

I-154



November 6, 2006

The Honorable Mike Johanns
Secretary of Agriculture
US Department of Agriculture
400 Independence Ave, SW
Washington, DC 210250

Re Docket ID Number 0584-AD77-WIC Packages Rule

Dear Secretary Johanns

The Idaho Potato Commission ("IPC") is a self governing agency of the State of Idaho charged with the responsibility of promoting Idaho® potatoes and insuring their identification as such as near as possible to the end consumer. In that capacity, we very much support the Department of Agriculture's effort to update the Women, Infants, and Children (WIC) Program to include fruits and vegetables. We applaud your efforts, particularly since updating the WIC package was an important goal of the 2003 Child Nutrition reauthorization - including fruits and vegetables as eligible commodities in the WIC Program will not only help supply important nutrients to participants, but also bring WIC more inline with scientific findings on their importance in our diet. However, it is our strong view that this final rule should include **all** fruits and vegetables as eligible commodities.

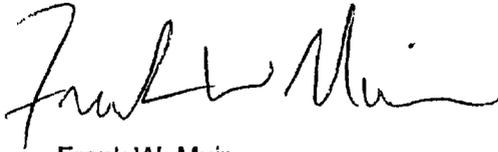
The recommendation in the proposed rule to exclude white potatoes from WIC makes no sense and is not supported by the available facts.

First, potatoes are an excellent source of potassium, fiber, vitamin C, and many B vitamins. Therefore, this exclusion takes away a valuable source of nutrients from those eligible to participate in the WIC Program. This recommended exclusion is particularly troubling because it is in sharp contradiction to the Institute of Medicine's reports on nutritional findings. In fact, the report specifically states that: "*Priority nutrients identified as lacking in the diets of young children are vitamin E, fiber, and potassium. Nutrients with more moderate but still high levels of inadequacy are vitamins A, C, and B6.*"

Second, the rule suggests that the goal is to "...provide more participant choice and a wider variety of foods..." and to "...provide state agencies increased flexibility in prescribing culturally appropriate food packages...". Potatoes completely fit this criteria as well or better than most other products.

As USDA finalizes the WIC update, we again urge you to give proper consideration to potato nutrition facts. As a healthy, low-cost convenient food, the nutritive value of the potato is too healthy to ignore as a part of the diet of children and mothers. We urge that the final rule include potatoes.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank W. Muir". The signature is fluid and cursive, with the first name "Frank" being larger and more prominent than the last name "Muir".

Frank W. Muir
President/CEO
Idaho Potato Commission



INTERNATIONAL FORMULA COUNCIL

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I-155

November 6, 2006

EMAIL 11/6/06 FROM
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Via Electronic Mail and U.S. Mail

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: International Formula Council
Comments on the FNS Proposed Rule to
Revise WIC Food Packages

Dear Ms. Daniels:

The International Formula Council^{*} (IFC) appreciates the opportunity to comment on the U.S. Department of Agriculture (USDA) Food and Nutrition Service's (FNS) Proposed Rule to revise Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Packages. IFC is an association of manufacturers and marketers of formulated nutrition products, e.g., infant formulas and adult nutritionals, whose members are predominantly based in North America, some of whom participate in the WIC program.

Support for FNS' Recent Work, Implementation of IOM Recommendations, and Proposed Incentives to Breastfeed

^{*}IFC members are: Mead Johnson Nutritionals, Nestlé Nutrition – Nestlé USA, Inc., Abbott's Ross Products Division; Solus Products; and Wyeth Nutrition.

IFC would like to commend FNS for the work it has done to incorporate the best nutrition science into the content of the WIC Food Packages, which are to be made available to mothers, infants, and children through this vital program. Further, we commend FNS on publishing its proposal for the first significant revision to the WIC food packages in over 25 years. More specifically, we commend the department on its efforts to reflect the recommendations made by the Institute of Medicine (IOM) in its April 2005 report: *WIC Food Packages: Time for a Change*, to keep the proposed changes cost neutral, and to provide greater consistency with the 2005 *Dietary Guidelines for Americans*. The 2005 Dietary Guidelines, the current infant feeding practice guidelines of the American Academy of Pediatrics (AAP), and numerous other scientific studies cited by the IOM in its report provide an excellent scientific foundation for these proposed changes. Above all, we commend the USDA/FNS on its efforts to encourage breastfeeding.

We are pleased that the proposed amounts of formula issued to WIC participants for infants over 6 months of age have been reduced. It is never a good idea to provide more formula than necessary, and there are legitimate concerns with regard to the potential for errors in invoicing for formula rebates when a WIC participant may have redeemed her voucher only partially rather than carry home more formula than her infant can consume. Additional concerns would arise if excess formula were sold outside normal distribution channels, where there may be inadequate care in storage temperatures and stock rotation at best, and fraudulent labeling with potential health consequences at worst.

3. IFC also supports proposed incentives to breastfeed, which are built into the Proposed Rule. To better promote and support breastfeeding, the proposal establishes three different feeding options, increases the relative value of the food packages for the fully breastfeeding mother and infant, and decreases the relative value of the partially breastfed or fully formula-fed packages. The higher value also reflects the greater nutritional needs of breastfeeding mothers. The goal is without question worthy, and we are pleased to see that it will be the subject of evaluation but believe the proposal on a limited application should be revised as noted in our comments on timing and implementation below. We hope that the value of the "fully breastfeeding" food package is perceived by participating mothers as more than adequate to make up for the potentially perceived economic value she is giving up by not declaring herself as "fully formula-feeding."

Similarly, we understand and applaud FNS' reasoning in not allowing the partial breastfeeding option to be used during the infant's first month. For the subsequent period, FNS should seek to motivate the mother to breastfeed as much as possible through its definition of the term "partial breastfeeding" and its determination of the level of supplementation to the level of formula needed. If the evaluation of these changes determines they are effective in promoting breastfeeding, that benefit would outweigh any additional resource needs.

Timing and Implementation of Changes to WIC Food Packages

FNS has requested comments on its plans to conduct a limited application in only eight states, with two test sites and two comparison sites. In response, IFC recommends that FNS implement the proposed revisions in Food Packages I and II with a simultaneous evaluation of the impact of these revisions nationwide. The Proposed Rule is silent as to the timeframe for this demonstration. In FNS' Proposed Timelines for Implementation of Food Packages Changes (71 Fed. Reg. 44808-9), selected sites will have the authority to issue these two revised Food Packages for no more than three years. However, the Regulatory Impact Analysis

notes that the timeframe for the limited application is "indefinite" (71 Fed. Reg. 44845-6). The Preamble notes that the USDA will determine when all State agencies can implement the revisions to these two Food Packages only after the Department has had an opportunity to examine the effects of the two revised Food Packages on the initiation and duration of breastfeeding in these sites (71 Fed. Reg. 44808).

There are compelling scientific, public policy, and administrative reasons for implementing all revisions to the Food Packages within the one-year implementation period generally planned under the Proposed Rule. First, the IOM recommendations and the Preamble to the Proposed Rule note the importance of bringing the best nutrition science to the WIC program, in order to revise current Food Packages that were based on now outdated research from the 1980s. IFC believes that the best available nutrition science should serve as the foundation for all of the proposed revisions in the Food Packages, and it should not be withheld from infants in the remaining 42 states and territories during the period of the proposed evaluation.

Second, IFC supports FNS' proposals to encourage breastfeeding among WIC mothers, and we believe that the delay in full implementation of the two Food Packages will hinder efforts to increase the rate of breastfeeding among WIC mothers. Currently, the percentage of mothers in the WIC program who breastfeed is approximately 20 percentage points lower than non-WIC mothers. If these revisions to the WIC program are delayed indefinitely, it is likely that this differential incidence of breastfeeding will persist.

Third, federal and local health and nutrition programs are often implemented and evaluated at the same time. Rather than the test site and comparison site methodology currently proposed, FNS could elect to implement the revisions to the Food Packages for Partially Breastfed Infants and Partially Breastfeeding Women at the same time as other revisions in the Food Packages, while still conducting an evaluation of the program by comparing pre-revision rates of breastfeeding initiation and duration in each state to post-revision rates. In that way, FNS can collect data comparing pre- and post-revision breastfeeding rates during the first full year of implementation of the revisions to the WIC Food Packages, which can be reported to Congress as it engages in the 2009 WIC reauthorization process. These data will provide valuable information on the nationwide impact of the revised Food Packages and can more properly reflect the impact of the revisions among diverse segments of the WIC population. If the revisions do not have their optimal effect, FNS will also have data to support its recommendations for further enhancements to the WIC program to support breastfeeding.

Finally, it makes more administrative sense for WIC programs to implement all revisions to the WIC Food Packages at once, rather than piecemeal. A one-step process will enable FNS and state WIC directors to efficiently implement changes to administrative policies and procedures, as well as data and accounting systems. Most importantly, WIC programs will be able to fully explain the rationale for changes in the Food Packages to all participants at the same time, rather than relying on a more confusing, staged process.

Once the implementation schedule is set for all of the final rules, a clear and well-defined strategy to determine the impact of food package changes is needed. For example, whether implementation involves a limited application in test and comparison sites in 8 states or an evaluation in a set of sites in conjunction with nationwide implementation of the changes, formula issuance and redemption transaction records created during the evaluation period should be made available so that manufacturers can fully understand the effects of the proposed changes. In addition, evaluation sites should be required to provide a reasonable

amount of advance notice to the contracting infant formula manufacturer prior to the evaluation period so proper adjustments can be made in manufacturing schedules and retail inventories. Further, data from all compliance efforts should be made available to allow manufacturers to assess for any fraud or theft that may exist.

Low Iron Formulas, Powder Formulas and Cereals

We applaud USDA/FNS for disallowing low iron infant formulas, and would be happy to see that as a firm rule. But, since we understood that low iron formulas were already disallowed except with a doctor's prescription, we think clarification may be needed as to whether there are any circumstances under which low-iron formulas could ever be used.

