

Updating the WIC Food Packages: It's About Time

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OVERVIEW — *This issue brief reviews key revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program proposed by the USDA, which are based substantially on recommendations by the Institute of Medicine. Should the changes become regulation, they will be the most significant revision of the WIC food packages in over 25 years. This brief describes the changes, the impetus for their consideration, and possible implementation issues from the perspectives of vendors, state and local WIC agencies, and participants.*

Updating the WIC Food Packages: It's About Time

The messages of the federal government's 2005 Dietary Guidelines—eat your fruits and vegetables, opt for whole grains, choose lower fat dairy products, exercise regularly—are meant to help Americans become healthier. Two-thirds of American adults are overweight or obese, and close to one-fifth of children and adolescents are overweight.¹ These extra pounds not only create individual pain and suffering, they contribute to chronic conditions like hypertension, diabetes, heart disease, and cancer that consume significant health care resources. Although sedentary lifestyles are also to blame, the role of good nutrition in combating the obesity and overweight epidemic and resulting chronic diseases is critical. To that end, federal nutrition programs play a key role. Under the auspices of the Committee on Education and Workforce and the Committee on Agriculture in the U.S. House of Representatives; the Committee on Agriculture, Nutrition, and Forestry in the U.S. Senate; and the U.S. Department of Agriculture (USDA), these nutrition programs have the potential to positively contribute to the health and the health care system of Americans.

Although they are administered by different departments and authorized and appropriated by different congressional committees, federal maternal and child health and food and nutrition programs share many common goals such as improving maternal and early childhood nutrition, enhancing prenatal care, reducing the likelihood of low birth weight deliveries, and increasing immunization and breastfeeding rates. Moreover, they serve many of the same women and children. Despite the significant client overlap these federal programs often do not coordinate or collaborate well at the client level; improved coordination could increase program effectiveness and outcomes as well as client satisfaction. This issue brief provides information about significant pending changes to the Special Supplemental Nutrition Program for Women, Infants and Children program (WIC), changes that are relevant to the maternal and child health communities serving the same individuals. (For general information on the WIC program see Harriette B. Fox, Margaret A. McManus, and Harry J. Schmidt, "WIC Reauthorization: Opportunities for Improving the Nutritional Status of Women, Infants, and Children," National Health Policy Forum, Background Paper, August 14, 2003; available at www.nhpf.org/pdfs_bp/BP_WIC2_8-03.pdf.)

BACKGROUND

The WIC program, established in the 1970s, serves approximately 8 million people. Eligible participants live in low-income households, including

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infants, children up to five years of age, and pregnant, breastfeeding, and postpartum women who are determined to be at nutritional risk (for example, because they are obese, underweight, or have anemia). In addition to providing food to eligible participants on a monthly basis, key WIC activities include nutrition education, breastfeeding promotion, and referral to health and social services.

Foods in the WIC packages are limited to those prescribed. By current regulation, one package is designed for each of seven target groups: infants through 3 months of age, infants 4 through 11 months of age, children ages 1 through 4 years of age, pregnant and partially breastfeeding women, women exclusively breastfeeding, nonbreastfeeding postpartum women, and women and children with special dietary needs. The packages are supposed to be supplemental, not one's whole diet, and are meant to be based on dietary deficiencies in the target populations.

The current food packages rely heavily on dairy products (cheese and milk) and juice; they include no fruits and vegetables, except for two pounds of carrots for fully breastfeeding women. Other currently authorized WIC foods include tuna, infant formula, iron-fortified cereals, eggs, legumes (dried beans/peas), and peanut butter.

