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Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

January 29, 2010

Debra Whitford, WIC Program Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive, Room 520
Alexandria, VA 22302

Dear Ms. Whitford:

FNS-2006-0037-003, REVISION IN THE WIC FOOD PACKAGE, INTERIM RULE

The California Supplemental Nutrition Program for Women, Infants and Children (WIC) strongly supports the Interim Rule for Revisions to the WIC Food Packages published in the Federal Register on December 6, 2007. California WIC implemented the Interim Rule on October 1, 2009, and we are pleased to report that the transition has gone smoothly. The changes have been well received by California's participants, local agencies and vendors, as well as many food producers and manufacturers. We urge you to move forward quickly to finalize these changes to the WIC food packages in federal regulations with consideration of our recommendations.

We believe these changes to the WIC food packages coupled with nutrition education will improve the overall nutritional health of WIC participants. To maximize the impact of the changes, California WIC launched its food package nutrition education campaign a year before the implementation of the new foods. Our collaboration with the Network for a Healthy California, California's First Five Association and other partners in launching a "Healthy Habits Every Day" campaign provided focused nutrition messages related to the food package changes for staff and participants. We are now conducting surveys to document the positive impact of both the campaign and the new food packages.

One of the main goals of the food package changes was to expand healthy food choices to accommodate diverse populations. California implemented most of the state agency options allowed in the Interim Rule so that we could better meet the needs and preferences of our large and culturally rich population. As a result, our WIC participants are delighted with the wider variety of food choices we now offer them. In addition, due to the changes in stocking requirements, small grocery stores are now stocking a larger



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number of healthy food choices which benefits not only the WIC participant, but also improves access to these foods for the whole community.

We were pleased to see many of California's comments on the Proposed Food Package Rule addressed in the Interim Rule, and we appreciate this additional opportunity to provide input for your consideration in finalizing the Rule. The enclosed chart summarizes our feedback by providing a list of the key provisions that we support as written in the Interim Rule and those that we recommend that you modify. Our summary comments that follow are based on our short term experience with the new food packages.

Cash-Value Voucher for Fruits and Vegetables

The inclusion of a cash-value voucher (CVV) that participants can use to buy a wide variety of fruits and vegetables is very popular and allowing the participant to pay the difference when the purchase is over the maximum amount of the CVV offers greater flexibility to fully utilize this benefit. Vendors and participants are pleased with this option and have reported no significant problems in redeeming this new food instrument at the store. The addition of this benefit greatly enhances WIC's contribution to building healthy eating habits and preventing obesity and other chronic diseases.

Furthermore, we are very supportive of the recent amendment that increases the women's dollar amount from \$8 to \$10 and we urge the Food and Nutrition Service (FNS) to work with Congress to secure funding to also increase the dollar amount for children from \$6 to the \$8 level recommended by the Institute of Medicine (IOM).

We are very excited to implement the option of allowing participants to use their cash value vouchers to purchase fruits and vegetables from farmers. We are planning to phase in this option beginning in May. However, in order to make this easier and less confusing for both farmers and participants, we urge you to allow states that operate both WIC and WIC Farmer's Market Nutrition Program (FMNP) to align the allowed food lists for the FMNP coupons and the WIC CVV for fruits and vegetables. We believe that it will be easier for participants and farmers if eligible food lists for both the FMNP coupons and the CVV are consistent and it will reduce training and monitoring complexity for states and local agencies.

Impact on Breastfeeding

We are pleased to report that the enhanced food package for fully breastfeeding women, the new definition of partially breastfeeding and the breastfeeding education during pregnancy is making a difference in initiation of breastfeeding. A comparison of breastfeeding data from September and October 2009 indicates that our fully

breastfeeding initiation rates increased by nearly 18 percent statewide. We are excited by these results and with the increased funding for the peer counseling program; we have an opportunity to provide increased support to help mothers to continue breastfeeding.

