are concerned that the proposed rule 7 CFR § 246.12(g)(3)(i) *minimum variety and quantity of supplemental foods* only requires vendors authorized by the State agencies to carry a minimum of two varieties each of fruits and vegetables. We recommend that the minimum requirements for vendors be raised.

(D) The Value of the Fruit and Vegetable Benefit Must Keep Pace with Inflation: The rule must require that the value of the fruit and vegetable benefit reflect a cost of living adjustment annually. The annual inflation adjustment on the vouchers could be accomplished with a smaller increment increase or be balanced over the year. The adjustment should be done using standard scientific rounding rules. It is unfortunate that the cost of living adjustment in the proposed rule is optional. Without an annual cost of living adjustment, the vouchers would be worth less and would buy smaller amounts of fruit and vegetables each year as inflation increases – further falling behind the IOM recommendations. This would have a greater negative impact on the nutritional and incentive value of the food package with each year. With just over 60 percent of WIC

participants with reported household income at or below the poverty line, small losses make a difference.

The cost of living adjustment for fruits and vegetables should be a required and integral part of the usual FNS WIC funding cycle of estimates, budgets and funding distribution. This will help to ensure that the inflation adjustment on the fruit and vegetable benefit is regarded as an integral part of supporting WIC through the annual appropriations process rather than being seen as a separate big periodic charge that Congress can choose to pay for or not.

In answer to the question posed in the rule regarding cost-neutral options for providing benefits at the full IOM recommended levels, we do not recommend any cuts to the proposed WIC food packages. We do not agree with the cost constraints placed by the Administration on this process and think it would be counterproductive to make additional cuts.

II. Revise the Standards for Whole Grain Cereals and Bread to Assure Access to Healthy and Culturally Acceptable Choices

We commend USDA for including whole grain bread, grains and tortilla and cereal in the new WIC food packages. However, in order for this to be an effective change it will be necessary to amend the inappropriate standards and size requirements proposed for whole grain bread and cereals. The addition of the new foods using a revised whole grain standard and size requirements will improve the health and healthy habits of WIC mothers and children. Increasing the whole grain foods available in the WIC food packages is consistent with the recommendations of the *Dietary Guidelines for Americans 2005* to consume more whole grain products each day and to choose fiber-rich whole grains often.

The health benefits of whole grains are attributable not only to fiber but also to antioxidants, B Vitamins and minerals including copper, manganese, and selenium. The addition of whole grain foods is also consistent with the new definition guiding the WIC food packages that includes a focus on public health concerns. Whole grain consumption has been associated with a lower risk of overweight and the many serious health problems that can arise as a result including type 2 diabetes, strokes, and heart disease.

Adequate whole grain consumption is a challenge for many Americans including women and children eligible for WIC. A recent (April 2006) USDA study, *Nutrient Adequacy of Children Participating in WIC* reported that WIC children ages 1-3 and income-eligible non-participants both had intakes below the Adequate Intake for total fiber. Many WIC families have not yet developed a taste preference for whole grain products including wheat bread or whole grain tortillas. In fact, the new WIC food package may be the first time they have whole wheat bread or whole grain tortillas in the house.

(A) Revise the Standards for Whole Grain Cereals to Assure Access to Healthy and Culturally Acceptable Choices: We applaud USDA for preserving the nutritionally important sugar limit and important iron requirements for WIC cereals. As you no doubt remember, in response to the USDA's notice, *Special Supplemental Nutrition Program for Women, Infants and Children: WIC Cereal Sugar Limit*, over 800 commenters opposed changing the sugar limit for WIC cereals. For more detail on the rationale supporting FRAC's opposition to changes in the sugar limit please see the sign-on comment letter we submitted with the Center for Science in the Public Interest to USDA.

However, the new proposed cereal grain standards create a significant barrier for WIC participants to consuming whole grain cereals. The proposed whole grain cereal standard is not an appropriate whole grain standard for bran, corn and rice cereals and consequently it eliminates de facto all bran, corn and rice WIC cereals. (The iron and sugar standards are included.) This is especially problematic for WIC because Latino families prefer corn-based cereals (for example corn flakes). The inclusion of whole grain corn-based cereals will be necessary to maintain acceptable cereal choices for the 2.5 million Latino women and children in WIC. Also, both corn and rice cereals provide a healthy option for WIC participants with allergies and gluten intolerance, an increasingly common problem. (FRAC staff have first hand experience with gluten intolerance and know the importance of access to corn and rice cereals.) Bran cereals are an excellent source of much-needed fiber for participants.