THE IMPETUS FOR CHANGE

Despite major advances in knowledge about nutrition, shifts in the dietary deficiencies of the populations WIC serves, and a more racially and ethnically diverse WIC population,² the foods supplied by the program have not been updated since 1980. In 2000, the National WIC Association (NWA) issued a report to Congress and the USDA calling for sweeping changes to the food packages to bring them in line with current dietary science and recommending the inclusion of fruits and vegetables, whole grain products, calcium-rich tofu and soy beverages, lower fat milks, and reduced quantities of milk, eggs, and juice, among other changes.³ In 2003, NWA issued a subsequent report focused on culturally sensitive changes to the food packages to respond to the diverse populations WIC serves.⁴

WIC's most recent reauthorization, passed in 2004, included a requirement that the food packages be periodically reviewed and modified to reflect the current "nutritional science, public health concerns, and cultural eating patterns."⁵ Prior to the reauthorization, the USDA published in September 2003 an advance notice of proposed rulemaking seeking public comment on ways to change the packages. The USDA also requested that the Institute of Medicine (IOM) assess the nutritional needs of the WIC population and use that information to recommend changes to the food packages that would not increase the costs of the program. At the time of reauthorization, the IOM had published one of its studies, *Proposed Criteria for Selecting the WIC Food Packages* (released in August 2004); the second, *WIC Food Packages: Time for a Change*, was released in April 2005. The 2004 reauthorization also required the USDA to issue a

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final rule updating the food packages within 18 months of receiving the second IOM report. USDA released a proposed rule on August 7, 2006, revising the food packages; the public comment period on the proposed rule closes on November 6, 2006.

PROPOSED CHANGES

The USDA's proposed rule incorporates the vast majority of the IOM's research-based recommendations for changes to the food packages; it aligns the food packages with the 2005 Dietary Guidelines for Americans; and addresses dietary imbalances among young children and women, such as excessive intake of saturated fat and sodium and low intake of fiber, vitamin E, and iron. Fruits and vegetables are added, and the quantity of fruit juice is reduced; only whole grains are included. The saturated fat and cholesterol content is lowered by reducing the amount of milk and eggs and by allowing only reduced fat milk for children two years and older and for women. The packages address the cultural diversity of the WIC population by allowing more choice. For example, whole wheat bread, corn tortillas, and brown rice can meet the new whole grain requirement, and soy beverages and tofu may be substitutes for milk. The revision recognizes that WIC participants, like the population at large, increasingly rely on convenience foods. Therefore, canned beans—in addition to dry—are included, as are frozen, canned, and dried varieties of fruits and vegetables. (See the appendix for a detailed comparison of the current and proposed food packages.)

To promote breastfeeding, mothers who intend to breastfeed would not routinely receive formula in the first month, and the package for fully breastfeeding mothers has the largest amount and variety of food. Following the American Academy of Pediatrics infant feeding practice guidelines, complementary foods (such as cereal and baby food) would not be provided until 6 months of age, rather than the current 4 months.

The proposed rule introduces a significant change in the way WIC benefits are administered. Currently, WIC participants receive paper vouchers each month that prescribe the types, brands, and quantities of eligible food according to the package they receive. They exchange these vouchers at participating retail stores, and the retail store is then reimbursed on the basis of its shelf prices, within bounds set by the WIC program. Unlike these fixed-quantity vouchers (for example, 24 quarts of milk or 2 dozen eggs), the proposed rule introduces a cash-value voucher for fruits and vegetables. In other words, participants are given a voucher for a monetary value that they redeem for the quantity of fruits and vegetables they can purchase at that amount.

The proposed rule deviates from the IOM's recommendations in a few ways. The most significant difference is in the value of the fruit and vegetable vouchers for young children and women: the IOM recommended \$8 and \$10 monthly vouchers, respectively, whereas the USDA put forth \$6 and \$8. And the IOM recommended allowing yogurt as a milk substitute, but

the USDA did not authorize such an alternative. The USDA argued that both divergences from the IOM's recommendations were necessary to stay within total WIC program costs. The IOM had proposed pilot-testing all the packages first, but the proposed rule only seeks to pilot the partially breast-fed infant and mother and package (see the section on the young infant food package changes, below).

IMPLEMENTATION CONSIDERATIONS

The title of the IOM report *WIC Food Packages: Time for a Change* captures the long-standing sense of nutrition experts and WIC administrators that the packages should be updated to enhance nutrition among WIC participants. The publication of the proposed rule is seen as a significant step forward in what has been a lengthy process to make the WIC food packages consistent with accepted nutritional guidance. The majority of WIC stakeholders, including local and state WIC agency leadership, the National WIC Association, and WIC participant advocacy organizations strongly support the USDA's proposal, with few changes.

