



Committee to Review the WIC Food Packages
Institute of Medicine, Food and Nutrition Board
Keck Center
500 Fifth St. NW
Washington, DC 20001

June 23, 2015

Dear Dr. Rasmussen and Members,

On behalf of the Board of Directors and Members of California WIC Association (CWA), I am pleased to share our comments and recommendations on this important review and update of the WIC food packages. Since 1986, CWA has organized California WIC local agencies and allies to educate policymakers about WIC, but also to advocate for funding and policy reforms that improve the health and well-being of the WIC families and communities we serve. CWA mounts conferences and briefings, broadcasts from a widely-used web platform (www.calwic.org), and publishes policy tools for WIC and early child nutrition practitioners nationwide.

The importance of strengthening and making further improvements to the WIC food packages cannot be overstated. Not only will it impact the nutritional status and health outcomes for millions of vulnerable families, but it can also drive changes to the overall food manufacturing, marketing and retail grocer environments, thus benefiting millions more.

CWA strongly supports the National WIC Association's comprehensive comments and specific recommendations for further improvements to the current packages, which have been submitted to the Committee already, and I urge you to take them very seriously.

We would like to point out several areas of particular importance to our community:

1. Allow full or partial replacement of the juice benefit with the Cash Value Vouchers for fruits and vegetables if it would not affect vitamin C or iron status.

- Recent studies are pointing to the lack of real difference between juice and sugar-sweetened beverages (SSBs), leading us to wonder why WIC continues to endorse and provide juice. In our opinion, WIC should not be promoting or providing juices as a healthy beverage, an alternative to SSBs, or as source of vitamins. There are plenty of rich sources of Vitamin C in fruits and vegetables, such as strawberries, citrus and broccoli and these sources are much more nutrient-dense as well.
 - According to the American Academy of Pediatrics concerns around juice are no different than those for SSBs for young children: problems such as diarrhea, flatulence, abdominal distension and dental caries as well as overweight caused by

extra calories. According to AAP, milk and water have substantial benefits compared to juice of more nutrients, better hydration and reduced dental decay. (*HALF (Healthy Active Living for Families) Implementation Guide*, Toddler Food and Feeding, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Toddler-Food-and-Feeding.aspx>)

- Substitution of fresh seasonal fruits or vegetables is vastly preferable to juice for all ages of WIC participants:
 - Whole fruits and vegetables contain much more fiber, water-soluble vitamins and antioxidants, which are lost in the process of juice-making.
 - Fruit juice has very high glycemic index, which means it causes blood glucose (and then insulin) to spike. And recent studies posit that the fructose in juice is metabolized into bad cholesterol (LDL) by the liver, contributing to obesity and chronic disease. (*Stanhope, et al., 2011. Consumption of Fructose and High Fructose Corn Syrup Increase Postprandial Triglycerides, LDL-Cholesterol, and Apolipoprotein-B in Young Men and Women*)
 - Drinking juice encourages the consumption of a lot more calories faster when they are in liquid form, contributing to weight gain, and develops a taste habit for sweet drinks instead of water or milk among young children. This is not something the WIC Program should be encouraging.
2. **Allow two separate food packages to meet the differing developmental needs of the infant over age 6 months: 1) age 6-8 months and 2) age 9-11 months.** As indicated by NWA:
- The WIC Food Package meets the developmental needs for infants age 6-8 months with pureed infant food and fortified infant cereal but there is a lack of options for the older infant's need for increased texture and self-feeding.
 - The option to allow a full substitution of infant foods with CVV/fruits and vegetables will help bridge this gap.
 - The creation of a distinct older infant food package would also allow for inclusion of additional age-appropriate foods such as cereals, beans, tofu, etc.
3. **For infants age 9 – 11 months: Allow States the option to replace all jarred infant fruits and vegetables with Cash Value Vouchers (CVVs) for fresh, frozen or canned fruits and vegetables.**
- A full CVV option for infants aged 9-11 months would reinforce WIC nutrition education messages of adding foods with more texture and encouraging self-feeding to meet the development needs of older infants. In a [recent study](#) by PHFE WIC in Los Angeles, two-thirds of surveyed families said they would prefer to get checks for fruits and vegetables rather than baby food for younger babies, and fully 80% said they'd love to have CVVs rather than baby food for their 9-11 month old infants.

