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NWA-1
SWA-

October 23, 2006

OCT 26 2006

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

Docket ID Number: 0584-AD77-WIC Food Package Rules

Dear Ms. Daniels

I am writing to express the Iowa Maternal and Child Health Advisory Council's support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. The health and well-being of the nation's women, infants and children is a priority of our organization. The proposed changes will greatly benefit vulnerable mothers and children.

We are pleased that the proposed rule closely reflects the science-based recommendations of the Institute of Medicine published in their April 2005 report entitled, *WIC Food Packages: Time for a Change*. The changes reflected in the proposed rule are also consistent with the *2005 Dietary Guidelines for Americans* and national nutrition guidance including those from the American Academy of Pediatrics.

We agree that the changes in the proposed rule are a significant step forward and will improve the overall health of WIC mothers and children by contributing to reductions in obesity and other diet-related chronic diseases. In particular:

- We support adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. Increased consumption of fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.
- We support the quantities of dairy products and eggs offered in the proposed rule. These quantities meet the *2005 Dietary Guidelines for Americans*. We agree that alternative calcium sources such as soy beverage (soy milk) and tofu are necessary additions to the food packages to address milk protein allergy, lactose maldigestion, personal preferences, and cultural diversity of the WIC population.

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- We support the whole grain requirement for cereals and the introduction of whole grain bread and other whole grains such as corn tortillas and brown rice. Whole grain consumption is associated with 1). Reducing the risk of coronary heart disease, type 2 diabetes, digestive system and hormone-related cancers, 2). Assisting in maintaining a healthy weight, and 3). Increasing the intake of dietary fiber.
- While we commend USDA's efforts in the proposed rule to support the initiation and duration of breastfeeding, we urge that there be **no** test period for the partially breastfeeding food packages for women and infants. We believe that deletion of the pilot phase would speed the implementation of these packages. For women who declare themselves as breastfeeding moms, we urge that, consistent with the IOM recommendation, states be given the option to establish criteria under which infant formula may be provided in the first month.
- To further support breastfeeding, we urge that the cash-value vouchers for fruits and vegetables for fully breastfeeding women be increased to \$10. We believe that this change would be cost-neutral and a significant incentive for breastfeeding mothers.

The Iowa Maternal and Child Health Advisory Council commend USDA for the release of the proposed rule making major changes to the WIC food packages. This proposed rule makes the WIC food packages consistent with the *2005 Dietary Guidelines for Americans* and is a major step forward to improve the overall nutritional health and well-being of WIC mothers and children.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

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 MCH Advisory Council urges publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Sincerely,



David A. Discher, Chair
Maternal & Child Health Advisory Council

OCT 31 2006



WIC Association of Maryland

October 31, 2006

NWA/SWA - 2

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

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

Dear Ms. Daniels:

We are writing to thank USDA/FNS for its efforts in bringing the WIC food package in alignment with the 2005 US Dietary Guidelines and other national nutrition guidance. We support USDA's proposal to revise the WIC food package and encourage USDA to finalize a rule as soon as possible. We respectfully offer additional feedback and suggestions for improvement of the proposed changes as follows.

Exclusively Breastfeeding Women (Food Package VII): The WIC Association of Maryland (WAM) is concerned that the proposed changes are not enough to encourage breastfeeding and are even punitive if a mother is in need of a small amount of formula during the first few weeks or must return to school/work.

WAM suggests:

- Allow a small amount of formula for a breastfeeding woman in the amount of 8 oz a day in the first month of life.
- Allow partial formula of 16 oz a day from months 2-12. The mother may be reduced to food package V at this time.
- Continue to identify a mother as partially breastfeeding up to her infant's first birthday with a reduction to a postpartum food package (package VI) if she receives more than 16 ounces of formula a day.
- Add yogurt and \$2 additional in fruit and vegetable vouchers to enhance package VII above and beyond that of either V or VI.
- Disallow fish in pouches as this will increase the cost of the package with no difference in nutritional value. This savings may also be used to enhance the package as requested in the preceding bullet.
- Allow an exclusively breastfeeding woman who becomes pregnant to receive 1.5 times food package VII to meet her increased needs.

- Allow an exclusively breastfeeding woman who is tandem nursing an infant and an older sibling to receive 1.5 times food package VII to meet her increased needs.
- Allow a partially breastfeeding woman who becomes pregnant to receive food package VII if she continues to partially breastfeed.

Milk and Milk substitutions (packages III-VII): WAM is appreciative of the proposed substitutions for milk. We feel that this will enhance client variety and understanding of lifelong healthy eating habits. However, we are concerned about the inability to make substitutions to the type (i.e. % fat) of milk offered in situations that may require more kilocalories (ex. Failure to Thrive or Underweight pregnant woman with poor weight gain).

- Allow state's the discretion to allow whole milk for clients over 2 years in situations where extra calories are warranted and 2% reduced fat milk as an option for children 12-23 months when approved by a CPA/RD.
- Remove the doctor's note requirement for soy milk/tofu as this is a burden on the client that may require paying a co-pay depending on the client's form of medical insurance. Furthermore it is not necessary as clients may purchase this on their own.
- Amend the requirements for soy milk beverages to 6 grams protein and 250 milligrams of potassium per 8 ounce serving to allow already existing soy beverages to be included.

Allowable Cereals and Whole Grains (packages III-VII): WAM is concerned that the requirement for all cereals to be $\geq 51\%$ whole grain will limit client choices and acceptability leading to a decrease in iron intake. Furthermore, participant whole grain consumption will already be addressed with the proposed addition of whole grains to the food package.

- Leave cereal requirements as they are with the current food package.
- Allow state discretion in determining the best way to implement the whole grains (and allowable substitutions) based on what works best for them.

Fruits, vegetables and juice (packages III-VII): WAM is thrilled with the offer of fruits and vegetables to improve client intake. Our concerns lie with the administrative burden placed on clinics having to print vouchers in \$2 increments, the client having to run each voucher as a separate transaction at the store, and the fiscal burden caused when the vouchers are processed through the bank. All of this in addition to the burden already being placed on the client to: a.) add the price per pound of fresh produce b.) determine how much they are actually purchasing and c.) remain under the \$2 increment. Finally, although we understand and agree with the reduction in juice - WAM is concerned that clients will simply replace their WIC juice with a sweetened, artificially flavored drink which will increase non-nutritive calorie intake and dental caries.

- Allow states to determine their own dollar denomination based on what is best for them.

- Provide guidance for both client and vendor education on the best way to initiate a cash voucher system for fresh produce.
- Consider a different mechanism for delivery such as coupons rather than a voucher.

Infants (packages I and II): While WAM recognizes the medical and scientific reasoning for the proposed changes to the infant food packages we are concerned about the reality of the impact this will have on the WIC population. Providing jarred fruits and vegetables implies that this is necessary in order to properly feed an infant. Clients may infer that jarred infant food is recommended over preparing your own infant food. Additionally, decreasing the amount of formula at the same time we begin to provide solid foods implies that clients should automatically begin increasing solid food intake with no timeline for a transition. Finally, WAM is concerned that the decrease in formula will cause an increase in early cow's milk introduction. The net effect of these changes will be misinformation going to the clients, an increase in anemia in an already at risk population, and an increased cost to the WIC program.

- Offer a cash voucher for fruits and vegetables so clients can be encouraged to prepare their own infant food.
- Allow baby food grinders to be purchased with food dollars.
- If we must give jarred baby food then WAM would prefer it only from 6-8 months with a cash voucher from 9-12 months. Allow an option of a cash voucher at 6 months for those parents who prefer to prepare their own food.
- Reduce the amount of infant baby meat for exclusively breastfed babies as this is unrealistic for them to consume a jar a day and not likely to entice mother's to continue to breastfeed. Furthermore, the provision of infant baby meats is not culturally sensitive to our families that keep kosher (as there are no kosher baby meats currently available).
- Allow applesauce, 100% fruit sauces, and yogurt for infants 9-12 months to aid in texture transition to adult table foods.
- Leave the amount of formula for a fully formula fed infant at 31 cans of concentrate per month.
- Allow low iron infant formula with medical documentation and CPA/RD approval when medically indicated (ex. iron storage diseases, short term after blood transfusions, etc.)
- Allow state discretion for distribution of powdered formula and jarred baby foods. The proposed distribution would only confuse clients when their amount changes monthly.

WAM would like to thank USDA for all of their hard work in enhancing the food package to improve the health of the nation's most nutritionally vulnerable and we look forward to implementing the new food packages.

Sincerely,

The WIC Association of Maryland

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November 6, 2006

NOV - 6 2006

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nwa/swa-3

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

Dear Ms. Daniels:

The National WIC Association (NWA) enthusiastically supports the USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): *Revisions in the WIC Food Packages: Proposed Rule*,¹ with minor recommendations. This proposal represents the most significant change to the food packages in over thirty years and will provide millions of mothers and children with WIC's positive nutritional support. NWA applauds USDA/FNS for proposing these changes. The following highlights NWA's support and recommendations related to this rule.

Consistent with Current Dietary Science

The proposed rule is based on the latest nutrition science and will give WIC mothers and children the opportunity to follow diets consistent with current nutrient and food intake recommendations. It will also provide WIC nutrition education professionals the appropriate tools to reinforce WIC nutrition education messages.