Therefore, to ensure a selection of healthy and culturally appropriate whole grain cereals, we recommend revising the proposed rule *246.10(e)(12) Minimum requirements and specifications for supplemental foods. Table 4 Minimum Requirements and Specifications for Supplemental Foods, Breakfast cereal*, by inserting standards based on the whole grain standards used in USDA's Healthier U.S. Schools guidelines plus the additional alternative criteria relating to fiber and a minimum of 8 grams whole grain per RACC. Unfortunately, FDA has not issued a standard of identity of whole grain cereals. (Please see Appendix A for the amended section.)

Revised whole grain cereal guidelines:

- Breakfast cereals as defined by FDA in 21 CFR 170.3(n)(4) for ready-to-eat and instant and regular hot cereals; and
- The ingredient statement on the label must list a whole grain as the first listed grain ingredient; or
- Where the first listed grain ingredient is not identified clearly as a whole grain (for example, the first grain ingredient is listed as "Corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is a whole grain; or
- If the first listed grain ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product: for such products, documentation must be obtained from the manufacturer; or
- If the product contains a minimum of 8 grams per RACC; or

- If the food product carries the whole-grain health claim on its product label it needs no further documentation regardless of the first listed grain ingredient. The whole-grain health claim is as follows, "Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol, may help reduce the risk of heart disease and certain cancers." The Food and Drug Administration requires that any food product which carries the whole-grain health claim must by regulation contain 51% or more whole-grain ingredients by weight per reference amount and be low in fat.

We recommend allowing participants to choose healthy and culturally appropriate cereals by revising the proposed cereal standard as specified above which will include whole grain corn-based (i.e. corn flakes), rice (i.e. puffed rice) and bran (i.e. bran flakes) WIC cereals. The revised standard we propose will eliminate a significant proportion of the WIC cereals because they are not whole grain foods. Under our revised standard, some of the corn flake cereal will rightly be disqualified because they do not contain enough whole grain. The revised standards are appropriately targeted, qualifying a selection of acceptable WIC cereals including some whole grain corn flakes and other whole grain corn WIC cereals. These cereals will be acceptable and therefore will increase whole grain consumption by WIC participants. Maintaining cereal consumption for WIC participants is also very important because WIC cereals are the vehicle for much-needed iron in the food packages for women and children. An acceptable list of whole grain cereals will assure that WIC continues to play an important role in helping to prevent anemia by increasing iron intake among participants. According to the *U.S. Health and Human Services Healthy People 2010* report, iron deficiency anemia is a serious public health concern for low-income women of child bearing age and young children. Cereal consumption is also associated with higher consumption of milk, an important source of calcium.

We believe that the revised reasonable whole grain cereal standard (proposed above and detailed in Appendix A) will yield a list of whole grain cereals acceptable to WIC participants which will:

- Maximize consumption of whole grains consistent with the *Dietary Guidelines for Americans* 2005,
- Maintain iron intake, and
- Continue to feel that the food package matches their cultural and health needs.

In the IOM statement issued with the release of the *Time for A Change* report the committee cautioned "Recognizing that some of the proposed changes entail significant adjustments and could result in unanticipated effects, the committee recommended that they be tested first in pilot programs before being implemented nationwide. For example, if participants will not ... eat whole-grain products, then the revised food package for children and women may inadvertently result in less grain ... consumption." Given that the proposed cereal standards could not be pilot tested due to time constraints and that FDA still has not issued a whole grain cereal standard, we believe it is wise to use the broad-based client oriented set of standards we have proposed.

(B) Revise Bread, Grains and Tortillas Whole Grain Standards: The proposed whole grain standard for bread, grains and tortillas has four parts: 1) FDA standard of identity for whole wheat bread, 2) FDA health claim label, 3) description of actual whole grains, 4) corn and whole wheat tortillas without any fat. Corn tortillas are exempted from meeting the FDA health claim label because even stone ground whole grain corn tortillas can't meet the requirements of the wheat-based health claim formula. Whole grain multi-grain breads made with corn, oatmeal, pumpernickel will need an additional standard to qualify as whole grain because they aren't covered by the FDA standard of identity for whole wheat and can't qualify under the FDA health claim label because it is an inappropriate standard for multi-grain bread. FDA doesn't have a whole grain standard of identity for multi-grain bread yet.

