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Debra Whitford
Director, Supplemental Food Programs Division
Food and Nutrition Service
U. S. Department of Agriculture
3101 Park Center Drive, Room 520
Alexandria, VA 22302

RE: Docket ID Number FNS-2006-0037, WIC Food Packages Interim Rule

Dear Ms Whitford:

The National WIC Association (NWA) enthusiastically supports the USDA-FNS 7CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Revisions in the WIC Food Packages Interim Rule published in the Federal Register on December 6, 2007.

State WIC agencies successfully implemented the Interim Rule by October 1, 2009, and the response from participants, state and local WIC agencies, vendors and other stakeholders is overwhelmingly positive.

The changes provide WIC families with food choices that are consistent with current nutritional recommendations and that appeal to the diverse population served by WIC. We believe that these changes, coupled with nutrition education and breastfeeding support, will improve the health of WIC participants.

NWA applauds USDA-FNS for the positive changes in WIC food packages included in the Interim Rule and urges you to move forward quickly to finalize the changes with consideration for the following recommendations. These recommendations reflect the contributions of the NWA membership including nearly 2,000 responses provided by state and local agency staff on two WIC Food Package Surveys conducted between September and December of 2009.

NWA's Feedback and Recommendations for Changes to the Interim Rule

1. Breastfeeding

The NWA strongly supports the changes that provide increased incentives to initiate and continue breastfeeding including providing less formula for partially breastfed infants, providing the largest quantity and variety of foods to fully breastfeeding mothers and babies and allowing for breast pumps for partially breastfeeding mothers even if they are no longer receiving food benefits. These changes will assist mothers in recognizing the value of their milk for their infants. Already, state and local agencies are seeing an increase in breastfeeding rates following implementation of the Interim Rule and they are reporting that mothers view the enhanced economic value of the food package for fully breastfeeding women as an incentive to fully breastfeed.

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NWA recommends:

- Maintain the breastfeeding incentives in the Interim Rule and building upon these incentives by increasing the amount of the cash-value benefit for fruits and vegetables for fully breastfeeding women.
- Revise the food package for women who are fully breastfeeding multiple infants from “1.5 times the amount of supplemental foods provided in Food Package VII” to a consistent amount each month and specifying the amounts of food in quantities that are available in the market place.

2. Medical Documentation Requirements

The Interim Rule contains new requirements for medical documentation from health care providers with prescriptive authority for some foods that can be appropriately selected by WIC dietitians and nutritionists who are health professionals trained and capable of doing a complete assessment, selecting WIC foods and providing appropriate education to a participant with consultation with the health care provider when warranted. Requiring medical documentation for allowable WIC foods which may be appropriate for a cultural/personal preference or to meet special needs when documentation is not readily available creates an unnecessary burden for participants, local agency staff and health care providers. Participants may be required to make and pay for appointments with health care providers solely for the purpose of obtaining medical documentation, which poses a financial burden for participants and the Medicaid system. In response to a survey question regarding the new documentation requirements, over 40 percent of the 331 state and local agency respondents indicated that participants have reported problems with obtaining medical documentation for soy products including having to pay for the visit to the provider and waiting an extended amount of time to get the documentation. About 20 percent of respondents reported that participants have opted to buy the products on their own rather than to get the documentation from a provider.

NWA recommends:

- Allow WIC dietitians and nutritionists and health care providers to determine when milk substitutes and quantities of substitutes that exceed the maximum in a food package are appropriate for individual participants.
- Do not include any additional medical documentation requirements in the Final Rule.

3. Fruits and Vegetables

The addition of fruits and vegetables provided via a monthly cash-value voucher (CVV) is one of most positive and well received changes in the food packages. Participants are using the CVV to purchase a variety of fruits and vegetables at grocery stores, and in a few states, at farmers’ markets and farm stands. NWA strongly supports the recent change to increase the amount of the CVV for pregnant, partially breastfeeding and non-breastfeeding post-partum women to \$10 per month. NWA also supports the provisions in the Interim Rule to allow states to authorize farmers to redeem CVVs.

NWA recommends revisions to the Final Rule to increase the amount of the CVV to:

- \$8 per month for children as recommended by the Institute of Medicine (IOM).
- \$12 per month for fully breastfeeding women to ensure that Food Package VII provides incentives for women to choose to fully breastfeed, and to meet the intent of the IOM and FNS to provide an additional \$2 more than the amount other women receive.

NWA also recommends revisions to encourage maximum redemption of the CVV:

- FNS to provide support and technical assistance to ensure that states allow participants to pay the difference when the price of the fruits and vegetables they choose exceeds the value of the CVV.
- Revise the interpretation of eligible fruits and vegetables to ensure there is consistency regarding mature beans, i.e. that they are either allowed in both canned and frozen vegetables or not allowed in either, thereby eliminating one of the points of confusion associated with authorizing both canned and frozen vegetables.

4. Whole Grains

The inclusion of whole wheat bread and a variety of whole grain substitutes along with the requirement for states to ensure that at least half of the cereals on their authorized food lists are whole grain provide WIC with the opportunity to promote whole grains as an important part of a healthy diet. NWA supports the addition of whole grains in the food packages for women and children and the minimum requirements for whole wheat and whole grain in the Interim Rule. However, many states have experienced challenges with availability of whole wheat bread and tortillas in 16 ounce package sizes and with keeping their authorized food lists current with these products as the availability of eligible products increases.

