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FOOD FOR THOUGHT: HOW TO IMPROVE CHILD NUTRITION PROGRAMS

HEARING

BEFORE THE

SUBCOMMITTEE ON EDUCATION REFORM

OF THE

COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

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FOOD FOR THOUGHT: HOW TO IMPROVE CHILD NUTRITION PROGRAMS

Wednesday, July 16, 2003
U.S. House of Representatives
Subcommittee on Education Reform
Committee on Education and the Workforce
Washington, DC

The Subcommittee met, pursuant to notice, at 10:02 a.m., in room 2175, Rayburn House Office Building, Hon. Michael N. Castle [Chairman of the Subcommittee] presiding.

Present: Representatives Castle, Osborne, Upton, Wilson, Woolsey, Davis, Davis, Kucinich, Van Hollen, and Majette.

Ex officio present: Representative Boehner.

Also present: Representative Owens.

Staff present: Amanda Farris, Professional Staff Member; Kevin Frank, Professional Staff Member; Parker Hamilton, Professional Staff Member; Kate Houston, Professional Staff Member; Stephanie Milburn, Professional Staff Member; Deborah L. Samantar, Committee Clerk/Intern Coordinator; Dave Schnittger, Communications Director; Denise Forte, Minority Legislative Associate/Education; Ricardo Martinez, Minority Legislative Associate/Education; Joe Novotny, Minority Legislative Assistant/Education; and Lynda Theil, Minority Legislative Associate/Education.

Chairman CASTLE. The Subcommittee on Education Reform will come to order. A quorum being present, the Subcommittee has come to order.

We are meeting today to hear testimony on "Food for Thought: How to Improve Child Nutrition Programs."

Under Committee Rule 12(b), opening statements are limited to the Chairman and the ranking minority member of the Subcommittee. Therefore, if other members have statements, they may be included in the hearing record.

With that, I ask unanimous consent for the hearing record to remain open 14 days to allow member statements and other extraneous material referenced during the hearing to be submitted in the official hearing record.

Without objection, so ordered.

Typically, at this time, I would read an opening statement, but I understand the Surgeon General needs to leave at 10:30, I believe, and we'll have other members who will come in as they come from their other meetings.

I want to give them all an opportunity, if possible, to participate in the hearing, so I'm going to at this time suspend my opening statement, except to say that this is our first step on the reauthorization of the child nutrition programs, which sound innocent enough, but get extremely complicated, quite frankly, from the political point of view, as we have to deal with a whole variety of issues, a lot of which we're going to start hearing about today.

At some later point, we will discuss those issues and then perhaps I'll fit in my opening statement, but I want to allow the time for this illustrious panel first.

So with that, I will waive anything further and at this time reserve the right to do it later, and turn to Ms. Woolsey for her statement.

[The statement of Mr. Castle follows:]

Statement of the Honorable Michael N. Castle, Chairman, Subcommittee on Education Reform, Committee on Education and the Workforce

Good Morning. Thank you for joining us today for this important hearing on improving child nutrition programs. These programs are central to providing the nation's children with access to safe, affordable, and nutritious food. This marks the first hearing to help prepare Members of this Committee for the reauthorization of the Child Nutrition Act of 1966 and the National School Lunch Act, which is scheduled for this year.

There is general agreement on the importance of good nutrition for everyone, especially children. Child nutrition programs including the National School Lunch and Breakfast Programs; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Child and Adult Care Food Program help give lower-income children access to nutritious meals and snacks.

Proper nutrition is essential for children to achieve full physical development and long-term health. In addition, a healthy diet is critical for a child's academic success. Numerous studies have shown that diet affects children's ability to learn. There are proven linkages between diet and cognitive development, concentration levels, and psycho-social behaviors.

The federal child nutrition programs were conceived to offer wholesome meals and snacks to children in schools and child care centers and to support the health of lower-income pregnant women, breastfeeding mothers, and their young children. These programs represent a huge national investment totaling over $12 billion per year. While the resources spent have been significant, issues remain about how to best reach the goal of providing lower-income children with access to healthy, affordable meals.

Childhood obesity is becoming a major health problem in the Unites States, and studies suggest that overweight children are significantly more likely to become overweight or obese adults. Children are increasingly suffering from conditions traditionally associated with adulthood, including Type 2 diabetes, high cholesterol, and high blood pressure. I am very concerned about childhood obesity and the fact that it is slowly becoming an epidemic.