To ensure a selection of healthy whole grain breads, we recommend revising the proposed rule 246.10(e)(12) *Minimum requirements and specifications for supplemental foods. Table 4 Minimum Requirements and Specifications for Supplemental Foods, Whole wheat bread or other whole grains*, by inserting standards based on the whole grain standards used in USDA's Healthier U.S. Schools guidelines plus the additional alternative criteria relating to fiber and a minimum of 8 grams whole grain per RACC. In addition, we recommend allowing tortillas that are low in saturated fat and contain less than .05 grams of trans fat per serving. (Please see Appendix A for the amended section.)

Revised whole grain guidelines:

- Whole wheat bread (must conform to FDA standard of identity (21 CFR 136.180); or
- The ingredient statement on the label must list a whole grain as the first listed grain ingredient; or
- Where the first listed grain ingredient is not identified clearly as a whole grain (for example, the first grain ingredient is listed as "Corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is a whole grain; or
- If the first listed grain ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product: for such products, documentation must be obtained from the manufacturer; or
- If the product contains a minimum of 8 grams per RACC; or
- If the food product carries the whole-grain health claim on its product label it needs no further documentation regardless of the first listed grain ingredient. The whole-grain health claim is as follows, "Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol, may help reduce the risk of heart disease and certain cancers." The Food and Drug Administration requires that any food product which carries the whole-grain health claim must by regulation contain 51% or more whole-grain ingredients by weight per reference amount and be low in fat.

(C) The Allowable Size for a Loaf of Bread Must be Consistent with the Bread Available in Stores: WIC participants need a whole grain bread voucher for a loaf of bread that is consistent with the size typically sold in stores. Otherwise, the purpose of the whole grain change is subverted and the value of the food package shrinks further. In many markets, a mother may not be able to buy any whole grain bread with a 1 pound bread voucher. The proposed rule lumps the size of a loaf of bread and grains together as 1 pound (16 ounces). This is fine for the grains (i.e. rice), which are sold by the pound, but bread is sold by the loaf. Whole grain loaves are heavy, usually weighing more than 1 pound. According to data from Interstate Bakeries, 56 percent of whole wheat/whole grain loaves are sold in a 24 ounce loaf and 25 percent are sold in a 20 ounce loaf. FRAC staff tested this out on two local stores in their neighborhood in Baltimore: the corner store which stocks bread had no 1 pound loaves and the large grocery store which had 16 types of whole wheat bread but only 1 brand of bread that came in a 1 pound size (none were smaller than 1 pound.)

To ensure WIC participants access to a selection of whole grain breads, we recommend revising the proposed whole wheat bread or other whole grains sections of 246.246.10(e)(10) *Maximum monthly allowances of supplemental foods in the Food Packages IV through VII*, and 246.246.10(e)(11) *Maximum monthly allowances of supplemental foods for children and women with qualifying conditions in Food Package III* by specifying the monthly maximum using "loaf" as the measure for bread and "pounds" for grains and adjusting the corresponding foot notes (15 and 18) to read on a per loaf to per pound basis.

III. Remove the Prescription Requirement for Soy Milk and Tofu

We commend USDA for including the option of soy milk and tofu to provide popular high-calcium foods for WIC participants from a diversity of cultures. In addition, these foods are an important alternative for participants with milk allergies and lactose intolerance, a problem disproportionately affecting Latinos, African-Americans and Asian-Americans. The new packages will work well for women because they have free access to choosing soy milk/tofu. However, the proposed requirement, which is consistent with the IOM recommendation, for a medical prescription for children to get soy milk or tofu should be removed because it presents an insurmountable barrier for most low-income WIC families.

WIC participants have access to a WIC Competent Professional Authority but not necessarily a Medical Authority who can write a "prescription." The medical authority model is based in part on legal requirements in the Americans with Disabilities Act and the National School Lunch Act which aren't relevant to this situation. Food allergies and lactose intolerance are generally self-reported by parents since there are very few tests commonly in use to verify a food allergy or even severe lactose intolerance. The claim that one's child is a vegan is self-report and not necessarily medically related.