Affected food industry groups, however, have expressed concerns related to the reduction or elimination of particular products from the food packages. A number of industries have been vocal in their criticism of the proposed food package revisions. The International Dairy Foods Association, for example, is concerned about the cuts in milk and milk products and the USDA's decision to reject the IOM's recommendation that yogurt be allowed as a milk substitute.⁶ However, other industries like the United Fresh Fruit and Vegetable Association support the changes.⁷

Apart from the reaction of particular food industries who stand to lose business, the proposed changes to the food packages have garnered broad support. Few question the wisdom and desirability of the proposed changes, but regulatory revisions alone will not ensure improved nutrition. The proposed changes are significant, and a number of hurdles must be cleared to achieve effective implementation. While minor relative to the advantages of the revised package, the challenges facing retailers, local WIC agency staff, state WIC administration, and participants merit proactive consideration.

Participants

While participant advocates have reacted quite positively to the proposed food package changes, especially the addition of fruits and vegetables and culturally sensitive food items, they have expressed concern in a number of areas including the cash-value voucher, changes in incentive value of certain proposed food packages, and a change in the policy for providing formula in the first month to mothers who choose breastfeeding.

Cash-value voucher—The shift to a cash-value voucher for fruits and vegetables will be new for about two-thirds of WIC participants. About one-third of WIC participants have experience using a cash-value voucher

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for fruits and vegetables through the WIC Farmers' Market Nutrition Program.⁸ Because the current voucher system defines the type and quantity of eligible foods regardless of price, the other two-thirds of WIC participants have not had an incentive to exchange their vouchers at lower-cost vendors.⁹ The new cash-value vouchers will provide an incentive for price-sensitive shopping. There is little published on the use of cash-value vouchers and how participants might react to this new incentive. Nonetheless, the IOM's public comment process led it to conclude that "cash-value vouchers are a feasible mechanism."¹⁰ Much of the enthusiasm for cash-value vouchers is drawn from the experience with fresh fruit and vegetable pilots in New York and California that demonstrated high voucher redemption rates, varied produce choices, and "no specific barriers...to redemption of the vouchers by participants or retailers."¹¹

Access to fruits and vegetables—The proposed rule encourages fresh fruits and vegetables, but it allows for processed options as well (canned, frozen, or dried) as long as they do not have any added sugars, fats, oils, or salt. It requires state agencies to ensure that authorized vendors "carry a minimum of two varieties each of fruits and vegetables, in any combination of fresh and processed."¹² Some are concerned that establishing minimum requirements for the variety of fruits and vegetables vendors must offer will negatively impact participants and their participation in the fruit and vegetable voucher program. They base this concern on the experience of the fresh fruit and vegetable pilots, in which participants were given full choice of fruits and vegetables. Not only did participants make a wide variety of produce choices, they also redeemed vouchers at a 90 percent rate.¹³ Additionally advocates argue that participants will get the most for their cash-value voucher if given wider choice. In some low-income neighborhoods with small, independent grocers, redeeming the fruit and vegetable vouchers could be an issue for a number of WIC participants, unless the proposed rule stimulates such stores to stock more fruits and vegetables. The cash value versus fixed quantity of fruits and vegetables approach also raises concerns about cost differences for fruits and vegetables among neighborhoods and regions. Moreover, the proposed rule includes an optional, not a mandatory, adjuster for inflation for the cash-value vouchers. Therefore, unless the USDA elects to exercise the option and requests and receives more appropriated funds from Congress, over time the vouchers will have less and less buying power.

