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DEPARTMENT OF HEALTH & HUMAN SERVICES

INDIAN HEALTH SERVICE

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September 8, 2006

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

60-1

RE: WIC Food package revisions

Dear Ms. Daniels:

We, the undersigned, are writing this letter to request a revision to the WIC food package. Specifically we would like to see juice removed from the package. We work with a pediatric population which is exclusively Navajo. We see a considerable number of overweight and obese children. In addition, we are seeing an increasing number of adolescent, non-insulin (type II) diabetics. In general our population has a higher than average incidence of non-insulin diabetes, than the remainder of the United States population. Therefore, we would like to see juice removed from the WIC package for children. We feel that having juice provided through the WIC program is sending the wrong message to our population. It would be a wonderful addition if instead of juice to provide whole fruits and vegetables. This would not only meet the requirement for vitamin C, but add many other additional vitamin sources and fiber.

Sincerely,

*David O. Vetter MD*  
Chair of Pediatrics  
*[Signature]*  
Deputy Chair  
Pediatrics

*[Signature]* Powell  
Pediatrician  
*[Signature]* Bagnall  
Pediatrician

*Mayumi Otsuka MD*  
Pediatrician  
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Pediatrician

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Chair of Nutrition  
*[Signature]* Susan Jones RD, LD  
Nutritionist

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Nutritionist  
Dietitian

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November 1, 2006

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

G0-2

Dear Ms. Daniels,

I am writing to applaud the United States Department of Agriculture's (USDA) inclusion of fruits and vegetables in WIC authorized food packages as mentioned in the USDA's Proposed Rule, *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revision in the WIC Food Packages*, as posted in the August 2006 Federal Register.

The Centers for Disease Control and Prevention (CDC) stresses the importance of increased consumption of fruits and vegetables as a key strategy to prevent chronic diseases. Specifically, consuming a diet high in fruits and vegetables is associated with lower risks for numerous chronic diseases, including cancer and cardiovascular disease, and may assist individuals in maintaining a healthy weight.

As you are aware, national statistics reveal that adults and children are not eating the daily recommended amounts of fruits and vegetables: approximately 25% of U.S. adults and adolescents eat five or more servings of fruits and vegetables each day, formerly the lower end of the recommended range of 5 to 9 servings based on age, gender and activity level. This represents a large percentage of Americans who are not eating sufficient amounts of fruits and vegetables to receive health benefits. To further aggravate this situation, disparities exist in consumption patterns for low-income and urban families who are even less likely to eat recommended daily servings of fruits and vegetables. In 1999 CDC released the report *Annual CDC Review of Nutritional Status of Low-Income U.S. Children*, in which it concluded that to improve the nutritional status of low-income children, programs should maintain and enhance programs that educate parents on health and nutrition, offer comprehensive health care to all children, and provide supplementary foods to children at risk. It is entirely appropriate

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for the WIC Food Package to be updated to assist lower income pregnant and breastfeeding women, and children under the age of five years in meeting these recommendations.

The CDC also applauds USDA for its efforts to improve breastfeeding support for both fully and partially breastfeeding women. Providing WIC participants with evidence-based breastfeeding education and support is vitally important to improve the rates of initiation and duration of breastfeeding. Further, the proposal to focus on providing intense breastfeeding support in the first month of life rather than a breast milk substitute, underscores USDA's understanding of this critical opportunity to assist families to reach their nutritional goals. To the extent possible, CDC recommends full implementation of the breastfeeding initiatives as a pilot phase may unduly delay the national availability of this important public health benefit. The impact of this policy could be evaluated nationally through analysis of breastfeeding data collected by WIC State Agencies. USDA already supports the collection of breastfeeding data, using definitions for initiation, duration, and exclusivity/introduction of supplementary feeding as established through CDC's Pediatric Nutrition Surveillance System.

Again, we congratulate USDA on its efforts to improve the dietary habits of women and children at risk of poor nutritional intake by including fruits and vegetables in approved food packages, allowing for variety and choice among the fruits and vegetables available, authorizing farmers' market vendors to accept WIC cash-value instruments, and by distinguishing juices from the fruit and vegetable food group as well as supporting breastfeeding in the first months of life.

CDC offers its expertise and services to USDA in its efforts to implement the revised WIC guidelines.

Sincerely,



Janet L. Collins, Ph.D.

Director

National Center for Chronic Disease  
Prevention and Health Promotion