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Maryland & Virginia
Milk Producers Cooperative Association, Inc.

November 6, 2006

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

Dear Ms. Daniels,

Maryland & Virginia Milk Producers Cooperative, representing more than 1,500 dairy farm families from Pennsylvania to Georgia, is concerned about the U.S. Department of Agriculture's (USDA) proposed rule to update the food prescription packages for the Women, Infants and Children (WIC) supplemental nutrition program.

As dairy farmers, we recognize and value the important role the WIC program plays providing eight million Americans with much needed food assistance. We are fortunate that USDA has always included dairy products as a major part of the WIC food package supplying about \$1.4 billion a year in nutritious, wholesome and calcium packed dairy foods to WIC participants.

Milk and other dairy products offer a unique nutrient package that supplies priority nutrients, according to the Institute of Medicine (IOM). The IOM has identified WIC participant diets as being low in potassium as well as calcium, magnesium and Vitamin A.

When it comes to addressing these nutritional shortfalls, WIC participants should turn to milk and dairy foods as the solution. Milk is an excellent source of nine essential nutrients: calcium, Vitamin D, protein, potassium, Vitamin A, Vitamin B12, riboflavin, niacin and phosphorus. Dairy foods supply 72 percent of the calcium in the nation's food supply.

The 2005 Dietary Guidelines for Americans (DGA) recommended that most people increase consumption of low-fat and non-fat dairy, and the milk group supplies several of the DGA's "nutrients of concern," low in most Americans' diets. USDA's proposed changes would limit WIC participants' dairy choices, in some cases favor nutritionally inferior products and reject the IOM's recommendation to add yogurt to the WIC package. This move is likely to reduce overall consumption of milk, cheese and the

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nutrients food in dairy foods, preventing WIC participants from the nutrition they so desperately need.

On the basis of nutritional and cultural considerations, modification to USDA's proposals could help increase WIC participant's access to the vital nutrients in dairy as follows:

- Allowing more cheese substitution would give participants more flexibility in food choices, provide more access to an excellent source of calcium and a good source of high-quality protein, and respond to cultural and dietary needs.
- Making lactose-free and lactose-reduced milk, rather than soy products the preferred substitutes for regular milk would be consistent with the DGA and other established dietary advice.
- Permitting women to partially substitute yogurt for milk would provide access to a nutrient-rich dairy food that is well tolerated by those who are sensitive to lactose and fits into a variety of food patterns, as recommended by the IOM. Yogurt is an excellent source of calcium and protein. It is also a good source of potassium and some yogurts contain Vitamin D.
- Allowing all women, including non-breastfeeding women, to receive three servings of milk would enhance WIC participants nutrition. For women who choose not to breastfeed, USDA's proposal would reduce the milk allowance below DGA recommended levels.

WIC plays an important role, helping those who need food and nutritional assistance maintain healthy and balanced diets. The program's nutritional counseling component provides opportunities for education and for encouraging participants to take full advantage of the nutritional value supplied by milk and dairy products.

Please take these points into consideration as you make a decision to revise the WIC program in the coming months. If you have any questions, please do not hesitate to call me a 703-742-6800 or e-mail me at jbryant@mdvamilk.com.

Sincerely,



Jay Bryant
General Manager

I-144

email to wichq-sfpd 11-06-06 from
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Foremost Farms USA
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November 6, 2006

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

RE: Special Supplemental Nutrition Program for Women, Infants and Children (WIC);
Revisions in the WIC Food Packages

Dear Ms. Daniels:

Foremost Farms USA is a dairy cooperative headquartered in Baraboo, Wis., and owned by 3,000 Midwestern dairy farmers. The cooperative's annual sales, a majority of which are from consumer products and cheese, generate \$1.5 billion in revenue annually. As a processor and marketer of fluid milk and cheese, we are very concerned about USDA's Proposed Rule on Revisions to the Women, Infants and Children's (WIC) supplemental food packages.

The proposed rule limits the options for milk substitution within the dairy group, which is not consistent with the 2005 Dietary Guidelines for Americans recommendations for dairy foods. We feel this could make it difficult for women and children to meet their nutrient needs.

For years, scientists and nutritionists have touted the benefits of including dairy products in the diet. A 2005 Dietary Guidelines Advisory Committee Report stated the milk group is a major contributor of dietary calcium, and a substantial contributor of Vitamin A, potassium and magnesium. The Dietary Guidelines state that milk alternatives within the milk food group, such as yogurt and lactose-free milk, are the easiest and most reliable way for those sensitive to lactose to derive the health benefits associated with milk and milk products.

Many nutrients that have been identified as likely for deficiency in Americans' and WIC participants' diets (including calcium, potassium, vitamin A and vitamin D) are provided

by dairy. Higher levels of dairy products could help reduce the nutrient deficiency in the diets of WIC women and children.

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Patricia M. Daniels

We encourage USDA to align the WIC program with the Dietary Guidelines for all groups, including postpartum women. As the proposed rule exists now, postpartum women are being provided with about two cups of milk, or the equivalent, per day. This amount should be increased to at least the Dietary Guidelines recommended level which is three cups of milk, or the equivalent, per day.

Cheese is an excellent source of protein; it may be appropriate to include it as an alternate in the protein category, in addition to the dairy category. This would be particularly appropriate since cheese can be part of the centerpiece of a meal, such as part of macaroni and cheese or a grilled cheese sandwich, similar to the other protein options, such as peanut butter or beans.

We are also concerned about the recommendation to substitute soy for dairy. While soy and other non-dairy substitutes may be the best option for people who cannot consume any dairy products, such as women or children with a milk allergy, they are not appropriate substitutes for those who avoid milk for other reasons, such as lactose intolerance. Even for those products with the same levels of nutrients present as milk and dairy products, these nutrients may not have the same bioavailability as the nutrients found in dairy. The people who consume these products may miss out on the important benefits of these nutrients.

We encourage USDA to base its final decision on sound science that is endorsed by recognized health organizations and professionals. The dairy industry is proud of the role it plays in the overall health of our population. We urge you to keep the dairy category as a strong component of the WIC food packages.

Sincerely,

Joseph Weis
Vice President-Consumer Products Division
Foremost Farms USA Cooperative
E10889A Penny Lane
Baraboo, WI 53913



International Dairy Foods Association
Milk Industry Foundation
National Cheese Institute
International Ice Cream Association

November 6, 2006

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

RE: Docket No. 0584-AD77. Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages

Dear Ms. Daniels:

We appreciate the opportunity to comment on the proposed rule issued by the Food and Nutrition Service (FNS) to make changes to the participant food packages for the WIC program. Dairy foods, particularly milk and cheese, have long been an important part of the food packages for WIC participants. We look forward to these and other dairy foods remaining an integral part of the packages in order to provide a wide array of nutrients to women and children.

The International Dairy Foods Association (IDFA), Washington, DC, represents the nation's dairy manufacturing and marketing industries and their suppliers, with a membership of 530 companies representing a \$90-billion a year industry. IDFA is composed of three constituent organizations: the Milk Industry Foundation (MIF), the National Cheese Institute (NCI) and the International Ice Cream Association (IICA). IDFA's 220 dairy processing members run more than 600 plant operations, and range from large multi-national organizations to single-plant companies. Together they represent more than 85% of the milk, cultured products, cheese and frozen desserts produced and marketed in the United States. IDFA can be found online at www.idfa.org.

Executive Summary

IDFA and its members are pleased that dairy products continue to play a prominent role in the proposed food packages under the WIC program. Dairy products constitute one of

the major food groups under the 2005 Dietary Guidelines for Americans and MyPyramid, and these products provide a range of essential nutrients, including three key nutrients of concern for WIC participants. IDFA also recognizes and supports the overall movement of the WIC program towards greater consistency with the Dietary Guidelines, which properly includes an increased emphasis on fruits and vegetables and whole grains in addition to a continued emphasis on dairy products.

Nevertheless, IDFA and its members are deeply concerned about certain aspects of the proposed rule and urge FNS to take a closer look at the beneficial role of dairy products and the proper dairy product allowances for WIC participants. Our overriding concern is with the overall reduction of the proposed daily allowance for dairy products, down from 4 to 3 servings per day for most women and from 3 servings to 2 servings per day for children, a decrease of 25% to 33%, respectively. We believe this overall reduction—striking by its sheer volume—will have significant, negative health consequences for WIC participants as well as enormous economic consequences for the federal government and the dairy industry.

Our first concern is with the health of WIC participants. FNS has identified calcium (as well as potassium and vitamin A) as a priority nutrient for the WIC population. Even at the current WIC levels of 4 servings per day for women, FNS and the Institute of Medicine (IOM) have both identified the need to *increase* calcium consumption by women in the WIC program. Yet, by proposing to *decrease the dairy allocation by 25 percent* in this population, it is hard to imagine how consumption levels of calcium could go anywhere but down, and down rather sharply. This will likely result in more cases of weakened and broken bones, more surgeries, and more hospitalizations in the WIC population. In other words, this proposed change would be a giant step in the wrong direction.

Instead, we urge FNS to see dairy products for the huge opportunity they present. The IOM has stated that dairy products present the most concentrated form of calcium in the American diet and FNS should be leveraging that unique capability of dairy products to improve the health of WIC participants. The way to do this is to *maintain* the current overall levels of dairy allocation, and then to *add options and opportunities* with dairy categories for the WIC population to take full advantage of these unique health benefits.

In this way, we believe that dairy products should properly continue to serve as a major cornerstone or “anchor” for the WIC program, as dairy products have a proven track record under the WIC program. Indeed, dairy products provide WIC participants with a range of nutritional benefits—including three key nutrients of concern—and provide important options for the lactose intolerant and different cultural and ethnic groups. They are also affordable and are readily accessible to WIC participants. Finally, since dairy products are longtime staples of the WIC program, WIC participants can be depended upon to consume dairy products on a regular basis, something important as the WIC program will be trying to change participants' eating patterns in other food areas.

The recipe for achieving this objective is three-fold: (1) maintain the current dairy product allocation of 4 serving per day for most women, and 3 servings per day for children; (2) increase the allowance for cheese to be substituted for milk, by linking allowances above the proposed rule level to consumption of reduced fat cheese products; and (3) adding yogurt, as the IOM recommended, as an allowable substitute for milk. Maintaining dairy allowance at current levels would prevent calcium intake from going in the wrong direction. Increased consumption of cheese and yogurt would greatly enhance calcium intake by key segments of the WIC population, especially those who are lactose intolerant, Hispanic women who have a high preference for cheese products, and Asian women who have a high preference for yogurt in lieu of fluid milk. Increasing the emphasis on reduced fat cheese would mitigate concerns from the IOM about the levels of saturated fat in traditional cheese products. Taken together, these steps would significantly advance the health and nutrition of WIC participants.

We recognize that cost is a driving factor in FNS' decision-making, but dairy products provide an affordable choice compared to many other foods. To the extent that FNS has been able to find cost savings elsewhere in the WIC program--and \$34 million of such savings were identified in the proposed rule over five years--we would urge FNS to reallocate those cost savings to increased allowances for dairy products. Moreover, FNS needs to consider the fact that reductions in dairy product allowances under the WIC food packages, as proposed, would trigger the need for an estimated \$63 to \$80 million in other federal expenditures under the dairy price support program. It makes no public policy sense to save money under one program but then spend it under another program, especially when both programs are administered by USDA. It is also essential that FNS prepare a risk assessment, as required by law, and publish it for public comment prior to issuing a final rule. This assessment should include an evaluation of the increased health care and other costs—including costs to government reimbursement programs--that would likely result if calcium and other nutrient intakes in the WIC population were reduced consistent with the proposed rule. We recognize that the WIC program operates under fiscal constraints. But this is an area where the agency could end up being “penny wise and pound foolish.” We believe strongly that dairy products should maintain the strong position held in the current food packages and that funding for the program should be increased, as needed, to allow for all nutritious foods, including dairy, fruits, vegetables and whole grains.

Accordingly, we believe that the following overall adjustments should be made to the dairy allowances under the WIC food packages:

- The overall allowance for dairy should be maintained at the levels currently provided in the food packages--4 servings per day for most women and 3 servings per day for children;
- Cheese substitutability for milk should be increased significantly by linking increases above the proposed rule level to reduced fat cheese products; and
- Yogurt should be allowed as a substitute for milk to provide the greatest opportunity for the WIC packages to deliver important nutrients to a broader range of program participants.

In addition, we recommend the following, more specific, adjustments to the WIC food packages:

- Reduced lactose milk should be available to individuals who need it without a medical prescription;
- The food package for postpartum women should provide the recommended level for American adults as contained in the Dietary Guidelines--i.e., 3 cups of milk per day, instead of only 2 cups.
- Soy substitutes for dairy products should be nutritionally equivalent and their bioavailability should be established at the same level; and
- Cheese and yogurt, as good sources of protein, should be added as substitutes in the meat and bean food category.

However, before any changes are made to the food packages, a methodology and criteria should be in place for the evaluation of their impact and effectiveness. This should either be done by implementing the changes at a select group of sites, or one food package at a time to allow for evaluation and adjustment. Failing that, if all food package changes were to be implemented for all participants at once, the program should be instituted through an Interim Final Rule so that adjustments could be made after an appropriate evaluation period.