In addition, families that drink soy milk for preference reasons will not have a health complaint. We are well aware of the significant increased costs involved in increasing

access to soy milk based on preference. Substituting soy milk appears to raise the cost of the children's package from approximately \$33 per child/month to \$51 per child/month. If opening up access to soy milk increases the percentage of WIC participants choosing a children's package with soy milk by an additional 1 percent, then the \$34 million 15 year surplus will be spent. Above that it is a cost item.

As per FRAC's food package rule summary, we continue to be disappointed that yogurt, a popular dairy option, was removed from the package.

IV. Keep Pilot for "No Breastfed Infant Category for Infants Under One Month"

We endorse the need for piloting the elimination of formula for partially breastfed infants in the first month. We share the concern of IOM and USDA that this proposal must be carefully evaluated because of its potential for creating a short fall of formula and pushing mothers out of the partially breastfeeding category.

V. Keep Proposed Food Package Protections

We commend USDA for building in protections that safeguard the nutritional value of the new food packages for all participants by prohibiting state level cuts to the new food packages as specified in the proposed rule at 7 CFR § 246.10(c) Nutritional Tailoring:

“(c) Nutrition tailoring. The full maximum monthly allowances of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted. Reductions in these amounts cannot be made for cost-savings, administrative convenience, caseload management, or to control vendor abuse. Reductions in these amounts cannot be made for categories, groups or subgroups of WIC participants. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant in all food packages is appropriate only when:

- (1) Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy);*
- (2) A participant refuses or cannot use the maximum monthly allowances; or*
- (3) The quantities necessary to supplement another program's contribution to fill a medical prescription would be less than the maximum monthly allowances.”*

Federal Register / Vol. 71, No. 151 / Monday, August 7, 2006 / Page 44814

The elimination of categorical nutritional tailoring will remove the option for State WIC agencies to make across-the-board cuts and other categorical changes to the new food packages, an option made unnecessary by the new rule. This will guard against state pressures that might develop to force State WIC agencies to dismantle

the new WIC food packages. The rationale and benefits for prohibiting categorical nutritional tailoring are described very clearly in USDA's regulatory impact analysis:

"Proposed rule: Ends the state practice of categorical nutritional tailoring: Rationale and Benefits:

...The revisions to the WIC packages proposed by this rule make categorical tailoring unnecessary and inappropriate. The revised packages are designed to deliver an appropriate set of nutrients when foods are prescribed at the specified maximums." **Federal Register** / Vol. 71, No. 151 / Monday, August 7, 2006 / Page 44830

We agree with USDA that, given the carefully balanced food packages as designed by the Institute of Medicine, categorical tailoring is no longer necessary and would be detrimental. As USDA explains in the proposed rule, the change is also consistent with IOM recommendations:

***"T. General Provisions That Affect All WIC Food Packages
2. Nutrition Tailoring...***

According to the IOM, the proposed revised food packages have the potential to address current nutrient inadequacies and excesses; discrepancies between dietary intake and dietary guidance; and current and future health-related problems in WIC's target population. The IOM recommends that the revised food packages be provided to each participant in full, except to the extent that the packages are tailored to the needs of individual WIC participants. Therefore the proposed rule would prohibit categorical nutrition tailoring, but continue to allow individual nutrition tailoring based on the Competent Professional Authority's assessment of a participant's supplemental nutritional needs." **Federal Register** / Vol. 71, No. 151 / Monday, August 7, 2006 / Page 44806-7

WIC, with its science-based package, should provide the same basic benefits in each state. For example, there is no nutritional reason that all children in WIC in one state would need less bread than all the children participating in WIC in another state. Individual tailoring can be used if individual WIC participants need to have their WIC food package tailored for nutrition reasons or preference.

In this regard the new food package rule is an important next step in the Department's successful work to update and standardize all aspects of the WIC program, including WIC nutritional risk criteria and the nutrition education through WIC by Revitalizing WIC Nutrition Education/VENA.