The proposed rule supports exclusive breastfeeding for the first six months and is consistent with the dietary guidance from the American Academy of Pediatrics for children under two years of age.² The elimination of fruit juice for infants, the decrease in fruit/vegetable juice for children, and the addition of complementary foods for infants starting at six months of age are in alignment with the recommendations of the American Academy of Pediatrics.³

The proposed food packages are consistent with the *2005 Dietary Guidelines for Americans* by providing fruits and vegetables for participants 6 months of age and older, milk and cheese in reduced quantities, and other food items with reduced fat content.⁴

WIC for a Healthier America

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Washington, DC
Executive Director

The proposed amount of milk offered in most of the food packages closely follows the *Dietary Guidelines* recommendation for daily milk intakes. While the proposed food packages for all women provide slightly less than the recommended amount of milk, the amounts of calcium offered in these food packages still exceed the Adequate Intake (AI) for this nutrient for all but approximately 2% of this population.^{5,6}

The proposed rule calls for the use of low fat milk in replacement for whole milk. This modification would lower the total saturated fat and cholesterol content of the food packages.⁶

The proposed rule is also consistent with the *Dietary Guidelines* recommendation to replace refined grains in the diet with whole grains. Consumption of whole grains is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, and digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight status, and 3). increasing dietary fiber.^{4,7,8}

Appeal to Culturally Diverse Populations

Studies show that lactose maldigestion and low cultural acceptability have been associated with low consumption of dairy products among African American and Asian WIC participants. The proposed rule includes a wider variety of foods to increase cultural acceptability and intake of nutrients by offering fortified soy milk and tofu as alternative sources of calcium and vitamin D, canned salmon or sardines as an alternative to canned light tuna, and canned beans as a dried legume alternative.⁶

The variety of whole grain choices proposed addresses the nutritional needs and preferences of the culturally diverse WIC population. These include iron-fortified whole-grain cereals, whole grain breads, and other whole grain foods such as brown rice, soft-corn tortillas and bulgur.⁶

Updated Priority Nutrients

Research by the Institute of Medicine (IOM) WIC Food Package Committee indicated that the target nutrients provided by the current food packages are no longer valid. Rather, the IOM identified a new set of priority nutrients for each of the WIC participant categories. The proposed food packages address these priority nutrients.⁶

NWA's Recommendations for Changes to the Proposed Rule

NWA urges the following modifications to the proposed rule to better accommodate the needs of WIC mothers and children and address the concerns of the WIC community.

Alternative Dairy Products

- *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. NWA recommends that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA standard for protein at 6.25 grams minimum⁹ and industry standard for potassium at 250 milligrams per 8 ounce serving. Since protein is no longer a priority nutrient and the addition of fruits and vegetable contribute to the food packages' potassium content, these adjustments will not affect the nutritional needs of participants who substitute soy beverages for cow's milk.

- *Waive the medical documentation requirement for children to receive soy beverages.* The consumption of soy beverage for children can be a cultural/personal preference as well as a medical necessity. Since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on State systems and delay access to an important calcium source for WIC children.

Breastfeeding Women and Infants

- *Provide an additional \$2 to the fruit and vegetable vouchers for the fully breastfeeding woman's food package in order to bring the cash-value vouchers to the original IOM recommended amount of \$10 per month.⁶* The increased dollar amount would provide an additional incentive for women to breastfeed while maintaining WIC food package cost neutrality.
- *Implement the proposed rule for the fully breastfeeding, partially breastfeeding, and fully formula feeding packages concurrently without the pilot phase.* The concept of a test period for introducing the partially breastfeeding food packages may seem reasonable, but the delay in implementation, which would be over three years, is unacceptable. NWA believes that the fully formula feeding package will have significantly more appeal to mothers than the current partially breastfeeding package. Without full implementation, the proposal to delay would only provide a disincentive for women to breastfeed.
- *Give States the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report.⁶* States would incorporate their option into their existing breastfeeding policies and procedures. Criteria for issuance should be based on participant need determined by individual States. An evaluation of the impact of these options on a mother's decision to breastfeed will allow USDA to determine an appropriate future course of action.
- *Allow partially breastfeeding women who no longer receive food benefits to be provided with breast pumps.* For partially breastfed women who no longer receive food instruments but will continue to receive nutrition education, breastfeeding promotion and support, and health and social services, NWA recommends that breast pumps be made available through the use of food dollars, when appropriate, to

support these women's efforts to breastfeed. This is important especially in States where breast pumps are purchased solely with food package funds.

Fruits and Vegetables

- In addition to the recommendation to increase the dollar amount of cash-value food instruments for fruits and vegetables to \$10 for fully breastfeeding women, USDA should seek additional funding in its future budget requests to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for all women and \$8 for children.⁶ Cutting corners with the fruit and vegetable cash-value instruments will lead to reduced health benefits for WIC mothers and children. WIC's success has been in saving long-term healthcare costs. Making this modest investment will assure healthcare savings in the future.
- Allow inflation adjustments to be made so that the value of the newly proposed fruit and vegetable benefit is maintained relative to other food items. Over the years, the WIC food package costs have increased due to inflation. To disallow the same treatment for the fruit and vegetable vouchers will cause the fruit and vegetable benefit to erode over time.
- Allow State agencies to determine the dollar denomination on the cash-value food instruments so that States can cost-effectively implement these changes within their individual participant and infrastructure environments. It is essential that state agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.
- Allow States, through their retail store authorization procedures, to specify the minimum stocking requirements for fruits and vegetables. This will give States the ability to work with local grocers to provide the maximum number and variety of fruits and vegetables that are locally accessible, culturally appropriate and affordable. Setting the minimum stocking level arbitrarily at two will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables WIC clients purchased as demonstrated in the three highly successful pilot projects conducted recently in California and New York.
- Allow States to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. NWA supports the option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh fruits and vegetables. The proposed rule requirements would make this option impossible to implement for the following reasons:

- Farmers' Markets do not meet the existing federal selection criteria with regards to the variety and quantity of foods that must be stocked.
- Farmers generally do not sell from fixed sites and mobile stores are allowed only for the purpose of meeting special needs as described in each State agency's State Plan.
- Farmers would be held to current monitoring and auditing requirements.
- Allow States to utilize systems already in place would provide the flexibility needed by both farmers and States to make this unique model a workable option.

Whole Grains and Whole Grain Breakfast Cereals

- Maintain the proposed criteria for breakfast cereals (iron, sugar and whole grain) and allow States the flexibility to make appropriate substitutions to accommodate individual participant needs based on a documented medical condition. The proposed criteria for whole grain breakfast cereals eliminate single-grain corn and rice cereals from the eligible list of cereals. Participants with special conditions, such as allergy to wheat or gluten-intolerant, will be limited in breakfast cereal choices. NWA recommends that in cases when a participant presents with a medical diagnosis warranting a "wheat-free" cereal, a special package be issued that includes cereals meeting the iron and sugar criteria.

Categorical Tailoring and Substitution Requests

- NWA is inalterably opposed to the removal of the State option to categorically tailor or propose food substitutions. There are rapid changes in food industry, science, demographics and other factors in today's environment, and State agencies will, of consequence, need to submit proposals for cultural accommodations or categorical tailoring in the future. USDA's history of regulatory review and revisions to the WIC food packages substantiates the critical need for this flexibility. It is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants.

Rounding Up of Formula

- NWA recommends that USDA develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided. The proposed methodology for the State rounding option will result in a mother receiving a different number of cans of formula each month. This could prove confusing and be viewed as discriminatory by WIC mothers.

Implementation

- Given the complexity of the proposed rule and the current state of MIS and other infrastructure systems, NWA recommends that the implementation timelines be expanded beyond the one year suggested timeframe to provide States the much needed time to address MIS, infrastructure, banking and vendor contract changes.

In summary, NWA commends USDA for the release of the proposed rule making major changes to the WIC food packages. This proposed rule renders the WIC food packages consistent with the *2005 Dietary Guidelines for Americans* and is a major step forward to improve the overall nutritional health and well-being of WIC mothers and children.

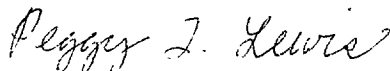
The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. 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.

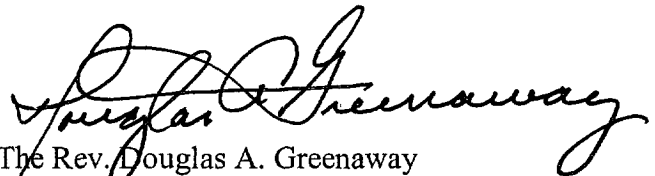
NWA urges publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

The National WIC Association is proud to have played a partnering role in the development of these proposed changes and looks forward with excitement to fully implementing the proposed rule.

Sincerely,



Margaret T. Lewis
President



The Rev. Douglas A. Greenaway
Executive Director

References

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THE WIC ASSOCIATION OF NEW YORK STATE, INC.

A not-for-profit advocacy organization for the Special
Supplemental Food Program for Women, Infants and Children

October 31, 2006

NWA / SWA - 4

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

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

Dear Ms. Daniels:

The WIC Association of NYS wholeheartedly endorses the goals of the proposed changes to the WIC Food Package. We believe they are bold, in keeping with the dietary guidelines and correctly position the program to address the current nutritional concerns facing our population. Thank you for your hard work in putting this proposal together.

With our expression of support clearly stated, we do want to recommend a few modest changes that we think will strengthen the final food package.