- Redemption rates are low for jarred baby foods in our state. According to 2011 study done by PHFE WIC, baby food redemption rates dropped to less than 60% for 10-12 month-olds. Many families complain of not using the jars they redeem. In addition, the containers — thousands of glass jars -- go into landfills and contribute to environmental degradation.
 - WIC parents would love to make their own baby food with fruits and vegetables and WIC nutritionists can show them how to do so and maintain food safety. Low cost baby food grinders can be provided to each family that chooses to make their own baby foods – this should be considered a food cost just like breast pumps and pads.
4. **Further support and incentivize breastfeeding by increasing the Cash Value Vouchers (CVV) for fully breastfeeding women above that for non- or partially- breastfeeding women.**
- Since the original implementation of the Interim Rule, the dollar amount of the CVV for pregnant, post-partum and partially breastfeeding women has been increased to match the \$10 amount issue to the fully breastfeeding woman. This increase in dollar amount from those previously receiving \$8 is a positive change as it allows WIC families to purchase more fruits and vegetables.
 - However the current match in the dollar value for the fully breastfeeding CVV diminishes the food package incentive for this important group.
 - Given that formula continues to be by far the highest-retail-value item on the packages, anything WIC can do to make exclusive breastfeeding more appealing and rewarding should be pursued as a top food policy priority, including increasing the CVV for fully breastfeeding women to \$12.
5. **Allow all fat levels of yogurt for all participant categories, but reduce allowed sugar content of yogurt to a level that aligns with current recommendations of the Dietary Guidelines for Americans.**
- The current restriction for only whole milk yogurt for 1 year olds is difficult to navigate at the retail level. Often yogurts are not labeled as “whole milk yogurt” so it is difficult for customers to make the correct selection. Also, retailers often stock larger quantities of low-fat and fat-free yogurts making the higher fat yogurts more difficult, and potentially more costly, to obtain. Removing the fat restriction will increase choice and access to a greater variety of yogurt for all participant types.
 - The specification of < 40 grams total sugar per one cup of yogurt is excessive and inadvisable, given that many popular yogurts on the market actually contain lower levels and manufacturers should be encouraged to lower the sugar content. Added sugars such as this are contributing to high caloric intakes and weight gain in young children.
6. **Allow vegetarian substitution for baby food meats for fully breastfed infants with consideration for protein, iron, zinc, and omega-3 fatty acids; and allow vegan substitutions for eggs and canned fish**

- Having vegan substitutions for the egg and canned fish categories will mean that those who follow a vegan diet will be less likely to have nutrient deficiencies in nutrients than those food items contain.
 - The 2015 Dietary Guidelines will likely be recommending decreasing meat in the diet – these changes in WIC would support those recommendations.
 - The American Dietetic Association and The American Academy of Pediatrics state that *vegan* diets can promote normal infant growth (in addition to vegetarian diets), as long as attention is paid to fat content, vitamin B-12 and D, iron and zinc (*Mangels et al., 2001. Considerations in planning vegan diets: infants.* <http://www.ncbi.nlm.nih.gov/pubmed/11424546>)
7. **Continue to allow inclusion of organic foods as a State option and require states to allow redemption of CVV at Farmers' Markets. As States move to EBT WIC benefits, allow the Farmers Market Nutrition Program benefit to be added to the WIC card for use at farmers' markets**
- We strongly support continued state flexibility around the selection of organic alternatives in WIC food items where feasible and affordable within the overall cost constraints of WIC food funding. Organic products add to the appeal of the packages for many participants and in some cases help the bottom lines of small farms and businesses.
 - California was an early adopter of the optional provision to allow redemption of the CVV at our State-certified farmers' markets, and there are a growing number of California farmers who have gone to the trouble to become authorized to accept the CVVs. They do this because they realize the CVV market (about \$70 million per year) is much, much larger than the WIC Farmers' Market Nutrition Program's very limited and seasonal offering (about \$2 million per year.) (*CDPH WIC Data.*)
 - The Final Rule made it easier for these markets to participate in the CVV program, by allowing market managers, instead of every single individual farmer, to be authorized. This will boost participation even further, and we would like to see national implementation of this important option, to give participants equal access in every state. In addition, combining the CVV and the WFMNP benefits on a single card would further incentivize expenditures at local farmers' markets – a win-win for all stakeholders.
8. **Expand options for the increasing number of diverse populations through culturally acceptable foods and expand substitutions for special dietary concerns to include food allergies and intolerances.**
- California WIC participants are culturally diverse which is indicated by the fact that California WIC has developed outreach materials in many languages: English, Spanish, Chinese, Vietnamese, Russian, Hmong, Korean, Armenian and more. (*FRAC: Making WIC Work for Multicultural Communities Best Practices in Outreach and Nutrition Education*)