In conclusion, we support the overall goals of the WIC program to provide its participants with food products that are nutritious, affordable, and likely to be consumed on a regular basis. We are pleased that dairy products play such a prominent role in this important program and hope these comments help you understand the need and justification for the recommended adjustments.

Detailed Analysis

I. Consuming Dairy Products Should be a Major Cornerstone of the WIC Program

The purposes of the proposed updates of the WIC food packages are: (1) better address the nutrition deficits and challenges of the WIC target population groups; and (2) enhance food acceptability and nutrition quality of the WIC food packages. Dairy foods have a number of characteristics that make them uniquely critical to meeting these goals. In particular:

- Dairy foods are nutrient-dense and thereby provide a variety of essential nutrients in a single food portion;
- Dairy foods contain three key "priority nutrients"-- calcium, vitamin A and potassium;
- Dairy foods have a very high level of consumer acceptability, so there is a high level of assurance that WIC consumers will eat them;
- Dairy foods are cost-effective; and
- Dairy foods are increasingly identified with providing new health benefits.

Dairy products also fill some particular needs, such as providing options for lactose intolerant consumers and meeting certain cultural preferences.

The role of milk and dairy products in a nutritious diet has been firmly established by the nutrition and medical community, including the National Institute of Child Health and Human Development, the American Academy of Pediatrics, the National Osteoporosis Foundation, the American Academy of Orthopedic Surgeons, and many other health organizations. For many of the same reasons, the federal government, through the 2005 Dietary Guidelines for Americans, recommended increased consumption of milk and other dairy products.

No other food category can provide this constellation of benefits--health, preference and cost. It was therefore particularly distressing to see FNS's proposed rule identify a number of serious restrictions or cut-backs from the existing WIC food packages. IDFA urges FNS to reevaluate a number of its food package decisions and provide a greater role for the very positive contribution that dairy products can and should make to the health and well-being of women and children covered by the WIC program.

A. Dairy Products are Nutrient-Dense

The 2005 Dietary Guidelines for Americans encourage individuals to base their diets on nutrient-dense foods, which are defined as foods that provide substantial amounts of vitamins and minerals relative to calories. Any federal nutrition program, including WIC, should be based upon foods that are nutrient-dense, particularly those that are naturally nutrient-dense. In addition to encouraging healthy food choices, this will also help to maximize the food dollars spent, as one serving of a food can provide multiple nutrients.

Dairy foods, including milk, cheese and yogurt, are naturally nutrient-dense. Milk is a good source of calcium, vitamin B12, vitamin D, riboflavin, protein, niacin, potassium, phosphorous and vitamin A. Most varieties of cheeses are good sources of calcium, protein and phosphorous. Some cheeses are a good source of vitamin A and others provide vitamin D. One serving of yogurt provides protein, calcium, phosphorous, potassium, riboflavin and vitamin B12. Some yogurts also provide vitamin A and vitamin D. All of these nutrients are necessary for a child's normal growth and development or for promoting good health in women.

At least three servings of dairy in a diet that also includes grains, fruits, vegetables, and lean meat provides all the nutrients necessary for healthy growth and development in children and the maintenance of good health in adults. Dairy foods are an important part of the healthy diet recommended for all Americans, including children, adults and pregnant and breastfeeding women. Because of the nutrients it provides, dairy is recommended for the general American population, but especially for children, pregnant women and breastfeeding women.

B. Dairy Products Contain Three Key WIC Priority Nutrients

As part of the process of reviewing and updating the WIC food packages, the Institute of Medicine (IOM) studied the nutrients that were most likely to be present in lower than needed amounts in the diets of WIC women, infants and children. IOM also made recommendations regarding the contents of new food packages for WIC participants. The recommendations were collected in the report, "WIC Food Packages: Time for a Change" which was released in April 2005.

The IOM report identified priority nutrients for women and children participating in the WIC program. The report identified the following nutrients as nutrients of concern for women, children or both: fiber, potassium, calcium, magnesium, vitamin A, vitamin C, vitamin B6, folate, and vitamin E. Dairy foods are good sources of up to nine essential nutrients, including calcium, vitamin B12, vitamin D, riboflavin, protein, niacin, potassium, phosphorous and vitamin A, thus providing three of the nine priority nutrients--calcium, vitamin A and potassium--in one serving of food. Dairy products are a particularly efficient source of nutrients and provide WIC participants with "three for the price of one" in terms of shortfall nutrients.

In addition to the priority nutrients, vitamin D is particularly important because it facilitates the absorption of calcium, one of the priority nutrients. Dairy products are the number one source of both calcium and vitamin D for American diets.^{1,2} Despite the fact that vitamin D was not identified as a priority nutrient in the IOM report, it was determined to be a nutrient of concern by the Dietary Guidelines Advisory Committee for the general American population. Because of the concern over vitamin D intake for Americans in general and the benefit of vitamin D for calcium absorption, it is important to consider the impact of the proposed food packages on vitamin D consumption. Many dairy foods that are excellent sources of calcium also provide vitamin D, which means that dairy could be an even more efficient source of calcium.

C. Dairy Products Have a Very High Level of Consumer Acceptance

The WIC packages are only effective if WIC participants are willing to eat the designated types of food. Especially when the government is trying to educate consumers to eat differently--i.e., more whole grains and more fruits and vegetables, which, in reality, consumers are likely to eat in varying amounts--it is essential that the WIC packages have an "anchor" of nutritious foods that consumers can be depended on to eat. Dairy foods provide just such an anchor. They are longtime staples of the American diet and should be depended upon to ensure that WIC consumers receive the intended level of nutritional value.

Over the wide range of dairy products, nearly all individuals can find at least one product they enjoy consuming. For many people, this is fluid milk as a beverage or with other products such as breakfast cereal. For others, it is cheese, as a snack or an integral part of a lunch or dinner. For many, it is yogurt, as part of a healthy breakfast or lunch, or as a snack. These foods are all nutrient-dense and provide key priority nutrients that

Americans need. This is particularly true for certain ethnic and cultural groups, as Hispanic women have a high preference for cheese products and Asian women have a strong preference for yogurt in lieu of fluid milk.

But to be an effective "anchor" for the WIC program, WIC participants need to have the option of the full range of dairy products--fluid milk, cheese and yogurt. This is particularly necessary, as noted, to meet the different cultural preferences as well as to meet the needs of those who are lactose intolerant. Accordingly, as described in greater detail below, IDFA opposes some of the restrictions on dairy product consumption contained in the proposed rule and urges FNS to reconsider certain aspects of the proposed rule.

D. Dairy Foods are Cost Effective

In comparison to other foods, dairy products are extremely cost effective in terms of nutrients delivered to the consumer. One study found that dairy foods were a much cheaper source of calcium than many other foods, including vegetables and soy. For example, the mean cost to absorb 300 mg of calcium was 65 cents for skim milk, \$1.13 cents for part skim mozzarella and \$1.25 for plain lowfat yogurt as compared to 88 cents for turnip greens, \$1.96 for kale, \$2.00 for calcium-fortified soy beverage, \$2.11 for tofu processed with calcium chloride and \$3.02 for fresh broccoli.³

A recent article in the American Journal of Hypertension estimated the healthcare savings gained if American adults consumed 4 glasses of milk per day. The estimated savings after one year was approximately \$26 billion, while the cost savings after five years was estimated at more than \$200 billion. This finding speaks directly to the need to maintain the overall daily allowance for dairy products at the current level of 4 servings per day for adult women. It also speaks to the need, as described in more detail below, for FNS to conduct a full risk assessment that incorporates the health care costs and benefits from decreased or increased levels of calcium consumption.

E. Additional Health Benefits of Dairy Products

In addition to the benefits of calcium in building strong bones and reducing the risk of osteoporosis, scientific research continues to identify new potential health benefits of dairy products. The growing trend of both childhood and adult obesity is a serious public health concern. Research indicates that dairy products can be part of a solution to the problem of obesity. Emerging evidence suggests that dairy is an important component of a healthy eating pattern that can protect against excess body fat gain and enhance weight loss.^{4,5,6} A number of scientific studies have demonstrated a relationship between dairy food consumption and weight control. Some studies have shown that people who consume more dairy products are less likely to be overweight or obese.^{7,8,9} This positive effect of calcium and dairy products on weight loss or prevention of weight gain has been demonstrated in people of differing ages, genders and races.¹⁰ Women who consume high levels of calcium while trying to lose weight, lose more weight than women with

lower calcium intakes. Overweight and obese women may need to consume more calcium in order to aid in their weight loss.¹¹

Recent research has shown that milk and dairy intake are associated with a healthier body weight in both adults and children. Low intakes of milk during childhood may contribute to acquiring more body fat and higher body weight during adolescence. A study of 99 children followed over 12 years from ages 2-3 found that children who consumed more dairy products had lower gains in body fat and body mass index than children who consumed less dairy.⁵ The study suggests that low intakes of dairy products during childhood may be associated with greater acquisition of body fat by adolescence. In a further analysis of this same group of children, researchers found that diets moderate in dietary fat and high in dairy products, fruits and vegetables were associated with lower risk of adolescent obesity.¹²

Studies have also shown that calcium in dairy foods plays a role in body composition, specifically maintaining muscle while lowering body fat. This has been demonstrated in both women^{13,14} and children.¹⁵ Another study's results showed that including dairy in patients' calorie-restricted diets helped them lose weight faster and lose more fat from their abdomen. This effect was stronger with dairy products than with calcium supplements.¹⁰ Higher acute calcium intakes were shown to be connected with higher rates of fat oxidation.¹⁶ The association between weight loss and calcium intake is believed to be related to the intracellular calcium in fat cells.^{17,18,19,20}

In addition to reducing obesity, consumption of dairy products has also been shown to help decrease hypertension. The Dietary Approaches to Stop Hypertension (DASH) diet includes low fat dairy with fruits and vegetables and makes positive changes in blood pressure, blood lipids and blood homocysteine levels. The DASH diet with dairy caused approximately twice as much of a decrease in blood pressure as a diet that was high in fruits and vegetables without dairy.²¹ Even more impressively, when the effect on African Americans in the study was analyzed, they had a greater reduction in blood pressure than the study group as a whole.²²

Because so many people enjoy different dairy foods, and because different dairy foods may be more appropriate for varying uses or times of the day, the food packages should allow for flexibility within the dairy category. Just as consumers would choose which dairy products are most appropriate for their family if they were shopping outside the WIC program, the food packages should allow consumers to make these same choices. By restricting the amount of dairy that they are allowed to have and then further restricting the types of those foods that are available, WIC participants are limited in their ability to make choices about the food that they and their families will consume.

II. FNS Should Reevaluate its Proposed WIC Food Packages Regarding Dairy Products and Make Targeted Revisions to Promote Better Health for WIC Participants

Notwithstanding the health benefits of dairy products, and their ability to deliver three key priority nutrients to WIC participants, the FNS proposed rule would make significant reductions in dairy product consumption in several ways: (1) by reducing the current overall daily allowance of dairy products by 25-33%; (2) by reducing the cheese allowance by 75%; and (3) by excluding yogurt from the food packages entirely. These proposed reductions are contrary to the health of WIC participants and need to be reversed in the final rule, for several reasons.

First, the current food packages and the proposed food packages, are not nutritionally equivalent—and, in fact, as described further below, the proposed packages actually result in *reductions* to some of the nutrients of concern, including potassium and calcium. The amount of vitamin D in the proposed food packages for women was also cut, further exacerbating the shortfall in calcium. This result could not have been intended and is obviously problematic because the WIC packages are designed to encourage (not discourage) the consumption of these nutrients. Moreover, this analysis of the nutrients provided by the proposed food package was conducted on the packages proposed by IOM. In fact, the packages in FNS's proposed rule featured *additional reductions* to yogurt (as well as to fruits and vegetables). Therefore, the reductions in these nutrients, based on the FNS's proposed rule, would be even greater than indicated in the original IOM analysis.

Even based on a comparison of the current food packages and the IOM proposed packages, potassium consumption was reduced in the proposed children's package by 150-161 mg per day, while consumption of calcium and vitamin D were reduced for some of the women's packages up to 136 mg and 1.9 micrograms, respectively. These reductions were all carried through in FNS's proposed rule. Because calcium and potassium are priority nutrients for the WIC program, it is incumbent upon FNS to reevaluate the basis for these changes and restore the food packages to existing levels of dairy products. Dairy foods are excellent sources of all three of these nutrients and higher levels of dairy in the package could prevent the reductions in potassium, calcium and vitamin D consumption. Even though Vitamin D is not listed as a priority nutrient for the WIC program, the fact that vitamin D greatly adds to the absorption of calcium makes maintaining current levels of vitamin D essential to meeting the goals of the WIC program.

Second, although the 2005 version of the Dietary Guidelines for Americans is an excellent set of recommendations for how the general population of Americans should choose their overall diets. However, the Guidelines should be the "starting point" for the WIC packages, but not serve as an iron-clad limit for the food packages. This is because the major purpose of the Dietary Guidelines is to set goals for consumers to try to *increase* their consumption in order to meet the goals. The Dietary Guidelines were not trying to reduce dairy consumption from 4 servings per day to 3 servings per day. Rather, the Dietary Guidelines were trying to encourage Americans to increase their dairy consumption to 3 servings per day. There is nothing in the Dietary Guidelines that raises any concern about consumption of more than 3 servings per day, and increased

consumption may well be justified in specific populations, particularly the WIC population.