We attribute some of the increase in the number of women who are choosing to fully breastfeed to the increased economic value of the food package. We emphasized this in our education campaign and based on the reaction from participants, we believe that the enhanced economic value of the food package is an incentive to fully breastfeed. To maximize this effect, we urge you to consider increasing the amount of the cash value benefit for fruits and vegetables for fully breastfeeding women by at least \$2 per month.

Food Substitutions

We applaud the substitution options included in the Interim Rule. Local agencies and participants have expressed appreciation for the expanded choices that meet participant needs and preferences and provide greater variety. Recommendations for additional substitutions are listed below:

- As recommended by the IOM, allow yogurt as a milk substitute. Since providing yogurt as a substitute may not be cost feasible for all participant categories, we suggest including it for at least women since they are at highest risk for inadequate calcium intakes. NHANES survey data (2001-2002) showed that only 21 percent of females ages 19-30 meet their calcium requirements. States could make substitution decisions for yogurt that would be cost feasible by targeting it for certain categories such as fully breastfeeding women who might receive it as an incentive or lactose intolerant women who need an alternate source of calcium that is better tolerated than milk. The California yogurt pilot study results indicated that yogurt was very popular among women in the intervention group as evidenced by a 90 percent redemption rate for at least one quart of yogurt. They also reported that the cost of providing the yogurt in a one quart container was comparable to the cost of other allowed milk substitutes. Please see the enclosed final report on the California Yogurt Pilot Study for details.
- Expand the list of allowable substitutes for whole wheat bread to include whole wheat or whole grain pasta, whole wheat bagels and whole wheat English muffins. Additionally, allow states to request approval for additional substitutes for whole wheat bread that meet the minimum requirements.
- Allow milk or another milk alternative as a substitute for the one pound of cheese in food package VII.

- Per the American Academy of Pediatric's 2008 recommendation, allow reduced-fat 2 percent milk for children 1-2 years old who are at risk of being overweight, or whose families have a history of obesity, heart disease, or high cholesterol and allow WIC dietitians, nutritionists and other professionals to determine when lower fat milk is appropriate for these children.
- Allow for substitution of form of milk (such as evaporated and dry powdered) when the quantity is less than the maximum, as long as the maximum quantity is made available in the fluid form and the participant is informed that by choosing this alternate form, they may get less than the maximum amount allowed. This option gives participants more choices and it would be consistent with how juice is offered now.

California has a diverse population and we appreciate the inclusion of the option for State agencies to request substitutions based on the cultural needs of the population. However, we recommend allowing states to request food substitutions for reasons other than cultural. Other reasons such as vegan diets or other dietary preferences should also be accommodated. For example, the current food packages authorize only infant meat or fish but offer no alternatives for vegans or vegetarians. If a vegan food product that provides comparable nutrition becomes available, states should have the opportunity to seek approval to substitute the product for infant meat and fish.

Furthermore, the rule requires that any substitute food be nutritionally equivalent or superior to the food it is replacing. We suggest that this requirement be modified to require that the substitute food be a good source of the nutrients compared to the food that it is replacing. For example, tofu is a substitute for milk, and while it is not nutritionally equivalent or superior, it offers a good alternative source of calcium and protein and is more acceptable than milk to some of our participants due to cultural, health or dietary preference reasons.

Categorical Nutrition Tailoring

The Interim Rule does not allow for state agency proposals for nutrition based categorical tailoring of food packages. While we agree that the food packages recommended by 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, 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. We strongly recommend that FNS reinstate the categorical tailoring option allowed under the old regulations giving States the opportunity to propose food package adjustments based on current nutrition research and guidance. In 1992, California

submitted, and received USDA's approval, for a categorical tailoring proposal to decrease milk and juice in the one to three year old child's package. This option provided California the opportunity to bring our food package in line with current dietary guidance for that age group and to begin to address the emerging problem of obesity. We feel that it is important to maintain this option so that states can stay current with changes in nutritional science, public health, food safety, and other factors that might emerge in the future.