- WIC nutritionists recognize the need to offer a supplemental food package with regionally or locally available and culturally familiar foods that meet nutritional needs and request IOM's assistance in identifying such foods.
 - The prevalence of reported food allergy in children has increased substantially since 1997. By expanding available substitutions, the WIC food package can better meet the nutritional needs of participants with special dietary concerns including celiac disease and food intolerance.
 - *A 2013 CDC study says that allergies have increased 50% from 1997 to 2011 (the 18% figure cited by NWA comes from a 2008 CDC study). Celiac disease is 4 times as common as it was 50 years ago and affects 1% of the population.*
9. **Allow effective administration of the WIC program by ensuring that implementation dates allow for adequate planning, food list printing, local agency staff and vendor training, and data systems updates.**
- Many components are involved in the implementation of food package updates and changes within the WIC program. These include: planning time, preparing materials, training of staff and vendors and updating MIS systems. In addition, the staggering of implementation dates is undesirable for coordinating all of these components.
 - To effectively administer the WIC program, ensure program integrity and facilitate efficiency, it is imperative that dates of implementation allow a sufficient time frame for these activities to occur.
10. **Work with the Food and Drug Administration to conduct a thorough scientific review of the risks, benefits, and cost-benefits of “functional” food ingredients as well as artificial sweeteners, colors and dyes being added to WIC formula and foods.**
- CWA has long been concerned about the addition of so-called “functional” ingredients to infant formula. Since 2003, for example, ARA and DHA have been included in WIC formulas, and USDA’s Economic Research Service has noted a very troubling trend: a large part of recent WIC formula cost increases to the addition of higher-cost formulas supplemented with DHA and ARA – which is now the only type of formula on the shelves. Given the huge (60%) WIC market share and federal budget impacts represented by this expenditure, it is important that any factor increasing overall food costs be completely justified.
 - New ingredients are being added to formula with increasing frequency, with price increases each time. So it is critical that USDA work with FDA and the IOM to answer the question: Does the research evidence support the inclusion of these additives to formulas offered to the *majority* of WIC infants? Many independent analysts, for example, are dubious about DHA’s efficacy in improving eyesight in full-term healthy infants. So why is WIC forced to pay more for DHA formulas and why are the formula companies allowed to market them as “closer than ever to breast milk?”
 - This committee should urge USDA to work with FDA to conduct a thorough review of industry claims around all new ingredients. If the review concludes they work, then WIC

should allow them and if not, WIC should explore cost-effective alternatives to provide quality infant formula without unproven and expensive added ingredients. (SEE: *Olivera and Frazao, WIC Program Background, Trends and Economic Issues, USDA ERS, 2015; CWA, Concerns about Infant Formula and Additives, 2010.*)

Thank you very much for this opportunity to comment on your review. CWA's member agencies and frontline nutrition staff look forward to implementing even better WIC food packages with WIC families and with our farm, food, and grocer partners very soon!

Sincerely yours,

A handwritten signature in blue ink that reads "Karen Farley". The signature is fluid and cursive, with "Karen" on top and "Farley" below it, slightly overlapping.

Karen Farley, RD IBCLC
CWA Executive Director