This is due to the special health needs of WIC recipients, who are by definition nutritionally at risk. According to the Guidelines themselves, they are intended for the general public over the age of 2 years and since the general public includes many people with chronic health problems like obesity and high blood pressure, the Guidelines took these issues into account. While many of the participants of WIC do suffer from the chronic conditions that have become common in the United States, they are still not the "typical" American population for whom the Dietary Guidelines were designed. The WIC regulations define nutritionally at risk as a variety of conditions, including anemia and previous deliveries of low birth weight infants, most of which are not common in the American population and may need to be addressed in a different manner nutritionally than the Dietary Guidelines. Some of these conditions that qualify participants for the WIC program, including previous delivery of a low birth weight infant, could be addressed by encouraging adequate milk consumption. One recent study found that a low intake of milk and vitamin D by pregnant women was associated with lower birth weight for their infants, which highlights the importance of milk consumption for pregnant women.²³

Therefore, because of the nature of the WIC program and its participants, the WIC food packages should use the Dietary Guidelines as a "floor" and provide for higher levels when necessary to meet the health and nutritional needs of the WIC population. This is particularly true where, as here, higher levels are needed to promote consumption of the designated priority nutrients. While the Dietary Guidelines encourages women to consume the equivalent of 3 servings of dairy per day, in the past the WIC program has provided 3-4 servings of milk per day to adult women. This allowance has not resulted in higher than recommended levels of intake of nutrients such as calcium or potassium. In fact, because these nutrients are still considered to be priority nutrients, the foods that provide these nutrients should not be reduced in the new packages. Such reductions would be a giant step in the wrong direction. Indeed, as the current levels are not causing participants to overconsume dairy or the nutrients commonly provided by dairy foods, there is no valid nutritional basis for reducing the amount of dairy foods currently provided in the WIC program.

A. The Allowance for Milk Should be Restored to the Levels in the Current Food Packages

The overall allowance for milk should be restored to the levels in the current WIC food packages, rather than reduced by 25-33% as recommended in the proposed rule. As discussed above, the current WIC food packages allow for 4 servings per day of milk and dairy products for most women participants. A reduction to no more than 3 servings per day for women would result in a 25% reduction in dairy products, while the children's milk allowance would be cut by a third, from 3 cups to 2 cups per day. This is an enormous amount that was not justified in the proposed rule. This reduction would have a severely negative effect on the health of WIC recipients, as even with the higher levels,

three key nutrients in milk and dairy products are still being classified as "priority nutrients." In addition, there is no evidence that the amount of milk currently provided is resulting in the children or adults currently on the program having higher than safe intake levels for any nutrient.

We fully recognize that FNS used the Dietary Guidelines' recommendation of 3 servings of dairy per day for adults as the rationale for this change. However, for reasons described above, the Dietary Guidelines should be a starting point for establishing the WIC food packages, but not provide an iron clad limitation where doing so would be contrary to the health of WIC participants. The proposed 25% reduction in the dairy product allowance for women in the WIC program is one such area where flexibility beyond the Dietary Guidelines is needed. This is particularly so given the special needs of the WIC population and the unique contribution that milk and other dairy products make to address those special needs, including anemia and previous deliveries of low birth weight infants, neither of which are common in the American population.

In addition, since a significant number of people in certain ethnic groups identify themselves as lactose intolerant, this condition may reduce the amount of fluid milk they choose to consume. However, because milk is the best source of calcium, potassium and magnesium in the American diet, many organizations, including the National Medical Association and the American Dietetics Association encourage the consumption of dairy foods for lactose intolerant individuals.^{24,25} The Dietary Guidelines for Americans Advisory Committee report recommends lactose-reduced or low lactose milk products for people who avoid regular milk because of the lactose content.²⁶ Reduced lactose milk is actual milk, with the lactose reduced to glucose and galactose, so the nutrients provided are exactly the same. This means that lactose-free milk provides the very same three key nutrients of concern that the WIC program is trying to encourage program recipients to consume.

Moreover, substituting lactose-free milk for regular fluid milk is an easy substitution for lactose-intolerant people to make, and the WIC program ought to be encouraging that substitution at current levels. Reduced lactose and lactose free milk should continue to be available to participants who want a low lactose fluid option, and, this choice should not require a prescription or note from a doctor, because it is the same product from a nutritional standpoint as regular fluid milk.

B. The Allowance for Cheese Should Also be Restored to Current Levels

As stated above, IDFA believes that dairy foods should not have been reduced in the proposed rule. However, it is particularly distressing to see cheese reduced disproportionately in the proposed food packages--a reduction of 75%. The proposed reduction for cheese allowed for WIC participants was dramatically out of proportion to the overall 25%-33% reduction for milk and dairy products. To the extent that these disproportionate reductions were made to cheese allowances due to their saturated fat content, this factor can be easily mitigated by linking any additional cheese allowance above the proposed rule level to reduced fat cheese products. Accordingly, IDFA believes

the allowance for cheese products should also be restored to current levels—or at a minimum kept proportionate to milk levels—as the proposed reductions would have a negative impact on the nutritional status of many women and children participating in the WIC program.

Similar to other dairy foods, cheese is a nutrient-dense food. Cheeses are another important dairy food that was recommended for consumption by the Dietary Guidelines for Americans. Cheeses are available in many varieties, including reduced fat and low fat versions. As a good source of protein, calcium and phosphorous, cheese is also a nutrient-dense food, like fluid milk and yogurt. In addition to being a healthy and convenient snack on its own, cheese is an important ingredient in a number of foods that can serve as the center of a healthy meal, such as macaroni and cheese.

Besides providing a variety of nutrients, cheese is also naturally low in lactose. According to the USDA National Nutrient Database for Standard Reference, Release 18, a one ounce serving of cheddar cheese contains 0.06 grams of lactose. Most lactose intolerant individuals can eat cheese without any discomfort. Cheese is an excellent way of providing the nutrition of dairy foods to people who may not regularly consume fluid milk products because of their lactose content. As indicated above, choosing low lactose dairy products is the preferred way to get the nutrition of dairy foods.

Cheese is also a food that is widely accepted and used by many cultural and ethnic groups as part of their meals and snacks. This is particularly true in cultures that have a relatively low consumption of fluid milk and/or may have a high incidence of lactose intolerance. Therefore, FNS should be encouraging cheese consumption for WIC participants in certain ethnic groups, such as Hispanics, who have a history of consuming more cheese than fluid milk. For Hispanic women, therefore, cheese consumption would be an easy, nutritionally appropriate and culturally acceptable way to meet their dairy-related nutritional needs. Indeed, FNS has clearly stated that one of the major goals of reviewing and updating the WIC foods packages was to ensure that the foods provided would accommodate participants with diverse cultural food preferences.

FNS should recognize and take full advantage of the fact that cheese is a food that participants like and find very acceptable. A survey of WIC participants by USDA indicated that 80.9% of participants were very satisfied and another 13.7% were fairly satisfied with the amount of cheese they receive through the program.²⁷ Cheese is particularly helpful to many households and to WIC households because it can serve as a main focus or centerpiece of a meal such as part of a grilled cheese sandwich, macaroni and cheese or enchiladas. As noted above, as FNS tries to change WIC participants' eating habits towards additional consumption of fruits and vegetables and whole grains, it is important to maintain an “anchor” of healthy foods that we know WIC participants like to eat—and that provide multiple key priority nutrients—to ensure the WIC participants continue to eat a nutritionally rich diet.

IDFA recognizes there is concern about the levels of fat and saturated fat provided by a number of cheese products in the diets of WIC participants. To address this concern, we

encourage FNS to link reduced fat versions of cheese to any increased allocation above the level of substitutability in the proposed rule. Reduced fat cheeses are defined by the Code of Federal Regulations as cheeses that have at least 25% less total fat, which would also mean at least a 25% reduction in saturated fat as well.²⁸ Reduced fat cheeses are already specifically allowed for by this proposed rule, but many states restrict low fat or low sodium versions for participants in their state. Reduced fat versions of cheese provide the same nutrients of concern as full fat cheese, but with a lower fat and saturated fat content. Reduced fat and low fat versions would also still have the other benefits of cheese, including a naturally low lactose content, cultural acceptability for a wide range of cultural and ethnic groups and the ability to serve as a major portion of a meal. Reduced fat versions of cheddar, mozzarella, Swiss and American pasteurized process cheese are already widely available in the United States. If reduced fat cheeses are encouraged by the WIC program, this could increase consumer demand and manufacture of such cheeses.

Finally, cheese, as a good source of protein, should also be allowed as an option in the "Meat and Alternatives" category of the WIC food packages. The protein provided by cheese is very high quality protein. In fact, casein, the predominant milk protein present in cheese is the standard set for protein quality by the Food and Drug Administration. (21 Code of Federal Regulations 101.9(c)(7)) This allowance would be appropriate in many ways, including participant acceptability, ability to use cheese as a major portion of a meal and relative cost per unit of protein.

Thus, with respect to cheese, IDFA urges FNS to:

- Restore cheese substitutability to their current levels by linking any increased allowances above the level in the proposed rule to reduced fat cheese products;
- If full restoration is not possible, at a minimum keep the cheese allocation proportionate to the overall milk and dairy allocation; and
- Add cheese as a substitute for protein derived from meat and beans.

C. Yogurt Should be Added as Substitute for Milk

IDFA was greatly disappointed to see that FNS did not follow the IOM's recommendation to include yogurt as an allowable substitute for milk. We recognize that FNS may have chosen not to follow this IOM recommendation for cost reasons. However, we believe that this tentative decision is short-sighted and should be reconsidered, as yogurt could provide very significant health benefits to WIC participants. This is particularly true as yogurt is an excellent nutritional substitute for fluid milk, is low in lactose and--perhaps most importantly--is consumed by some ethnic groups, particularly Asian women who generally do not consume fluid milk. Accordingly, we urge FNS to reconsider this issue and include yogurt as a part of the final WIC food packages as an allowable substitute for fluid milk, as recommended by the IOM report.

Such reconsideration is clearly justified by the nutritional benefits of yogurt. Like other dairy foods, yogurt is a nutrient-dense food. One serving of yogurt provides protein, calcium, phosphorous, potassium, riboflavin, vitamin B12, and many yogurts are fortified with vitamin A and vitamin D--again, providing three key priority nutrients to WIC participants.

Yogurt could also help meet the nutritional needs of WIC participants who are lactose intolerant. In the manufacture of yogurt, the cultures that ferment the milk and produce yogurt also consume the lactose that is naturally present in the milk. Through the very processing of yogurt, the lactose content in the finished product is reduced. Many individuals that are lactose intolerant can consume yogurt without discomfort. Since yogurt is a naturally low lactose dairy food that provides many of the same nutrients as milk, this is often a preferable choice for consumers that want to avoid lactose.

Similar to cheese, yogurt is a preferred dairy food for many cultural groups who choose not to consume fluid milk frequently. Since yogurt is a good source of so many nutrients--including three key priority nutrients--it would be an appropriate way for many program participants to consume their recommended levels of dairy products.

Yogurt can also be an extremely convenient dairy source because it is easy to have available for a relatively long time. Although it is perishable and requires refrigeration, the typical code date for yogurt is 35 to 40 days from manufacture. This would allow WIC participants to buy a container of yogurt and use it over the rest of the month, making it easy to consume the beneficial nutrient package of yogurt at any time.

To the extent that FNS's decision to not include yogurt in the proposed rule was driven by cost considerations, we note that FNS identified a cost savings of \$34 million over five years from elsewhere in the WIC program, and we urge that that amount be applied to yogurt, even if such funding were only sufficient to include yogurt at a lower level than proposed by the IOM. Especially since at least one ethnic group, Asian women, has a strong preference for yogurt in lieu of fluid milk, we believe the inclusion of yogurt at some reasonable level is essential in order to meet the nutritional needs of this segment of the WIC population, as well as helping to meet the nutritional needs of those who are lactose intolerant or have other reasons to prefer yogurt consumption.

Yogurt should also be allowed as an option in the "Meat and Alternatives" category of the WIC food packages. This allowance would be appropriate in many ways, including protein content, participant acceptability and ability to use yogurt as a major portion of a meal. Including yogurt in the "Meat and Alternatives" category would also be consistent with the National School Lunch Program regulations, which allow a serving of yogurt to serve as a meat alternate for school meals.

Thus, with respect to yogurt, IDFA urges FNS to:

- Add an allowance in the final rule for yogurt to be substituted for fluid milk at the same level as recommended by the IOM, which is 4 quarts per month.

- If inclusion of yogurt at this level is simply cost prohibitive, then add an allowance for yogurt at 50% of the level as recommended by the IOM, or 2 quarts per month.
- Add yogurt as a substitute for protein derived from meat and beans.

D. The Daily Allowance of Dairy Products for Postpartum Women Should be the Same as for Other Women

IDFA is also concerned that the proposed food package for postpartum, non-breastfeeding women provides for just over 2 cups per day, as opposed to the recommended 3 cups per day for adult women in the Dietary Guidelines. There is no discernable nutritional reason for this lower level. This level should be increased to allow for at least 3 cups per day for postpartum women--or whatever levels chosen for women generally--to ensure that they are receiving the amount of dairy products needed to keep them healthy to care for their children. There is no nutrition-based reason why postpartum women would need fewer nutrients than other women, and IDFA urges FNS to adjust the dairy product allowance in this food package accordingly.