We are pleased to see that USDA/FNS is considering reducing the ever-increasing amount of powder infant formula allowed for distribution, which is currently far beyond the limits imposed on liquid formula. The Proposed Rule would change how infant formula maximum monthly allowances are expressed, proposing allowances for both liquid concentrate and powder physical forms expressed in reconstituted fluid ounces. In addition to making this change for consistency, there should also be consistency in the amounts of maximum monthly allowances. Currently, the amounts of reconstituted fluid ounces provided in the WIC food packages are different for powdered vs. concentrated liquid physical forms. WIC food package guidelines should be developed based on a participant's supplemental nutrient needs and, accordingly, the amount of formula provided should not differ based on the form in which a product is provided.

In the Proposed Rule, powder infant formula would be recommended in Food Package I for partially breastfed infants ages one month through three months due to its longer shelf life, less waste, and an ability to mix the small amounts needed for the partially breastfed infants. However, it should be noted that powder infant formula is not commercially sterile, and is therefore not recommended for feeding to preterm and immune-compromised infants. Thus, some flexibility will be needed to allow these infants to receive liquid formulas where possible.

We understand that infant cereals manufactured with the added ingredients of infant formula, milk, fruit, or other non-cereal ingredients were not authorized, purportedly based on recommendations of the American Academy of Pediatrics (AAP). We are aware that AAP has mentioned the advertising of high-sugar breakfast cereals as a potentially negative influence in older children, and we can understand that USDA/FNS may want to preclude the use of infant cereal with added sugar. But, the AAP has also recommended iron-fortified cereals as a good weaning food for infants. We are not aware of any AAP recommendations that would preclude the above-mentioned additions by manufacturers to cereal of "infant formula, milk, fruit, or other non-cereal ingredients," and we believe that such additions may be helpful to encourage consumption of this nutritious weaning food. A cereal manufactured with the addition of milk or formula, in particular, can ensure that the cereal is not prepared with less nutritious water or juice, and the addition of fruits or vegetables seems consistent with other proposed changes to the food packages intended to promote a smooth transition to a varied older-baby diet. Certainly, cost should be a consideration in deciding what foods may be issued to a given participant, but we see no reason to preclude these types of cereals across the board.

Medical Foods

The Proposed Rule would restructure Food Package III to serve all categories of participants who have certain diagnosed qualifying conditions, and would rename the package *Food*

Package III – Participants with Qualifying Conditions. The stated reason for this change – “to facilitate efficient management and tracking of the benefits and costs of providing supplemental foods to these participants” – is certainly a worthy goal for any governmentally funded program.

We believe that the need for medical foods among children who participate in the WIC program is likely to grow, given the changing environment of neonatal and pediatric healthcare. Due to medical advances in the area of neonatal care, survival has increased. This increase in survival has been accompanied by an increase in morbidity, however, with increased rates of chronic conditions such as lung disease and neurodevelopmental disabilities among this population.^{1,2,3} Children with these types of chronic illnesses are more likely to require ongoing medical and nutritional support to maintain their health and normal development. Given the track record of medical foods in improving health outcomes in such challenging cases, a greater demand for medical foods to support a growing number of medically complex children is likely to occur.

Under these circumstances, it would behoove the WIC Program to include as wide a variety as possible of WIC-eligible medical foods. While some conditions may require the sophisticated nutritional support of a specialty formulation, others may respond to more simplistic nutritional support. We are glad to note USDA’s recognition that infant formula may be appropriate for children over 12 months of age in this category. For some babies who have just left their infancy, the support provided by an infant formula designed for older-babies (many of which are labeled for use by infants 9 to 24 months of age) may be advisable and, when appropriate, may be more cost-effective than some other choices within the current list of WIC-eligible Medical Foods.

It is appropriate that FNS has proposed to provide examples of qualifying medical conditions rather than strictly limiting the universe of qualifying conditions. State and local agencies and a recipient’s licensed health care professional need the guidance provided by the proposed examples. At the same time, they need the flexibility to address unique, individual medical needs on a case-by-case basis when appropriate.

The proposed Food Package III, however, would reduce the maximum amount of exempt formula that could be issued to an infant with a qualifying medical condition. This could be a disservice to these medically fragile infants. Medically fragile infants that require a therapeutic formula should be allowed to receive the appropriate amount of exempt formula necessary to serve their unique nutritional needs, which in some cases could be more than the amount provided to healthy infants. It is suggested that any final or interim rule accommodate those participants whose medical conditions require more exempt formula than the Proposed Rule would allow. Additionally, FNS should include an age adjustment provision for premature infants, which would help ensure a more accurate determination of the appropriate nutrition requirements for these infants.

The proposal revises the current definition for “WIC-eligible medical foods” as follows (bolded capitalized text is new):

¹Cooke RW. Preterm mortality and morbidity over 25 years. *Arch Dis Child Fetal Neonatal Ed.* 2006 Jul;91(4):F293-4.

²Horbar JD et al. Trends in Mortality and Morbidity for Very Low Birth Weight Infants, 1991-1999. *Pediatrics.* 2002;110:143-151.

³Wilson-Costello D, et al. Improved survival rates with increased neurodevelopmental disability for extremely low birth weight infants in the 1990s. *Pediatrics.* 2005;115(4):997-1003.

WIC-eligible medical foods means certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible medical foods ~~may be nutritionally complete or incomplete, but they~~ must serve the purpose of a food, **MEAL OR DIET (MAY BE NUTRITIONALLY COMPLETE OR INCOMPLETE) AND** provide a source of calories and one or more nutrients; ~~and~~ be designed for enteral digestion via an oral or tube feeding; **AND MAY NOT BE A CONVENTIONAL FOOD, DRUG, FLAVORING, OR ENZYME.** WIC-eligible medical foods include many, but not all, products that meet the definition of medical food in Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)).

We note no problems with the new portions of the definition. We would caution, however, that certain explanatory aspects that remain from the old definition are indeed essential to its being adequately descriptive and should not be further changed without public comment. For example, the first line indicates that only "certain" enteral products will qualify. As long as the word "certain" refers only to the restriction to enteral products that "are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate" then the definition is adequately descriptive. If the latter phrase were missing, or if other restrictions on the eligibility of enteral products were implied that were not disclosed in the definition, then the definition would be inadequately descriptive and should be the subject of additional public discussion. Further, the U.S. Food and Drug Administration (FDA) is responsible for regulating medical foods, and for the sake of consistency, IFC recommends FNS conform its definition to that of FDA's as much as possible. See, e.g., www.cfsan.fda.gov/~dms/ds-medfd.html and 61 Fed. Reg. 60661 (Nov. 29, 1996).

The proposal goes on to clarify that the apparatus or devices (e.g., feeding tubes, bags and pumps) designed to administer WIC formulas are not WIC-allowable costs. In that regard, we wish to note that many currently authorized WIC-eligible medical foods are already available in pre-filled, ready-to-feed packages (1-Liter or 1.5-L bags or bottles) that allow for the product to be administered without having to pour cans into an enteral feeding bag. These products may be considered to incorporate some of the apparatus of administration, but not as a separate cost. These ready-to-feed packages are becoming prevalent in the market place due to a variety of benefits they offer the patient, including reducing the risk of touch contamination and, thereby, reducing the risk of infection. We trust and recommend that this type of ready-to-feed packaging remains an available option within the WIC-eligible medical foods category.

The Proposed Rule also addresses new products and the evolving physical forms of these products, noting that "new formulas and medical foods have been developed due to advancements in technology and these products do not strictly conform to the current physical form descriptions." These changes are impacting the WIC-eligible medical foods category disproportionately, and include "ready-to-feed bars, ready-to-eat puddings, and gels and capsules." To the extent that these products meet the minimum Federal WIC requirements for a WIC-eligible medical food, FNS requested comments on the "appropriate equivalent standard to be used (e.g., protein equivalent, kilocalorie equivalent, volumetric or weight equivalent, number of serving equivalents, and/or other types of equivalent) to determine maximum monthly allowances for WIC-eligible medical foods in these new physical forms (e.g., bars, gels, and capsules)."

We commend the USDA/FNS for acknowledging that new formulas and medical foods will continue to be developed with advancements in technology. Determination of appropriate equivalent standards to be used for these alternate forms would be best expressed as a serving equivalent per day amount. However, given that future alternate forms of medical nutrition products may be utilized as either complete or incomplete nutritional supplements, a "serving" of an incomplete supplement cannot be considered "equivalent" to a serving of a complete nutrition product. We recommend that restrictions on authorizing new medical foods be kept to a minimum to maintain the broadest possible arsenal of products for designing such customized diets. Due to potential variability in nutrient content, we suggest that WIC clinicians reference the manufacturer's literature for product specific recommended servings per day, and refer to current dosing practices by the medical community.

Additional Topics Suggested for Revision

There were a few topics that were not proposed for revision in the new rule, but which we would like to raise here as potential targets for revision.

The first topic is the need for nutrition education to support changes in the WIC food package. While the Preamble to the Proposed Rule notes the role of nutrition education in the WIC program, the Proposed Rule itself does not expressly provide for increases in the amount or changes in the content of nutrition education to support the proposed revisions in the WIC Food Packages. This is problematic, particularly in light of the IOM finding that the average WIC participant receives less than 20 minutes of nutrition education every six months. Therefore, IFC respectfully suggests that FNS address improvements in nutrition education to complement the proposed revisions in the WIC Food Packages.

IFC urges FNS to expressly provide for expanded nutrition education through programs with a content that reflects the work of the IOM. Further, nutrition education programs should clearly explain the benefits of the revised Food Packages, their nutritional basis, and the need to incorporate healthy eating habits in the selection of non-WIC foods that families consume.

The number of WIC infants has increased by 14 percent over the past ten years, and FNS projects that the WIC program will increase to more than nine million participants by Fiscal Year 2011 (71 Fed. Reg. 44854, Table D). In addition, the socio-demographic composition of the WIC population is changing. Currently, 48 percent (almost half) of all infants in the U.S. participate in WIC, and 39 percent of WIC participants are identified as Hispanic. In determining how to explain the proposed revisions in the WIC program to WIC mothers, FNS also should consider the language and cultural diversity of WIC participants.