Food package value shifts—In balancing the IOM's recommendations with the USDA's need for cost neutrality and in an effort to promote full breastfeeding, the monetary value of some proposed food packages decreased while others increased, and the impact of that on future participation rates is unclear. For example, the value of the young infant and young child packages declined while those for older fully breast-fed infants and their mothers gained value. The volume of formula for the partially breast-fed infant package was cut by more than half (currently these infants are allowed as much formula as fully formula-fed babies). The dollar value

of the current food packages for formula-fed infants and their mothers is “substantially greater than that of the packages for the fully breastfeeding pairs.”¹⁴ In an effort to create incentives for exclusive breastfeeding, the proposed fully breast-fed older infant package provides twice the amount of fruit and vegetable baby food as the package for formula-fed older infants and is the only package that includes baby food meat. Compared to the fully formula feeding mothers, the proposed fully breastfeeding package includes more milk and eggs, provides canned fish, whole grain bread, cheese, and both beans and peanut butter. It is not known whether the enhanced value of the exclusively breast-fed older infant and exclusively breastfeeding women’s packages will have the intended effect of increasing initiation and maintenance of full breastfeeding or whether more participants will choose to formula-feed their infants.

Young infant food package changes—Various WIC stakeholders, from local WIC agencies to advocates, have expressed concern over the policy decision to deny formula in the first month to mothers who elect to breastfeed. (In food package implementation terms, this equates to the elimination of the partially breastfeeding package for the first month). Some are concerned that this will be viewed by expectant and postpartum mothers as punitive and will result in lower breastfeeding rates. The change stems from an IOM recommendation that was based on research showing that early supplementation with infant formula may contribute to the short duration of breastfeeding. Breastfeeding advocates say that adequate support in the first month through peer counseling and lactation consultants will be critical to maintain or increase breastfeeding rates. Some would like to see clarification in the regulation that WIC agencies can give a limited amount of formula in the first month to those mothers who intend to fully breastfeed, if they request it. Based on the IOM’s recommendation, the USDA has proposed a 32-site demonstration over a three-year period to test the elimination of the partially breastfeeding food package in the first month.

Local Agencies

Many local WIC agencies say they can always use more resources, and implementing the new food packages will be no exception. Front-line workers such as nutrition professionals and paraprofessionals view the addition of fruits and vegetables as a boon; they argue that the nutrition education they have been providing will finally be backed up by the new food packages and that they can respond to the cultural differences of their clients.¹⁵ But increased choices allowed in the revised food packages and the use of both fixed-quantity and cash-value vouchers could increase counseling time, wait times for participants, and staffing requirements for an already challenged system.¹⁶

Nutrition education funding comes from a WIC agency’s administrative budget and therefore competes for resources with other administrative requirements. In 2001 and 2004, the Government Accountability Office (GAO) reported on this issue and found that, in general, local WIC agencies struggle to maintain adequate professional staff because of noncompetitive salaries

and benefits, increasingly rely on paraprofessionals to provide nutrition counseling, have limited ability to provide frequent and ongoing nutrition education, and lack resources for adequate training and for responding to obesity and other emerging health concerns.¹⁷ Nonetheless, local WIC agencies contend that whatever the implementation challenges, they will be worth the improved health of WIC participants.¹⁸

State Agencies

State agencies believe that the new food packages will contribute to achieving the public health goals of their states. However, they will need to consider the financial and administrative impact of the food package changes.

Financial—While the proposed food packages are considered cost neutral at a national level, the cost impact on each state will vary. States will need to conduct financial analyses to determine the effect of the food package changes on their budgets and factor the financial repercussions into their plans for implementation. States are accustomed to conducting these analyses because product prices are always changing; the food package changes, however, will introduce a wider variety of products for which analysis will be necessary. Some states will need to request funding increases through reallocation (the process by which the USDA redistributes unspent recoverable funds as well as current-year funds that states voluntarily return) and/or implement cost-containment strategies in order to fully implement the proposed changes.¹⁹

Administrative—States typically prefer maximum flexibility to administer federal programs. Under current WIC regulation, they have the authority to categorically or individually tailor any food package, meaning they can request USDA approval to reduce an item for a participant category (such as young children) or across packages, or they can adapt a package for an individual. The proposed rule allows for tailoring for individuals, but eliminates categorical tailoring. In eliminating categorical tailoring, the USDA reasoned and the Food Research and Action Center has commented that the proposed packages are aligned with the dietary guidelines and thus, nutrient-wise, there is no need for categorical modification.²⁰ There is concern that, given the authority to categorically tailor packages, states might use it as a tool to alleviate financial pressure on the program, a practice that is prohibited by regulation. State WIC administrators and the National WIC Association, on the other hand, argue that tailoring packages allows agencies to respond to changes in their participant population, in nutrition and food science, and in the marketplace without going through the lengthy regulatory process.²¹ For example, through categorical tailoring, the California WIC agency sought and received USDA approval in 1993 to decrease the amount of fruit juice in the food package for young children from 9 ounces per day to no more than 6 ounces per day.