E. The Allowance for Soy Substitutes for Dairy Products Should be Tightened to Ensure Nutritional Equivalence and Demonstrated Bioavailability

IDFA is concerned that the proposed allowance of soy substitutes for dairy products may be too broad. Such substitution allowance should be tied, as much as possible, to foods with nutritional equivalency and demonstrated bioavailability. In this regard, the proposed rule's nutrition standards for soy beverage as a substitute for dairy products are a good start toward ensuring that the substitution is as close as possible, but further tightening is warranted due to scientific concerns raised over the bioavailability of the nutrients in soy as compared to dairy foods. Non-dairy options should be offered to those who cannot consume any dairy at all, such as those who are allergic to milk. But for the wider population of WIC participants, when addressing issues such as lactose intolerance and cultural food choices, other types of foods within the dairy group are the most appropriate choice to provide the same types of nutrients in the same form.

First, in terms of nutritional equivalency, IDFA believes it is important that the amount of protein in soy beverages be kept equivalent to that found in milk. In this regards, FNS should rely on legislative language for the school nutrition programs which requires nutritional equivalence with milk, which contains 8 grams of protein per serving.

Second, IDFA believes that the issue of bioavailability deserves particular attention in the final rule. We believe that the nutritional guidelines outlined in the proposed rule to be used to determine soy beverage's nutritional equivalence with milk need to be clarified to ensure that the nutrients in soy beverages are shown to be bioavailable in the same amounts as the nutrients in dairy products. Such equivalency should take into account the wide range of nutrients that are provided by dairy foods, not solely calcium or protein. The nutritionally equivalent requirements should be clarified in this way to ensure that WIC participants will have the same health benefits when substitutes are used.

IDFA believes that the issue of bioavailability is critical and that, in the final rule, FNS should expressly provide that the nutrients in the substituted food have comparable levels of bioavailability. It is not enough that the Nutritional Facts panel show the same amount of the nutrient in the product. Rather, the amount of a nutrient in the food and the bioavailability of that nutrient--taken together--control how much of that nutrient a person's body can actually absorb and use. Based on the form of the nutrient and what other substances are present in the food that might interfere or enhance its absorption, the actual bioavailable amount of a nutrient can be very different between two foods, even if the same amount of nutrient is listed.

This point is driven home by tests conducted to assess the bioavailability of calcium added to various soy beverages. Many of these tests have found that there are problems with the form or absorbability of the calcium added to soy beverages that interferes with the body's ability to make use of the added calcium. Much of the calcium is in a form that is not easily mixed into the beverage in order for a person to actually consume the calcium. Some calcium added to soy beverages is in a form that is not released into the bloodstream as readily as the natural calcium found in dairy products. In some cases, the calcium is so coarse that it is not easily absorbed in the body.^{29,30} This could mean that even though the nutrition guidelines for soy beverage's equivalency to milk require the same amount of calcium, many consumers would not be getting the same nutritional value from these foods.

Finally, tofu, if allowed as a substitute for milk and other dairy foods, should be nutritionally equivalent to milk and other dairy foods, in a similar manner as soy beverage. The only proposed requirement for tofu is that it is manufactured with calcium salts. However, many calcium-set tofu products do not meet the nutritional levels required for soy beverage. This makes it an inappropriate substitute for milk and it should not be included in the final food packages as such. By contrast, because tofu is an excellent source of protein, it would be more appropriate to include tofu as a substitute in the meat and beans category of the food packages.

III. The Proposed Rule Would NOT be Cost Neutral Because the Reductions in Dairy Allowances Would Have a Significant Negative Impact on Other Government Expenditures

Although one of the goals of the proposed rule was to be "cost neutral," the produced overall reductions in dairy allowances would have a significant negative impact on other government expenditures. This is because such reductions--accounting for 25-33% reduction in dairy product consumption in the WIC population--would likely trigger other government expenditures under the dairy price support program. Indeed, based on the sharp reductions proposed in the WIC food packages, the sales of milk and cheese would decrease in such large amounts that government purchases of surplus dairy products by the Commodity Credit Corporation (CCC) would increase under the dairy price support program (unless commercial market demand increased to offset the decline of dairy sales under WIC, which would be unlikely).

IDFA estimates that under the proposed packages, WIC participant purchases of fluid milk would potentially decline by 57 to 78 million gallons per year, and purchases of cheese would decline by 43 to 49 million pounds per year. These reductions are equivalent to losses of 0.9% to 1.3% of annual fluid milk sales and 1.1% to 1.3% of annual sales of American-type cheese.

The processing sector of the U.S. dairy industry would experience sales losses of between \$321 and \$402 million per year. Dairy producers would experience income losses of between \$1.05 and \$1.3 billion over four years from the combined effect of reduced commercial sales of milk and the resulting lower prices over that period. If all of this surplus flowed to the government in CCC purchases, federal budgetary expenditures would increase by between \$63 and \$80 million per year to remove the excess dairy products from the market and keep the prices of dairy products from dropping below the minimum price level.

Thus, rather than spend between \$63 and \$80 million under the dairy price support program, we believe that modest increased expenditures for strong WIC packages would be a far more prudent use of federal resources. This is especially true where, as here, the WIC program begins with the premise that dairy products are healthy foods that provide a number of priority nutrients and should be included at significant levels. The question therefore becomes, from a cost-containment standpoint, where should the federal government be spending its scarce funds. IDFA strongly believes the answer is to allocate the money to purchases under the WIC program.

IV. USDA Should Conduct A Risk Assessment, As Required by Law, And Publish It For Public Comment Prior to Issuing a Final Rule

Although USDA complied with a number of procedural requirements associated with rulemaking proceedings, including Executive Order 12866, the Regulatory Flexibility Act, and the Unfunded Mandates Reform Act of 1995, the agency has not complied with the statutory requirement to conduct a risk assessment in accordance with the Federal Crop Insurance Reform and Departmental Reorganization Act of 1994.³¹ Section 304 of that Act establishes an Office of Risk Assessment and Cost Benefit Analysis and *requires* the Secretary of Agriculture to conduct a risk assessment for each proposed major regulation which affects human health, safety, or the environment. The law also provides that “where such a regulatory analysis is not practicable because of compelling circumstances, the Director [of the Office of Risk Assessment and Cost Benefit Analysis] *shall* provide an explanation in lieu of conducting an analysis” (Emphasis added.)

Based on review of the proposed rule, there is no evidence that USDA conducted the required risk assessment, nor has the agency provided an explanation in the proposed rule for its failure to do so. Congress clearly saw value in requiring such analyses prior to the promulgation of major new regulations issued by USDA. USDA should not circumvent its responsibilities prior to the enactment of a major regulation whose very purpose is to regulate issues of human health.³² Indeed, there could be serious health implications if

the revisions to the WIC program do not strike the proper nutritional balance for WIC participants--particularly where such participants are already at nutritional risk.

Accordingly, we believe that USDA should conduct the required risk assessment, which includes a cost benefit analysis, and publish it in the Federal Register with an opportunity for public comment prior to the issuance of the final regulation. In conducting this analysis, the agency should consider all of the potential costs associated with an increased risk to health--including increased health care costs to the government reimbursement programs--that could result from the proposed rule. For example, although USDA identifies calcium as a priority nutrient under the WIC program, the agency is proposing to *reduce* the dairy allotment, thereby further reducing calcium intake. Thus, the agency should assess the health care and other costs associated with decreased calcium consumption and likely increase in osteoporosis--with resultant increase in broken bones, surgeries, and hospitalizations to WIC participants. Conversely, the analysis should examine the health care and other savings that would accrue--including added time at work--should WIC participants obtain sufficient amounts of calcium and other priority nutrients. In this way, the agency will be able to assess the "qualitative and quantitative benefits of the regulation . . ." ³³ and determine if the proposed rule--due to fiscal constraints--is "penny wise but pound foolish." Indeed, as noted earlier, one recent journal article estimated U.S. healthcare savings would be approximately \$26 billion annually if Americans consumed 4 glasses of milk per day (the level currently provided to most women). Given the magnitude of such cost savings, it is incumbent upon USDA to conduct the required risk assessment, as applied to the WIC population. This step is needed to establish sound public policy as well as to comply with federal statute and avoid any procedural flaw in the final regulation.

V. Implementation of Food Packages

The first goal of any new program is to "do no harm." Because, the changes to the new food packages are so extensive, and some of the methods of food delivery are new, it is uncertain whether the proposed food packages will in fact provide the nutrients intended to WIC participants. FNS should take special care to ensure there are no major unintended consequences of the new food packages when applied in the real world. Indeed, it was for this very reason the IOM report recommended that a pilot test be conducted to look at the actual results of the changes.

IDFA would support the performance of such a pilot test. If FNS continues to believe that it does not have the statutory authority to conduct a pilot test of the new recommendations, as recommended by the IOM report, we would urge FNS to implement the new food packages in a staged fashion, so as to allow for evaluation and adjustments, as needed. This method of implementation was recommended in the proposed rule for the partially breastfeeding women's food package. If the program participants in the 32 sites recommended for the partially breastfeeding food package are transitioned into all of the recommended changes for the food packages, the changes could then be evaluated for participant acceptance, practicality of food delivery and actual nutritional intake after one year using the new food packages. This would provide the opportunity to evaluate the

proposed food packages, while ensuring that the majority of participants do not suffer from any major unintended consequences.

Alternatively, FNS could choose to implement the new food packages sequentially, one year at a time, to conduct the same type of evaluation and adjustment for each WIC subpopulation at each juncture. In each case, a year of implementation, followed by a year of evaluation, would be utilized to be certain that the new food packages are being consumed by the WIC participants as intended, or if adjustments to the new food packages are needed. IDFA supports this kind of staged implementation as a matter of sound public policy.

If FNS believes that neither of the above methods of implementation will be feasible, then IDFA would urge that the regulation be issued as an Interim Final Rule with a commitment by FNS to evaluate the program after one year and make any changes that are warranted. Such a review should include a full evaluation of participant acceptance, practicality of food delivery and actual nutritional intake. Based on the results of the evaluation of the new food packages, the food packages could be redesigned, if necessary, and changes implemented through a final rule without the need for reproposal. This would ensure that the food packages are having the intended effect on the diets and health of WIC participants.

Summary

IDFA and its members believe that the significant reductions to the dairy portion of the WIC food packages will hurt the nutritional status of WIC program participants. We believe that dairy products should maintain the strong position held in the current food packages and that funding for the program should be increased to allow for all nutritious foods, including dairy, fruits, vegetables and whole grains. Fluid milk, reduced lactose milk, cheese and yogurt are all healthy foods that can supply a variety of nutrients, including those considered by the IOM and FNS to be priority nutrients for the program. Additionally, these have the advantage of being acceptable to a wide range of consumers, including those of a variety of cultural backgrounds and lactose intolerant individuals.

Specifically, we believe that: (1) the overall allowance for dairy should be maintained at the levels currently provided in the food packages; (2) FNS should restore cheese substitutability allowances to their current levels, or at a minimum, keep cheese proportionate to milk allowances, by linking any increased allowances above the levels in the proposed rule to reduced fat cheese products; and (3) that yogurt should be added as a substitute for milk, either at the full levels recommended by the IOM, or at a minimum, at 50% of that level.

We also urge FNS to make several more targeted adjustments to the food packages, including: (1) reduced lactose milk should be available to individuals who need it without a medical prescription; (2) the food package for postpartum women should provide the recommended level for American adults as contained in the Dietary Guidelines--i.e., 3 cups of milk per day, instead of only 2 cups; (3) soy substitutes for dairy products should be nutritionally equivalent and their bioavailability should be established at the same

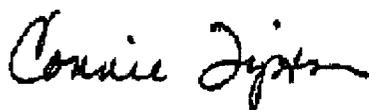
level; and (4) cheese and yogurt, as good sources of protein, should be added as substitutes in the meat and bean food category.

We believe that a more complete assessment of the health and economic impacts are needed. This includes accounting for any required increased government expenditures under the dairy price support program as well as conducting a full risk assessment, as required, under the Federal Crop Insurance Reform and Departmental Reorganization Act. Such assessment should take into account the added healthcare and other costs that would result from decreasing the consumption of calcium and other priority nutrients, and should be published for public comment prior to issuance of any final rule.

Finally, before any changes are made to the food packages, a methodology and criteria should be in line for the evaluation of their impact and effectiveness. This should either be done by implementing the changes at a select group of sites or one food package at a time to allow for evaluation and adjustment. Failing that, if all food package changes were to be implemented for all participants at once, the program should be instituted through an Interim Final Rule so that adjustments could be made after an appropriate evaluation period.

Dairy processors have been pleased to provide nutritious milk and cheese to WIC participants in the past. We look forward to continuing to provide a variety of healthy dairy foods to future WIC participants.

Sincerely,



Connie Tipton
President & CEO

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- ³³ 7 U.S.C. § 2204e(b)(1)(D).