Last year the U.S. Surgeon General issued a report that identifying schools as a "key setting" for developing public health strategies to prevent and decrease overweight and obesity. Over the past several years, programs providing meals and snacks to children have made progress in improving lunch menus to meet Federal nutrition standards for fat and calories, but I believe more can be done to provide every child with a school environment that promotes healthy food choices and regular physical activity.

In an effort to address this very issue, I introduced legislation, H.R. 2227, the Childhood Obesity Prevention Act, that would authorize grants to fund pilot programs at the state and local levels to encourage the development and implementation of programs to promote healthy eating and increased physical activity among children. This Committee will examine additional ways to address the important and complex issue of childhood obesity during the child nutrition reauthorization while supporting the role of local school districts to make decisions about the foods that are available to children in school.

During reauthorization, this Committee also will consider the challenges faced by the WIC program as well as issues related to school meal reimbursement, the School

Breakfast Program, and other relevant provisions aiming to strengthen the nation's child nutrition programs.

Today, we will hear from experts who will help shed light on these programs—their merits and areas where they can be made stronger. Our witnesses' unique perspectives on child nutrition and health will offer insights that will be tremendously helpful to the Members of this Committee as we work to improve child nutrition programs. We look forward to their comments.

With that, I would like to recognize Mrs. Woolsey

Ms. WOOLSEY. Mr. Chairman, I, too, will waive a statement at this point and will do it later.

Chairman CASTLE. Thank you, Ms. Woolsey.

I will introduce the panel of witnesses at this time:

Vice Admiral Richard Carmona is the United States Surgeon General—by the way, he has so many titles, I'm not sure what to call him, but we'll figure it out as we go along—as well as the Acting Assistant Secretary for the United States Department of Health and Human Services.

Dr. Carmona was appointed by President George W. Bush and sworn in as the 17th Surgeon General of the United States Public Health Service on August 5, 2002.

Prior to his current appointment, Dr. Carmona was Chairman of the State of Arizona Southern Regional Emergency Medical System and a professor of surgery, public health, family, and community medicine at the University of Arizona.

With an obvious love of medicine and community, Dr. Carmona has worked as a paramedic, registered nurse, and surgeon.

The Honorable Eric M. Bost is our other witness on this panel, who has been the Under Secretary for Food, Nutrition, and Consumer Services for the United States Department of Agriculture since June 18, 2001.

As Under Secretary, he is responsible for the administration of the 15 USDA Nutrition Assistance Programs, including the Food Stamp Program, the Special Supplemental Feeding Program for Women, Infants, and Children, and the National School Lunch and School Breakfast Programs.

Before holding his current position, Mr. Bost worked as the chief executive and administrative officer of the Texas Department of Human Services, where he headed one of the largest human service agencies in the country .

Mr. Bost also served as the Deputy Director of the Arizona Department of Economic Security, the Human Services agency with responsibility of welfare reform, child welfare, and protective services for children and adults.

Just for ground rules, essentially, we encourage our witnesses to follow the 5-minute guidelines. You have a green light for 4 minutes; you have a light for 1 minute; and a red light until somebody bangs a hammer or does something to stop the whole proceedings, at which point we will then have a question and answer period with the members who each will have 5 minutes, as well.

So we welcome both of you here, and we turn now to the surgeon general. Dr. Carmona, for his testimony.

STATEMENT OF VADM RICHARD H. CARMONA, SURGEON GENERAL, U.S. PUBLIC HEALTH SERVICE, AND ACTING ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. CARMONA. Good morning, Mr. Chairman and distinguished members of the Subcommittee. My name is Richard Carmona, and I'm the United States Surgeon General.

It's a pleasure to be here with you today, and as an American and as a parent, I want to thank you for your leadership in this important area.

Mr. Chairman, you've been a leader in developing innovative approaches to combat childhood obesity. Thank you for your commitment to the health and well-being of our children.

As Surgeon General, I welcome the chance to talk with you about the public health crisis that affects every state, every city, every community, and every school across our great nation.

This crisis is obesity. It's the fastest-growing cause of disease and death in America, and it's completely preventable.

Nearly two out of every three Americans are overweight or obese. One out of every eight deaths in America is caused by an illness directly related to overweight and obesity.

America's children are already seeing the initial consequences of a lack of physical activity and unhealthy eating habits. Fortunately there is still time to reverse this dangerous trend.