Infant Foods

The infant foods have been well received by California WIC participants. However, according to our 2007 participant survey conducted in California, about 79 percent of the 7-12 month old infants were eating table foods, a practice that is consistent with the current infant feeding guidance provided to participants. The eligible infant foods are limited in texture and variety. Allowing fresh bananas as a partial substitute for infant foods is a good alternative which California plans to implement, but more variety is needed. We recommend that the Final Rule should allow states the option in Food Package II to offer an \$8 cash-value voucher for fruits and vegetables (consistent with the IOM recommendations for children) in place of the infant foods for infants receiving formula and \$2 more for fully breastfed infants.

Some parents and local agency staff have raised concern that some 6-11 month old infants that are receiving contract formula through Package II may not be ready developmentally to start solids. We encourage you to add the option of offering increased contract formula without solid foods for infants who are age 6-11 months but who are determined by a WIC dietitian or nutritionist or a child's healthcare provider to not be ready for solid foods. This option exists in Package III for infants who receive exempt infant formula and it should also be included for Package II.

Medical Documentation

The Interim Rule contains new requirements for medical documentation for food substitutions from health care professionals most notably for soy products for children. We assert that foods, other than medical foods and therapeutic formulas, can be appropriately prescribed by WIC dietitians and nutritionists. These WIC health professionals, trained and capable of doing a complete assessment, are accustomed to consulting with health care providers when warranted. Moreover, our experience since implementation is that this requirement 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 WIC families. Some families may choose to forgo WIC food benefits and purchase the foods with other resources

since they are readily available in the market place without prescriptions. We encourage you to modify the requirements to allow for either a WIC health professional (dietitian or nutritionist) or a health care provider to determine if milk substitutes are appropriate for an individual participant.

Food Package III

While we support revising food package III to allow for a combination of formula/medical foods and conventional supplemental foods, we are concerned that the requirement for the health care providers to prescribe the amount of each supplemental food that may be offered to a participant is not realistic for most providers. Diet/nutrition “orders” written by providers generally specify the particular special formula/foods for the patient and the WIC foods that are contraindicated. Our experience is that local agencies are receiving medical documentation from providers for the special formula/foods but it does not specify the quantities of WIC foods. It is our understanding that healthcare providers are not accustomed to completing this type of detailed dietary assessment to determine the specific quantities of WIC foods and are referring this task to a registered dietitian.

We continue to support the requirement that the health care provider identify and document the special formula/medical food that should be prescribed. However, we recommend that the WIC dietitians and nutritionists should be allowed to determine which type and amount of the other supplemental foods that should be included in the participants’ food package as well as those that should not. The WIC nutritionist can consult the health care provider if there is any question about what is appropriate.

Identifying Whole Grain Products

We appreciate the flexibility USDA has incorporated into the rule by allowing for several substitution options for whole wheat bread. We recommend that USDA extend this flexibility by allowing states to authorize any bread or substitute that is in the appropriate package size and labeled “100 percent whole wheat” or “100 percent whole grain” without requiring them to specify the brand on their food list and by allowing methods other than brands specified on the WIC food list for communication of eligible products. California has piloted this approach and it has worked very well for both whole grains and juice. We have successfully educated both our vendors and participants on how to identify allowable products by looking on the label for identifiers such as “100% whole wheat” which make the product eligible. Vendors, manufacturers and participants have responded very positively to this approach.

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In conclusion, the California WIC Program applauds FNS for making these landmark changes a reality, and we have had a positive experience working with FNS, local WIC agencies, vendors, food manufacturers and participants to implement the new food packages. We firmly believe that the implementation of the new food packages is having a very positive impact on the food choices that WIC families make and, ultimately, on their nutritional status and health. Therefore, we urge you to move forward expeditiously to adopt a Final WIC Food Package Rule.

Sincerely,

A handwritten signature in dark ink, reading "Linnea Sallack". The signature is written in a cursive, flowing style.

Linnea E. Sallack, MPH, RD, Chief
Women, Infants, and Children (WIC) Program

Enclosures