States will need to decide what makes the most sense in terms of timing the implementation of the new packages. Aside from the three-year

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demonstration project for the partially breastfeeding infant and woman's food packages that will be evaluated at selected sites, states will need to implement the other package changes within one year of publication of the final rule (removal of juice from the infant packages is expected to be implemented within six months) according to the proposed rule. Although packages cannot be implemented piecemeal, some states may consider implementing a few packages at a time, instead of all seven at once.

Many state agencies may not have adequate management information systems for implementation. According to the GAO, in 2001 fewer than half of states had management information systems that the USDA considered adequate to perform all essential tasks; without such systems, agencies may have trouble administering, monitoring, and providing reports on the effects of the new food packages.²² Implementing the new food package requirements will likely pose additional challenges and require some system redesign and reprogramming. However, the fiscal year 2006 WIC appropriation did include a \$20 million "set aside" to begin upgrading management information systems, and the pending fiscal year 2007 appropriations bills also propose a \$20 million set aside.

Retailers

The addition of fruits and vegetables in fresh, frozen, dried, and canned forms expands participant choice but has the potential to increase retailer administrative costs. Whereas several hundred products per state have been WIC-eligible, a total of 10,000 to 12,000 products per state could potentially be eligible, depending on how much choice in fruits and vegetables is ultimately required. Many of the fruits and vegetables will vary seasonally, and all of them will need to be coded and tracked by retail grocers.²³ Moreover, the USDA's proposed exclusion of white potatoes and certain processed items with added sugars, fats, oils, and salt from the list of eligible fruits and vegetables may create an implementation challenge because ingredient lists for canned and frozen vegetable products must be examined to determine which items must be excluded as WIC products. On balance, however, retailers may find that the costs of adding WIC-eligible fruit and vegetable products could be outweighed by selling more produce, a generally high margin category of groceries.²⁴

Small neighborhood grocers—The proposed rule encourages, but does not require, WIC vendors to offer fresh produce. Small neighborhood grocers that do not currently offer fresh produce may face additional costs should they choose to offer it, such as acquiring a new business license, additional refrigeration, and special handling. (Existing WIC vendors would have had to meet some of these requirements to be able to provide perishable milk and cheese.) Some vendors may find this additional investment well worth their while, especially if stocking produce for WIC customers attracts non-WIC customers as well.²⁵ Many envision that easier access to fresh produce, low-fat milk products, and whole grains in low-income neighborhoods could have significant positive health effects on the broader community.

Paper or plastic?—The proposed rule states that the fruit and vegetable benefit “may lend itself”²⁶ to electronic benefit transfer (EBT) systems cards. While EBT cards do offer the potential to increase efficiencies and improve data collection, their cost effectiveness as a whole for the WIC program has not been established. EBT is not widely adopted in WIC; only Wyoming has adopted EBT for WIC statewide, and five other states are testing its feasibility.²⁷ For now, the new fruit and vegetable vouchers will continue WIC’s reliance on paper-based processes for product redemption, even though this method of payment is considered most costly to retailers because of the added handling required.

CONCLUSION

The long-awaited and widely accepted proposed revisions to the WIC food packages have the potential to improve the diets of WIC participants—low-income pregnant, breastfeeding, and postpartum women; infants; and children—and possibly the members of their communities as well. As with any significant federal program change, the devil will be in the implementation details, should the proposal become regulation. The ability of retailers and of state and local WIC agencies to administer the new food packages in an efficient, effective manner that meets the needs of program participants will be critical.