Let's start with the good news. I am pleased to be able to report that most of America's children are very healthy. About 82 percent of our nation's 70 million children are in very good or excellent health. Infant mortality is at an all-time low, childhood immunization is at an all-time high, and our children are less likely to smoke and are less likely to give birth as teenagers. These are important gains in pediatric health.

But the bad news is that an unprecedented number of children are carrying excess body weight. That excess weight significantly increases our kids' risk factors for a range of health problems, including diabetes, heart disease, asthma, emotional and mental health problems.

Every parent in this room wants the best for their children, but the fact is that we have an epidemic of childhood obesity. Today I will discuss three key factors that we must address to reduce and eliminate childhood obesity in America.

That is, increased physical activity, healthier eating habits, and improved health literacy.

Looking back to the 1960's, just over 4 percent of six-to-17-year-olds were overweight. Today that rate has more than tripled, to over 15 percent, and the problem doesn't go away when children grow up. Nearly three out of very four overweight teenagers become overweight adults.

I'm not willing to stand by and let this happen. America's children deserve much better than being condemned to a lifetime of serious, costly, and potentially fatal medical complications associated with being overweight.

The facts are staggering:

In the year 2000, the total annual cost of obesity in the United States was $117 billion. While extra value meals may save us pen-

nies at the counter, they're costing us billions of dollars in health care and lost productivity. Physical inactivity and super-sized meals are leading to a nation of oversized people.

This year, more than 300,000 Americans will die from illnesses related to overweight and obesity. Obesity contributes to the No. 1 cause of death in our nation, which is heart disease.

Excess weight has also led to an increase in the Type 2 diabetes. There are at least 17 million Americans with diabetes, and another 16 million have pre-diabetes. It can lead to eye disease, cardiovascular problems, kidney disease, and early death.

Unfortunately, the ever-increasing problem of overweight among American children cannot be explained away by changes in genetic composition.

We now know more than ever that the combination of genetic, social, metabolic, and environmental factors play a role in this children's weight problem, but the fundamental reason that our children are overweight is this: too many children are eating too much and moving too little.

Our children did not create this problem. Adults did. Adults increased the portion size of children's meals, developed the games and television that children find spellbinding, and chose the sedentary lifestyles that our children now emulate; so adults must take the lead in solving this problem. In some cases, it's as easy as turning off the television and keeping the lid on the cookie jar.

I'm very pleased that businesses like Kraft, Coca Cola, Nike, and others are supporting major efforts and making significant changes to help kids make healthier choices. These and other business leaders, foundations, schools and universities, and parents across the Nation are starting to make a difference in children's health.

Especially now, during the summer, we need to encourage all children to be physically active for at least 60 minutes a day, not only sports, but simple things like taking the stairs, riding their bikes, and just getting out and playing.

I'll be the first to say it won't be easy. My wife and I have four kids. Families live very busy lives, and it's tough to prepare healthy meals and have enough time to get in some physical activity every day, but it's so important, because the choices that children make, the behaviors they learn now will last a lifetime.

To help promote lifestyles, I am visiting schools across America in my 50 Schools/50 States initiative, to talk with kids about avoiding drugs and alcohol, avoiding tobacco in every form, being physically active, eating right, and making healthy choice in everything they do every day.

Do you know that the average American child spends more than 4 hours a day watching television, playing video games and surfing the web? We're seeing a generation of kids who grew up off the playground and on the PlayStation.

We must all work together to help our children lead healthy lives. We need physical activity and health food choices in every school in America. We need better food choices and affordable prices in every neighborhood in America, and we need community planning that includes neighborhood playgrounds and safe walking paths.

Some people want to blame the food industry for our growing waistlines. The reality is that restaurants, including many fast-food restaurants, now offer low-fat, healthy choices.

For the meals we eat at home and the meals we eat out, it's still our decision what we eat, where we eat, and how much we eat. That concept is part of what I'm talking about with Americans of all ages, in increasing our health literacy.

Health literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate decisions. Low health literacy contributes to our nation's epidemic of overweight and obesity. Experience with my own patients and students indicates that many Americans don't understand the impact of caloric intake versus expenditure.

Parents are concerned about calories, carbohydrates, vitamins, and portion sizes. When kids are growing and developing, a restrictive diet may not be the best choice for every child. Just as with adults, one diet does not fit every child. As parents, we know that.