A second topic is the lack of definition of the percentage of dietary needs supplied by a food package. As its name suggests, the WIC program is intended to be a supplemental food and nutrition program. The underlying statute is clear on this point, and notes that it is "the purpose of the program authorized by this section to provide... supplemental foods..." 42 U.S.C. § 1786(a). However, to date there has been no clear definition of what percentage of a recipient's needs should be supplied by a given food package. Such issues could potentially be addressed at the local level, as WIC staffs are to assess each participant's nutritional needs and food preferences and prescribe an individually tailored food package that best fits the participant's needs and circumstances. Yet, health outcome data suggest this approach has not been effective. Overweight and obesity continue to be growing problems in adults and children, and in children the extent of overweight has increased even more rapidly than the prevalence of

overweight. Given these trends, we recommend that in addition to the proposed changes in the type and quantity of foods offered, that any final or interim rule promulgated by FNS clearly define the percent of a participant's dietary needs that are to be supplied by the program. This would help local programs better tailor food packages to individual participant needs.

As a third topic, FNS should consider implementation of a meaningful requirement that local agencies monitor participant feeding categories. A systematic approach is necessary to ensure that participants' nutritional needs are being met appropriately. It would also give infant formula manufacturers some assurance that a participant who is classified as fully formula feeding or partially breastfeeding is not, in fact, fully breastfeeding. As previously outlined, trafficking of illicitly obtained infant formula is a significant concern, and one that led Congress to amend the Child Nutrition Act to ensure that authorized retailers purchase infant formula only from authorized entities. 42 U.S.C. § 1786(h)(8)(A)(ix)-(x). Monitoring feeding practice would help ensure that the WIC program does not inadvertently contribute to this problem.

Similarly, IFC recommends that the amount of formula distributed via a single voucher also be considered for revision. We are concerned that those states that give out a month's worth of formula on a single voucher may be encouraging over consumption, partial redemption or excess formula that makes its way to distribution outside of the normal, controllable channels – consequences which have already been discussed earlier in this comment.

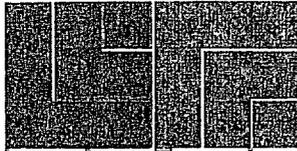
The IFC appreciates the opportunity to comment on the Proposed Rule and we trust that these comments are helpful. Please feel free to contact us if you should need additional information.

Sincerely,



Mardi K. Mountford, MPH
Executive Vice President

I-156



Leprino Foods
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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: Docket 0584-AD77: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages.

Dear Ms. Daniels:

Leprino Foods Company ("Leprino") appreciates this opportunity to submit these comments on the Proposed Rule regarding changes to the Special Supplemental Nutrition Program for Women, Infants and Children ("WIC"). Leprino Foods Company operates nine cheese manufacturing facilities in the United States, producing primarily mozzarella cheese, whey, whey protein concentrate, and lactose. We also manufacture a wide variety of reduced fat, lite and lowfat cheeses that perform over a wide variety of cooking platforms and deliver exceptional taste and performance.

Leprino is a member of International Dairy Foods Association ("IDFA") and supports the comments filed by IDFA in response to the Proposed Rule. Milk and dairy foods are naturally nutrient-dense foods, providing many nutrients with relatively few calories. 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. In fact, many nutrients that have been identified as deficient in Americans' and WIC participants' diets (including calcium, potassium, vitamin A and vitamin D) are provided by dairy. Because of the nutrients provided by milk and other dairy foods, the dairy category should continue to be a strong component of the WIC food packages.

We would like to supplement the comprehensive comments submitted by IDFA with a few specific comments, as follows.

A. Food packages should allow maximum flexibility within the dairy category. It is important to provide nutrient-dense foods that are desirable to and will be consumed by WIC program participants. Because different people have such different needs in selecting foods, especially dairy foods, the maximum amount of flexibility should be allowed within the dairy category of the WIC program. The dairy category should include fluid milk (including reduced lactose versions), yogurt and cheese.

Consumers enjoy many dairy foods, including shredded, block, and string cheese in several varieties including mozzarella, provolone, cheddar, monterey jack, and reduced fat versions thereof. The variety of forms of dairy foods means that almost all consumers can find a dairy food that meets their nutritional, flavor and texture needs.

B. Cheese should be substitutable at a higher rate per month. Cheese is a nutrient-dense dairy food that provides excellent nutrition, including protein, calcium and phosphorous.

- Minimal lactose content: Cheeses naturally have low levels of lactose, making them particularly appropriate substitutes for fluid milk for people who want to avoid lactose.
- High acceptance by participants, especially certain ethnic groups who may not typically consume fluid milk: Our consumers like our cheese because of the exceptional flavor and melt performance when prepared across a variety of cooking platforms. Leprino cheese is perfect as a snack (string cheese), a nutritious entrée (regular or reduced fat pizza/lasagna), and is always a great addition to appetizers and salads (shredded or cubed). Overall, some ethnic groups that may not traditionally consume fluid milk often consume more cheese, making cheese an excellent substitute for fluid milk for some WIC participants that may be part of these ethnic groups.
- Allow for reduced fat versions of cheese and increase the proposed substitutability rates: 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 and other dairy products, while reducing the fat in the overall package. Reduced fat, lite, and lowfat versions of Leprino cheese reduce fat anywhere from 25-50% when compared to their full fat counterparts, reduce saturated fat and maintain excellent melt characteristics and flavor.

C. Cheese should also be allowed as a "protein" source, not just a dairy alternative. Because cheese is an excellent source of protein, it should be included 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.

D. Process Recommendations. In addition to these dairy specific recommendations, we urge the Department to consider implementing the new food packages in a small subset of program participants. This will provide the opportunity to evaluate the proposed food packages, while ensuring that the majority of participants receive the healthy foods that have a proven track record in the WIC program. If, however, USDA feels that the above method of implementation will not be feasible, then we recommend that, if all participants are to be put on the changed food packages, there should be a sunset of the food packages after one year with an automatic reversion to the current food package and a required evaluation of participant acceptance, practicality of food delivery and actual nutritional intake. Based on the results of the evaluation of the new food packages, these could be redesigned, if necessary. This will ensure that the food packages are having the intended effect on the diets and health of participants.

Summary

In summary, dairy should continue to be a strong portion of the WIC program, as it has been since the program began. The amount of dairy in the current proposed rule should be expanded, with additional funding provided for the program. This additional funding should be used to provide healthy, nutrient-dense foods to WIC participants, including fluid milk, reduced-lactose milk, cheese and yogurt. Cheese is one of the most versatile and acceptable ingredients among all age groups of different ethnic backgrounds. While we don't agree that the amount of cheese for WIC participants should be reduced to any degree, it surely should not be reduced disproportionately to milk in terms of its substitutability.

We are proud of the nutritional products we supply our customers, including WIC participants and we look forward to continuing to provide foods that meet their needs and tastes.

Sincerely,

Rick Barz
Sr. Vice President, Quality Assurance / Research & Development

EMAIL 11-06-06 FROM Anne Goetze [AnneG@OregonDairyCouncil.Org]

I-157

November 6, 2006

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

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

Dear Ms. Daniels:

I am writing to express Nutrition Education/Oregon Dairy Council's *qualified* support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. The health and well-being of the nation's women, infants, and children is a priority of our organization.

We are pleased that the proposed rule reflects the science-based recommendations of the Institute of Medicine published in their April 2005 report entitled, *WIC Food Packages: Time for a Change*. However, the proposed changes fall short of IOM recommendations in a few key areas. We encourage you to consider following the IOM recommendations even more closely.

We agree that the changes in the proposed rule will help WIC mothers and their children make healthy food choices and maintain a healthy weight. We are however, concerned that some substitutions may not provide adequate nutrients. In particular:

- We support adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. Increased consumption of fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.
- We recognize the quantities of dairy products offered in the proposed rule meet the *2005 Dietary Guidelines for Americans*. We also note that the DGAs encourage consumption of dairy foods because of the unique package of nutrients they provide, including "nutrients of concern." Increased consumption of dairy foods is associated with reduced risk of osteoporosis, heart disease and obesity.
- We are concerned that substitution of soy foods (beverage and tofu), even when fortified, does not assure nutritional adequacy. For example, the calcium in fortified soy beverage has been found to be 75% less



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bioavailable than the naturally occurring calcium in cow's milk. Additionally it is important to note that cow's milk and soy products are completely different foods. Science has only begun to identify the

unique bio-active compounds each provides. Substitution cannot be equivalent.

- We urge you to consider lactose-reduced milk to address lactose maldigestion in the WIC population. The American Academy of Pediatrics and the DGAs recommend lactose-reduced milk, yogurt and cheese as the primary naturally-nutrient-rich alternatives. Alternative calcium sources such as soy beverage and tofu are necessary additions to the food packages only to address medically diagnosed milk protein allergy and lactose maldigestion. It is well-recognized that these clinically significant issues are often a self, mis-diagnosis and that education on the proper management is inadequate at best.
- The IOM recommended yogurt as a quart for quart substitution for milk. Yogurt is culturally acceptable to and well-tolerated by much of the WIC population. Yogurt is an excellent source of calcium and protein, and a good source of potassium; some yogurt contains vitamin D. We recommend implementing the IOM yogurt guidelines to increase choices of naturally-nutrient-rich calcium containing foods.
- Allowing more cheese substitution would give participants greater flexibility in food choices, provide access to an excellent source of calcium and a good source of high-quality protein, and respond to cultural and dietary needs. While the IOM recommendations were to decrease saturated fat, the change to lower fat milks for children (over the age of two) and women will help achieve that goal significantly. Nutrition education directed at sources of saturated fat in foods outside of the WIC program can also help achieve a reduction in saturated fat for the total diet of participants.
- We support the whole grain requirement for cereals and the introduction of whole grain bread and other whole grains such as corn tortillas and brown rice. Whole grain consumption is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight, and 3). increasing the intake of dietary fiber.

Additionally, we concur with education recommendations brought forth by the Society for Nutrition Education which will facilitate participant's use of vouchers for fruits and vegetables. This would include signage, tools and packaging for WIC participants to clearly identify qualifying foods and accurately estimate cost before going through the check-out line.