NWA recommends changes to increase the variety of whole grain options available to participants and to enable states to more easily include a variety of whole grain products on their food lists:

- Expand the list of eligible substitutes for whole wheat bread to include whole wheat or whole grain pasta, English muffins and bagels.
- Allow states to request approval for additional substitutes for whole wheat bread that meet the minimum requirements.
- Allow states to authorize any bread or bread substitute that is labeled “100% whole wheat” or any soft corn tortillas without specifying the brands on their food list.

5. Milk and Milk Substitutes

NWA applauds the changes that reduce the fat content of the food packages, including the requirement for lower fat milk for women and children age 24 months or older.

Subsequent to the publication of the IOM report and the Interim Rule, the American Academy of Pediatrics (AAP) published guidelines that support the use of lower fat milk for children age 12 months and older who have a family history of heart disease, obesity and high cholesterol and for children at risk for being overweight. This change in AAP guidelines has presented challenges for WIC since some health care providers are recommending lower fat milk for children beginning at age 12 months and parents are requesting it.

NWA recommends:

- Allow children ages 12 to 23 months to receive lower fat milk based on a determination by either a health care provider or the WIC dietitian or nutritionist.

The addition of soy beverage and tofu as substitutes for milk make the WIC food packages more suitable for women and children who cannot consume milk due to lactose intolerance or who choose not to consume it due to cultural or dietary preference. While states report that the percentage of participants who are choosing these substitutes is small, the alternatives are important for addressing the needs of those participants who cannot drink milk or who choose not to consume milk products. The continuation of cheese as a milk substitute but at a lower maximum quantity supports the goal of reducing the fat content of the food packages while providing an option that many participants choose and consume.

NWA recommends further enhancement of the acceptability of the WIC food packages and increased access for participants to the milk substitutes:

- Adopt the IOM recommendation to include low fat yogurt as a milk substitute. If cost concerns discourage inclusion of yogurt for all women and children, then include it as a substitution option for at least the women's packages.
- Allow either the health care provider, or the WIC dietitian or nutritionist to determine if soy beverage and/or tofu are appropriate for children based on an individual assessment of the child with notification of the child's health care provider.
- Allow the WIC dietitian or nutritionist to substitute quantities of tofu or soy beverage or cheese that exceed the maximum substitution rates based on an individual assessment of the participant.

6. Infant Foods

Parents of infants appreciate the opportunity to purchase infant fruits and vegetables when their infants turn six months old and, for the most part, they accept the associated reduction in the amount of infant formula. However, some states and local agencies report that the quantity of infant fruits and vegetables is excessive, especially for older infants who are appropriately beginning to eat table foods from the family's meals. Similarly, continuing infant cereal until the first birthday is also viewed as inconsistent with the normal progression from infant to toddler feeding for healthy infants, and states report that redemption of infant cereal is significantly lower than other foods, indicating

that parents are not purchasing and feeding it to their infants. Of equal concern are infants with medical or developmental conditions who may not be ready for infant foods and the associated reduced amount of formula in Food Package II and children with special needs who may need infant foods beyond one year of age.

NWA recommends the following enhancements:

- Provide states with the option to offer parents of infants receiving Food Package II the choice of either infant fruits and vegetables or a cash-value voucher for fruits and vegetables in an amount consistent with the monthly CVV for children. The fully breastfed infants should receive an amount that is \$2 higher than for infants who receive formula.
- Provide states with the option to offer parents of infants receiving Food Package II the choice of either infant cereal or breakfast cereals appropriate for toddlers.
- Include infant fruits and vegetables as a substitution option for the CVV in Food Package III for children who require pureed foods.
- Allow infants ages 6-11 months receiving standard infant formulas who are tube fed or not developmentally ready for solid food to continue to receive the amount of formula provided to the 4-5 month old infant in lieu of infant cereal, fruits and vegetables.

7. Food Substitutions and Categorical Tailoring

The IOM Report and Interim Rule reflect current science and nutritional recommendations and greatly enhance WIC's ability to meet cultural and dietary preferences of the diverse population served. However, there will undoubtedly be continuous advances in the science, changes to dietary recommendations, expansion of food products in the market place and changes in the cultural demographics of the WIC population. The publication of the AAP guidelines regarding lower fat milk for children over age one year almost immediately after the Interim Rule was published demonstrates the potential that there will be changes that may necessitate substitutions or alternatives. The Interim Rule has a very narrow allowance for state agencies to request substitutions for cultural eating patterns; however the criteria for the substitution may be difficult to satisfy, especially the requirement for the substitute food to be nutritionally equivalent or superior to the food it is replacing. It is noteworthy that soy beverage and tofu are not nutritionally equivalent or superior to cow's milk but are very appropriate substitutions to address cultural preference. Of equal concern, the Interim Rule does not allow for substitutions for reasons other than cultural preference and it does not allow for categorical tailoring.

NWA recommends ensuring that WIC remains responsive to nutritional needs and science, dietary recommendations and preferences and the evolution of food products:

- Expand the substitution provisions to allow states to request approval for substitutions for reasons other than cultural preference.

- Revise the “nutritionally equivalent” criterion for substitutions to be less restrictive.
- Allow states to request approval for categorical tailoring to meet nutritional needs and preferences.

NWA further recommends periodic review and updates of the WIC food packages at least every ten years.

Again, NWA commends USDA-FNS for the Interim Final Rule providing for major, critically important changes to the WIC food packages. WIC is our nation’s premier public health nutrition program. By providing participants with fruits and vegetables, low fat dairy products and substitutes, whole grains and incentives to fully breastfeed, WIC will contribute even more effectively in improving the life-long health of the nation’s women, infants and children. The NWA is proud to have played a partnering role in the development of the food package changes and in the implementation of the changes throughout the country.

Sincerely,
National WIC Association



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Chair, Board of Directors



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