But when we see a child gaining weight and not exercising enough, we see the social and psychological pain that it is causing. When we see a child's self-esteem drop day by day because he or she is left out of schoolyard games, or because he or she just can't keep up with the other kids on their bikes, we know that they need help and we must help those children.

I'm pleased to hear that moms and dads are asking about how to establish healthy eating habits for their children. Moms and dads must be involved in these decisions for their children. Children come in all shapes and sizes, and sometimes a child just needs a little more physical activity and a little less food intake. It's about balance.

To make healthy choices, parents and children need to understand information that fits into their busy lifestyles. All of us—government, academia, health care professionals, businesses, schools, and communities—need to work together to ensure that straightforward information about health eating and physical activity is available.

I don't have all the answers today, but we can figure this out together. We can increase health literacy and reduce childhood obesity.

President Bush and Secretary Thompson have been pioneers in getting prevention into the American mindset. We're starting to see some results, and we need your help. As Members of Congress, as members of your communities, and as parents, you are role models and leaders.

Please work with me to support our efforts to improve Americans' health literacy, to put prevention first in all we do, and to end our nation's obesity epidemic before it has a chance to reach into another generation of Americans.

With that, I will end my oral testimony. I would ask to be able to submit my entire written statement into the record, and I'd be happy to answer any questions; and Mr. Chairman, thank you for the privilege of speaking and allowing me to go first so I can catch my flight.

[The prepared statement of Dr. Carmona follows:]

Statement of Richard H. Carmona, M.D., M.P.H., F.A.C.S., Surgeon General, U.S. Public Health Service, Acting Assistant Secretary for Health, Department of Health and Human Services

Good morning Mr. Chairman and distinguished members of the Subcommittee. My name is Dr. Richard Carmona, and I am the Surgeon General of the United States.

As an American, I want to take this opportunity to thank you for your service to our nation. I've had the honor of working with many of you during my first 11 months as Surgeon General, and I look forward to strengthening our partnerships to improve the health and well-being of all Americans.

Mr. Chairman, you have been a leader in developing innovative approaches to combat childhood obesity. Thank you for your commitment to the health and well-being of our children. The hearing you have called today will draw further public attention to this growing pediatric health crisis.

As Surgeon General, I welcome this chance to talk with you about a health crisis affecting every state, every city, every community, and every school across our great nation.

The crisis is obesity. It's the fastest-growing cause of disease and death in America. And it's completely preventable.

Nearly two out of every three Americans are overweight or obese.

One out of every eight deaths in America is caused by an illness directly related to overweight and obesity.

Think of it this way: statistics tell us that of the 20 members serving on this subcommittee, at least two will die because of a completely preventable illness related to overweight or obesity. Because of overweight or obesity, two of you will spend less time serving your communities and enjoying your children and grandchildren.

America's children are already seeing the initial consequences of a lack of physical activity and unhealthy eating habits. Fortunately, there is still time to reverse this dangerous trend in our children's lives.

Let's start with the good news: I am pleased to be able to report that most of America's children are healthy.

Overall, 82 percent of our nation's 70 million children are in very good or excellent health. Infant mortality is at an all-time low, childhood immunization is at an all-time high. Our children are less likely to smoke, and less likely to give birth as teenagers.

These are important gains in pediatric health.

But the bad news is that an unprecedented number of children are carrying excess body weight. That excess weight significantly increases our kids' risk factors for a range of health problems, including diabetes, heart disease, asthma, and emotional and mental health problems.

As a father, I work hard to teach my children about the importance of physical activity and healthy eating. Every parent in this room wants the best for their children.

But the fact is that we have an epidemic of childhood obesity. A study conducted in May by the New York City Department of Health and Mental Hygiene and the Department of Education found that, adjusted to National Standards, nearly one in four of the children in New York City's public elementary schools is overweight.

Today I will discuss the three key factors that we must address to reduce and eliminate childhood obesity in America. They are:

1. Increased physical activity;
2. Healthier eating habits; and
3. Improved health literacy.

Mr. Chairman, I ask that my statement and the scientific information contained in it be considered as read and made part of the record. In the interest of time, this morning I will present only part of that statement to the subcommittee.

Looking back 40 years to the 1960s, when many of us in this room were children, just over four percent of 6- to 17-year-olds were overweight. Since then, that rate has more than tripled, to over 15 percent. And the problem doesn't go away when children grow up. Nearly three out of every four overweight teenagers may become overweight adults.