Nutrition Education Services/Oregon Dairy Council commends USDA for seeking the recommendations of the IOM for changes to the WIC supplemental food package. Please consider our comments which are intended to make the WIC food packages *truly* consistent with the *2005 Dietary Guidelines for Americans* and a major step forward to improve the overall nutritional health and well-being of WIC mothers and children.

We have long-supported WIC as the nation's premier public health nutrition program. Our staff has served on our state WIC Advisory Board and our organization has provided education and educational materials to local clinics. We applaud you for taking the necessary steps to update the food packages. In addition, we encourage strengthening nutrition education for participants to learn the Dietary Guidelines for Americans and put them to work in the food choices they make beyond the supplemental foods provided to them.

Thank you for the opportunity to comment and for your consideration of our recommendations.

Sincerely,

Suzanne Goetze, RD, LD

Director

I-159

General Mills also
submitted I-37

November 6, 2006

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

Re: [RIN 0584-AD77] Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages
71 Federal Register 44784, August 7, 2006

Dear Ms. Daniels:

General Mills Inc. is pleased to submit this second set of comments regarding USDA Proposed Rule for the WIC Food Packages. General Mills is a Delaware Corporation headquartered at No. 1 General Mills Boulevard, Minneapolis, Minnesota 55426. General Mills is a major packaged-food manufacturer engaged for over 75 years in the development and production of food products including flour, ready-to-eat (cold) cereal, vegetables, soup, yogurt, soymilk, snacks and numerous other products.

The following comments will focus on Milk and Milk Alternatives, including soymilk and yogurt, Fruits and Vegetables, Whole Wheat Bread or Other Whole Grains, as well as the remaining food categories of the proposed WIC Food Package. This set of comments follows General Mills comments on cereal as part of the WIC Food Package submitted on October 9, 2006.

Executive Summary

As stated in our Breakfast Cereal comments, General Mills applauds the WIC Program's achievement as one of the most successful federally-funded nutrition programs in the United States. We believe the program should continue to be a supplemental food program by offering nutritionally-dense foods WIC participants want to eat. We also support the enhancement of the WIC food package to better serve WIC participants and to better align with the *Dietary Guidelines*. The proposed changes to the WIC food packages will also address cultural sensitivity given the demographic changes of the WIC population over the past 30 years.

In keeping with USDA's goals of providing a food package that has greater consistency with the *Dietary Guidelines*, addresses nutrition and cultural issues, and increases variety and choice of foods, General Mills:

- Supports age-appropriate reductions in dairy allowances and recommends that postpartum non-breastfeeding women also receive the recommended dairy allowances as outlined in the *Dietary Guidelines*.
- Supports the reduction of cheese to help lower the amount of saturated fat, total fat and cholesterol in the WIC food package for participants 2 years of age and older.

- Supports the inclusion of soymilk to address the cultural and nutritional needs of the WIC population and recommends the establishment of an alternative nutrient requirement for soy beverages to ensure product availability.
- Recommends the inclusion of yogurt to ensure that sufficient dairy variety to allow the WIC population, especially women, to meet their dietary calcium and dairy recommendation.
- Supports the recommendation to add fresh, canned and frozen fruits and vegetables.
- Supports the inclusion of whole wheat bread and other whole grain foods in addition to whole grain breakfast cereals and recommends that all whole grain foods contain a minimum requirement of 8g of whole grain per serving.
- Supports the recommendation to allow both dried beans and peas and canned beans, expand fish options and maintain peanut butter and eggs.

Overall, General Mills believes that expanded variety and choice in the WIC food package will contribute to improved health outcomes for the WIC population. With the impending changes to the food package, we strongly urge the USDA and State WIC agencies to ensure sufficient offerings, in flavor, size and variety, of popular products that WIC participants want to consume. Availability of commonly consumed foods not only helps encourage nutrient consumption, but assists in the development of eating behaviors that will extend well beyond the time participants are in the WIC program.

General Mills looks forward to continuing our 30 year partnership with the WIC program to provide nutritious foods that consumers enjoy eating.

I. Milk and Milk Alternatives in the WIC Food Package

Milk and cheese have been an important part of the WIC food package since its inception to deliver calcium in the diets of WIC participants. The *Dietary Guidelines* identifies milk and milk products as part of a healthy diet for all Americans, and recommends the consumption of three cups per day of fat-free or low-fat milk or equivalent milk products for most adults and two-cups per day for children, primarily for bone health.⁽¹⁾

In keeping with USDA's goal of providing a food package that has greater consistency with the *Dietary Guidelines*, General Mills:

- Agrees with the proposed rule that recommends age-appropriate reductions in dairy allowances (e.g., two cups/day for children and three cups/day for most women).
- Supports the reduction of cheese to help lower the amount of saturated fat, total fat and cholesterol in the WIC food package for participants 2 years of age and older.
- Recommends that postpartum non-breastfeeding women also receive three cups per day of the dairy as outlined in the *Dietary Guidelines* in contrast to the proposed rule that reduces dairy allowance for postpartum non-breastfeeding women to a maximum of 2.1 servings/day.

Additionally, in accordance with the Institute of Medicine's goal of providing a food package that addresses nutrition and cultural issues, and increases variety and choice of foods, General Mills:

- Supports the inclusion of soymilk to address the cultural and nutritional needs of the WIC population.
- Believes that the WIC program should better address dairy variety by including yogurt to ensure the WIC population meets their dietary calcium recommendation.

A. Milk alternatives should address cultural sensitivity

General Mills recognizes the importance of having foods that are nutritionally and culturally appropriate for WIC participants and is cognizant of the increasing ethnic and cultural diversity within the WIC program. We believe that the WIC food package can and should address cultural differences while fulfilling its mission of delivering target nutrients through food.

As reported by state and local WIC agencies, state WIC associations and the National WIC Association and WIC participants in public comments to USDA, not all WIC participants can or choose to consume milk.⁽²⁾ There are segments of the population who for religious or personal reasons unrelated to ethnicity or cultural heritage (e.g., vegans) choose to or must avoid some or all milk products. However, optimizing the calcium intake of the WIC population remains a priority. General Mills believes that one of the opportunities for the program to address nutritional and cultural needs of the WIC community should be through the offering of soymilk and yogurt. As mentioned in the Institute of Medicine's *WIC Food Packages* report "milk and cheese are not a part of traditional food patterns of many cultural groups. In public comments, yogurt, soy beverage and tofu were frequently requested calcium-rich options".⁽³⁾

General Mills recommends that USDA waive the medical documentation requirement for children to receive soy beverages. The consumption of soy beverages for children can be a cultural or personal preference as well as a medical necessity. Because soy beverages are being proposed primarily for cultural sensitivity, it is inconsistent to allow soy beverages to children only out of medical necessity. It seems most sensitive to cultural diversity to allow a mother to make the decision for her child or children regarding whether they will consume dairy or soy. Moreover, since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on State systems and delay access to an important calcium source for WIC children.

Reasons General Mills supports soymilk in the WIC program

The inclusion of soymilk provides an increasingly popular high-calcium food for WIC clients from a diversity of cultures. In addition, soymilk is an important alternative for clients with milk allergies and lactose intolerance.

1. Soymilks are high in calcium and provide other key nutrients

Dietary intake data indicates that calcium intake of pregnant, lactating and non-breastfeeding postpartum women is inadequate and consequently an area of concern.⁽³⁾ The vast majority of soy beverages are an excellent source of calcium and contain as much calcium as an 8 oz. glass of milk. Fortified soy beverages will help ensure adequate calcium intake for WIC participants who do not or cannot consume milk. This rationale is also consistent and supported by the *Dietary Guidelines* recommendation of consuming non-dairy calcium-containing alternatives to help meet calcium needs.⁽¹⁾

Many consumers choose soymilk for its health benefits, with the number one reason cited (by 71% of current soymilk users) is its "excellent source of calcium".⁽⁴⁾

Soymilks are low in fat, contain no cholesterol and little or no saturated fat. Soymilks can also be a good source of high quality protein and many soymilks are fortified with vitamins A and D, riboflavin and vitamin B₁₂. In addition to the nutritional value of soy protein, the consumption of soy protein can contribute to reducing the risk of heart disease.

2. Soymilk is popular among multicultural consumers

As cited by the Institute of Medicine's *WIC Food Packages* report, the ethnic composition of the WIC population has shifted significantly and currently 62% of the WIC population is ethnically diverse.⁽³⁾ This could be interpreted that 62% of the WIC population may have a cultural-related reason for choosing other food sources of calcium besides dairy milk. In fact, African Americans and Hispanics are more likely to purchase soymilk than the general population and account for at least one-third of soymilk consumption.⁽⁵⁾

In addition, soymilk can be used in almost any way that cow's milk is used and consumer data indicates that consumers typically use soymilk as they would milk.⁽⁶⁾

3. Soymilk is a culturally sensitive, lactose-free and affordable option

The prevalence of lactose intolerance varies among different ethnic and racial groups in the United States. However, certain ethnic and racial populations are more affected than others. For example, up to 80 percent of African Americans and Hispanics, and up to 100 percent of American Indians and Asians Americans are lactose intolerant.^(7,8) In a recent study, almost half (45%) of soymilk users cite lactose free as a key reason for choosing soymilk.⁽⁴⁾

The WIC program offers lactose free and/or reduced milk for those WIC participants who are lactose intolerant. However, as stated in the Institute of Medicine's report, a high prevalence of lactose maldigestion and low cultural acceptability have been widely cited as reasons for the low consumption of dairy products among African American and Asian women.⁽³⁾ Soymilks are lactose free and would serve as an additional choice to help address other nutritional concerns such as lactose intolerance while ensuring that WIC participants receive the recommended amounts of calcium.

In addition, the average cost of soymilk is less than the major branded lactose reduced milks, thus being a cost-effective alternative to milk.⁽⁹⁾

Therefore, for cultural or nutritional reasons, this multicultural population would indeed benefit from the availability of soy beverages through the WIC program.