VI. Maintain Strong Federal WIC Nutrition Standards

States should not have the authority to establish additional criteria for WIC-authorized foods that exceed Federal requirements with regard to nutritional standards. (**Federal Register** / Vol. 71, No. 151 / Monday, August 7, 2006 / Pages

44806 and 48030) The WIC statute gives the authority to determine WIC food package standards to the Secretary of the U.S. Department of Agriculture. Rules for WIC federal nutrition standards are made through a fair and open public process governed by the Administrative Procedures Act. Giving states the authority to supersede these federal standards contravenes the system of protections in place for determining federal nutrition standards. It unnecessarily jeopardizes the scientific rationale and balance in the new food package standards. This aspect of the proposed rule is inconsistent with the need for federal nutritional standards to protect WIC participants' access to WIC food packages that meet their nutritional needs and are acceptable.

In addition to eliminating the authority to impose additional nutrition standards, the State agency responsibilities section of the rule should also be very clear about exactly what specific authority are given to the State. The current phrase "not be limited to" is too vague and implies the possibility of unlimited authority. We strongly recommend that the rule be amended by deleting, "*but not be limited to, other nutritional standards,*" from the proposed 7 CFR § 246.10(b)(1)(i) *Establish criteria in addition to the minimum Federal requirements in Table 4 of paragraph (e)(12) of this section for the supplemental foods in their States. These States criteria could address, ~~but not be limited to, other nutritional standards,~~ competitive cost, State-wide availability, and participant appeal; and"*

VII. Maximize Access to Farmers' Markets

USDA's inclusion of farmers' markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers' Market Nutrition Program, will be very helpful for WIC families. We appreciate the time that you have taken to share and learn with FRAC and our partners in the Community Food Security Coalition at the FRAC conference and other arenas.

The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. As USDA points out in "*V. Proposed Revisions to the WIC Food Packages (E)(c) ...Such markets would have to meet vendor selection criteria specified in 7 CFR § 246.12(g)(3) and would be subject to the vendor agreement requirements outline in 7 CFR § 246.12(h)(3).*" The existing regulations 7 CFR § 246.12(g)(3) and 7 CFR § 246.12(h)(3) will need to be amended to include categorical eligibility for farmers' markets participating under already well-established farmers' market and WIC Farmers' Market Nutrition Programs procedures and to include other issues listed here. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors, exempt them from stocking the full package and from inadvertently being categorized as WIC Only stores.

To the extent possible the farmers markets and WIC Farmers' Market Nutrition Programs should be included in the current USDA funded EBT pilots. They will need practical easy to use EBT systems for the fruit and vegetable redemption process in a farmers' market.

As part of guidance regarding the implementation of the new fruit and vegetable option, encourage cooperation and coordination between the WIC State agencies and Indian Tribal Organizations and WIC Farmers' Market Nutrition Programs. These programs have the proven track record in helping WIC participants shop successfully for fruits and vegetables. The New York fruit and vegetable pilot was successful in implementation of the new fruit and vegetable option as a complement to the State's existing Farmers' Market Nutrition Program.

VIII. Establish State WIC Food Package Advisory Councils to Bring a Diversity of Voices and Support to the Implementation Process

State WIC Food Package advisory councils should be established to help support and inform the planning and early implementation of the new WIC food package. To be most effective, the advisory councils should include WIC participants and representatives of the communities and organizations working to improve the health and well-being of the families served by WIC, such as advocates, food bankers and other emergency food providers, immigrant groups, food policy councils, local WIC agencies, grocery stores and farmers. Those invited could also include state chapters of nutrition and health associations including the American Dietetic Association and Society for Nutrition Education, Action for Healthy Kids, Dairy Council, 5-A-Day, maternal child and health and public health associations.

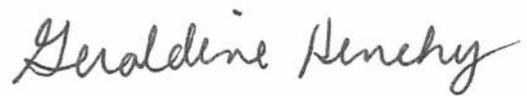
IX. Study the Impact of the Implemented Interim Rule

It would be informative for USDA to conduct studies on the impact of the implemented interim WIC Food Packages rule. The information would be helpful in determining the content of the final rule. The research questions posed by the IOM in *Time for A Change*, provide a good starting point for discussion and planning of the studies:

- How are WIC participation rates, prescription rates, and voucher redemption rates affected by the changes in the food packages?
- To what extent do the assumptions regarding the demand for various forms and types of food align with actual food choices (e.g., the percentage of participants choosing canned dry beans)?
- How does this affect the amount of flexibility, variety, and participant choices that can be allowed while staying within necessary cost constraints?
- What are the impacts of the changes on food choices and nutrient adequacy of diets?
- Do diets conform more closely to the *Dietary Guidelines* and does the prevalence of inadequate intakes and excessive intakes decline?
What is the feedback from WIC participants regarding the desirability of the revised food packages?
- How do the changes in the food packages affect the use of time by CPAs and the amount of time required by vendors to deal with each WIC participant after an initial adjustment period? What new skills and technology do they need to implement the revised food packages effectively?

