

Robert Wood Johnson Foundation
Center to Prevent Childhood Obesity

January 15, 2010

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

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Arkansas Center for Health Improvement
Angela Glover Blackwell, J.D.
Principal Advisor, RWJF Center
CEO, PolicyLink

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

Dear Ms. Whitford:

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (the Center) appreciates the opportunity to provide comments on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Packages rule. The Center is dedicated to reversing the childhood obesity epidemic by changing public policies and creating healthier environments in schools and communities. We appreciate the U.S. Department Agriculture's efforts to promote healthy eating for all children and ask that you consider the following recommendations as you finalize the WIC Food Package rule.

1. Increase the cash-value of the fruit/vegetable voucher for WIC children to \$8/month as originally recommended by the Institute of Medicine.

Through the FY2010 Agriculture Appropriations Act, Congress increased the cash-value of WIC fruit/vegetable vouchers for women to \$10 per month as recommended by the Institute of Medicine (IOM)'s Report: *WIC Food Packages: Time for a Change*. The WIC Food Packages Interim Rule published on December 31, 2009 advises State WIC Agencies to implement this necessary change by no later than April 30, 2010.

That same IOM report called for an increase in the cash-value of the fruit and vegetable vouchers for WIC's 4.7 million children from \$6 per month to \$8 per month. A cornerstone of the IOM report was to ensure that the new WIC Food Packages would provide at least one additional serving of fruit or vegetable each day (realizing that a doubling of fruit and vegetable consumption for all children in the United States was necessary to meet the 2005 Dietary Guidelines for Americans). We know that when people eat more generous amounts of fruits and vegetables as part of a healthy diet they tend to have reduced risk of chronic diseases such as stroke, type 2 diabetes, some types of cancer, and perhaps cardiovascular disease and hypertension (<http://www.fruitsandveggiesmatter.gov/qa/index.html#importance>). It is simply not possible to purchase one additional daily serving of fruits and vegetables on the current cash value of \$6 per month.

We strongly recommend that the cash-value of the children's fruit /vegetable voucher be increased to \$8 per month as recommended by the IOM.



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2. Increase the cash-value of the fruit/vegetable voucher for fully breastfeeding women to \$12 per month to incent WIC-eligible mothers to breastfeed their babies.

Breastfeeding has many beneficial health effects for both mothers and children. For children, there is a lower risk of ear and respiratory infections, stomach viruses, Type 1 and Type 2 diabetes, sudden infant death syndrome, and obesity. For breastfeeding women, there is a lower risk of breast and ovarian cancer, postpartum depression and Type 2 diabetes (<http://www.womenshealth.gov/breastfeeding/benefits/#a>). Given the significant health impacts for both mothers and children, breastfeeding is a behavior worth incenting. The application of the WIC food package rule in the interim did just that by increasing the cash-value of fruit/vegetable vouchers to \$10 per month (from \$8) for breastfeeding mothers.

While it is critically important to increase the cash-value of the fruit/vegetable vouchers for *all* to \$10 per month, it is also important to maintain the incentive for new mothers to breastfeed.

We strongly urge USDA's Food and Nutrition Service to increase the cash-value of the fruit/vegetable vouchers for breastfeeding mothers to \$12 a month. This increase will enhance the value of the food package for breastfeeding mothers and encourage more WIC mothers to breastfeed their babies.

3. Require State WIC Agencies to allow split tender to enable WIC families to maximize the full benefit of their fruit/vegetable vouchers.

Split tender allows WIC families to pay for part of a single item with WIC and the remaining balance with another tender to fully realize the value of their benefit for fruits and vegetables.

When the option to use split tender is disallowed, it is very difficult for WIC families to purchase their full allotment of fruits and vegetables, which, as mentioned above, is critical for good health. Twelve states currently disallow split tender, which impacts approximately two million WIC participants. WIC should be administered equally in all states to ensure that our vulnerable families receive their full allotment of fruits and vegetables.

We strongly recommend that USDA require State WIC Agencies to allow split tender.

4. Increase the variety of whole grain options available to WIC participants.

The Dietary Guidelines for Americans recommends that half of daily grain consumption, or about 3 servings, be eaten as whole grains. However, the average intake of whole grains is currently less than 1 serving per day. Whole grains help with weight maintenance and to reduce several chronic diseases.

While whole grains in required package sizes are available in some communities, many states have experienced challenges with availability of whole wheat bread and tortillas in 16 ounce package sizes. To address this shortfall, additional options should be added to the food package.

We strongly urge the expansion of the list of eligible substitutes for whole wheat bread to include whole wheat or whole grain pasta, English muffins and bagels.

5. Increased access for WIC women and children to milk substitutes.

The IOM recommended the addition of low fat yogurt as well as soy beverage and tofu as substitutes for milk in order to make the WIC food packages more suitable for women and children who cannot consume milk due to lactose intolerance or who choose not to consume it due to cultural or dietary preference.

We strongly urge the adoption of the IOM recommendation to include low fat yogurt as a milk substitute and allowing either the health care provider, or the WIC dietitian or nutritionist to determine if soy beverage and/or tofu are appropriate for children with notification of the child's health care provider.

We look forward to continuing our collective efforts to promote healthy eating – especially among our most vulnerable populations, and applaud the agency's important work in this area.

Sincerely,

A handwritten signature in black ink that reads "Joe Thompson". The signature is written in a cursive, flowing style.

Joseph W. Thompson, MD, MPH
Director, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a national organization dedicated to reversing the childhood obesity epidemic by changing public policies and creating healthier environments in schools and communities. The center helps to shape and coordinate the efforts of policy-makers, advocates and community organizations by identifying and promoting the most promising obesity-prevention strategies and supporting the nationwide movement to improve food and physical activity environments.
www.reversechildhoodobesity.org.