B. General Mills recommends an alternative nutrient standard for soy beverages

General Mills supports the proposed rule that would authorize soy-based beverages to be substituted for milk for women in Food Packages V, VI and VII at the rate of 1 quart of soy-based-beverages for 1 quart of milk up to the total maximum allowance of milk. By allowing soy beverages as a substitute for milk, the WIC program will be able to address the nutritional and cultural needs of WIC participants who choose to or must avoid some or all milk products.

USDA has recommended that soy-based beverages in the WIC program be nutritionally equivalent to milk. While General Mills believes this is an ideal and laudable goal, achieving nutritional equivalence for all nutrients is not feasible. We respectfully recommend an alternative nutrient requirement for soy beverages.

General Mills recommends that USDA establish for soy beverages a nutritional equivalency to milk based on the bone building nutrients. As previously stated, the food packages serve to supplement participants' diets. Milk and milk alternatives were and should continue their role in WIC primarily for their calcium contribution. Since the intake of calcium rich products is especially important to bone health, General Mills recommends that in addition to calcium, USDA maintain that fortified soy beverages contain vitamin D, phosphorus and magnesium, nutrients that play an important role in calcium absorption and bone health, at levels equivalent to milk. In addition, calcium and magnesium were identified by the Institute of Medicine's *WIC Food Packages* report as priority nutrients.

USDA also recommended that soy-based beverages contain potassium at levels equivalent to milk. General Mills believes that this parity is not required because potassium is not a nutrient related to bone health and soy-based beverages provide levels of this nutrient not significantly different from milk.

As related to protein, General Mills does recognize that there may be a nutritional expectation for soymilks to provide significant and meaningful amounts of protein. We agree and recommend that for the WIC program soy beverages contain at least 6.25g of protein per serving for the following reasons:

1. Protein is not identified as a priority nutrient by the IOM and the *Dietary Guidelines*
The WIC program remains a nutritional food program in which the food packages serve to supplement participants' diets. Protein is not referenced in the *Dietary Guidelines* and the Institute of Medicine's *WIC Food Packages* report as a priority nutrient or nutrient of concern for the WIC population.^(1,3) In fact, one of the reasons for reducing the maximum amount allowed of eggs was because protein was no longer a priority nutrient.
2. Lack of soy beverages that meet the proposed standard of 8g of protein
One of the six key criteria that guided the Institute of Medicine in their recommendations for changes to the WIC food package was that "foods in the package are readily available, widely available, and commonly consumed; take into

account cultural food preferences; and provide incentives for families to participate in the WIC program".⁽³⁾ Soy beverages overall have widespread distribution, but only 1.5% of soy beverage unit volume meets the proposed standard for protein and have extremely low availability (less than 10% of the country). Only six branded products are identified as meeting both the protein requirement and availability in a 32 or 64 oz size. Of these six products, none is currently available in more than one-third of the U.S.⁽¹⁰⁾

In the proposed rule USDA states that it is imperative for WIC and the school nutrition programs to use the same standards for defining allowable soy-based beverages as alternatives to milk. However in 2004, the National School Lunch & Breakfast Program added soymilks and required equivalency on all whole milk nutrients. The result has been that no manufacturer has sold soy beverages through that program due to the incongruity of product availability and the established nutrient requirements. Thus we believe FNS should reevaluate the protein standards for WIC and the school nutrition programs.

A 6.25g level of protein for soy beverages:

- Is dietarily significant.
 - Provides a "good source" of protein (at least 5g of high-quality protein)
 - Meets the minimum amount of soy protein necessary to qualify for FDA's health claim of soy protein and reduced risk of coronary heart disease
- Allows eligibility of both refrigerated and shelf stable soy beverages, thus meeting program objectives to ensure product availability "in forms suitable for low-income persons who may have limited transportation, storage, and cooking facilities."
- Resolves the issue of product availability (89% of soy beverage volume is labeled at 6g of protein or higher).⁽¹⁰⁾

Therefore, General Mills recommends that USDA establish an alternative nutrient requirement for soy beverages that will ensure product availability and address the nutritional needs of the WIC population. The proposed protein solution should result in the wide availability of calcium-rich soy beverages that also provide dietary significant levels of other important nutrients, including protein, that are found in milk. This is a critical revision that will allow the WIC program to offer soy beverages to those WIC participants who can not or choose not to consume dairy products.

II. Yogurt and dairy choices for WIC participants

General Mills regrets that yogurt was not included as a partial milk substitute in the USDA proposal despite the Institute of Medicine's recommendation. We believe that expanded variety and availability of dairy foods in the WIC program are important to encourage consumption of calcium and dairy foods. In addition to helping increase the calcium intakes of WIC participants, we believe yogurt can increase the incentive value of the food packages for families to participate in the WIC program.

A. General Mills recommends the addition of yogurt as a milk alternative

The current WIC food package offers milk and cheese in ample amounts that should allow the WIC population to meet their calcium and dairy recommendations. However, among all women (pregnant, lactating and non-breastfeeding postpartum), reported intakes from the dairy group were much lower than the recommended three servings per day. Calcium intakes were also low for this segment of the WIC population.⁽³⁾

This discrepancy in women's dietary intake can be attributed, but not limited to, a lack of preference or tolerance for milk and/or cheese, and lack of variety of dairy products. It is therefore necessary to find a variety of acceptable sources of calcium for this population.

Like most dairy products, yogurt is an excellent source of calcium. In addition, yogurt is a nutrient-dense food that meets a wide variety of nutritional needs and is a good source of protein. Yogurt contains essential vitamins and minerals, including riboflavin, vitamin B₁₂, phosphorous and potassium and many are also low in fat.

General Mills supports the nutritional requirements for yogurt as recommended in the Institute of Medicine's *WIC Food Package* report:

- Yogurt must conform to FDA standard of identity.
- Can be reduced fat, low in fat or nonfat.
- Plain or flavored.
- 17g or less of total sugar per 100g of yogurt.
- May contain sugar substitutes approved by FDA.
- Fortified with vitamin A, D and other nutrients at state agency's option.

We recommend the addition of yogurt to the women's food packages and understanding USDA's funding limitations, at minimum, we recommend the addition of yogurt for the pregnant, breastfeeding and partially breastfeeding women's food packages. The nutritional requirements would allow WIC participants to choose a variety of yogurts that adequately satisfies their individual yogurt preference.

Reasons General Mills recommends yogurt in the WIC program

1. Yogurt contributes to nutrient adequacy

A study that examined the effect of dietary variety on nutrient adequacy showed that variety within the dairy group was most strongly associated with improved nutrient adequacy. Adults who chose an additional serving of a different type of dairy food obtained a higher level of at-risk nutrients than adults who chose an additional serving of the same type of dairy products on the recall day.⁽¹¹⁾

The Institute of Medicine identified calcium as nutrient of priority still lacking in women's diet. Adequate calcium consumption can be attained through the diet by consuming dairy products like yogurt.

Data shows that yogurt eaters (in contrast to non-yogurt eaters) are:

- More likely to meet their daily recommendation of **calcium**.
- More likely to meet their daily recommendation of **dairy**.⁽¹²⁾

2. Yogurt can be an important dairy option for those with lactose intolerance

As emphasized by the Institute of Medicine, yogurt is an important source of calcium and often well-tolerated by individuals with lactose maldigestion. In a recent report, the Committee on Nutrition for the American Academy of Pediatrics recommends against eliminating dairy products as the primary treatment for lactose intolerance and recommends the inclusion of partially digested products, such as yogurts, cheeses and pretreated milks. In fact, the report specifically points to many lactose-intolerant individuals who cannot tolerate milk can tolerate yogurt because of yogurt's bacteria and semisolid state, resulting in fewer symptoms of lactose intolerance.⁽¹³⁾

3. Yogurt enjoys widespread appeal and will provide an incentive for WIC participation
Yogurt provides many priority nutrients to the WIC population and meets the "widely available and commonly consumed" criteria set forth by the Institute of Medicine.⁽³⁾ Yogurt is enjoyed by both women and children, with children accounting for almost one-third of yogurt consumption.⁽⁹⁾ Importantly, yogurt is an excellent source of calcium option for children who under the proposed rule have only milk and cheese as dairy options.

B. General Mills recommends yogurt for selective WIC food packages

General Mills understands the cost neutrality challenges that the agency faces in order to expand the food package. Yogurt has wide appeal for children and women and would be a welcome and nutritious addition for all participants. We believe there is an especially important role of yogurt for women to help meet their calcium and dairy requirements. If funding the addition of yogurt for all women is prohibitive, then we strongly encourage yogurt as an incentive for breastfeeding. Therefore, at minimum, we recommend the addition of yogurt for the pregnant, breastfeeding and partially breastfeeding women's food packages.

We support the substitution allowance as recommended by the Institute of Medicine, up to 4 quarts for Food Package V and VI and up to 6 quarts for Food Package VII.

1. Yogurt contributes to overall calcium intake and is critical for pregnant and breastfeeding women

As previously stated calcium was identified as a nutrient of priority still lacking in all women, including post partum non-breastfeeding women. Calcium intake is especially crucial during pregnancy and lactation because of the potential adverse effect on maternal bone health if maternal calcium stores are depleted. Studies indicate that calcium consumption should be encouraged, especially during pregnancy and lactation, to replace maternal skeletal calcium stores that are depleted during these periods.⁽¹⁴⁾

According to the Institute of Medicine, studies show that women of color of childbearing age, particularly Asians and African Americans, are especially at risk for low intakes of dietary calcium.⁽³⁾ Given the ethnically diverse WIC population, providing a popular and alternative calcium rich food during the critical childbearing years should have a positive nutritional outcome.

2. Yogurt will provide a strong incentive for breastfeeding

The popularity and variety provided by yogurt's inclusion will help WIC achieve its objective of initiating and sustaining breastfeeding, while at the same time positively impacting the calcium intake of these women.

The Institute of Medicine has cited the importance of allowing milk substitutes as a way to address acceptability of foods. Yogurt may be a more tolerable and better-accepted calcium source than milk and therefore perceived as an incentive to breastfeed. It also promotes and reinforces a healthy behavior that will lead to a long-term dietary quality.

We also support the amounts provided in the Institute of Medicine report. Using assumptions of substitution rates likely to be made by WIC participants (see point 3. below), most women would have access to one quart of yogurt per month and fully breastfeeding women would likely enjoy three quarts per month. This translates to four 6-oz cups of yogurt per week for fully breastfeeding women.