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November 6, 2006

Via Electronic Mail

Patricia M. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: RIN 0584-AD77; Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages; Proposed Rule (71 FR 44783)

Dear Ms. Daniels:

We appreciate the opportunity to comment on USDA's proposed rule to make changes to the participant food packages for the WIC Program. Lactose reduced and lactose-free milk has long been included in the food packages for WIC participants. Given the increased cultural diversity of the WIC Program participants, we believe now more than ever that lactose reduced and lactose-free milk should be emphasized as an important part of the food packages in order to provide key nutrients to lactose intolerant women and children.

McNeil Nutritionals, LLC markets LACTAID® Milk Products and LACTAID® Lactase Enzyme Supplements. LACTAID® Products allow people with dairy digestive problems to include milk and other dairy foods in their diet. LACTAID® Milk is lactose-free and can be used for drinking, cooking and baking. It is available in whole, reduced fat, low fat, fat-free and calcium fortified varieties. McNeil Nutritionals, LLC is headquartered in Fort Washington, PA. The company's mission is to give people the ability to actively manage their own health.

McNeil Nutritionals believes that lactose-free fluid milk should hold a strong position in the WIC food packages. This milk should be readily available to all participants.

Lactose-free milk provides a variety of important nutrients considered by the Institute of Medicine (IOM) and the USDA to be priority nutrients for the WIC program participants. Milk contains nine essential nutrients, including, calcium, phosphorus, potassium, magnesium, protein and vitamins A, D, B12, and riboflavin. Included among these are three key nutrients identified by the IOM as lacking in the diets of WIC-eligible women – calcium, potassium and magnesium. These nutrients are also critical to the healthy growth and development of nutritionally at-risk children. Additionally, lactose-free milk is acceptable to lactose intolerant individuals from a variety of diverse cultural backgrounds.

It is estimated that 25 percent of American adults are lactose intolerant. Certain ethnic and racial populations are more widely affected than others. As many as 75 percent of African-American, Jewish, Native American, and Hispanic adults, and 90 percent of Asian-American adults are lactose intolerant.¹ The American Academy of Pediatrics (AAP) estimates that approximately 20 percent of Hispanic, Asian, and black children younger than 5 years of age have evidence of lactase deficiency and lactose malabsorption.² Based upon the racial/ethnic profile of the WIC population provided in the proposed rule (Figure 1, page 44825), nearly 50 percent of the WIC population may be lactose intolerant.

Two reports published in 2006 by the American Academy of Pediatrics, “Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents” and “Lactose Intolerance in Infants, Children and Adolescents,” emphasize the importance of adequate dairy intake to meet calcium recommendations, including for children with lactose intolerance.^{2,3} Children with lactose intolerance should consume milk and other dairy foods to ensure intake of key nutrients. The AAP recommends strategies for dairy consumption for children and adolescents with lactose intolerance to include the use of lactase-treated dairy products or oral lactase supplementation to ensure adequate intake of dairy foods.

Other health professional organizations recommend regular consumption of dairy foods for health, including the Surgeon General in the Report on Bone Health and Osteoporosis and the National Medical Association (NMA). The NMA in their Consensus Report on The Role of Dairy and Dairy Nutrients in the Diet of African Americans, recommends 3-4 daily servings of dairy foods for African Americans.⁴ Dairy food intake among African Americans is lower than the general population, and lactose intolerance is cited among

¹ American Gastroenterological Association 2006 [http://www.gastro.org/frame-templates/print_template.cfm].

² Heyman M. Lactose Intolerance in Infants, Children, and Adolescents. *Pediatrics* 2006; 118:1279-1286.

³ Greer F. Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents. *Pediatrics* 2006; 117: 78-585.

⁴ Wooten WJ, Price W. The role of dairy and dairy nutrients in the diet of African Americans. *J Nat'l Med Assoc.* 2004; 96 (12suppl): 5S-31S.

the reasons for this low intake among ethnic minorities. Lactose-free milk is recommended as an alternative for African Americans who are lactose intolerant to help reduce the risk of nutrient-related chronic diseases such as hypertension and diabetes.

The proposed rule emphasizes soy beverage as a substitute for individuals with lactose intolerance and allows full substitutability of soy beverage for milk in the packages for women. This approach is contrary to the advice of the Dietary Guidelines for Americans (DGA) which recommends dairy foods, such as lactose-free or lactose reduced milk, as the first choice for individuals with lactose intolerance. By offering soy beverage as fully substitutable for milk for women, the USDA is communicating that soy beverage is nutritionally equivalent to milk, which is not the case.

For lactose intolerant individuals or lactose maldigesters who want to avoid consuming lactose, lactose-free milk is the best nutritional option and therefore should be recommended as the first choice. Lactose-free and lactose reduced milk rather than soy products are the preferred substitute for regular milk based on the DGA and established dietary advice. The nutritional composition of soy beverages is not identical to dairy. Even for those products with the same levels of nutrients present as milk and dairy products, these nutrients may not have the same bioavailability as the nutrients found in dairy. Individuals who consume these products may miss out on the important benefits of these nutrients.

Studies on the bioavailability of calcium added to various soy beverages have shown that some of the added calcium is not as easily absorbed in the body as the natural calcium found in dairy products. In addition, the state of calcium fortification in some soy beverages could result in less calcium delivered into the body than the calcium content that is declared on the label.^{5,6} Although USDA established adequate fortification levels for select nutrients that must be added to soy beverage, the proposed rule does not address the issue of solids settling at the bottom of soy beverage cartons.⁷ This settling effect could result in WIC recipients consuming a portion of a soy beverage that does not contain nutrients at the level required by USDA.

McNeil Nutritionals urges USDA to be clear that lactose-free milk is recommended as the best nutritional option for WIC participants who cannot drink milk due to lactose intolerance. Currently, WIC participants need to declare themselves lactose intolerant and in some states have documentation from a doctor to receive reduced lactose milk. USDA

⁵ Statement of Robert P. Heaney, M.D. Before the US House of Representatives Committee on Education and the Workforce, October 7, 2003.

⁶ Heaney RP et al. Bioavailability of the calcium in fortified soy imitation milk, with some observations on method. *Am J Clin Nutr.* 71:1166-1169, 2000.

⁷ Heaney, R P et al. Not all calcium-fortified beverages are equal. *Nutrition Today* 2005; 40:39-44.

should ensure that State Agencies readily provided lactose-free milk to women and children who need it without requiring a special process.

We are in agreement with USDA's effort to align the proposed WIC food packages with the 2005 Dietary Guidelines for Americans (DGA). The DGA recommends that Americans consume three cups of low-fat or non-fat milk or equivalent milk products daily. Therefore, the food package for postpartum women should be consistent and also supply three cups of milk per day as recommended by the DGA. As the proposed rule exists now, these women are being provided with about two cups of milk, or the equivalent, per day.

In summary, McNeil Nutritionals is pleased to provide lactose intolerant individuals, including a significant number of WIC participants, with lactose-free milk products that meet their dietary needs. We look forward to a continued relationship with the WIC Program.

Thank you for your consideration of our comments.

Sincerely,

Maureen Conway, MBA, MA, RD
Director Nutrition Services &
Communications

Linda Bosworth, MS, CNS
Associate Director Regulatory Affairs

I-147

Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Lindsey Monroe
[lmonroe@pmkassociates.com]
Sent: Monday, November 06, 2006 4:31 PM
To: WICHQ-SFPD
Cc: Kasey Heintz; Pat Kearney; Ashley White-Gaynor
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Attachments: TPI Comments.WIC Prop Rule.11-6-06.doc
Attached and also pasted below for your convenience, please find a letter of comment submitted on behalf of The Peanut Institute (Albany, GA) for the Proposed Rule on Revisions in the WIC Food Packages.

Please let us know if you have any trouble opening the attachment, or if you have any questions.

Thank you,
Lindsey Monroe

--

Lindsey E. Monroe
Director of Special Programs
PMK Associates Inc.
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p. 703-841-1600
f. 703-841-1604

I- 147

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

Re: Revisions in the WIC Food Packages - Proposed Rule

November 6, 2006

The Peanut Institute supports the proposed revisions to the WIC food packages -- proposed rule.

The proposed changes to the WIC program including adding fruits and vegetables to packages and increasing peanut butter in packages will be beneficial to women, infants, and children who rely on the WIC program.

A large body of evidence has shown the benefit of including peanut butter in the diet. Peanut butter can be a significant source of nutrition especially to pregnant women and growing children. Eating peanut butter is beneficial to health for many reasons. Some of these reasons are:

Peanut butter is filled with healthy unsaturated fats:

Consumption of unsaturated fats and replacement of saturated and trans fats with unsaturated fats have been shown to improve blood cholesterol levels and to therefore decrease the risk of cardiovascular disease. Eating peanut butter can help to achieve this, as well as to achieve the goals of the 2005 US Dietary Guidelines of increasing intake of mono- and polyunsaturated fats in the diet.

Peanut butter is high in quality plant protein:

Peanut butter is a great source of healthy protein for growth, tissue repair, and immunity. Diets rich in protein, particularly from plants, have been shown to reduce cardiovascular disease risk and to lower blood pressure. Peanut butter is an inexpensive protein source as it is liked by children, adults, and elderly alike.

Peanut butter is filled with micronutrients and healthy phytochemicals:

Peanut butter eaters have been shown to have overall better nutrient adequacy than non-eaters. Peanut butter provides many hard-to-get nutrients that are especially important to pregnant women and to growing children. Peanut butter is high in zinc, folate, magnesium, potassium, vitamin E, and other B vitamins such as niacin. Resveratrol is a phytochemical found in peanut butter, which has been shown to have cancer fighting properties, as well as possible anti-aging properties.

Eating peanut butter can help to maintain weight:

Those who eat peanut butter have been shown to have lower BMIs and lower body weights than those who don't eat peanut butter. Peanut butter can help with feelings of satisfaction and feeling fuller longer because of its protein and fiber content. Also, peanuts have healthy fats, and studies have shown that moderate-fat diets including peanut butter are easier to maintain than low-fat diets.

Peanut butter has a low glycemic index:

The glycemic index and glycemic load of peanut butter are low. This means that eating it will not cause severe spikes in blood sugar and insulin levels. Blood sugar levels and insulin will be steadier and kept in optimal ranges. Lower glycemic index foods may be beneficial in reducing the risk of obesity, type 2 diabetes, and heart disease.

Peanut butter eaters tend to have overall healthier diets:

Peanut butter eaters tend to take in more fruits and vegetables, which provide important vitamins, minerals, and other nutrients such as fiber. A peanut butter sandwich, for example, also pairs well with a glass of milk – a great meal or snack full of healthful benefits!

Sincerely,
Patricia Kearney
The Peanut Institute

Contact:
Pat Kearney
PMK Associates, Inc.
403 N. Henry Street
Alexandria, VA 22314
Phone: 703-841-1600
Email: pmk@pmkassociates.com

The Peanut Institute
P.O. Box 70157
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Web: www.peanut-institute.org

The Peanut Institute is a non-profit organization dedicated to expanding knowledge regarding peanuts and peanut products. We pursue our mission through research programs, educational initiatives, and the promotion of healthful lifestyles to consumers of all ages.

I-148

email to wichq-sfpd 11-06-06 from Ellen R. Bremenstul [ebremenstul@fmi.org]



March 27, 2006

Fax Transmission
(202) 720-8871
WICHQ-SFPD@fns.usda.gov

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

Dear Ms. Daniels,

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

The North American Perishable Agricultural Receivers (NAPAR) is a national trade association located in Washington, DC, representing independent produce wholesale receivers. NAPAR members are predominantly small businesses with combined annual sales in excess of \$4 billion. NAPAR formed an operating alliance with the Food Marketing Institute in 1999, enabling it to function independently while expanding the services to its members. On behalf of our members, I appreciate the opportunity to submit comments and hope our perspective is helpful.

NAPAR is strongly in support of including all fresh fruits and vegetables in the WIC Food Packages Proposed Rule. We commend the U. S. Department of Agriculture (USDA) for proposing important changes to WIC that are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations. We applaud the USDA for providing 8.2 million WIC moms, infants and young children with vouchers to purchase fruits and vegetables which will result in healthier eating habits now and in the future.

As you proceed through the rulemaking process, we hope you will consider the following suggestions:

1. Follow the Institute of Medicine's Recommendations for \$10 & \$8 Fruit and Vegetable Vouchers

Given that many WIC participants -- and the majority of all Americans -- consume less than half of the fruits and vegetables recommended in the 2005 Dietary

Guidelines for Americans, We strongly encourage USDA to follow the recommendations of the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change" and provide WIC moms and children with \$10/month and \$8/month, respectively, cash-value vouchers for fruits and vegetables.

Research clearly demonstrates that a diet rich in fruits and vegetables decreases the risk of high blood pressure, heart disease, certain cancers and obesity. Updated WIC food packages can help WIC mothers and children eat a wider variety of fresh fruits and vegetables that will improve their overall nutrient intake.

2. Allow All Fresh Fruits and Vegetables

WIC participants need a maximum variety of product choices and we strongly recommend that all fresh fruits and vegetables be eligible for purchase using the WIC fruit and vegetable voucher. USDA should not exclude a specific type (i.e., fresh white potatoes) from the fresh fruit and vegetable category.