Inclusion of Fruits and Vegetables

1. Cash value vouchers are the best way to implement the inclusion of fruits and vegetables in the food package. However, as currently framed in the proposed regulations, they violate one of the basic principles of the WIC program; that the benefits are indexed for inflation. One of the most important features of WIC, for the last three decades, is the guarantee that participants receive a specific quantity of food each month regardless of the cost. If the price of the WIC food increases, the participant does not lose out. We believe that this aspect of WIC has significantly contributed to the program's success in achieving positive health outcomes. Therefore, we recommend that all States be mandated to provide the full cash value as proposed in the regulations. In addition, the regulations wisely

include a provision where USDA could ask for an inflationary adjustment to the cash value of the fruit and vegetable vouchers however, we think this provision must be strengthened. We strongly urge that the value of the fruit and vegetable benefit be indexed for inflation. This would preserve the nutritional value of the food package even during times when there is pressure to cut costs.

2. Provide an option for States to limit fruits and vegetables to fresh only. We support the principle of allowing the inclusion of fresh, canned, and frozen fruits and vegetables at the national level. We understand that high quality fresh produce is not currently available year round on a national basis. However, we believe that as the demand for the fresh produce increases, better products will become available. We then believe that good nutrition principles should prevail. In addition to fresh produce being more wholesome, the redemption process will be easier to implement for both participants and vendors.
3. Increase the value of the cash value coupons for Breastfeeding women to \$10. We believe this better addresses the nutritional need of the Breastfeeding woman and will make the value of the package more attractive to the participant.

Implementation of the Proposed Infant Feeding Options

1. The WIC Association of NYS, Inc. firmly believes that Breastfeeding is the optimal means for feeding most infants. We endorse the principles behind the proposed infant feeding options. We also understand that WIC's current role of supplying infant formula to Breastfeeding Women in the early post partum months may be perceived to undermine breastfeeding. However, we also believe firmly in the responsibility of the WIC CPA to tailor a food package specifically designed to meet the needs of each participant. We are concerned that the proposal to not provide formula to Breastfeeding women for the first month undermines the CPAs assessment of each individual's nutritional need. In New York, we count breastfeeding success, one mother and baby at a time. We assess each dyad individually. We are concerned that if we take too rigid of an approach in the early post partum days we may inadvertently encourage formula feeding among mothers who are experiencing difficulties. We believe that the CPA should proportionately tailor the breastfeeding mother's package to the baby's package.
2. We are pleased to see the proposal authorizing rounding up to the next whole container of infant foods. We believe this allows the maximum nutritional benefit to be issued to participants. However, it does create a concern with issuing varying numbers of containers of infant formula and baby foods from month to month. We are fearful that this will create confusion for both participants and staff. Instead of averaging the quantity of formula from one month to the next, we propose providing a higher allotment of formula during the first six months and gradually tapering it down to a smaller quantity in the remaining six months, when the infant's consumption of complimentary foods reduces the quantity of formula consumed.

Inclusion of Whole Grains

1. We support the inclusion of whole grains to the food package, however we do recommend that a special wheat and gluten free food package be developed.

Fish

1. We support the inclusion of canned sardines and salmon in addition to the tuna however, due to the high mercury levels in the canned fish, we recommend canned chicken as another alternative.

Thank you for this opportunity to comment on the proposed changes to the WIC Food Package. Because we believe this will have such a positive impact on participants, we encourage USDA to issue a final rule by April 2007. We look forward to working with you to implement these important changes.

Sincerely,

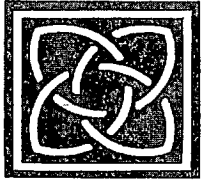


Cindy Walton, Chair
WIC Association of NYS, Inc.

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NOV 4 2006

03-NP



North Carolina Association of Local Nutrition Directors

Professionals Linking Good Nutrition and Healthy Living

November 4, 2006

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

NWA/SWA-5

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

Dear Ms. Daniels:

The North Carolina Association of Local Nutrition Directors, whose members represent approximately 45 Local WIC Programs in North Carolina, strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, we believe that WIC clients will be pleased that there will be more choices in the foods offered.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. *We do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through “cash-value” vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

The North Carolina Association of Local Nutrition Directors recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the

proposed rule. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

Again, The Tri County Community Health Center WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control. The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. 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.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,



Pamela J. Rock, RD, LDN
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NOV - 6 2006



nwa/swa-6

28NF

County of Erie

JOEL A. GIAMBRA
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH
WIC PROGRAM

ANTHONY J. BILLITTIER IV, M.D., FACEP
COMMISSIONER OF HEALTH

November 6, 2006

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

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

Dear Ms. Daniels:

The WIC Association of NYS wholeheartedly endorses the goals of the proposed changes to the WIC Food Package. We believe they are bold, in keeping with the dietary guidelines and correctly position the program to address the current nutritional concerns facing our population. Thank you for your hard work in putting this proposal together.

With our expression of support clearly stated, we do want to recommend a few modest changes that we think will strengthen the final food package.

Inclusion of Fruits and Vegetables

1. Cash value vouchers are the best way to implement the inclusion of fruits and vegetables in the food package. However, as currently framed in the proposed regulations, they violate one of the basic principles of the WIC program; that the benefits are indexed for inflation. One of the most important features of WIC, for the last three decades, is the guarantee that participants receive a specific quantity of food each month regardless of the cost. If the price of the WIC food increases, the participant does not lose out. We believe that this aspect of WIC has significantly contributed to the program's success in achieving positive health outcomes. Therefore, we recommend that all States be mandated to provide the full cash value as proposed in the regulations. In addition, the regulations wisely include a provision where USDA could ask for an inflationary adjustment to the cash value of the fruit and vegetable vouchers however, we think this provision must be strengthened. We strongly urge that the value of the fruit and vegetable benefit be indexed for inflation. This would preserve the nutritional value of the food package even during times when there is pressure to cut costs.

2. Provide an option for States to limit fruits and vegetables to fresh only. We support the principle of allowing the inclusion of fresh, canned, and frozen fruits and vegetables at the national level. We understand that high quality fresh produce is not currently available year round on a national basis. However, we believe that as the demand for the fresh produce increases, better products will become available. We then believe that good nutrition principles should prevail. In addition to fresh produce being more wholesome, it is also simpler to implement for both participants and vendors.
3. Increase the value of the cash value coupons for Breastfeeding women to \$10. We believe this better addresses the nutritional need of the Breastfeeding woman and will make the value of the package more attractive to the participant.

Implementation of the Proposed Infant Feeding Options

1. The WIC Association of NYS, Inc. firmly believes that Breastfeeding is the optimal means for feeding most infants. We endorse the principles behind the proposed infant feeding options. We also understand that WIC's current role of supplying infant formula to Breastfeeding Women in the early post partum months may be perceived to undermine breastfeeding. However, we also believe firmly in the responsibility of the WIC CPA to tailor a food package specifically designed to meet the needs of each participant. We are concerned that the proposal to not provide formula to Breastfeeding women for the first month undermines the CPAs assessment of each individual's nutritional need. In New York, we count breastfeeding success, one mother and baby at a time. We assess each dyad individually. We are concerned that if we take too rigid of an approach in the early post partum days we may inadvertently encourage formula feeding among mothers who are experiencing difficulties. We believe that the CPA should proportionately tailor the breastfeeding mother's package to the baby's package.
2. We are pleased to see the proposal authorizing rounding up to the next whole container of infant foods. We believe this allows the maximum nutritional benefit to be issued to participants. However, it does create a concern with issuing varying numbers of containers of infant formula and baby foods from month to month. We are fearful that this will create confusion for both participants and staff. Instead of averaging the quantity of formula from one month to the next, we propose a providing higher allotment of formula during the first six months and gradually tapering it down to a smaller quantity in the remaining six months, when the infant's consumption of complimentary foods reduces the quantity of formula consumed.

Inclusion of Whole Grains

1. We support the inclusion of whole grains to the food package, however we do recommend that a special wheat and gluten free food package be developed.

Fish

1. We support the inclusion of canned sardines and salmon in addition to the tuna however, due to the high mercury levels in the canned fish, we recommend canned chicken as another alternative.

Thank you for this opportunity to comment on these important changes. Because we believe this will have such a positive impact on participants, we encourage USDA to issue a final rule by April 2007. We are looking forward to working with you to implement these important changes.

Sincerely,

A handwritten signature in black ink that reads "Sharon Thayer". The signature is written in a cursive style with a large, stylized initial "S".

Sharon Thayer
WIC Program Director

FLORIDA WIC ASSOCIATION, INC.

October 27, 2006

NOV 06 2006

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

nwa/swa-7

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

Dear Ms. Daniels:

The Florida WIC Association strongly supports the USDA issued proposed rule governing the WIC food Package published in the Federal Register on August 7, 2006.

The revisions are based on sound science, aligned with the 2005 Dietary Guidelines for Americans, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food package provide WIC participants with a wider variety of choices, allow state agencies greater flexibility to accommodate cultural food preferences and address nutritional needs of our most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for A Change." As the Institute advised, the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns of our nation. The proposed rule appears to balance the new foods with recommending less juice, eggs and milk to maintain cost neutrality. The addition of fruits and vegetables is essential to promote the health benefits widely known to be provided by these foods.

We support the addition of infant fruits and vegetables at 6 months of age in varying amounts for fully breastfeeding, partially breastfeeding and fully formula feeding infants, as well as infant food meats for fully breastfeeding infants. The addition of fruits and vegetables through "cash value vouchers" in the proposed amounts of \$8 for women and \$6 for children is a great benefit to families. We strongly support the amount for fully breastfeeding women to be increased to \$10 to match the IOM recommendation to provided further incentive and support for fully breastfeeding. We recommend that the dollar denomination of the "cash value vouchers" and the stocking requirements for vendors be determined at the discretion of the WIC State agencies.