3. Allowing yogurt in FP V, VI and VII would significantly decrease program expense

The Institute of Medicine recommended yogurt as a partial substitute for milk for the women and children food packages. The children's food package (FP IV) has by far the greatest number of participants. By limiting the availability of yogurt to women only, the number of participants able to choose yogurt, hence the cost of adding yogurt, is decreased by almost 68%.⁽³⁾ Of these participants, 87% of the women are in food package V (FP V) and food package VI (FP VI) and 13% in food package VII (FP VII) which is important from an economic perspective given the different level of milk substitution in FP VII.

While we are not in a position to do a full economic analysis for adding yogurt to the WIC food package, we do want to point out that there may be feasible cost scenarios by looking at the assumptions of yogurt selection.

Using the Institute of Medicine recommendation as a guide, eligible participants could substitute up to four quarts (FP V and VI) or up to six quarts (FP VII) of milk with a combination of cheese, yogurt and/or tofu. Table 1 illustrates the substitution alternatives and rates as outlined in the IOM report.

Table 1: Milk Substitution and Alternatives Rates

Food Package	Total Quarts of Milk Available for Substitution	Exchange Rate for Cheese (for 1 pound)	Exchange Rate for Yogurt (for 1 quart)	Exchange Rate for Tofu (for 1 pound)
FP V and VI	4	3 qt	1 qt	1 qt
FP VII	6	3 qt	1 qt	1 qt

Cheese is a popular food item in WIC and the amount of cheese available is significantly reduced with the proposed changes to the food package. The only way for women in FP V and VI to obtain cheese is through their milk substitution. Women in FP VII are given an additional pound of cheese as an incentive to breastfeeding and to ensure that they meet their increased nutrient needs during lactation.

Table 2 illustrates five possible scenarios of how WIC participants in FP V and VI may choose to allocate their milk substitutions. Given the popularity of cheese, it is reasonable to assume that the vast majority of women (Participant C) will elect to replace three quarts of milk for cheese. Therefore, for participants in FP V and VI, an assumption of one quart of yogurt per month is reasonable.

Table 2: Milk substitution scenarios for Food Package V and VI

	Participant A	Participant B	Participant C	Participant D	Participant E
Quarts substituted for cheese	3 (receives 1 lb cheese)	3 (receives 1 lb cheese)	3 (receives 1 lb cheese)	0	0
Quarts substituted for yogurt	0	0 (receives 1 qt yogurt)	1 (receives 1 qt yogurt)	4 (receives 4 qt yogurt)	0
Quarts substituted for tofu	0	1 (receives 1 lb tofu)	0	0	4 (receives 4 lb tofu)
Quarts of milk remaining for substitution	1	0	0	0	0

Table 3 illustrates four possible scenarios that a participant in FP VII may select for her milk substitution. Again, given the popularity of cheese and yogurt, the scenario of Participant C may accurately portray the most popular substitution choice. Therefore, for participants in FP VII, an assumption of three quarts of yogurt per month is reasonable.

Table 3: Milk substitution scenarios for Food Package VII

	Participant A	Participant B	Participant C	Participant D
Quarts substituted for cheese	6 (receives 2 lb cheese)	3 (receives 1 lb cheese)	3 (receives 1 lb cheese)	0
Quarts substituted for yogurt	0	2 (receives 2 qt yogurt)	3 (receives 3 qt yogurt)	6 (receives 6 qt yogurt)
Quarts substituted for tofu	0	1 (receives 1 lb tofu)	0	0
Quarts of milk remaining for substitution	0	0	0	0

Providing yogurt as a substitute for milk would increase WIC participants' access to a nutrient dense food that contains calcium and other important bone-building nutrients, addresses lactose intolerance, is widely acceptable and may serve as incentive to encourage healthy behaviors such as breastfeeding.

We also encourage USDA to establish provisions that would allow the expansion of yogurt into all food packages as recommended by the Institute of Medicine should the actual implementation of the proposed revisions result in a more positive budget outcome.

C. Yogurt package sizes should be flexible to meet participants needs

General Mills strongly believes in the importance of flexibility, variety and choice within the WIC food packages. Broad choice of food types and sizes provide important flexibility to WIC participants to best fit their needs. The WIC program can encourage healthy eating by making available nutritious foods that participants want to eat and in a format that they commonly use. General Mills recommends that breastfeeding and partially breastfeeding women be permitted to allocate and construct their yogurt provision in a way that adequately replicates yogurt purchasing behavior.

Reasons General Mills recommends flexibility and variety for yogurt

1. Package size preference

Yogurt eaters prefer smaller cup sizes. Six oz cup yogurts account for 61% of unit purchases. By including 8 oz cups, a total of 83% of yogurt units purchased are accounted for by these two sizes.⁽¹⁵⁾ Only 3% of units purchased are in the 32 oz size containers. Therefore, it is reasonable to assume that WIC participants would emulate overall consumer purchasing behavior and prefer single-serve containers to construct their yogurt allotment.

2. Preference for yogurt variety

As previously stated, only 3% of units purchased are in 32 oz size containers. The 32 oz. container segment is dominated by plain flavor yogurt and mostly used as an ingredient for recipes.⁽¹⁶⁾ However, consumers prefer flavored and fruit-filled yogurts. These varieties are mostly found in single-serve containers and not 32 oz. containers. Again, it is reasonable to assume that WIC participants would emulate consumer purchasing behavior and therefore prefer and choose a variety of flavors to allocate their yogurt provision.

The understanding of this critical difference in how yogurt is used and consumed between a single serve and large size container is a very important consideration to ensure participant satisfaction and consumption should yogurt be included in any of the food packages.

III. Fruits and Vegetables in the WIC Food Package

General Mills supports USDA's recommendation to add fruits and vegetables in the WIC food package. The *Dietary Guidelines* identifies increased intakes of fruits and vegetables as likely to have important health benefits for most Americans and recommends consuming a sufficient amount of fruits and vegetables while staying within energy needs.⁽¹⁾ The addition of fruits and vegetables provides a food prescription that is consistent with the *Dietary Guidelines* and can help WIC participants achieve their recommended intake of fruits and vegetables.

A. General Mills recommends providing a variety of forms of fruits and vegetables

General Mills supports the addition of fresh, canned, frozen and dried (when appropriate) fruits and vegetables. We believe it is important that the WIC program provide a variety of forms and applauds the inclusion of processed fruits and vegetables thus ensuring maximum flexibility and options for WIC participants.

While the majority of vegetables purchased are fresh, the inclusion of canned and frozen options is extremely important for many reasons:

1. Processed vegetables can also deliver key nutrients

Processed vegetables can also deliver key nutrients and contribute to an overall healthy lifestyle. In fact, according to the FDA, the nutrient profiles of selected raw fruits and vegetables and frozen, single ingredient versions of the same fruits and vegetables has revealed relatively equivalent nutrient profiles. Some data has shown that the nutrient content level for certain nutrients is higher in the frozen version of the food than in the raw version of the food. This is probably attributable

to the fact that unprocessed (i.e., raw) fruits and vegetables may lose some of their nutrients over time under certain storage conditions.⁽¹⁷⁾

2. Fresh produce may be limited in certain locations or during certain times of the year
Processed fruits and vegetables allows for a wider variety of fruits and vegetables, as well as familiar choices to be accessible in areas where variety of fresh produce is restricted by seasons. They also can be a cost-effective alternative to fresh which can be expensive in off-seasons or in remote areas.
3. Fresh and processed vegetables maximizes the likelihood of consumption and participant satisfaction
Fresh vegetables account for approximately one-half of eating occasions, fresh and canned are among the remaining half. In addition, the majority of fresh vegetables are used as ingredients while processed vegetables are most often used as a side dish.⁽¹⁸⁾ Convenience would therefore be another major benefit of processed vegetables since they provide ease of preparation.

The New York State WIC Program conducted a fruit and vegetable demonstration project in 2006. During this program, the state analyzed initial purchase information from a sample of WIC vendors. The information indicates that while fresh is certainly purchased more often than processed, participants chose canned products ranging from 24 percent to 36 percent.⁽¹⁹⁾ This information is indicative of a preference and desire for canned vegetables among a good percentage of WIC participants. Providing fresh and processed vegetables is therefore likely to enhance overall participant satisfaction within the fruit and vegetable category.

4. Processed forms of vegetables are less likely to spoil than fresh produce
Because of the longer shelf life of processed vegetables, their inclusion will help increase overall vegetable consumption. Spoilage and waste is frequently cited as a concern regarding fresh produce and clearly, the benefits of fruits and vegetables only occurs if they are consumed.

Processing extends the shelf life of foods and increases the safety of many foods, including processed vegetables. Processed vegetables are often used in situations where refrigeration is not possible and would therefore accommodate participant limitations of storage and cooking facilities.

General Mills believes that WIC foods should primarily address nutritional deficiency and provide priority nutrients while establishing and reinforcing healthy eating patterns as secondary objective. We support USDA's goal of providing a food package that is consistent with the *Dietary Guidelines* and certainly a food package that encourages participants to follow these recommendations.

The inclusion of all fruits and vegetables (excluding white potatoes) under this category deviates from WIC's mission of supplementing the diet with foods that are sources of priority nutrients. As the WIC program implements this broad food category, General Mills urges the establishment of a provision that would allow USDA to redefine the nutritional requirements of the Fruit and Vegetable food category to those delivering priority nutrients only. This provision would be triggered should the proposed Fruit and Vegetable category result in WIC participants predominantly choosing fruits and vegetables with less significant amounts of priority nutrients.

IV. Whole Wheat Bread or Other Whole Grains in the WIC Food Package

General Mills supports the recommendation that whole wheat bread and other whole grain foods in addition to whole grain breakfast cereals be part of the WIC food package. This is supported by and consistent with the *Dietary Guidelines* recommendations. However, the proposed requirement that defines whole grain foods as containing a minimum of 51% whole grain by weight and 1.7g of dietary fiber per 30g serving is too restrictive and may not help WIC clients reach the goal of increased whole grain consumption.