The three pilot WIC Fruit and Vegetable Projects in California and New York State successfully demonstrated that WIC moms purchased a wide variety of nutrient-dense fresh fruits and vegetables when provided a voucher. WIC mothers made wise choices when permitted to make their own purchase decisions. The pilot projects also demonstrated that, with redemption rates above 90%, WIC mothers highly valued their fruit and vegetable vouchers. Also noteworthy, was the ease with which supermarket retailers handled the fruit and vegetable vouchers.

3. State WIC Agencies Should Maximize Choice

It is also critically important for the continuity of the program that State and local WIC agencies universally allow WIC mothers and children maximum choice in purchasing fruits and vegetables with their vouchers. Therefore, USDA should not provide State WIC agencies the authority to restrict or limit choice in any way. As demonstrated in the pilot projects, WIC Moms will choose a wide variety of nutrient-dense fruits and vegetable when provided with a voucher that allows them to make their own purchase decisions within the fresh fruit and vegetable category.

In closing, we believe the addition of fresh fruits and vegetables in WIC Food Packages will enable participating mothers to provide themselves and their children with more nutrient-rich diets. We commend the FNS for issuing this proposed rule urge the Service to issue the final rule as soon as possible.

Sincerely,



WICHQ-SFPD@fns.usda.gov
United States Department of Agriculture
Page 3

Patrick A. Davis
President

North American Perishable Agricultural Receivers
655 15th St. NW, Suite 700, Washington, DC 20005
Phone: (202) 220-0670, Fax: (202) 220-0870



I-149

November 6, 2006

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

I-149

Deborah Van Dyk
VP, Industry and Regulatory Affairs

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**RE: Special Supplemental Nutrition Program for Women, Infants and Children
(WIC): Revisions in the WIC Food Packages.**

Dear Ms. Daniels:

We appreciate the opportunity to comment on the proposed rule issued by the Food and Nutrition Service (FNS) to make changes to the food packages for the WIC participant program.

Schreiber Foods is a \$3+ billion global enterprise and the world's largest employee-owned dairy company. It processes and distributes process, natural, specialty and cream cheese; yogurt; and a range of other creamery products. Schreiber is best known for its distribution of dairy products through customer-branded programs many of which distribute dairy products to WIC participants.

Executive Summary

We applaud the government efforts to educate consumers to eat healthier diets. The proposed updates of the WIC package are intended to better address the nutrition deficits/challenges of the WIC participants and enhance food acceptability and the nutritional quality of the total WIC package. Dairy foods have been a cornerstone of the WIC program, and provide a nutrient dense backdrop for the addition of other nutritional foods such as vegetables, fruit and whole grains.

We recognize that cost is a contributing factor in FNS' decision making, but dairy products provide an affordable choice compared to many other foods. To the extent that FNS has been able to find cost savings elsewhere in the WIC program – and \$34 million of these savings were identified in the proposed rule over a 5 year time frame – we urge FNS to reallocate those cost savings to increase allowances for cheese and yogurt.

WIC Participant/Consumer Acceptance

While cost is certainly a consideration, the primary reason for the existence of the WIC program is to address nutritional challenges faced by WIC participants. The revision of WIC packages will only achieve their goal if WIC participants are willing to eat the foods in the program. Dairy foods are a staple of the American diet and can be depended upon to ensure that WIC consumers receive the intended level of nutritional value. There are a wide variety of dairy foods that impart texture, flavor and nutrient-dense products that nearly all individuals can enjoy. Cheese and yogurt have a long history of consumer acceptability and utilization. We urge you to consider consumer acceptance as a key element in setting nutritional goals for the participant food packages for the WIC program.

Nutrient Benefits of Cheese and Yogurt

The 2005 Dietary Guidelines for Americans encourage individuals to base their diets on nutrient-dense foods, which are defined as foods that provide substantial amounts of vitamins and minerals relative to calories. Dairy foods are nutrient-dense and contain three key priority nutrients – calcium, vitamin A and potassium.

Cheese should continue to be substitutable at a high rate per month in the WIC program for the following reasons: Most cheese varieties are good sources of calcium, protein and phosphorous – several of the processed cheeses made by Schreiber are also good sources of vitamins A and D. In a survey of WIC participants USDA found that 80.9% of participants were very satisfied with the amount of cheese they received in the program. This finding is a reflection of the multiple uses of cheese - in addition to being a healthy and convenient snack, cheese is an important ingredient in a number of foods that can serve as the center of a healthy meal such as grilled cheese sandwich, enchiladas or macaroni and cheese.

If the amount of fat present in cheese is a concern, allowing for reduced fat versions of cheese would continue to provide the same healthy nutrients present in regular cheese, while reducing the fat in the overall package. Schreiber manufactures and sells several natural and processed cheese varieties of reduced fat and light cheeses with strong consumer acceptance.

A single serving of yogurt provides protein, vitamin A, calcium, phosphorous, potassium, riboflavin and vitamin B 12. Yogurt is an excellent nutritional substitute for fluid milk, and is low in lactose. In addition, yogurt is consumed by some ethnic groups, particularly Asian women who generally do not consume fluid milk. The IOM report recommended that yogurt should be included in the WIC food packages as a substitute for fluid milk because of the high nutrient and low lactose content. Similar to cheese, yogurt is a dairy product that is naturally low lactose. Because of the culturing process, the amount of lactose in yogurt is naturally reduced, making yogurt an excellent option for people who want to avoid lactose, but still want the nutritional benefits of dairy.

Cheese as an alternate protein

Because cheese is an excellent source of protein, and is a nutrient-dense foods, we suggest that FNS include cheese as an alternate in the protein category as well as the current listing in the dairy category. Such an approach would reflect the multiple uses of cheese, i.e. snack, ingredient in a meal, or main component in a meal – similar to the other protein options, such as peanut butter.

Confirm results of proposed revision

The IOM report recommended that USDA conduct a pilot test of the new recommendations. Schreiber supports the IOM recommendation, and urges USDA to implement the new food packages in a small subset of program participants. This will allow the agency to evaluate the proposed food packages, and insure maximum success of the program within the target audience. Such review of the program will allow USDA to evaluate participant acceptance of the foods and assess nutritional intake. The results of the pilot program can be used to modify the program to assure that WIC participants enjoy the maximum nutritional benefit of the new program.

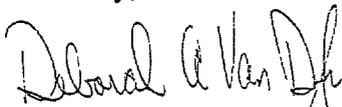
Summary

Schreiber supports revision of the WIC program to reflect the dietary needs of WIC participants. We urge FNS to closely examine the beneficial role dairy products – specifically cheese and yogurt – have in achieving the goals of addressing nutrition deficits/challenges of participants and enhancing food acceptability and nutritional quality of WIC food packages.

Specifically, we believe that: 1. Cheese should be substitutable at a higher rate per month due to the nutrient-dense nature of cheese; level of participant acceptance; and multiple applications by diverse cultures, 2. Yogurt should be substitutable for milk due to its nutrient density; and acceptance by diverse consumer groups who do not normally consume fluid milk, 3. Include cheese as an alternative in the protein category (in addition to dairy category), and 4. Confirm results of the proposed revision through use of a pilot program before national implementation.

Schreiber Foods, Inc. has been pleased to provide nutritious dairy products to consumers through the WIC program. We appreciate the opportunity to comment on the proposed revision of WIC food packages.

Sincerely,



Deborah A. Van Dyk
VP Industry and Regulatory Affairs

DVD:JAT

2376 South Park Avenue
Buffalo, NY 14220-2670

I-150



November 6, 2006

Food and Nutritional Services
wichq-sfpd@fns.usda.gov

Dear Food and Nutritional Services,

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

This letter is intended to petition the Food and Nutritional Services ("NFS"), to have 32oz of Part Skim Ricotta Cheese added to the list WIC Program eligible foods as an "even exchange" for one pound of any chunk cheese currently approved by the National WIC Program. The recommended substitution is in line with the standard portion size of Ricotta, 55grams, being roughly double the standard portion size of the cheeses on the proposed WIC approved list, or 30 grams for chunk cheese per serving.

Sorrento Lactalis, Inc., has been based in Buffalo New York since 1947, and is the national largest producer of Mozzarella and Ricotta Cheese. In 1986, Sorrento purchased the Precious cheese brand in California. The South Park Plant, in Buffalo New York, is the world's largest Ricotta production facility producing approximately 260,000 pounds of Ricotta cheese per day or an excess of 94,000,000 pounds per year.

We at Sorrento Lactalis, Inc. believe that the addition of Part Skim Ricotta Cheese will not only allow for expanded variety to the cheeses offered by the WIC program, it will also improve the nutritional values delivered, without adding cost to the WIC program.

The reason we are suggesting Part Skim Ricotta Cheese, as apposed to Whole Milk Ricotta, is that Part Skim is lower in fat and calories, and higher in calcium and protein than Whole Milk Ricotta. For that reason, we believe that Part Skim Ricotta Cheese is a better option for the program.

Availability – 32oz containers of Ricotta Cheese is the standard size found throughout the country. Twenty seven million pounds of Ricotta Cheese was sold in the US in the past 52 weeks according to AC Nielsen. This makes Ricotta Cheese a readily available commodity. With the exception of the Memphis Tennessee and Minneapolis Minnesota Markets, 32oz Part Skim Ricotta is available in every major market in the US, and is sold at nearly every major retailer in the country. (2)

Administrative Ease- What we are suggesting is a simple substitution of 32oz of Ricotta Cheese, as an option, to replace one pound of chunk cheese on the current proposed list. This

is a simple substitution equal to the current option, in Food Package IV – Children Age 1 Through 4, of. "...one pound of dried legumes or 18oz of peanut butter".

Cost – The substitution of 32oz of Ricotta Cheese for one pound of Chunk Cheese is, on average, a cost neutral exchange. The national average retail of 2 lbs of Ricotta Cheese is \$4.22, comparing to Mozzarella at \$4.23 a pound, Swiss at \$5.76 a pound and Cheddar at \$4.01. This is in line with the guideline of a substitution being cost neutral. (2)

Cultural Eating Patterns - Ricotta Cheese originally had its main appeal in the Italian American community. However, Ricotta Cheese is now a mainstream household item, used in a wide range of dishes ranging from the most common pasta dishes like Lasagna, Stuffed Shells, Manicotti and Baked Ziti, adding needed nutritional value to these common pasta dishes, it is also used on Pizzas, in making desserts, and in Omelets. Ricotta cheese is now used as a cornerstone in preparation of many low cost nutritious American meals. (4)

Hispanic households use Ricotta cheese as a key ingredient to many dishes. The Hispanic version of Ricotta is called Requeson, but the more readily available Ricotta Cheese is often used interchangeably with Requeson Cheese. Requeson is commonly referred to as Hispanic Ricotta. Because of this substitution, Ricotta Cheese has a category index of 126 for Hispanic Households. (3) Indexes of this nature equates category dollar sales on a common basis of all commodity volume and relates this to the United States norm. With U.S. consumption norm indexed at 100, any number higher shows above average consumption by the population and numbers below 100 show below average consumption by the population in that area.

Nutritional Comparison:

Calcium – According to the National Cheese Institute, Label Manual Nutrition Labeling, 2006 Edition, as it applies to Calcium, Part Skim Ricotta Cheese outperforms most of the chunk cheeses on the current WIC approved list. When you compare the suggested monthly allotment of 32oz of Part Skim Ricotta Cheese, containing 3,716mg of calcium, to one pound of chunk cheese, Mozzarella containing 2,084mg, Provolone 3,059, Cheddar 3,228 and Colby at 3,073g, you find that they all have less calcium than the suggested replacement. (4)

Calories – The proposed exchange of 32oz of Part Skim Ricotta Cheese, for 16oz of Chunk Cheese, would on average lower the amount of calories, without lowering the nutritional value of the approved cheeses. 32oz of Part Skim Ricotta Cheese has 1,355 calories. This compares favorably to Cheddar at 1,831, Colby at 1,775, Swiss at 1,689 and Munster at 1,663 calories. The only two approved cheese with less calories are Whole Milk and Part Skim Mozzarella with 1,289 and 1,216 respectively. (4)

Protein – Part Skim Ricotta Cheese would, in general, improve the amount of protein supplied by the WIC program. 32oz of Part Skim Ricotta Cheese would supply 117g of protein. This would outperform all but one cheese on the WIC approved list. Some examples are, one pound of Part Skim Mozzarella would supply 98g, Cheddar 113g, Colby 109g, and

Monterey would supply 106 grams of protein. The exception is Swiss cheese delivering 131g of protein for the one pound monthly allotment. (4)

Cholesterol – P/S Ricotta Cheese has 425mg of Cholesterol for the suggested 32oz allotment. This level of Cholesterol would be an improvement over many of the cheeses currently authorized. A few examples of cheeses with higher amounts of Cholesterol are Cheddar at 447mg, Colby at 453mg, Monterey at 447 and Brick at 455mg. (4)

Saturated Fat – Part Skim Ricotta Cheese, at 61 grams per 32oz allotment, has less saturated fat than every cheese on the current approved WIC list. Some examples of where P/S Ricotta would outperform the other cheeses are Swiss at 75g, Cheddar at 86g, Colby at 87g, Provolone at 71g, Munster at 83g, Monterey at 76g, and Brick at 83 grams of Saturated Fat for the one-pound allotment. (4)

Sodium – With the exception of Swiss cheese, Part Skim Ricotta Cheese is lower in Sodium than the all of the approved WIC cheeses. P/S Ricotta Cheese has 1,139mg of Sodium for the suggested 32oz monthly substitution. This compares favorably to one pound of Cheddar at 2,897mg, Whole Milk Mozzarella at 2,453mg, Colby at 2,821 and Provolone at 3,959. (4)

In addition to the above positive nutritional benefits, a 62-gram serving of P/S Ricotta Cheese would supply 113mg of Phosphorus, 78mg of Potassium, .83mg of Zinc, 238 IU of Vitamin A. All recognized as important nutrients by the USDA. (4)

Please do not hesitate to contact me if you have any questions or Sorrento Lactalis can provide any further information that would be relevant to the process. I can be reached at (716) 823-6262 Ext. 525 or jtasker@sorrentolactalis.com.