In light of strong support for the proposed changes, WIC agencies are eager to accept these challenges and are committed to clearing any implementation hurdles that may be encountered. There may be some reluctance to highlight relatively minor implementation concerns given the widely recognized nutritional value of the proposed food package updates. However, policymakers may wish to consider the adequacy of monetary and technical assistance resources available to support state and local WIC agencies in making these important program changes.

ENDNOTES

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Appendix: Comparison of Current and Proposed Monthly WIC Food Packages

FOOD PACKAGE I (Young Infants)		
	CURRENT	PROPOSED
Partially Breast-Fed Infants	Birth to 3 months of age About 806 fl oz of iron-fortified formula [about 26 fl oz per day]	1 to 3 months of age About 384 fl oz of iron-fortified formula [about 12 fl oz per day]
	—	4 to 5 months of age About 442 fl oz of iron-fortified formula [about 14 fl oz per day]
Fully Formula-Fed Infants	Birth to 3 months of age About 806 fl oz of iron-fortified formula [about 26 fl oz per day]	Birth to 3 months of age About 806 fl oz of iron-fortified formula [about 26 fl oz per day]
	—	4 to 5 months of age About 884 fl oz of iron-fortified formula [about 29 fl oz per day]
ELIGIBILITY	Infants, birth through 3 months of age	Infants, birth through 5 months of age

FOOD PACKAGE II (Older Infants)		
	CURRENT	PROPOSED
Fully Breast-Fed Infants	96 fl oz of vitamin C–rich juice [about 3 fl oz per day]	256 oz of baby food fruits and vegetables [about 8 oz per day]
	24 oz of iron-fortified infant cereal	24 oz of iron-fortified infant cereal
	—	77.5 oz baby food meat [about 2.5 ounces per day]
Partially Breast-Fed Infants	About 806 fl oz of iron-fortified formula [about 26 fl oz of formula per day]	About 312 fl oz of iron-fortified formula [about 10 fl oz of formula per day]
	96 fl oz of vitamin C–rich juice [about 3 fl oz per day]	128 oz of baby food fruits and vegetables [about 4 oz per day]
	24 oz of iron-fortified infant cereal	24 oz of iron-fortified infant cereal
Fully Formula-Fed Infants	About 806 fl oz of iron-fortified formula [about 26 fl oz of formula per day]	About 624 fl oz of iron-fortified formula [about 20 fl oz of formula per day]
	96 fl oz of vitamin C–rich juice [about 3 fl oz per day]	128 oz of baby food fruits and vegetables [about 4 oz per day]
	24 oz of iron-fortified infant cereal	24 oz of iron-fortified infant cereal
ELIGIBILITY	Infants, 4 through 11 months of age	Infants, 6 through 11 months of age

FOOD PACKAGE III (Special Dietary Needs)		
	CURRENT	PROPOSED
Special Dietary Needs	About 806 fl oz of iron-fortified formula, additional amounts may be approved for nutritional need (up to 104 fl oz)	About 806 fl oz of iron-fortified formula, additional amounts may be approved for nutritional need
	144 fl oz of vitamin C–rich juice [about 5 fl oz per day]	Any foods from the life stage–appropriate package are included, if consistent with the participant’s special health needs
	36 oz of iron-fortified cereal	—
ELIGIBILITY	Children and women with special dietary needs	Infants, children, and women with special dietary needs

Appendix — continued >

Appendix: WIC Food Package Comparison – *continued*

FOOD PACKAGE IV (Young Children)		
	CURRENT	PROPOSED
Young Children	288 fl oz of vitamin C–rich juice [<i>about 9 fl oz per day</i>]	128 fl oz of vitamin C–rich juice [<i>about 4 fl oz per day</i>]
	—	\$6 cash-value voucher for fresh fruits and vegetables, or processed option
	24 qt of milk [<i>about 3 cups per day</i>] with some allowed substitutions	16 qt of milk [<i>about 2 cups per day</i>] with more allowed substitutions 1-year-old: whole milk (3.5–4% milk fat) 2- to 4-year-old: 2% milk fat or less
	36 oz of iron-fortified cereal	36 oz of iron-fortified whole grain breakfast cereal, 2 lb of whole grain bread, OR...other whole grain options
	2–2.5 dozen eggs	1 dozen eggs
	1 lb of dried legumes OR...18 oz of peanut butter	1 lb of dried legumes OR...64 oz of canned legumes OR...18 oz of peanut butter
ELIGIBILITY	Children, 1 through 4 years of age	Children, 1 through 4 years of age