The proposed food package provides allowances (two pounds per month for children and one pound per month for partially and fully breastfeeding women) of whole grain foods such as whole grain bread, oatmeal, brown rice, barley, bulgur and soft corn or whole wheat tortillas. General Mills believes that the choices included will appeal to the culturally and ethnically diverse WIC population.

USDA may need to consider the whole grain quantities as it relates to whole grain bread because of the package sizes available in the marketplace. Almost all breads are sold in 24 oz packages, so specifying this food in 16 oz units will not create a viable option.

A. Proposed 51% whole grain requirement by weight severely limits variety

A percent of whole grain on total weight restricts foods of differing characteristics and serving sizes. Grain based foods have different moisture levels, as an example, a higher moisture grain based food is bread. Bread has up to 40% of its weight as water, leaving only 11% for yeast, salt or ingredients that might improve the acceptability of a whole grain bread. Therefore, achieving 51% whole grain by weight is challenging. In addition, using the 1.7 g/ serving fiber standard is difficult for grains that naturally have a fiber content substantially lower than wheat such as brown rice. As an example, under the current regulations, A 30g serving of 100% brown rice fails to meet the fiber level for the FDA Health Claim. Table 4 illustrates this issue:

Table 4: Dietary fiber in various grains

Amount	Brown Rice	Whole Grain Corn Meal	Whole Oats	Whole Grain Wheat
100g	1.8g	7.3g	10.3g	12.2g
55g	0.99g	3.65g	5.67g	6.71g
30g	0.54g	2.19g	3.09g	3.66g

B. General Mills recommends a minimum of 8g of whole grain per serving

As an alternative solution and as stated in our submitted cereal comments, General Mills recommends that whole grain foods contain a minimum requirement of 8g of whole grain per serving. This 8g standard:

- Provides a food prescription consistent with the *Dietary Guidelines*
- Constitutes a dietarily significant amount of whole grain
- Is consistent with USDA's Food Safety and Inspection Service (FSIS) adoption of 8g as a meaningful amount of whole grains for foods

- Provides a meaningful amount of whole grains in foods of differing characteristics and serving sizes

V. Mature legumes (dried beans and peas) in the WIC Food Package

General Mills supports USDA recommendation to allow both dried beans and peas and canned beans in WIC food packages. The amount of canned beans proposed provides equivalency between dried beans and canned beans and will accommodate participant preferences and limitations of storage and cooking facilities.

Importantly, the increased convenience of canned beans compared to the preparation required with dried beans should help to increase consumption of this high-fiber food.

VI. Canned Fish in the WIC Food Package

General Mills supports the USDA recommendation to expand fish options (addition of salmon and sardines) in WIC food packages to address food and cultural preferences. Fish provides protein, vitamins, minerals, and beneficial fatty acids. Packaging flexibility will accommodate WIC participant preferences.

VII. Peanut Butter in the WIC Food Package

General Mills supports USDA recommendation to maintain peanut butter in WIC food packages.

VIII. Eggs in the WIC Food Package

Although protein is no longer a nutrient required in food packages for WIC participants, General Mills does not oppose the USDA proposal for eggs in WIC food packages. We support the allowance of dried egg mix, pasteurized liquid whole eggs, or hard-boiled eggs, to accommodate WIC participant preferences and limitations of storage and cooking facilities.

Respectfully submitted,

Kathryn L. Wiemer MS, RD
Director and Fellow
General Mills Bell Institute of Health and Nutrition

References

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2. <http://www.fns.usda.gov/wic/lawsandregulations/revfoodpkg-anprm.htm>
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Based on initial information from checks issued January 1, 2006 - March 31, 2006.
Presented at the 2006 National WIC Association Conference in Houston, Texas.

I-160



November 6, 2006

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

Dear Ms. Daniels:

In response to an invitation to submit comments to the proposed rules changing the foods eligible for participation in the "Special Supplemental Nutritional Program for Women, Infants and Children" (WIC), I submit the following:

I respond as Chairman and CEO of Friendship Dairies, Inc., a manufacturer of various dairy based foods employing over 250 persons, which is based in the Village of Friendship, New York.

I am of the belief that the WIC Program was established to benefit the qualified recipients with among other things the availability to have a properly balanced and nutritionally beneficial diet.

If this is so, there is no rational reason for the beurocracy within the U.S. Department of Agriculture dictating what dairy foods are to be included to achieve these benefits. All dairy products are a low cost, highly effective way to provide a nutritionally balanced diet. These benefits can be provided using many forms of milk and milk products. No one product can be scientifically singled out to provide more or less benefits than any other. Given that the recipients are humans, with individual lifestyles, tastes, customs and needs mandating their ability to choose could well be counter-productive to achieving the goals of the WIC Program.

There are however, some important negatives to the program changes in the suggested rules changing, one of which is cost to provide a unit of nutritional value. Since the cost of the 100 pounds of milk served as milk, or converted to cheese, yogurt or most other milk products is basically the same.

The number of units of nutritional value purchased for a fixed expenditure of tax dollars will be similar when spent on fluid milk or to purchase other dairy food when the government seeks to alter consumer preferences, by mandating use of only some of the healthy alternatives available, the program will fail to reach all of the potential recipients.

I respectfully suggest that the above was not the purpose for which congress established the act.

Sincerely,

Martin P. Schanback
Chairman & CEO

FRIENDSHIP DAIRIES, INC.
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www.friendshipdairies.com

email 10-18-06 from Mark Girardin [MGirardin@northbayproduce.com]

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October 18, 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 to **strongly support** the inclusion of all fresh fruits and vegetables in the WIC Food Packages Proposed Rule. I 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. I 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, please consider the following suggestions:

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

Given that WIC families – and over 75% of all Americans --consume less than half of the fruits and vegetables recommended in the *2005 Dietary Guidelines for Americans*, I 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. Because of the importance of significantly increasing fruit and vegetable consumption, this vulnerable population should not be short changed. The \$10 and \$8/month vouchers, as noted by the IOM, will help moms and kids eat at least one additional serving of fruit or vegetable each day.

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 moms and kids eat a wider variety of fresh fruits and vegetables that will improve their overall nutrient intake. After 32 years, it is critical that USDA take this opportunity to provide at least the \$10 and \$8/month fruit and vegetable voucher so that WIC families can eat a healthier diet.

2. Allow All Fresh Fruits and Vegetables

To maximize choice for WIC moms and kids, I strongly recommend that all fresh fruits and vegetables, including fresh white potatoes, be eligible for purchase using the 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 given a voucher. WIC moms made wise choices when allowed to make their own purchase decisions. The pilot projects also demonstrated that WIC moms highly valued the fruit and vegetable vouchers; redemption rates were above 90%. 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 that State and local WIC agencies allow WIC moms and kids maximum choice in purchasing fruits and vegetables with their vouchers. Therefore, USDA should not give State WIC agencies the authority to restrict or limit choice in any way. As demonstrated in the pilot projects, WIC Moms choose a wide variety of nutrient dense fruits and vegetable when provided with a voucher that allowed them to make their own purchase decisions within the fresh fruit and vegetable category.

4. State WIC Agencies Should Require Small Vendors Offer Variety

The addition of fruits and vegetables to the WIC Food Packages has the potential to dramatically increase access to fresh fruits and vegetables in inner cities and remote areas of the country that lack supermarkets. Therefore, I suggest that State WIC agencies require small vendors to offer a broader variety of fresh fruits and vegetables than what is proposed in the rule. In the Calaveras County WIC Fruit and Vegetable Project, Mom and Pop stores actually increased the variety of fruits and vegetables available for sale as a result of the WIC fruit and vegetable voucher. Increased access to fresh fruits and vegetables benefits everyone in the community, including WIC moms and kids.

In closing, the addition of fresh fruits and vegetables to WIC Food Packages will reinforce nutrition education messages already provided to WIC moms and now they will have the resources to put this nutrition education into practice.

I commend USDA for this proposed rule that will help WIC moms and kids increase their fruit and vegetable consumption and urge USDA to issue the final rule as soon as possible.

Sincerely,

Mark A. Girardin
President

email 11/06/06 from David Ward [david.ward@wfcmac.coop]



Wisconsin Federation of Cooperatives
Minnesota Association of Cooperatives



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Minnesota Association of Cooperatives • Blair Arcade West, Suite Y • 400 Selby Ave. • St. Paul, MN 55102 • 651-228-0213 • Fax 651-228-1184

November 6, 2006

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

Dear Ms. Daniels,

Thank you for giving The Wisconsin Federation of Cooperatives and the Minnesota Association of Cooperatives (WFC/MAC) the opportunity to comment on the USDA Proposed Rule on changes in the WIC Program. WFC/MAC is the state cooperative trade association and represents more than 800 cooperative businesses that are owned by more than 6 million citizens of Wisconsin and Minnesota. We also represent 85-90% of the fluid milk produced in both states.

We have some concerns regarding the suggested change to the WIC Program in the area of Dairy Foods. We understand the fluid milk allocation would be reduced in the children's package from 24 to 16 quarts per month. Reductions would vary in the three packages for women, falling from 24 to 16 quarts/month for postpartum, non-breastfeeding women; from 28 to 22 quarts/month for pregnant and partially breastfeeding women; from 28 to 24 quarts/month for fully breastfeeding women. This would translates to 2 to 3 cups per day for the above mentioned groups. The ability of WIC participant to substitute cheese for part of the fluid milk allotment will continue, but would be at a reduced amount.

WFC/MAC feels now is not the time to reduce the amount of milk in the food packages to WIC participants for several reasons;

- The Institute of Medicine (IOM) which made recommendations to the USDA on changes to the WIC program notes a concern that intakes of milk and milk products are lower than recommended on average for children ages 2 through 4 and women in childbearing years.
- Dairy foods supply potassium, identified by the IOM as low in the diets of WIC participants. Dairy foods also supply nutrients that the IOM said are low in the diets of women in the WIC program, calcium, magnesium and Vitamin A.
- The 2005 Dietary Guidelines for Americans (DGA) recommended that Americans should consume 3 cups of low-fat or non-fat milk of milk equivalent milk products daily.
- The DGA noted that dairy products supply three of the "Nutrients of Concern" identified by DGA as lacking in both adults and children's diets.

