

nutritional needs of Americans, including WIC's target population. As discussed previously, the WIC Program has focused historically on supplying participants with protein and four important micronutrients: Vitamins A and C, calcium, and iron. More recently nutrition research has identified other micronutrients of potential concern, such as folic acid, zinc, vitamin B6 and magnesium. In addition, dietary causes of chronic disease have been more clearly identified. The 2000 *Dietary Guidelines for Americans* provide advice, based on current scientific and medical knowledge, for healthy Americans ages 2 years and over about food choices that promote health and prevent disease. New Dietary Reference Intakes (DRI's) have recently been established by the Institute of Medicine, Food and Nutrition Board as guidelines for nutrient intake in the U.S. population. The next update of the *Dietary Guidelines for Americans*, to be completed in 2005, will reflect the new DRI's.

VII. Nutrition Risk and Demographic Changes in WIC's Population

WIC applicants must be determined to be at nutritional risk to meet eligibility requirements for the WIC Program. Nutrition risk means nutritionally-related medical conditions (e.g., anemia, inappropriate growth or weight gain pattern) or dietary deficiencies (e.g., inadequate or inappropriate nutrient intake) that impair or endanger health. According to the WIC Participant and Program Characteristics 2000 report, 56.3% of WIC participants are identified as having a dietary deficiency.

Obesity has become one of the most serious health problems in the United States, with direct implications for the health of WIC program participants. The National Center for Health Statistics revised growth charts, when used with WIC data from 1992 to 1998, show that overweight prevalence among children enrolled in WIC increased 20 percent over this 6-year period. Data from the early 1990s indicated that the prevalence of overweight in WIC children is similar to that of non-WIC children. WIC program data show that a majority of overweight WIC children have nutritional risks in addition to being overweight, i.e., inadequate or inappropriate nutrient intake, anemia. A challenge facing the WIC program is to determine how it can most successfully improve the eating habits of low-income children.

The ethnic composition of the WIC Program has been changing steadily since 1992; the percentage of Hispanic enrollees has risen, while percentages of

black and white (non-Hispanic) enrollees have decreased. The current racial/ethnic enrollment is: 37.4 percent White, 35.3 percent Hispanic, 21.9 percent Black, 3.3 percent Asian or Pacific Islanders, and 1.4 percent American Indian or Alaskan Natives. Low-income populations, including WIC participants, are faced with numerous barriers to good nutrition and to nutrition assistance. For populations of different cultures, especially those who have recently arrived in the United States and who lack orientation to service delivery here, the barriers to assistance can be of such magnitude as to adversely affect their health and well-being. To achieve the best overall outcomes the WIC community must give special consideration to its approach in delivering culturally appropriate, quality benefits to these growing subpopulations.

VIII. Requests for Revisions to the WIC Food Packages

Over the years the Department has received numerous requests from WIC State agencies and participants to modify the current food packages to permit greater substitution of foods or introduction of additional foods. Requests for revisions to the WIC food packages have also been received from Congress and other organizations with interests in the welfare of WIC participants. The focus of suggested changes is on improving outcomes for WIC recipients. For example:

- Congress has requested a WIC food package rule that includes fruits and vegetables and that allows for cultural food accommodations.
- The National Advisory Council on Maternal, Infant, and Fetal Nutrition, in its 1992, 1996 and 2002 Reports to Congress, recommended better accommodation of the nutritional and cultural needs of WIC participants.
- In 1999, the National WIC Association (then the National Association of WIC Directors (NAWD)) published a position paper entitled "NAWD WIC Food Prescription Recommendations." NAWD made three recommendations designed to reframe the WIC food packages and one recommendation on research and policy analysis in support of the WIC food packages. Consistency with the Dietary Guidelines for Americans and allowing flexibility to provide culturally appropriate foods were among the recommendations.
- In an April 30, 2002, statement entitled "Reauthorization of USDA Child Nutrition and WIC Programs," the American Dietetic Association recommended that WIC food packages

be flexible to address cultural food practices and choices and participants' nutrition needs, consistent with national guidelines.

The Department wishes to consider these and other requests and in this notice solicits affordable, scientifically-based recommendations as well as other suggestions from the public for revisions to the WIC food packages that will improve the nutritional intake, health and development of participants.

IX. Design of the WIC Food Packages

The seven current WIC food packages were designed to help accomplish the following: Supplement participants' diets with nutritionally dense foods that follow current medical and nutritional guidance; complement the eating patterns of preschool children; and address the special requirements of pregnant and breastfeeding women. The WIC food packages were initially designed and adopted with regard to a set of fundamental considerations. These considerations should be taken into account when commenting on the issues presented in this Notice. The factors to be considered are discussed below.

1. Nutritional Risk

The provision of supplemental foods containing nutrients determined by research to be lacking in the diets of the WIC population is the cornerstone of the Program. Nutrient requirements are particularly high during times of rapid growth, development and replenishment. Therefore, the WIC population, composed of pregnant, breastfeeding and postpartum women, infants and children, represents individuals whose nutritional needs are among the highest and most critical for optimal growth and development. Ensuring optimal nutrient intakes during these vulnerable periods of life is paramount to prevent both immediate and long-term adverse health outcomes. Consequently, recommendations should reflect current nutritional science and assure that the various packages supplement the nutrition needs of WIC's at-risk population with nutrient-dense economical foods the recipients should be encouraged to acquire and/or continue to acquire with their own resources.

WIC foods should make a significant nutritional contribution to the diets and health of Program participants. Current nutritional science may reveal changing nutritional needs, and evolving needs in the population suggesting changes to the food packages. Addressing the nutritional needs is imperative if WIC is to remain an effective health-related