The proposed rule generally supports breastfeeding. However, we do not support the recommendation to pilot test the food package for the partially breastfeeding woman. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently to avoid the appearance of "partiality". We strongly recommend that States be given the option to

FLORIDA WIC ASSOCIATION, INC.

provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM report.

The recommendation to "round up formula" to the maximum reconstituted amount over time creates an administrative burden for local WIC agencies. The cans change in size periodically as manufacturers determine and to track the can size over a period of a year for rounding up calculations is an additional burden to already overworked and understaffed local WIC agencies. We hope this will not be included in the final rule.

The calcium-set tofu and calcium-rich and vitamin D-rich soy beverages as alternatives for milk are long overdue as a benefit to families who require this soy preference to meet their nutritional needs. We urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards for women and children soy beverages. It is imperative that women and children be able to receive soy products without the requirement of medical documentation. The reputation of the WIC Program will suffer in the medical community if we send families to their physician to support a normal nutrition food choice. The added time and cost to participants is not acceptable and it creates an administrative burden for local WIC agencies. We hope that this will be excluded from the final WIC Food Package rule.

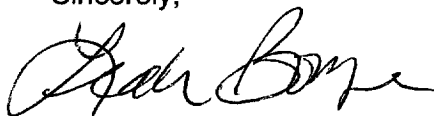
The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with current scientific recommendations. We support the IOM recommendation to make substitutions for "wheat-free" cereals based on medical prescription.

We recommend flexibility in providing whole milk to children over two years of age who are underweight since this is a viable nutritional choice to support their health and weight gain requirements.

The Florida WIC Association recognizes the need for good planning to allow implementation of the new food package with vendors and participants. We would recommend at least a two-year time frame from the publication of the final rule to allow WIC State agencies adequate preparation, training, coordination and technological adaptation to implement the final revised WIC food package.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for breastfeeding women will greatly improve the health of women, infants and children.

Sincerely,



Leah Bowzer, RD, LD
Chair
Florida WIC Association, Inc.

cc: FWA Board of Directors

CALIFORNIA WIC ASSOCIATION

17-AP

November 6, 2006

Ms. 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

NOV 06 2006

NWA/SWA -8

**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, published in the Federal Register on August 7, 2006.

On behalf of the 82 local WIC programs in California and the 1.38 million WIC participants we serve, I strongly and enthusiastically support these long-awaited reforms that will provide the families we serve with healthier, more varied food options. We in the California WIC community are very pleased to see that the rule reflects recommendations made by the Institute of Medicine (IOM) report, *WIC Food Packages: Time for a Change*. The IOM urged sweeping changes so that WIC's success as a public health intervention continues, by updating our foods to take into account: significant advances in nutrition science and food technology; huge demographic shifts in the WIC population, with much broader ethnic and cultural diversity; and emerging health concerns, particularly obesity and chronic disease.

For years, the outdated current package has made it difficult for WIC nutrition educators on the front lines to concretely reinforce the messages and skills we share with parents and children. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and better enable the establishment of successful long-term breastfeeding. Thus, a revised package will really help WIC families "walk the WIC talk."

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1. Timely Implementation of Final Rule, but Careful Roll-Out

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, we urge USDA to conduct its analysis of the comments on the Proposed Rule quickly and efficiently, and **publish an Interim Final Rule by mid-2007 at the very latest.**

While there is an urgent need to finalize the rule and get started, states need a little more time to implement these sweeping changes. The rule proposes that states implement the entire package within one year of publication of the final rule, with the exception of the elimination of infant juice (proposed within six months) and the three-year delay for new packages for partially breastfeeding mother-infant dyads. This is somewhat unrealistic. California's recent experience with a similarly scaled systems change – vendor cost containment and Any Authorized Vendor, launched in October – has shown how complex and potentially trouble-prone these multi-layered changes can be. A great deal of research, planning, IT pilot-testing, and troubleshooting, not to mention grocer and other stakeholder input, and local agency and WIC participant education, is needed for a change of this magnitude.

To ensure a positive and smooth transition, and to avoid the mistakes and damage to WIC participation and (public goodwill) that can be caused by a rushed and chaotic implementation, we strongly recommend that USDA extend the timeline for rollout of the entire package. State Agencies should be required to submit implementation plans as State Plan Amendments beginning in FFY 2007, **with full implementation required within two years of publication.**

We also strongly urge USDA to allow states more latitude in terms of their approach to rolling out these sweeping changes. While holding them accountable for balancing food costs, the Department should allow States to choose a locally workable plan for phasing in changes, using a strategy and timetable that is most efficient 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. It will be hard to predict how some of these changes will impact retail grocers, participant choices, and even other WIC food item costs and availability. Much care should therefore be taken to analyze these cost and market impacts as they are phased in. If, as stated in the proposed rule, USDA wants each state to maintain overall cost neutrality for their revised food packages, **USDA should allow states to make changes by food category or participant (package) category.** The findings should, in turn, inform the full implementation of this positive policy option.

2. Fruits and Vegetables Will Enhance Health and Food Security

We strongly support providing 8.2 million WIC mothers and young children with cash-value vouchers to purchase fruits and vegetables. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, the pilot programs operated by several California WIC programs to test this

option have shown that WIC participants were thrilled with the opportunity for flexible fresh produce choices. Redemption rates were consistently high even at comparatively low voucher values, and had immediate health benefits. We 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. However, the proposed voucher levels are an excellent start and should be immediately implemented.

Excluding potatoes not really worth it. While we understand the scientific and survey-based rationale for excluding white potatoes from the list of allowable WIC vegetable items, **it is not worth actually trying to implement this well-intentioned IOM recommendation.** The negatives -- administrative headaches involved with vendor enforcement and training, nasty conflicts at grocery checkout, and negative messages about fresh produce -- simply outweigh any benefits that might be achieved by such a policy. The fruit and vegetable pilot projects conducted in California clearly demonstrated that WIC participants (1) responded extremely well to nutrition education and food demonstrations marketing nutrient-rich, seasonal produce items (they actually purchased what they tried at WIC!) and (2) chose a wide variety of produce, with potatoes NOT a primary choice. Rather than becoming “food police,” WIC nutrition educators would prefer to focus on positive, reinforcing messages emphasizing variety, seasonality and nutrient-dense produce choices.

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 p. 44798 and 44818, Table 2, note 14). **This inflation adjustment should not be optional.** We strongly urge USDA to clearly specify in the final rule that inflation adjustments shall be made, so that the value of the newly proposed fruit and vegetable benefit does not erode over time. 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. Without this critical regulatory protection, Congress, looking for funds in a scarce environment, could direct USDA to ignore the adjustment and thus reduce the value of the WIC food package -- with a single sentence in an Appropriations bill. The ultimate harm would be to WIC families.

Inflation adjustment methodology. In addition, 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 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. From an administrative point of view, it seems simpler to provide fruit and vegetable food instruments in whole dollar values, but we believe that the supposed ease-of-use issues for WIC agencies, vendors, and participants are clearly outweighed by the outstanding disadvantages of this approach. Using a smaller increment would reduce the decline in value between inflation

adjustments. Congress is more likely to provide the increased funding associated with an inflation adjustment if the annual increments are smaller and more frequent. As time goes by, WIC families will need every penny's worth of support they can get to maintain adequate access to healthy fruits and vegetables.

State Flexibility. State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. There is a conflict in the proposed rule regarding the expectation for the number of fruits and vegetables the States would need to require vendors to stock. **The final rule needs to clarify this inventory requirement.** Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the highly successful pilot projects recently conducted here.

Let All WIC Families Shop at Farmers' Markets. The proposal to include farmers' markets as WIC vendors for WIC fruits and vegetables will be a major win-win for both family farmers and WIC families. **However, the rule needs to be revised** to allow states to exempt farmers' markets from the vendor authorization requirements. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.

3. Other Positive Changes Will Improve Dietary Intake.

The Department's aim is to add new foods while preserving cost neutrality. These welcome changes will better align WIC with current dietary and pediatric guidance. In particular:

- The proposal to **reduce juice and replace it with infant food at 6 months** will support AAP recommendations and introduce infants to fruits and vegetables at the appropriate age. We can't wait to implement this proposal!
- The provision of **soy options** will allow WIC to better serve California's extremely diverse young families. The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy and lactose maldigestion, as well as those with cultural preferences for soy foods. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to choose soy. We also urge that children be able to receive soy products without the proposed requirement of unnecessary and burdensome medical documentation.

- The proposed rule to include **whole grain bread and other grains** for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with mostly whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule.
- The inclusion of **lower-fat milk and less cheese and eggs** will support adequate calcium intake, while at the same time lowering saturated fats and cholesterol in accordance with current dietary guidance.

4. Package for Breastfeeding Mothers.

Support and Incentives for Early Exclusive Breastfeeding. The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant’s first birthday. We enthusiastically support stronger incentives for continued breastfeeding, by providing less formula to partially breastfed infants and offering additional quantities/types of food for breastfeeding mothers. The rule 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, **we urge USDA to raise the cash-value vouchers for fruits and vegetables to the original IOM-recommended amount of \$10 per month.**

Empirical evidence shows that the inopportune introduction of formula is associated with shorter duration of breastfeeding – effectively denying babies the myriad health benefits derived from exclusive breastfeeding, which is the “Gold Standard” of infant feeding. Moreover, research – and our direct WIC experience – indicates that many women lack confidence in their ability to produce sufficiently for their babies. We have found that particular factors influence the duration of breastfeeding among WIC moms: attendance at a breastfeeding class; knowing others who have breastfed; and support of breastfeeding by significant others.