In summary, we strongly endorse the need for the new WIC food packages and urge USDA to proceed expeditiously to analyze the comments, make the necessary changes, and quickly move forward with the process of bringing a new, healthier food package to the more than 8 million women, infants and children in the WIC program each month. Thank you for this opportunity to share our support for the new WIC food packages and our recommendations to make it stronger still.

Sincerely,

A handwritten signature in black ink that reads "Geraldine Henchy". The signature is written in a cursive, flowing style.

Geraldine Henchy, MPH, RD
Director Early Childhood Nutrition
Food Research and Action Center

Attachment: Appendix A

Appendix A

Recommended revisions to proposed rule **246.10(e)(12)** Minimum requirements and specifications for supplemental foods. Table 4 Minimum Requirements and Specifications for Supplemental Foods. Breakfast Cereal

Minimum Requirements and Specifications For Supplemental Foods
Breakfast cereal:

- 1) Breakfast cereals as defined by FDA in 21 CFR 170.3(n)(4) for ready-to-eat and instant and regular hot cereals; and
- 2) The ingredient statement on the label must list a whole grain as the first listed grain ingredient; or
- 3) Where the first listed grain ingredient is not identified clearly as a whole grain (for example, the first grain ingredient is listed as "Corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is a whole grain; or
- 4) If the first listed grain ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product: for such products, documentation must be obtained from the manufacturer; or
- 5) If the product contains a minimum of 8 grams per RACC; or
- 6) If the food product carries the whole-grain health claim on its product label it needs no further documentation regardless of the first listed grain ingredient. The whole-grain health claim is as follows, "Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol, may help reduce the risk of heart disease and certain cancers." The Food and Drug Administration requires that any food product which carries the whole-grain health claim must by regulation contain 51% or more whole-grain ingredients by weight per reference amount and be low in fat; and
- 7) Contains a minimum of 28 mg iron per 100 g dry cereal; and
- 8) Contains ≤ 21.2 g sucrose and other sugars per 100 g dry cereal (≤ 6 g per dry oz).

Recommended revisions to proposed rule 246.10(e) (12) Minimum requirements and specifications for supplemental foods. Table 4 Minimum Requirements and Specifications for Supplemental Foods. Whole wheat bread or other whole grains

Whole wheat bread or other whole grains:

Minimum Requirements and Specifications For Supplemental Foods

For Bread:

- 1) Whole wheat bread (must conform to FDA standard of identity (21 CFR 136.180); or
- 2) The ingredient statement on the label must list a whole grain as the first listed grain ingredient; or
- 3) Where the first listed grain ingredient is not identified clearly as a whole grain (for example, the first grain ingredient is listed as "Corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is a whole grain; or
- 4) If the first listed grain ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product: for such products, documentation must be obtained from the manufacturer; or
- 5) If the product contains a minimum of 8 grams per RACC; or
- 6) If the food product carries the whole-grain health claim on its product label it needs no further documentation regardless of the first listed grain ingredient. The whole-grain health claim is as follows, "Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol, may help reduce the risk of heart disease and certain cancers." The Food and Drug Administration requires that any food product which carries the whole-grain health claim must by regulation contain 51% or more whole-grain ingredients by weight per reference amount and be low in fat.

Whole Grains:

Brown rice, bulgur, oatmeal, whole-grain barley without added sugars, fats, oils, or salt (i.e., sodium). May be instant-, quick-, or regular-cooking.

Tortillas:

Soft corn or whole wheat tortillas that:

- (1) are low in saturated fat and contain less than .05 grams of trans fat per serving and
- (2) meet the whole grain standard above, may be allowed at the State agency's option.