We appreciate the opportunity to comment on this matter, and we look forward to reading the final recommendation of the USDA.

Regards,

Joseph D. Tasker
Trade Marketing Manager
Sorrento Lactalis, Inc.

References:

- (1.) A.C. Nielsen 52 Weeks ending 10/21/2006.
- (2.) Sorrento Lactalis, Inc. commissioned Attitude and Usage Study, completed fall of 2006.
- (3.) A.C. Nielsen 2005 Household Panel Data Study.
- (4.) National Cheese Institute, Label Manual Nutrition Labeling, 2006 Edition

I-151



Canned Food.
The Easy Way to Eat Right.

November 6, 2006

Patricia Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

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

Dear Ms. Daniels:

I am writing on behalf of the Canned Food Alliance (CFA) regarding the WIC Food Packages Proposed Rule. I strongly **support the WIC Food Packages Proposed Rule** calling for the addition of all forms of fruits and vegetables to the WIC food packages. I commend the Food and Nutrition Service (FNS) for proposing important changes to the WIC food packages that are more consistent with current dietary guidance such as the 2005 Dietary Guidelines for Americans. The CFA is dedicated to promoting the nutrition, convenience, contemporary appeal and versatility of canned foods and applaud the agency for providing WIC moms and children with nutritious options that include canned fruits, vegetables, beans and seafood.

CFA has general comments regarding the proposed rule, as well as specific comments that refer to particular provisions of the proposed rule. As you proceed through the rulemaking process, please consider the following **general** suggestions.

Increase the Fruit and Vegetable Voucher Amount:

We encourage FNS to follow the recommendations of the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change" and provide WIC moms and children with a \$10/month and \$8/month, respectively, cash-value voucher for fruits and vegetables. These amounts will help moms and kids eat at least one additional serving of fruit or vegetable each day – an important objective of the IOM. In addition, the rule should include a provision to ensure that the value of the fruit and vegetable voucher keep pace with inflation.

Maximize Flexibility for Participants and Vendors

To maximize choice for WIC moms and kids, *all* fruits and vegetables – fresh, canned and frozen – should qualify for purchase using the fruit and vegetable voucher and these choices should be promoted equally.

The recent E. coli 0157H:7 outbreak linked to fresh spinach highlights the need to ensure that WIC participants have maximum choice in selecting fruits and vegetables and that no one type (like fresh) is given preference over another. In fact, it is of critical concern that the WIC voucher system be as flexible as possible to handle situations where certain products are not available. Please see the attached **Can Fit Fact Sheet** for more information on the safety of canned fruits and vegetables.

In addition to all forms of fruits and vegetables qualifying, it is also critically important to allow WIC moms and children to have maximum flexibility within specific forms of fruits and vegetables. For example, the types of canned fruits should be expanded to allow fruit packed in light syrup; the current restriction on canned fruit (to only allow juice or water packed fruit) should be eliminated. While we understand the importance of reducing added sugar in diets, canned fruits contribute very little added sugar to the diets of children and adults. In fact, all canned fruits and fruit juices contribute less than two percent of added sugars in most American's diets (JADA, 2000, vol. 100). This analysis showed that the main sources of added sugar in the diets of children ages 2 through 5 are sugars and sweets and beverages with high amounts of added sugars, comprising about 55% of their total added sugar intake. These items contribute even more - about 64% - to the diets of women ages 18 to 24. Removing the barrier to the types of canned fruit that are allowed will not impact added sugar intake and is an important step to encouraging women and children to consume more fruits.

Not only will maximum flexibility allow participants to benefit from a larger variety of canned fruits, but it will also be less burdensome on vendors and retailer staff. The less complicated and confusing the new voucher system is, the more likely retailer staff can comply and the greater the benefit to participants will be.

Nutrition Education

The major changes to the WIC food packages proposed by USDA will necessitate the need to enhance nutrition education opportunities. Educating WIC moms and children about the variety of fruits and vegetables available, and the health benefits of eating a diet rich in fruits and vegetables, will be critical to the success of the new packages. The Canned Food Alliances stands ready to assist WIC staff in educating participants about the benefits of canned fruits, vegetables, beans and seafood and encourages USDA to include the following topics as part of WIC participant nutrition education:

- Why it is important to eat a variety of fruits and vegetables every day
- How to select canned fruits, vegetables, beans and fish
- Preparation tips and recipes

The website hosted by CFA, www.mealtime.org has excellent resources and recipes to assist in incorporating canned products into the diet.

In addition to the general comments above, CFA urges USDA to consider the following **specific comments** that address particular provisions in the proposed rule.

Page 44797, V.E.1: Authorized Fruits and Vegetables

The second paragraph reads as follows:

As recommended by the IOM, to improve the consumption of fresh fruits and vegetables and the appeal of this option, especially for people of different cultural backgrounds, this proposed rule would place minimal restrictions on participant choice of fresh produce. Because a fresh produce option might not be practical in some situations, a processed option and a combined fresh and processed option for fruits and vegetables are also proposed.

CFA Comments/Recommendation: while CFA supports the use of all types of fruits and vegetables – fresh, canned and frozen – for purchase using the fruit and vegetable voucher, the language in the

proposed rule (above) emphasizes fresh over other forms and is inconsistent with the 2005 Dietary Guidelines for Americans which clearly states that all types of fruits and vegetables (fresh, frozen, canned, cooked, or raw forms) contribute to overall fruit and vegetable recommendations.

At a time when most Americans including WIC participants, fall far short of meeting fruit and vegetable recommendations – consuming less than half of the recommended 9 servings for a 2000 calorie diet – USDA should be doing all it can to promote all forms of fruits and vegetables. The proposed rule, as written, is inconsistent with federal dietary recommendations and appears to limit participant choice. Please see the attached **Can Fit Fact Sheet** on canned fruits and vegetables for a summary of the many benefits of canned fruits and vegetables. CFA proposes the following revision to the paragraph above that better reflects the Dietary Guidelines and eliminates preference for fresh produce:

To improve the consumption of all forms of fruits and vegetables, especially for people of different cultural backgrounds, this proposed rule would place minimal restrictions on participant choice of different types of fruits and vegetables – fresh, canned and frozen.

Page 44797, V.E.1.b. Processed fruits and vegetables (canned, frozen, and dried).

The first bullet reads as follows:

Any variety of canned fruits, including applesauce; juice pack or water pack without added sugars, fats, oils or salt (i.e., sodium)

CFA Comments/Recommendation: as stated above (see Maximize Flexibility for Participants and Vendors), CFA supports expanding choice in the canned fruit category by allowing fruit packed in light syrup. Canned fruits in general are a very small part of total added sugar intake for Americans (less than 2%) and setting such limits will eliminate an important fruit choice for WIC moms and children. In addition, a comparison of canned fruits packed in water, juice and light syrup shows very small differences in key nutrients such as vitamin C, vitamin A, and folate among the three types (USDA Nutrient Database for Standard Reference, <http://www.nal.usda.gov/fnic/foodcomp/search/>, accessed Oct. 11, 2006).

CFA proposes the following revision to the bullet:

Any variety of canned fruits, including applesauce; juice, water, or light syrup packed without added fats, oils or salt (i.e., sodium)

Page 44798, V.E.3.a. Fresh produce option

The last paragraph in this section reads as follows:

Because of greater participant choice, lower cost in many States, and potentially greater nutrient contribution from fresh produce, State agencies are encouraged to offer fresh produce to the extent possible.

CFA Comments/Recommendation: CFA recommends that this paragraph be eliminated in the interim and final rules. As stated in CFA's comments above, at a time when fruit and vegetable intake is far from recommended levels, USDA should promote all types evenly throughout the proposal. Regarding the cost and nutrient contribution statements in the above paragraph, those statements are simply not true and misrepresent canned fruits and vegetables. Specifically, regarding the nutrient contribution of fresh versus canned fruits and vegetables, CFA urges USDA to consider the following:

- **All forms of fruits and vegetables make a positive contribution to the diet.** Studies conducted by the University of Illinois Department of Food Science and Human Nutrition as well as the University of Massachusetts also confirmed that canned foods are comparable to cooked

fresh and frozen varieties in their nutrient contribution to the American diet. See attached **Can Fit Fact Sheet** for details and references.

- **Fresh does not always mean more nutritious.** A recent review of existing research (pending publication) on fresh, frozen and canned fruits and vegetables by the University of California, Davis, revealed that loss of nutrients in fresh products may be more substantial than commonly perceived: storage and cooking can lead to overall losses of up to half prior to consumption. See attached **Can Fit Fact Sheet** for details and references.

Regarding the statement on lower cost, CFA urges USDA to look at its own research and consider the following:

- **Canned fruits and vegetables are affordable.** The USDA Economic Research Service July 2004 report (How Much Do Americans Pay for Fruits and Vegetables? Agriculture Information Bulletin Number 790) concluded that: "...whether fresh, frozen, or canned, all 85 of the vegetables we priced were less than a dollar per serving, only three cost more than 75 cents a serving, and more than half were less than a quarter." (U.S. Department of Agriculture, Economic Research Service report: How Much Do Americans Pay for Fruits and Vegetables? Agriculture Information Bulletin Number 790, <http://www.ers.usda.gov/publications/aib790/aib790.pdf>)

Page 44798, V.E.3.b. Processed fruit and vegetables option

This section reads as follows:

As recommended by the IOM, this proposal would allow processed (canned, frozen, and dried) fruits and vegetables to be substituted when fresh produce is limited and to accommodate participant preference. The Department proposes to also provide the processed options via the \$8 or \$6 cash-value food instrument. State agencies would be authorized to allow the cash-value food instrument to be used to obtain any combination of fresh produce and processed fruits and vegetables, thereby providing maximum flexibility for the participant. In addition, the ability to combine all fruit and vegetable options on one type of cash-value food instrument should reduce the administrative complexity for State agencies and vendors.

CFA Comments/Recommendations: while CFA supports the use of the fruit and vegetable voucher for all types of fruits and vegetables, the language in this section appears to give a preference to fresh over other forms – including canned, fruits and vegetables. CFA supports offering maximum options to WIC mothers and children and urges USDA to revise this section to make clear that all forms are allowed, and to reflect a higher voucher amount as recommended by the IOM. This section should read as follows:

As recommended by the IOM, this proposal would allow processed (canned, frozen, and dried) fruits and vegetables to be obtained via the \$10 or \$8 cash-value food instrument to accommodate participant preference. State agencies would be authorized to allow the cash-value food instrument to be used to obtain any combination of fresh produce and processed fruits and vegetables, thereby providing maximum flexibility for the participant. In addition, the ability to combine all fruit and vegetable options on one type of cash-value food instrument should reduce the administrative complexity for State agencies and vendors.

Page 44799, G. Addition of Legumes in Food Package VI and H Addition of Canned Mature Legumes as an Optional Substitute for Dry Legumes in Food Packages III-VII

The beginning of section G. reads as follows:

As recommended by the IOM, this proposed rule would add 1 pound of dried beans or peas or, as an alternative, 18 ounces of peanut butter, to Food Package VI for postpartum women (currently § 246.10(c)(6)).

Section H. reads as follows:

As proposed by IOM, this proposed rule would allow the substitution of canned mature beans/peas for dry mature beans/peas in Food Packages III, IV, V, VI and VII (currently § 246.10(c)(3) through (c)(7)). This substitution, currently authorized for homeless persons, would be allowed under this proposed rule to increase flexibility and variety in food choices for participants receiving Food Packages III-VII.

CFA Comments/Recommendations: CFA supports the addition of beans or peas to Food Packages VI as well as the allowance of canned beans/peas to meet the beans/peas recommendations in Food Packages III-VII. However, as currently written, these provisions are confusing and it is unclear if the canned bean/pea substitution has to be made at the local WIC agency level or if a participant can choose either dry or canned beans/legumes at point of purchase.

CFA urges USDA to revise these two sections to make it clear that WIC participants can choose canned or dried beans/peas. This will allow participants to select the peas and beans that they prefer with no preference given to the form.

Pages 44807 and 44808, V.U. Implementation of Revised Food Packages (the following subsections):

1. Pregnant Women

The beginning of this section reads as follows:

The most significant changes to the food package for pregnant women include the addition of the \$8.00 cash value voucher for fresh fruits and vegetables...