Our work here has repeatedly shown that skilled, culturally competent support is critical to increasing duration of exclusive breastfeeding in the first month. WIC mothers’ concerns about breastfeeding need to be heard and affirmed, and they need to be given information and help so they can feel confident that they can indeed exclusively breastfeed their newborns. Many new mothers who are committed to breastfeeding still have nagging doubts about “running low” on breast milk and having their babies go hungry. They often ask for a little bit of formula – “just in case.” Along with staff skills and breastfeeding support services that WIC can provide, the provision of one can of formula, as insurance to the doubtful mom, is an appropriate and important WIC benefit in the first month, while still allowing the mother to be considered exclusively breastfeeding for the purposes of WIC data collection.

That is why we recommend that USDA allow State agencies to proceed with implementing the food packages for partially breastfeeding women and infants and the new definitions of partial breastfeeding and participation. During the infant's first month, women who are breastfeeding should be eligible for food package VII and States should be permitted to allow their breastfed infants to receive one can of powdered supplemental formula. States would incorporate their option into their existing breastfeeding policies and procedures, which should include comprehensive and hands-on support by skilled, culturally competent WIC breastfeeding staff. Failure to provide this kind of support may lead to mothers choosing to enroll their infants as formula fed in the first month – an unintended consequence of a well-intentioned policy change.

Move forward with caution, modify the pilot. Despite the concerns with forging ahead into uncharted territory, **we do not support the proposal to completely delay implementation of this change to allow for a national three-year pilot test.** During that long wait for evaluation results, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula-feeding food package changes be implemented concurrently. However, we do support an immediate pilot study to evaluate and document different successful approaches that lead to a mother choosing not to take or utilize the supplemental formula. Quite a few California WIC programs have been testing and refining this innovative approach to supporting exclusive breastfeeding, and the results have been striking: breastfeeding rates go up. **These agencies should be tapped for pilot studies right away.**

Breast pumps for less than partially breastfeeding participants after 6 months postpartum. The proposed rule would change the benefits available to women who breastfeed 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.

5. State Flexibility is Critical.

We strongly urge USDA to allow some state flexibility – within strictly defined parameters – regarding the design and categorical tailoring of WIC food packages. This will allow the WIC food packages to be adjusted to keep up with new science,

... research, demographic and emerging health factors, which may be somewhat state-specific or unique to regions. Examples of rapid changes that WIC might need to address in a flexible manner include the influx of large new immigrant or refugee populations, unexpected environmental/industrial/terrorist damage to parts the U.S. food supply, or unforeseen and rapid changes in the grocery business.

As it is doubtful that regulations could be revised often or quickly enough to keep pace with these changes, the USDA should avoid a rigid, cookie-cutter approach and allow States to request approved changes if a demonstrated need arises. This includes the allowance of proposals for cultural food substitutions, so states can respond to the changing needs and preferences of their ethnically diverse communities in a timely fashion. Likewise, states need to be given the flexibility to work with vendors and partners to promote maximum number and variety of produce items that are locally accessible, culturally appropriate and affordable.

In conclusion, CWA looks forward to working with USDA and the rest of the WIC community to implement these excellent food package improvements over the next few years. If planned carefully and leveraged by strategic partnerships with grocers, nutrition advocates and WIC families, the implementation of the new WIC food package could drastically improve community food security, address the obesity epidemic, and make healthy food choices easier for millions of low-income households –including households not participating in WIC. Taken together, this regulatory proposal will ultimately have a positive impact on the health of low-income women, infants and children in California.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. True', with a long horizontal flourish extending to the right.

LAURIE TRUE, MPH
Executive Director

21-11P

NOV 06 2008

nwa/swa-9

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

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 revise the WIC Food Packages published in the *Federal Register* August 7, 2006.

The Texas Association of Local WIC Directors strongly supports these long-awaited reforms that will provide the families we serve with healthier, more varied food options. We are pleased to see that the rule reflects recommendations made by the Institute of Medicine (IOM) report, *WIC Food Packages: Time for a Change*. These revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and better enable the establishment of successful long-term breastfeeding. This proposal finally brings the WIC Food Packages in line with current dietary science and will have a positive impact on the health of women, infants, and children in Texas and throughout America.

We ask that you consider the following points as you develop the final rule.

1. Food Package I: Infants < 6 months

Regarding the proposal to tie the maximum issuance of infant formula to breastfeeding practice:

- We **support** maximum allowances for each category (fully breastfed, partially breastfed, and fully formula-fed).
- We **support** that powder formula alone is recommended for partially breastfed.
- We request that the current and proposed regulations be modified to count a breastfeeding woman whose high-risk infant is issued only Human Milk Fortifier be counted as exclusively breastfed.

We **support** the following proposals:

- Removing juice and infant cereal for infants four and five months old.
- The proposed increase in formula for infants four and five months old, as follows: from 806 fl. oz. reconstituted concentrate to 884 fl. oz. (29 oz/day); from 800 fl. oz. Ready to Use (RTU) to 896 fl. oz.; and from 870 fl. oz. reconstituted powder to 960 fl. oz. (31 oz/day). However, we ask for **clarification** in the final rule regarding concentrating formula to a

higher caloric level. If a prescriptive authority orders 24 kcal/oz or 27 kcal/oz formula or any concentration higher than the standard 20 kcal/oz, would issuance still be for the same amount reconstituted as those proposed for 20 kcal/ounce? Additional cans of powdered formula would be required to do this.

- That infants less than one month old will be recognized either as fully breastfed or fully formula-fed and that no partially breastfed infant will receive food until one month of age. However, Texas WIC shares the same implementation concerns as the National WIC Association and concurs with the recommendation that for breastfeeding mothers who request formula in the first month, additional breastfeeding support be provided by the clinics and where formula is deemed appropriate, clinics may provide a small amount of powdered formula. The final rule language should clarify that formula may be provided even if the mother has redeemed benefits for an exclusively breastfeeding package.
- The proposal to disallow low-iron infant formula in food package I.
- The reclassification of prescriptions of exempt infant formula under food package III.

2. Food Package II: Infants 6 to 11 months

We **support** the following proposals:

- The change to delay complimentary foods and make infants eligible for food package II at age six months.
- Establishing fully-breastfed, partially breastfed, and fully formula-fed with corresponding maximum formula amounts.
- The elimination of juice and adding infant fruits/vegetables. Allowing fresh banana as a substitute for a portion of fruits/vegetables.
- Providing more infant fruits and vegetables to fully breastfed infants than to partially breastfed or fully formula-fed infants.
- The proposed maximum amounts of fruits/vegetables as follows: Fully formula-fed: 128 oz (32 four-oz jars); Partially BF: 128 oz (32 four-oz jars); and Fully BF: 256 oz (64 four oz jars).
- Providing infant food meat to fully breastfed infants (pureed through diced and that broth or gravy is acceptable).
- The disallowance of low iron formula in food package II.
- The disallowance of infant cereal with added ingredients.

3. Food Package III – Medically Fragile Participants

Regarding Medical Foods designed for inborn errors of metabolism (FNS seeking comments), we **support** the use of medical food bars. We suggest FNS determine the maximum monthly allowance by using the protein equivalent to the amount of protein the formula provides.

Regarding the section that expands upon the restrictions when issuing a WIC formula in a Ready-to Feed (RTF) form, we **support** the rule as proposed; however, the final rule should clarify that RTF formula may be issued for infants with compromised immune systems (as in the case of premature infants), even though a powder alternative may be available.

We **support** the administering of exempt formulas to infants with qualifying conditions under food package III (i.e. move from food package I or II to III), but have some **concerns**.

-
- **Concern:** We believe the condition/term “failure to thrive” as a qualifying condition for food package III should be removed since there is no standardized definition.
 - **Concern:** USDA should clarify the language in the final rule regarding the food packages’ purpose and scope. We support the purpose of food package III for consolidation of all medically fragile individuals into one package to facilitate management and tracking of the benefits and cost of providing supplemental foods to these participants. But, we are concerned primarily about the protein hydrolysate class of formulas, which are commonly prescribed for milk and soy allergies and/or malabsorption. These products are currently considered exempt and the final rule should make it clear they are still classified as such for the purpose of qualifying for food package III. The proposed rule indicates that infants and/or children would have to be diagnosed with severe food allergies, requiring an elemental formula, such as Neocate, to qualify for food package III.
 - **Concern:** If participants do not receive foods (e.g., totally tube-fed or developmentally delayed), we recommend they receive more formula even if the formula is not an exempt formula. In addition, milk and soy-based formulas should also be provided in food package III for premature infants until adjusted age one, and for other conditions requiring these formulas. USDA should clarify and address this in the final rule.
 - **Concern:** There does not appear to be an appropriate food pkg. for infants (6-12 months old) receiving 100 percent of their nutrient requirements via tube-feeding that will provide adequate amounts of formula; please note that these infants may not qualify for Medicaid. The food package as described in the proposal would not meet the needs of a totally tube-fed infant who could not use the baby food offered in the food package.
 - **Concern:** Another situation would be where a 6 – 11 month old who for developmental or medical reasons would not be able to consume baby foods. This infant would only be issued 22 ounces of formula per day. We recommend the final rule allow for providing more formula to those infants in lieu of the infant food.