FOOD PACKAGE V (Pregnant Women & Partially Breastfeeding Women)		
	CURRENT	PROPOSED
Pregnant Women & Partially Breastfeeding Women	288 fl oz of vitamin C–rich juice [<i>about 9 fl oz per day</i>]	144 fl oz of vitamin C–rich juice [<i>about 5 fl oz per day</i>]
	—	\$8 cash-value voucher for fresh fruits and vegetables, or processed option
	28 qt of milk [<i>about 3.5 cups per day</i>] with some allowed substitutions	22 qt of milk [<i>about 3 cups per day</i>], 2% milk fat or less, with more allowed substitutions
	36 oz of iron-fortified cereal	36 oz of iron-fortified whole grain breakfast cereal
	—	1 lb of whole grain bread OR...other whole grain options
	2–2.5 dozen eggs	1 dozen eggs
1 lb of dried legumes OR...18 oz of peanut butter	1 lb of dried legumes OR...64 oz of canned legumes AND...18 oz of peanut butter	
ELIGIBILITY	Pregnant women, throughout pregnancy; Breastfeeding women, up to 12 months after delivery	Pregnant women, throughout pregnancy; Partially breastfeeding women, from 1 through 11 months after delivery

Appendix — *continued* >

Appendix: WIC Food Package Comparison – *continued*

FOOD PACKAGE VI (Non-Breastfeeding Postpartum Women)		
	CURRENT	PROPOSED
Non-Breastfeeding Postpartum Women	192 fl oz of vitamin C–rich juice [<i>about 6 fl oz per day</i>]	96 fl oz of vitamin C–rich juice [<i>about 3 fl oz per day</i>]
	—	\$8 cash-value voucher for fresh fruits and vegetables, or processed option
	24 qt of milk [<i>about 3 cups per day</i>] with some allowed substitutions	16 qt of milk [<i>about 2 cups per day</i>], 2% milk fat or less, with more allowed substitutions
	36 oz of iron-fortified cereal	36 oz of iron-fortified whole grain breakfast cereal
	2–2.5 dozen eggs	1 dozen eggs
	—	1 lb of dried legumes OR...64 oz of canned legumes OR...18 oz of peanut butter
ELIGIBILITY	Non-breastfeeding postpartum women, up to 6 months after delivery	Non-breastfeeding postpartum women, up to 6 months after delivery

FOOD PACKAGE VII (Fully Breastfeeding Women)		
	CURRENT	PROPOSED
Fully Breastfeeding Women	336 fl oz of vitamin C–rich juice [<i>about 11 fl oz per day</i>]	144 fl oz of vitamin C–rich juice [<i>about 5 fl oz per day</i>]
	2 lb of fresh carrots	\$8 cash-value voucher for fresh fruits and vegetables, or processed option
	28 qt of milk [<i>about 3.5 cups per day</i>] with some allowed substitutions	24 qt of milk [<i>about 3 cups per day</i>], 2% milk fat or less, with more allowed substitutions
	1 lb of cheese	1 lb of cheese
	36 oz of iron-fortified cereal	36 oz of iron-fortified whole grain breakfast cereal
	—	1 lb of whole grain bread or other whole grain options
	2–2.5 dozen eggs	2 dozen eggs
	26 oz of canned fish (tuna)	30 oz of canned fish (light tuna or salmon)
	1 lb of dried legumes	1 lb of dried legumes OR...64 oz of canned legumes
	18 oz of peanut butter	18 oz of peanut butter
ELIGIBILITY	Fully breastfeeding women, up to 12 months after delivery	Fully breastfeeding women, up to 12 months after delivery

Source: Adapted from “WIC Food Packages: Time for a Change,” Institute of Medicine, Report Brief, April 2005; and “Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages, Proposed Rule,” Federal Register, 71, no. 151 (August 7, 2006).