We recognize there are no easy answers when it comes time to change a long standing program like WIC. WFC/MAC encourages you to revisit the use of dairy products in the food packages in the WIC program.

Sincerely,

William J. Oemichen

William Oemichen
President/CEO

David Ward

David Ward
Dairy Director

I-162

From: WebMaster@fns.usda.gov
Sent: Wednesday, October 25, 2006 11:52 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Kevin Hendrix
EMAIL: kevin@hendrixproduce.com
CITY: Metter
STATE: GA
ORGANIZATION: Georgia Fruit and Vegetable Growers Association
CATEGORY: Other
OtherCategory: Producer/Farmer Association
Date: October 25, 2006
Time: 11:51:54 AM

COMMENTS:

August 16, 2006

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

Dear Ms. Daniels:
RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Representing Georgia fruit and vegetable growers, I submit this letter on behalf of the Georgia Fruit and Vegetable Growers Association (GFVGA). Our producers enthusiastically support the WIC Food Packages Proposed Rule calling for the addition of fruits and vegetables to the WIC food packages. We 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.

GFVGA strongly encourages USDA to follow the recommendation of the Institute of Medicine and provide WIC mothers and children with a \$10/month and \$8/month, respectively, cash-value voucher for fresh fruits and vegetables. These amounts ensure at least one additional serving of fresh fruit and/or vegetables each day. Eating more healthy fresh fruits and vegetables can help WIC participants lead healthier lifestyles and

decrease their risk of obesity, which disproportionately affects low income populations and ethnic minorities. Research has shown that diets rich in fruits and vegetables decrease risks of high blood pressure, heart disease and certain cancers.

In addition, we suggest that WIC state agencies encourage vendors to provide a wide selection of nutritious fruits and vegetables for WIC mothers and children and that minimal restrictions be placed on participant choice. It is critically important that state and local WIC agencies allow WIC mothers and kids to have maximum choice in selecting fruits and vegetables to purchase using the vouchers. These fresh fruit and vegetable vouchers will enable WIC mothers and children to consume healthier diets and align the WIC Food Packages with the 2005 Dietary Guidelines.

Our membership fully supports that all fruits and vegetables – fresh, canned and frozen (with appropriate limitations on fat, sugar and sodium) – qualify for purchase using the fruit and vegetable voucher. WIC pilot projects conducted in California and New York successfully demonstrated that WIC mothers will purchase a wide variety of nutrient dense fruits and vegetables when given a voucher specifically for fruits and vegetables. In addition, these projects demonstrated that WIC mothers highly valued their fruit and vegetable vouchers, resulting in a 90% redemption rate.

The importance of nutrition education is stressed throughout the proposed regulations. We encourage FNS to urge state and local WIC agencies to emphasize increased consumption of fruits and vegetables in their nutrition education activities. We also encourage FNS to recommend that state and local administering agencies urge WIC participants look for foods that carry the Fruits & Veggies—More Matters™ brand in helping them select a variety of healthy fruits and vegetables. The creation of the new Fruits & Veggies—More Matters™ brand by the Produce for Better Health Foundation and its national partners, the Centers for Disease Control and Prevention has worked with other federal partners to define strict criteria for determining which food products can carry the new brand.

Again, GFVGA commends FNS for developing this proposed rule to more accurately reflect current dietary recommendations, especially in increasing fruit and vegetable consumption for WIC mothers and kids. We urge the USDA to include fruit and vegetable vouchers in the WIC food packages and to issue the final rule by the spring of 2007.

Sincerely,

Kevin Hendrix
President
Georgia Fruit and Vegetable Growers Association

Texas Produce Association

901 Business Park Drive, Suite 500 ★ Mission, Texas 78572 ★ Phone: (956) 581-8632 ★ (956) 581-3912

I-163

06-b-NP

email 10-26-06 from Lilly Garcia [lillygarcia1@msn.com]

October 26, 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 to **strongly support** the inclusion of all fresh fruits and vegetables in the WIC Food Packages Proposed Rule. I 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. I 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, please consider the following suggestions:

1. Follow Institute of Medicine's Recommendations for \$10 & \$8 Fruit and Vegetable Vouchers
Given that WIC families – and over 75% of all Americans --consume less than half of the fruits and vegetables recommended in the *2005 Dietary Guidelines for Americans*, I 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. Because of the importance of significantly increasing fruit and vegetable consumption, this vulnerable population should not be short changed. The \$10 and \$8/month vouchers, as noted by the IOM, will help moms and kids eat at least one additional serving of fruit or vegetable each day.

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 moms and kids eat a wider variety of fresh fruits and vegetables that will improve their overall nutrient intake. After 32 years, it is critical that USDA take this opportunity to provide at least the \$10 and \$8/month fruit and vegetable voucher so that WIC families can eat a healthier diet.

2. Allow All Fresh Fruits and Vegetables

To maximize choice for WIC moms and kids, I strongly recommend that all fresh fruits and vegetables, including fresh white potatoes, be eligible for purchase using the 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 given a voucher. WIC moms made wise choices when allowed to make their own purchase decisions. The pilot projects also demonstrated that WIC moms highly valued the fruit and vegetable vouchers; redemption rates were above 90%. 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 that State and local WIC agencies allow WIC moms and kids maximum choice in purchasing fruits and vegetables with their vouchers. Therefore, USDA should not give State WIC agencies the authority to restrict or limit choice in any way. As demonstrated in the pilot projects, WIC Moms choose a wide variety of nutrient dense fruits and vegetable when provided with a voucher that allowed them to make their own purchase decisions within the fresh fruit and vegetable category.

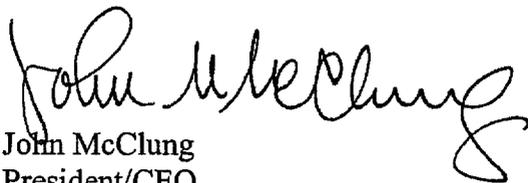
4. State WIC Agencies Should Require Small Vendors Offer Variety

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In closing, the addition of fresh fruits and vegetables to WIC Food Packages will reinforce nutrition education messages already provided to WIC moms and now they will have the resources to put this nutrition education into practice.

I commend USDA for this proposed rule that will help WIC moms and kids increase their fruit and vegetable consumption and urge USDA to issue the final rule as soon as possible.

Sincerely,



John McClung
President/CEO

email 11/01/06 from Chris Schlect [schlect@nwhort.org]

NORTHWEST HORTICULTURAL COUNCIL

105 So. 18th Street, Suite 105
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November 4, 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 Director Daniels:

We strongly support the WIC Food Packages Proposed Rule.

The Northwest Horticultural Council represents over five thousand growers and shippers of deciduous tree fruits in Idaho, Oregon and Washington. Our healthful apples, pears, and cherries should be available to the many people served by the WIC feeding program.

We support separate comments on this rule being submitted by the Produce for Better Health Foundation, the United Fresh Produce Association, the Produce Marketing Association, and the United States Apple Association.

In addition, we think:

(1) Cash vouchers at the level of \$10 per month per mother, \$8 per month per child for fruits and vegetables are low and should be increased given the very real nutritional needs of this population. We certainly hope the published figures are the lowest being considered and that further financial enhancements aimed at increasing produce purchases will be made upon further reflection by the Department of Agriculture.

(2) The increased consumption of fruits and vegetables should be a national priority given the poor general health of our population. Educating young mothers and children on the benefits of proper nutrition and giving them the real ability to enjoy the

consumption of produce would be a wonderful advance in the public policy of our country.

(3) The proposed rule ought to be adopted by early spring 2007 and put into effect immediately.

Thank you for this opportunity to comment on this welcomed but long overdue initiative.

Sincerely,

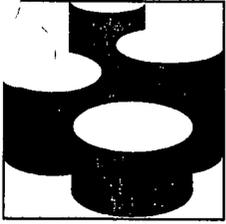
NORTHWEST HORTICULTURAL COUNCIL

A handwritten signature in black ink that reads "Christian Schlect". The signature is written in a cursive style with a large, sweeping initial "C".

Christian Schlect
President

CS/cl

Can Manufacturers



Institute

11-02-06 email from Megan Daum [mdaum@cancentral.com]

I-166

November 5, 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 to **support the WIC Food Packages Proposed Rule**, calling for the addition of all forms of fruits and vegetables to the WIC food packages, on behalf of the **Can Manufacturers Institute (CMI)**, the national trade association of the metal can manufacturing industry and its suppliers in the United States. Since receiving its charter in 1938, CMI members account for over 81 percent of annual domestic production of 133 billion cans; together they employ some 22,000 people with 132 plants in 33 states (plus Puerto Rico and Am Samoa).

Through our partnership with the **Canned Food Alliance (CFA)**, CMI is **committed to promoting and supplying convenient, affordable, and nutritious food options for consumers**. 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, and I applaud the agency for providing WIC moms and children with nutritious options that include canned fruits, vegetables, beans and seafood.

Like our CFA partners, I have some 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 suggestions.

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

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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. CMI and The Canned Food Alliance 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, CMI shares the same concerns as the CFA in regards to 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.

Comments/Recommendation: while we support 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. We propose 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)

Comments/Recommendation: as stated above (see Maximize Flexibility for Participants and Vendors), CFA and CMI support 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).

We propose 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.

Comments/Recommendation: CFA and CMI recommend that this paragraph

be eliminated in the interim and final rules. As stated in the 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, we urge 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, we urge 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.

Comments/Recommendations: while CFA and CMI support 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. We support 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.

Comments/Recommendations: CFA and CMI support 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 and CMI urge 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...

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 and CMI recommend 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

We urge 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.

Comments/Recommendations: CFA and CMI recommend 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. We urge USDA to clarify this in the proposed rule, and ensure that Table 2 reflects this increased flexibility.

We at CMI applaud the 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,

Robert Budway
President

Attachment:

CAN Fit Fact Sheet



Canned Food.
The Easy Way to Eat Right.

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/ndl>; 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/ndl>)

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/ndl>)

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