Regarding the clarification in the rule that medical foods are designed for children (12 months and older) and adults; therefore, infants served under food package III cannot receive medical foods:

We **oppose** restricting medical foods from infants under food package III. Some medical conditions, such as decreased renal function, inborn errors of metabolism, cardiac conditions, poor weight gain, and the need for increased calories or protein exist that require the use of an infant or exempt formula in addition to a medical food. Detailed examples: 1) for an infant whom the doctor would like to receive 30 kcal/oz. formula by concentrating the formula to 24 kcal/oz. and adding Polycose or MCT oil, or both, to increase calories. This keeps the osmality lower than if formula was simply concentrated to 30 kcal/oz. MCT oil is an easy to absorb oil for infants with fat malabsorption ; 2) Duocal, a carbohydrate and fat supplement, is sometimes prescribed to increase calories in infant formula or in baby foods; and 3) A protein modular, such as Beneprotein, may be used to increase protein for an infant in some circumstances, such as for infants with cystic fibrosis. It is possible to issue amounts of both that do not exceed the maximum amounts allowed by regulations. We would like to see these allowed for infants with appropriate diagnosis and documentation.

Regarding prescription requirements, FNS should consider our recommendation that physician-prescribed **amounts of formula and/or supplemental foods per day** be removed from the prescription documentation requirements. Many health care providers are unable to keep up with

the ever changing formula industry and would not be able to site appropriate amounts of the various formulas/supplemental foods needed per day.

4. Food Package IV: Children age 1 up to age 5

We support the following

- Reducing the amount of milk from 24 quarts to 16 quarts;
- That cheese may be substituted for up to three quarts of milk. Because cheese is a popular benefit, we recommend that State agencies choosing to substitute one pound of cheese in the food package be allowed to round the one quart up to a half-gallon or round down to 15 quart equivalents total.
- The modification/clarification of reconstitution rates of dry and evaporated milk.
- The move to fat-reduced milk for children ages 2 and older but request that the final rule allow State agencies the ability to provide fat-reduced milk to children less than 2 years of age for one year olds with weight for length above the 95th percentile or with health problems (heart or cholesterol issues, for example) made worse by whole milk intake with appropriate medical documentation. We also request the final rule allow State agencies the ability to provide whole milk to children older than 2 yrs of age who are underweight or who are at risk for underweight.
- The addition of whole grain bread (and allowed substitutions).
- The reduction from 2.5 dozen eggs to one dozen eggs as protein is no longer a priority nutrient and this is consistent with the 2005 Dietary Guidelines for lowering cholesterol.
- The ability to substitute canned beans for dry beans at the rate of 64 ounces per pound, but only if State agencies continue to have the option of choosing canned or dried beans.
- The “51% whole grains” requirement, but have a **concern** that the “51% whole grains” requirement may limit too severely the variety and types of cereals that would be WIC-eligible. In particular, we are concerned about the elimination of corn & rice products used for allergen sensitivity reasons. We concur with the NWA recommendation that in cases when a participant presents with a medical diagnosis warranting a “wheat-free” cereal, that a special package be issued that includes cereals that meet the current iron and sugar criteria, but not the whole grain proposed criteria. In terms of the 51% by weight, it appears according to the industry comments on the proposal that there are some inequities in the whole grain requirement. We sincerely hope that USDA will consider a reasonable approach to these inequities.

Regarding soy beverages, we support the addition of soy; however, we have two **concerns**:

- **Concern:** We understand that soy beverages are required to be of the equivalent nutrients as milk; therefore, we do not believe it imperative that a physician write an Rx and/or be alerted that a child is on soy. The consumption of soy beverage for children can be a cultural/personal preference as well as a medical necessity. Since state policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on State systems and delay access to an important calcium source for WIC children.
- **Concern:** Currently, it appears that the nutritional content of most soy beverages available do not meet the requirements outlined in the proposal for a nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We agree with the recommendation of the National WIC Association (NWA) that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for

protein at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving. Since protein is no longer a priority nutrient and the addition of fruits and vegetable contribute to the food packages' potassium content, this adjusted specification will not affect the nutritional needs of participants who substitute soy beverages for cow's milk.

We **support** the juice reductions in general, but have **serious concerns** about package sizes as follows:

- The juice maximum amounts authorized for children limits the selection of juice containers. Children authorized 128 fluid ounces only would be able to have juice in 32 ounce containers or 64 ounce containers. No frozen juices would be possible.
- Many clients prefer frozen juices. Data from Texas WIC client preference surveys indicate approximately 25% of our clients prefer frozen juice. In addition, actual purchase information by Universal Product Code (UPC) data from the Texas electronic benefits transfer (EBT) shows this same percentage.
- The mix of containers (32/48/64 ounce Fluid and 6/12 ounce frozen) becomes problematic with EBT considering the food packages for the family are aggregated on the card. The quantity for the family would require the unit of measure be at the fluid ounce. A pregnant mom, with an 18 month old and a 3 year old, would have 400 fluid ounces loaded to her card. If she purchased only 48 fluid oz and 12 oz frozen containers, she would end up forfeiting 16 ounces.
- Therefore, we **strongly recommend** instead of mandating the maximum issuance of 96, 128, and 144 ounces of juice, USDA consider allowing a range. Postpartum 92 – 96 fluid ounces; Pregnant/Breastfeeding 138 – 144 fluid ounces, and children 92-138 fluid ounces. Note: this comment is also included concerning women participants in this document in the section on Food Packages V, VI, and VII.

Regarding adding a \$6 monthly voucher for fruits & vegetables:

- We **support** adding fruits and vegetables. However, we understand the Institute of Medicine considered the use of a maximum quantity of pounds of fruits & vegetables, rather than a cash value. We strongly recommend this be reconsidered as an option for States; i.e., the latitude to prescribe a not to exceed quantity rather than a not to exceed dollar amount.

5. Food Packages V, VI, and VII

Regarding conditioning eligibility for Food Package V on breastfeeding practice, we **oppose** the proposal that mothers who request more formula than the maximum amount allowed for partially breastfed infants will no longer be eligible for food package V. If a breastfed infant needs more than 10 ounces of formula per day, we believe WIC should support and acknowledge the fact that the mother is making the best choice for her baby by continuing to breastfeed and provide her with either a postpartum food package or a partial breastfeeding package. For example, a breastfeeding woman who works full-time in a setting that is not private enough for pumping at work, will only receive a half-package of formula (10 oz. per day) and her infant is away from her all day, most likely in a day care setting. She is trying her best to breastfeed in the morning before work and at night, but can't provide enough breast milk to send her child to day care all day because she doesn't have the luxury of pumping at work. It is likely that, among the WIC population, the types of jobs held by WIC clients tend to be in settings that do not offer pumping at work.

We support the following:

- Reassigning food package VI up to six months postpartum.
- Reducing the prescribed amounts of milk in food packages V, VI & VII.
- The cheese substitutions in food packages V, VI & VII.
- The proposal that cheese and tofu combined can replace no more than four quarts of milk **except** for women with documented medical needs may be prescribed in excess of the 4 qt max.
- The proposal that no more than one pound of cheese may be substituted for milk at the unchanged rate of one of pound cheese for three quarts milk.
- Soy beverages allowed as a substitute for the entire milk allowance.
- That yogurt was omitted for cost reasons.
- The changes in the substitution rates of evaporated and dry milk to ensure that participants receive the same maximum monthly allowance of milk (reconstituted) as those issued fluid milk.
- Adding one pound of whole grain bread at the State agency's option, with the same concerns identified in this document under the topic of Food Package IV.
- The proposed substitutions for whole grain bread: brown rice, bulgur, whole grain barley, and soft-corn or whole-wheat tortillas.
- Reducing the maximum egg prescriptions.
- The ability to substitute canned beans/peas for dry beans/peas at the rate of 64 ounces per pound, but only if State agencies continue to have the option of choosing canned or dried beans/peas, an option currently only allowed for homeless participants.
- The addition of 18 ounces of peanut butter to Food Package V.
- The addition of adding either one pound of beans or 18 ounces of peanut butter to Food Package VI.
- The proposal to authorize 30 ounces of canned fish, including light tuna, salmon and sardines with a State agency option to choose fish varieties and packaging.

We support calcium-set tofu and calcium-fortified soy beverage allowed as new milk substitutes, but have the following **concerns**:

- **Concern:** Calcium-set tofu does not appear to be readily available in Texas.
- **Concern:** There appears to be a very limited availability of calcium-set tofu or other tofu in the 1-lb packages.

We ask USDA to consider these problems and how they can be remedied so that tofu can continue to be offered.

We support the juice reductions in general, but have **serious concerns** about package sizes as follows:

- The juice maximum amounts authorized for pregnant, postpartum, and breastfeeding women (144 and 96) limit the selection of juice containers to 48 ounce fluid, and 6 ounce/12 ounce frozen.
- Many clients prefer frozen juices and frozen retains its Vitamin C content more so than plastic containers. Data from Texas WIC client preference surveys indicate approximately 25% of our clients prefer frozen juice. In addition, actual purchase information by Universal Product Code (UPC) data from the Texas electronic benefits transfer (EBT) shows this same percentage.