CFA Comments/Recommendations: as stated in various comments and recommendations above, the voucher can be used to purchase a variety of fruits and vegetables in all forms – fresh, canned and frozen – and USDA should not give preference for one type over another. CFA recommends that the word “fresh” be removed from this section so it reads as follows:

The most significant changes to the food package for pregnant women include the addition of the \$10.00 cash value voucher for fruits and vegetables...

This same change – the elimination of the word “fresh” – should be made in the sections on Pages 44807 and 44808, V.U. Implementation of Revised Food Packages for 2. Postpartum Women; 3. Breastfeeding Women and 5. Children.

Pages 44835, Table 2. – Summary Of Key Provisions - Continued

CFA urges USDA to revise the description of the impact that the fruit and vegetable voucher will have on Vendors/Industry. As currently written, the description states that:

Emphasis on fresh fruits and vegetables may encourage states to authorize and participants to shop at farmers markets more often.

CFA Comments/Recommendations: CFA recommends that this sentence be eliminated. As stated in various comments and recommendations above, the voucher can be used to purchase a variety of fruits and vegetables in all forms – fresh, canned and frozen – and USDA should not give preference for one type over another. In addition, many farmers markets offer a variety of products, including canned fruits and vegetables, and participants should not be limited in their purchases, regardless of where they shop.

Pages 44837, Table 2. – Summary Of Key Provisions - Continued

As stated earlier (see comments related to page 44779, Sections G and H) CFA is uncertain if the provision regarding canned beans/peas allows WIC participants to freely choose the form they prefer. CFA urges USDA to clarify this in the proposed rule, and ensure that Table 2 reflects this increased flexibility.

On behalf of the CFA, I commend USDA for developing this proposed rule to more accurately reflect current dietary recommendations, especially in increasing fruit and vegetable consumption for WIC moms and kids. I urge USDA to issue the final rule by spring of 2007.

Sincerely,



Rich Tavoletti
Executive Director
Canned Food Alliance
Pittsburgh, PA

Attachment:
CAN Fit Fact Sheet

About the Canned Food Alliance

The Canned Food Alliance (CFA) is a partnership of the American Iron and Steel Institute's Steel Packaging Council, the Can Manufacturers Institute, select food processors and affiliate members. The primary mission of the CFA is to serve as a resource for information on the nutrition, convenience, contemporary appeal and versatility of canned food. For hundreds of mealtime solutions, visit www.mealtime.org.

CAN Fit

Canned Fruits and Vegetables Fact Sheet

Convenience Affordability Nutrition

The government's *Dietary Guidelines for Americans 2005* recognize canned foods play a significant role in helping children and their families meet *MyPyramid's* recommendations. The U.S. Department of Agriculture's new food guidance system identifies canned foods as a way to help people consume the recommended daily variety and amount of fruits, vegetables, meats and beans, as well as grains and dairy products. (U.S. Department of Agriculture and the Department of Health and Human Services *Dietary Guidelines for Americans 2005*, <http://www.mypyramid.gov/guidelines/index.html>)

Consumers want more choices to help them meet their goals. In research commissioned by the Produce for Better Health Foundation, consumers were relieved to know that canned and frozen fruits and vegetables counted towards helping them meet their dietary goals. (Sterling Brands presentation on PBH Fruits and Veggies More Matters® brand development, Summer 2006)

Increased promotion of nutritious, convenient fruits and vegetables to children was a recommendation of the Joint Workshop of the Federal Trade Commission and the Department of Health and Human Services. In its April 2006 Report: *Perspectives on Marketing, Self-Regulation and Childhood Obesity*, FTC and HHS state that "...processing and packaging technologies are allowing companies to make fruit and vegetables more convenient for consumers." Canned fruits provide a convenient and safe alternative to less nutritious snacks and beverages and are making their way into vending machines, quick-service restaurants and other convenience-oriented venues. (Federal Trade Commission and the Department of Health and Human Services report: *Perspectives on Marketing, Self-Regulation, and Childhood Obesity*, May, 2006. <http://www.ftc.gov/os/2006/05/PerspectivesOnMarketingSelf-Regulation&ChildhoodObesityFTCandHHSReportonJointWorkshop.pdf>)

The ingredients you choose, not the form of the ingredients, are what really determine a recipe's nutrient content. A three-part study conducted by the University of Massachusetts found that, from a nutrition and sensory standpoint, recipes prepared with canned ingredients and those prepared using cooked fresh and/or frozen ingredients were rated comparably. This research also showed similar nutrient profiles of dishes made from canned, cooked fresh and/or frozen ingredients. (Samonds, K. 2000. Nutrition Study Phase I, Phase II and Phase III. University of Massachusetts)

All forms of fruits and vegetables make a positive contribution to the diet. Studies conducted by the University of Illinois Department of Food Science and Human Nutrition also confirmed that canned foods are comparable to cooked fresh and frozen varieties in their nutrient contribution to the American diet. (Klein, B. and Kaletz, R. 1997. Nutrient conservation in canned, frozen, and fresh foods. University of Illinois)

Fresh does not always mean more nutritious. A recent review of existing research (pending publication) on fresh, frozen and canned fruits and vegetables by the University of California, Davis, reveals that loss of nutrients in fresh products may be more substantial than commonly perceived: storage and cooking can lead to overall losses of up to half prior to consumption. (Davis, Rickman, J., Barrett, D. and Bruhn, C. 2006. Nutritional comparison of fresh, frozen and canned fruits and vegetables. University of California)

Some canned products actually contribute more health promoting antioxidants than their fresh counterparts.

- An Oregon Health Sciences University study demonstrated increased amounts of some key anthocyanins, a powerful antioxidant, in canned blueberries, compared to the amounts in fresh and frozen blueberries. (Hatton, D. 2004. The Effect of Commercial Canning on the Flavonoid Content of Blueberries. Oregon Health Sciences University)
- Canned tomatoes, carrots, spinach, corn and pumpkin are rich in antioxidants. According to the USDA, one-half cup of canned tomatoes provides 11.8 milligrams of lycopene compared to just 3.7 milligrams found in one medium fresh, uncooked tomato. Mild heat treatment of carrots and spinach, as used in commercial canning, enhances the bioavailability of carotene, which is converted to vitamin A in the body. The absorption of lutein in corn, an antioxidant that may reduce the risks of cataracts and macular degeneration, also is enhanced by heat from the canning process, according to research from Cornell University. Canned pumpkin is loaded with beta carotene, a substance from plants that converts to vitamin A and is said to protect against certain types of cancer and heart disease. Canned pumpkin contains a higher concentration of beta carotene than fresh pumpkin because of the canning process. (U.S. Department of Agriculture, Agricultural Research Service. 2005. USDA National Nutrient Database for Standard Reference, Release 18. Nutrient Data Laboratory Home Page, <http://www.ars.usda.gov/ba/bhnrc/nd/>; Dewanto, V., X. Wu, and R.H. Liu. 2002. Processed sweet corn has higher antioxidant activity. Cornell University)
- **Canned fruits make a significant contribution to key nutrients.** Canned fruits such as pineapple and peaches can make significant contributions to the RDA for vitamin C. (U.S. Department of Agriculture, Agricultural Research Service. 2005. USDA National Nutrient Database for Standard Reference, Release 18. Nutrient Data Laboratory Home Page, <http://www.ars.usda.gov/ba/bhnrc/nd/>)

Fiber is unchanged regardless of fruit or vegetable form. In general, the USDA database shows that fresh, frozen and canned fruits and vegetables contained similar amounts of fiber. Overall, canned fruits and vegetables were never consistently lower than cooked fresh or frozen products for *any* nutrient. (U.S. Department of Agriculture, Agricultural Research Service. 2005. USDA National Nutrient Database for Standard Reference, Release 18. Nutrient Data Laboratory Home Page, <http://www.ars.usda.gov/ba/bhnrc/nd/>)

Canned fruits and vegetables do not contribute significantly to American's sugar and sodium intake. In fact, all canned fruits and fruit juices contribute less than two percent of added sugars in most American's diets and vegetables contribute less than one percent of sodium. (JADA: Guthrie, J. and Morton, J: Food sources of added sweeteners in the diets of Americans, vol. 100, no. 1, 2000; JADA, Cotton, P. et al: Dietary sources of nutrients among US adults, 1994 to 1996, vol. 104, no. 6, 2004)

Canned fruits and vegetables are safe. In a review of nearly 4,500 food borne-related outbreaks and over 138,500 cases of illness, commercially produced canned fruits and vegetables did not directly account for a single food borne outbreak. (The produce category alone was linked to the largest number of food borne illnesses associated with outbreaks – over 28,000 cases of illness.) (Center for Science in the Public Interest *Outbreak Alert: Closing the Gaps in Our Federal Food-Safety Net*, Nov. 2005.) The metal food can is one of the safest types of food packaging – it is tamper resistant, provides an airtight seal, is thermally sterilized and shelf stable. (FDA's Center for Food Safety and Applied Nutrition, Centers for Disease Control and Prevention, Moffett Center – National Center for Food and Safety Technology, FDA, *Journal of Food Protection*, *International Journal of Food Microbiology*, *International Journal of Food Science and Technology*, U.S. Department of Health and Human Services, United States Department of Agriculture (US DHHS/USDA), Iowa State University Extension, *USA Today*, *Food Chemical News*, *Chicago Daily Herald*, Canadian Food Inspection Agency, Packaging Glossary, Food Product Design, National Institute for Health and USDA Food Safety and Inspection Service.

Canned fruits and vegetables are affordable. The USDA Economic Research Service July 2004 report (How Much Do Americans Pay for Fruits and Vegetables? Agriculture Information Bulletin Number 790) concluded that: "...whether fresh, frozen, or canned, all 85 of the vegetables we priced were less than a dollar per serving, only three cost more than 75 cents a serving, and more than half were less than a quarter." (U.S. Department of Agriculture, Economic Research Service report: How Much Do Americans Pay for Fruits and Vegetables? Agriculture Information Bulletin Number 790, <http://www.ers.usda.gov/publications/aib790/aib790.pdf>)

For more information, contact Rich Tavoletti, executive director of the Canned Food Alliance, at 412-922-2772 or via e-mail at rctsri@aol.com

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email 11-06-06 from mlascon@dfamilk.com; on behalf of; sstone@dfamilk.com



November 6, 2006

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

RE: Proposed Rule, Docket No. 0584-AD77, Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages.

Dear Ms. Daniels:

USDA's revisions of the Women, Infants and Children Food Program (WIC) are a major concern to U. S. dairy farm families. Your WIC proposal will reduce milk and dairy products consumption by WIC participants. In fact, it will unwisely eliminate all yogurt usage from the program.

WIC was authorized by Congress to provide low-income pregnant and postpartum women, infants and children with a special supplemental nutrition program for their needs.

Annually the dairy industry, including DFA, has worked with Congress to achieve funding for the WIC program.

Throughout your proposal there are numerous indications that you are implementing the recommendations of The Institute of Medicine of the National Academies (IOM), yet you do not follow their recommendation of authorizing yogurt as an alternative to milk. We are shocked at your revelation that you will achieve cost neutrality by recommending tofu instead of yogurt since "the estimated amount of tofu that would be purchased by WIC participants is substantially lower than that of yogurt". This seems to indicate that you

Corporate Headquarters
10220 N. Ambassador Dr. □ Kansas City, MO 64153 □ 816-801-6455 □ 816-801-6587 Fax

will offer tofu knowing that many participants do not like it and will not buy it. Indications are that IOM understands that yogurt is very acceptable across many segments in our population. By eliminating yogurt, WIC's nutritional success will be incomplete.

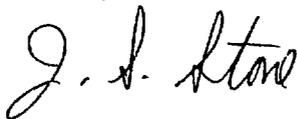
This indicates you are willing to reduce the nutritional needs of WIC participants to save cost. We do not think this was Congress' intention. We recommend that you look for savings that do not affect the nutritional needs of participants—**try reducing administrative costs.**

It is worth including here the text of your proposal related to yogurt and tofu as it appears on page 44786 of the Federal Register/Vol.71, No. 151/ Monday, August 7, 2006/Proposed Rules. You say “ To achieve cost neutrality, the Department is proposing a cash-value fruit and vegetable voucher that is \$2 less per month than that recommended by the IOM, and is not proposing yogurt as an authorized alternative to milk”. “The price of yogurt as compared to the price of milk would considerably increase the monthly cost of the food packages for children and women. Soy beverage and tofu also have higher per unit costs than milk; however, the estimated amount of tofu that would be purchased by WIC participants is substantially lower than that of yogurt.”

Your proposed recommendations related to substitutes for regular milk is puzzling since you allow soy beverages but there is no mention of allowing lactose-free milk as a substitute. In our opinion, the cost of lactose-free milk and soy beverages are comparable. No cost savings would be achieved by serving soy beverages instead of the lactose-free milk. But even more important, there is a nutritional short fall with soy beverages. Artificially added calcium in soy beverages is absorbed by the body at only 75% the efficiency of calcium in real milk, according to nutritional studies. This means that if a cup of soy beverage contains the same amount of calcium as a cup of milk an individual would need to consume 1.33 cups of soy beverage to achieve the same calcium benefit of one cup of milk.

Additionally, we recommend that you include lactose-free milk as part of the proposal where you require medical documentation to allow a substitute for regular milk for a child.

Sincerely,



J. S. Stone
Vice President
Government Relations