- The mix of containers (32/48/64 ounce Fluid and 6/12 ounce frozen) becomes problematic with EBT considering the food packages for the family are aggregated on the card. The quantity for the family would require the unit of measure be at the fluid ounce. A pregnant mom, with an 18 month old and a 3 year old, would have 400 fluid ounces loaded to her card. If she purchased only 48 fluid oz and 12 oz frozen containers, she would end up forfeiting 16 ounces.
- Therefore, we **strongly recommend** instead of mandating the maximum issuance of 96, 128, and 144 ounces, USDA consider allowing a range. Postpartum 92 – 96 fluid ounces; Pregnant/Breastfeeding 138 – 144 fluid ounces, and children 92-138 fluid ounces.

Note: this comment is also included concerning child participants in this document in the section on Food Packages IV.

We **support** adding \$8 monthly voucher for fruits & vegetables with one **significant concern**. We understand the Institute of Medicine considered the use of a maximum quantity of pounds of fruits & vegetables, rather than a cash value. We **strongly recommend** this be reconsidered to give states implementation flexibility for their infrastructure and current systems.

Our other comments on the fruits/vegetables voucher are as follows:

- The final rule should clarify whether or not FNS envisioned participants receiving money in change from a cash voucher. The proposal is silent.
- We **support** allowing dried fruits and vegetables at the State agency's option.
- We **strongly support** keeping it optional that farmers' markets can participate in redemption of the WIC fruits and vegetable benefit. State agencies must have this option to decide.
- We concur with the NWA recommendation to provide an additional \$2 to the fruit and vegetable vouchers for the fully breastfeeding woman's food package in order to bring the cash-value vouchers to the original IOM recommended amount of \$10 per month. The increased dollar amount would provide an additional incentive for women to breastfeed.
- We concur with the NWA recommendation that FNS should seek additional funding in its future budget requests to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for all women and \$8 for children. Cutting corners with the fruit and vegetable instrument will lead to reduced health benefits for WIC mothers and children. WIC's success has been in saving long-term health costs. Making this modest investment will assure healthcare savings in the future.

We **oppose** that a cultural preference for the use of tofu for more than one-pound allotments is only authorized with medical documentation because this defeats the meaning of honoring a cultural preference. "Cultural preference" means no medical documentation should be needed.

6. Other Provisions

We **strongly support** the language that clarifies the right of the State agency to impose restrictions on WIC foods, including:

- the right to exclude particular products by brand or variety;
- the right to set standards that are more restrictive; and
- the right to take into account issues of cost, nutrition, statewide availability, and participant appeal in setting these restrictions.

We **strongly support** the statement by FNS in the Preamble that permitting State agencies to set additional criteria consistent with their own market and population profiles encourages the

development of State agency food lists that meet or exceed nutritional standards, maintain participant acceptance and control costs. We urge FNS to keep this language in the final rule.

We support the following:

- The continuance to allow individual tailoring.
- Rounding up for infant formula and infant foods but the proposed methodology for the State rounding option will result in a family receiving a different number of cans of formula each month. This will prove confusing, give rise to complaints, and could even be viewed as discriminatory by WIC families.
- The use of reconstituted fluid amounts.
- The identification of Full Nutritional Benefit (FNB) provided by infant formula as the maximum monthly allowance of reconstituted fluid ounces of liquid concentrate and at least the equivalent of powder for the food package category and infant feeding option.
- The amendment to the definition of participation to change to the sum of (1) Number of persons who receive food instruments or foods; (2) Number of infants who did not receive food instruments or foods by whose BF mother received food instruments or food; and (3) Number of BF women who did not receive food instruments or food but whose infant received food instruments or food.
- That authorized vendors are required to carry a minimum of two varieties each of fruits and vegetables, in any combination of fresh and processed and that the State agency may establish different minimums for different vendor peer groups.
- That cash-value vouchers for the implementation of fruits and vegetable benefits shall be subject to the provisions of §246.12 as described in the preamble.
- The substitution of pasteurized liquid whole eggs or dried egg mix for fresh shell eggs and that hard-boiled eggs where readily available are allowable for homeless participants, if it is a State agency option.
- The adoption of the new term “breakfast cereal.”
- The clarification that reduced fat peanut butter is a State agency option alternative for regular peanut butter in Food Pkgs. III, IV, V, VI, and VII.
- The requirement that State agencies make at least two fruits and two vegetables available in each authorized food package, and we agree with FNS’s expectation that more than two varieties each be authorized with State agencies offering the widest variety possible.
- The requirement to advise participants that foods are issued for their personal use only and foods are not authorized for participant use while hospitalized on an inpatient basis.

Regarding Food packages I and II global on changes in infant feeding practices by assignment to one of three feeding options (Fully-formula fed, partially BF and fully BF):

- We support but ask that FNS clarify that a mother/infant on a fully breastfed package can return to WIC during the month and obtain a formula package if necessary.
- While the additional nutritional needs of a mother breastfeeding multiple infants have been addressed in the IOM recommendations, USDA may want to consider the availability of a 3/4 package of formula in addition to the mother receiving a full package.

Regarding the provision that the full maximum monthly allowance of foods in all packages must be made available if medically or nutritionally warranted, we support with two concerns:

- **Concern:** State agencies need the flexibility with control of package sizing.
- **Concern:** In addition, if the food industry does not make some package size changes, certain foods will not be available in the maximum monthly allowance.

Regarding the requirement for the State agency to coordinate with other Federal, State or local government agencies or with private agencies that operate programs that also provide or could reimburse for exempt infant formulas and WIC-eligible medical foods and, at a minimum, must coordinate with Medicaid, we have a **significant concern**. We are concerned that coordination not be required prior to certifying and issuing formula because the coordination could cause a barrier.

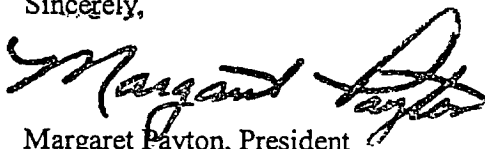
- There doesn't appear to be an appropriate food package for infants (6-12 mo old) receiving 100% of their nutrient requirements via tube-feeding that will provide adequate amounts of formula; please note that these infants may not qualify for Medicaid.
- We are concerned about the implementation of coordination with Medicaid.
- We want to be certain that there are no first payer requirements that could prevent us from serving a participant prior to Medicaid approval.

We are inalterably opposed to prohibiting State agencies from petitioning FNS for new food package substitutions. Nothing in the law prohibits this. Congress neither explicitly nor implicitly acted to limit the State agencies' ability to propose food package changes. Therefore, we see no reason for FNS to take this right away from State agencies. Further, if FNS has only received 10 proposals in decades, it can hardly be argued it has been an administrative burden. It is essential that States retain this right to keep pace with the needs of their participants.

Regarding the proposal that ends the State agency practice of categorical nutrition tailoring, we are also **inalterably opposed** that State agencies will no longer be allowed to construct standardized sets of food packages for WIC subpopulations with common supplemental nutritional needs. It is essential that States retain this right.

In conclusion, we look forward to working with USDA and the rest of the WIC community to implement these excellent food package improvements over the next few years. If planned carefully and leveraged by strategic partnerships with grocers, nutrition advocates and WIC families, the implementation of the new WIC food package could drastically improve community food security, address the obesity epidemic, and make healthy food choices easier for millions of low-income households – even outside of WIC. Taken together, this regulatory proposal will ultimately have a positive impact on the health of women, infants and children in Texas and all states.

Sincerely,



Margaret Payton, President
Texas Association of Local WIC Directors

NWA/SWA-10

03-NP with mod

(they concur with GSA-8 (form letter 03-NP) with one exception)

NEW HAMPSHIRE WIC DIRECTORS ASSOCIATION

November 6, 2006

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

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

Dear Ms. Daniels:

The New Hampshire WIC Directors Association representing all eight of the local WIC Agencies providing WIC Services for 16,865 women, infants and children in the State of New Hampshire wishes to concur with the State of New Hampshire Division of Public Health Services, WIC Program's comments with one exception regarding infant formula for partially breastfed infants during the first month.

Infant Formula

The NH WIC Directors Association believes that a CPA/nutritionist in collaboration with the participant and their medical provider should be allowed to make a decision regarding the issuance of formula for the partially breastfed infant in the first month. This decision should be based on the nutritional need of the partially breastfed infant during this timeframe and should allow for up to four cans of formula to be issued as a back-up source of nutrition for the baby. This should be allowed in the event that breastfeeding has not been well-established in the first month or there are other extenuating circumstances including the health of the mother or infant that would impact nutritional status. It is our belief that this will encourage continuation of breastfeeding beyond the first month.

The New Hampshire WIC Directors Association does however concur with the following comments offered by the New Hampshire Division of Public Health Services,

WIC Program and wishes to be recorded as supporting their specific comments regarding:

- 1 Milk
- 2 Milk Substitution
- 3 Cheese and Eggs
- 4 Dried beans, Peas, and Peanut Butter
- 5 Canned Beans as substitution for Dried beans
- 6 Canned Fish
- 7 Cereals
- 8 Whole Grain bread and other Whole grain Options
- 9 Fruits and Vegetables
- 10 Juice
- 11 Infant Foods-Fruits, Vegetables, and Meats
- 12 Infant Cereal
- 13 Infant Formula: Concurrence with the following sentences **only** under the Infant Formula heading from the New Hampshire Division of Public Health Services, WIC Program, *“While we understand the nutritional basis for the range in amounts of infant formula based on the infants age, we find the USDA proposed methodology to be somewhat confusing and feel it may lead to extreme confusion by participants on the number of cans they will receive and how much to feed their infants. We understand the overall goal is to allow rounding up or down over the 12 months period, but feel this approach will be difficult to explain to participants. We understand that New York WIC program has offered an alternative methodology that provides a more consistent number of cans, and our initial review is positive about this approach, as it provides a consistent amount of formula during the first six months and then during the second 6 months.”*

A copy of the full comments from the New Hampshire Division of Public Health Services, WIC Program is attached for your convenient reference.

Thank you for the opportunity to comment on this important component to the WIC Program.

Sincerely,

Kathleen Devlin
Chair, NH WIC Directors Association

28 NP

NWA-12
SWA



THE WIC ASSOCIATION OF NEW YORK STATE, INC.

A not-for-profit advocacy organization for the Special
Supplemental Food Program for Women, Infants and Children

October 31, 2006

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

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

Dear Ms. Daniels:

The WIC Association of NYS wholeheartedly endorses the goals of the proposed changes to the WIC Food Package. We believe they are bold, in keeping with the dietary guidelines and correctly position the program to address the current nutritional concerns facing our population. Thank you for your hard work in putting this proposal together.

With our expression of support clearly stated, we do want to recommend a few modest changes that we think will strengthen the final food package.

Inclusion of Fruits and Vegetables

1. Cash value vouchers are the best way to implement the inclusion of fruits and vegetables in the food package. However, as currently framed in the proposed regulations, they violate one of the basic principles of the WIC program; that the benefits are indexed for inflation. One of the most important features of WIC, for the last three decades, is the guarantee that participants receive a specific quantity of food each month regardless of the cost. If the price of the WIC food increases, the participant does not lose out. We believe that this aspect of WIC has significantly contributed to the program's success in achieving positive health outcomes. Therefore, we recommend that all States be mandated to provide the full cash value as proposed in the regulations. In addition, the regulations wisely

- include a provision where USDA could ask for an inflationary adjustment to the cash value of the fruit and vegetable vouchers however, we think this provision must be strengthened. We strongly urge that the value of the fruit and vegetable benefit be indexed for inflation. This would preserve the nutritional value of the food package even during times when there is pressure to cut costs.
2. Provide an option for States to limit fruits and vegetables to fresh only. We support the principle of allowing the inclusion of fresh, canned, and frozen fruits and vegetables at the national level. We understand that high quality fresh produce is not currently available year round on a national basis. However, we believe that as the demand for the fresh produce increases, better products will become available. We then believe that good nutrition principles should prevail. In addition to fresh produce being more wholesome, the redemption process will be easier to implement for both participants and vendors.
 3. Increase the value of the cash value coupons for Breastfeeding women to \$10. We believe this better addresses the nutritional need of the Breastfeeding woman and will make the value of the package more attractive to the participant.

Implementation of the Proposed Infant Feeding Options

1. The WIC Association of NYS, Inc. firmly believes that Breastfeeding is the optimal means for feeding most infants. We endorse the principles behind the proposed infant feeding options. We also understand that WIC's current role of supplying infant formula to Breastfeeding Women in the early post partum months may be perceived to undermine breastfeeding. However, we also believe firmly in the responsibility of the WIC CPA to tailor a food package specifically designed to meet the needs of each participant. We are concerned that the proposal to not provide formula to Breastfeeding women for the first month undermines the CPAs assessment of each individual's nutritional need. In New York, we count breastfeeding success, one mother and baby at a time. We assess each dyad individually. We are concerned that if we take too rigid of an approach in the early post partum days we may inadvertently encourage formula feeding among mothers who are experiencing difficulties. We believe that the CPA should proportionately tailor the breastfeeding mother's package to the baby's package.
2. We are pleased to see the proposal authorizing rounding up to the next whole container of infant foods. We believe this allows the maximum nutritional benefit to be issued to participants. However, it does create a concern with issuing varying numbers of containers of infant formula and baby foods from month to month. We are fearful that this will create confusion for both participants and staff. Instead of averaging the quantity of formula from one month to the next, we propose providing a higher allotment of formula during the first six months and gradually tapering it down to a smaller quantity in the remaining six months, when the infant's consumption of complimentary foods reduces the quantity of formula consumed.

Inclusion of Whole Grains

1. We support the inclusion of whole grains to the food package, however we do recommend that a special wheat and gluten free food package be developed.

Fish

1. We support the inclusion of canned sardines and salmon in addition to the tuna however, due to the high mercury levels in the canned fish, we recommend canned chicken as another alternative.

Thank you for this opportunity to comment on the proposed changes to the WIC Food Package. Because we believe this will have such a positive impact on participants, we encourage USDA to issue a final rule by April 2007. We look forward to working with you to implement these important changes.

Sincerely,

Cindy Walton, Chair
WIC Association of NYS, Inc.

CINDY WALTON, CHAIR
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Received 3 letters (identical)
from 3 Board members.

NWASWA-14

11-06-06 email from Barbara McMullan [Barbbque@comcast.net]

November 1, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
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Room 528
Alexandria, VA 22302

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

Dear Ms. Daniels:

As a member of the **Massachusetts WIC Medical Advisory Board**, I strongly and enthusiastically support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The proposed regulations improve the nutritional health of all WIC participants and are grounded in sound science, align with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics, and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences, and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality—to cover the cost of the new foods, the proposed adjustments to juice, eggs and milk are highly acceptable. We believe that WIC clients will be pleased that there will be more choices in the foods offered.

The **Massachusetts WIC Medical Advisory Board** has the following recommendations regarding the proposed rule.

Breastfeeding

The proposed rule aims to support breastfeeding, with appropriate complementary foods after the first six months, until the infant's first birthday.

- *We do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of the partially breastfeeding package, we believe that many women will simply choose to formula feed in order to benefit from the changes to the new fully formula feeding package. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.
- We urge that the dollar amount for fruits and vegetables provided to the fully breastfeeding woman be increased to \$10, matching the IOM recommendation, for at least the first six months post partum. This would provide stronger incentive and support for breastfeeding in the period of time prior to the addition of complementary foods for fully breastfeeding infants at six months. If the USDA is unable to match the IOM recommendations for this group of women for this six month period, they should, at a minimum, allow States to act within the limits of their food funding to exceed the current maximum dollar amount for the fruits and vegetables vouchers for women within the first six months of breastfeeding.
- We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula with medically diagnosed conditions warranting supplementation of limited quantities. States would incorporate their option into their existing breastfeeding policies and procedures. An evaluation of the impact of these options on a mother's breastfeeding status will also allow USDA to determine an appropriate future course of action.
- State agencies will also require additional resources to provide enhanced breastfeeding support, peer counseling services and pumps to participants in order to ensure that WIC mothers feel comfortable foregoing formula within the first month and thereafter to help ensure breastfeeding success and optimal nutrition for their infants. WIC is the only national program that provides this level of breastfeeding education and support to the WIC population and must ensure that these changes to promote breastfeeding do not have the converse effect because mothers are afraid to give up all WIC formula benefits.

Fruits and Vegetables

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes.

- In addition to the recommendation to increase the dollar amount of cash-value food instruments for fruits and vegetables to \$10 for fully breastfeeding women for a minimum of the first six months post partum, USDA should act to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for all women and \$8 for children. To implement this recommendation while maintaining cost neutrality, States should have the option to:
 - Omit juice from the food packages for all children, a cost-saving measure that the medical and dental communities would fully support.
 - Reduce the amount of whole grains a child receives to one loaf of bread or one pound of a whole grain substitute to make the children's food package consistent with women's and still maintain current dietary guidelines.

Cutting corners with the fruit and vegetable cash-value instruments will lead to reduced health benefits for WIC mothers and children. WIC's success has been in saving long-term healthcare costs. Making this modest investment will assure healthcare savings in the future.

Soy Products

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences.

- Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. We urge FDA- and industry-standard levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for the WIC food packages for women and children to be able to include soy.
- The **Massachusetts WIC Medical Advisory Board** recommends that children be able to receive soy products without the requirement of medical documentation. The consumption of soy beverages and tofu for children can be a cultural/personal preference as well as a medical necessity. Since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on the medical community and WIC service delivery systems and delay access to an important calcium source for WIC children.

Whole Grains

The proposed rule's establishment of a 51% whole grain requirement for breakfast cereals and inclusion of whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains.

- The **Massachusetts WIC Medical Advisory Board** recommends that USDA increase the allowable amount of whole grain bread from 16 ounces to one loaf up to 24 ounces, an amount consistent with the sizes available in stores.
- In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” and “gluten-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

Implementation

The **Massachusetts WIC Medical Advisory Board** recognizes that implementing the proposed rule will require good planning and effective communication. There is great excitement and anticipation within the medical community regarding the promulgation of a final rule revising the WIC food packages and State agencies, without exception, are looking forward to fully implementing the proposed rule in an expeditious manner. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe from the date of publication of the final rule.

In closing, as a member of the **Massachusetts WIC Medical Advisory Board** and in support of the Boards positions, I enthusiastically and strongly support the proposed rule with the above noted recommendations. I am convinced that it will support participant choice and focus attention on chronic disease prevention and control. The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices. In addition, the outlined recommendations will serve to reduce the administrative burden on States and local agencies and encourage the growth of Farmers' Markets.

WIC is this nation's premier public health nutrition program. 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.

I look forward to the full implementation the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,