I'm not willing to stand by and let that happen. American children deserve much better than being condemned to a lifetime of serious, costly, and potentially fatal medical complications associated with excess weight. The facts are staggering:

In the year 2000, the total annual cost of obesity in the United States was $117 billion. While extra value meals may save us some change at the counter, they're costing us billions of dollars in health care and lost productivity. Physical inactivity and super-sized meals are leading to a nation of oversized people.

This year, more than 300,000 Americans will die from illnesses related to overweight and obesity.

Obesity contributes to the number-one cause of death in our nation: heart disease.

Excess weight has also led to an increase in the number of people suffering from Type 2 diabetes. There are at least 17 million Americans with diabetes, and another 16 million have pre-diabetes. Each year, diabetes costs America $132 billion. It can lead to eye diseases, cardiovascular problems, kidney failure, and early death.

Why are we facing this epidemic of overweight and obesity? Over 50 genes associated with obesity have been located in the human gene map. But the ever-increasing problem of overweight among American children cannot be explained away by changes in genetic composition.

Studies conducted by HHS' National Institutes of Health and the Centers for Disease Control and Prevention are already yielding important clues about the multiple factors that contribute to overweight and obesity. Studies are also providing new information about potentially successful interventions.

We know more than ever about the combination of genetic, social, metabolic, and environmental factors that play a role in children's weight.

But the fundamental reason that our children are overweight is this: Too many children are eating too much and moving too little.

In some cases, solving the problem is as easy as turning off the television and keeping the lid on the cookie jar.

Our children did not create this problem. Adults did. Adults increased the portion size of children's meals, developed the games and television that children find spellbinding, and chose the sedentary lifestyles that our children emulate. So adults must take the lead in solving this problem.

I'm pleased that businesses like Kraft Foods, Coca Cola, and Nike are supporting major efforts and making significant changes to help kids make healthier choices.

These and other business leaders, foundations, schools and universities across our nation are starting to make a difference in children's health. I encourage other organizations and every parent in America to join the fight against childhood obesity.

We must teach our children to enjoy healthy foods in healthy portions. As parents, we should never use food as a reward or punishment.

And especially now, during the summer, we need to encourage all children to be physically active for at least 60 minutes a day. Not only sports, but simple things like taking the stairs, riding their bikes, and just getting out and playing.

And as we are getting our kids to make healthy choices, we also need to make them for ourselves. James Baldwin captured the essence of this when he said: "Children have never been good at listening to their elders, but they have never failed to imitate them."

I'll be the first to say it won't be easy. My wife and I have four kids. I know firsthand that families live such busy lives that it's tough to prepare healthy meals and have enough time to get in some physical activity.

But it's so important, because the choices that children make now, the behaviors they learn now, will last a lifetime.

As adults we must lead by example. Personally, I work out every day. I do my best to make healthy choices in all I do. My bosses President Bush and Secretary Thompson also find time to exercise. In fact, Secretary Thompson put the Department of Health and Human Services on a diet and has led by example by losing over 15 pounds.

President Bush, Secretary Thompson, and I have made disease prevention and health promotion a priority in our roles as leaders. As Surgeon General, prevention comes first in everything I do. Prevention is the vision behind the President's HealthierUS Initiative and the Secretary's Steps to a HealthierUS Initiative.

One of the many challenges is that there are so many more incentives in our current health care system for treatment than for prevention. When I was a practicing physician in a hospital, I made a good living treating people who could have avoided my hospital entirely if they had made better lifestyle choices.

Benjamin Franklin was absolutely right back in the 1700s: an ounce of prevention is worth a pound of cure. But more than 200 years later, prevention is still a radical concept to most Americans.

At the Department of Health and Human Services, we're encouraging healthy habits more than ever through our work to eliminate health disparities; our many initiatives designed to encourage physical activity, healthy eating, and regular checkups; and our nationwide campaigns to discourage smoking and drug and alcohol abuse.

To help promote healthy lifestyles, I am visiting schools across America in my 50 Schools in 50 States Initiative to talk with kids about avoiding drugs and alcohol,

avoiding tobacco in every form, being physically active, eating right, and making healthy choices every day.

Each time I'm out on the road, whether at a school or passing through an airport, I meet young people who are making choices that affect their health and well-being. I believe that what they see and hear in the media can have a profound effect on their choices.

Secretary Thompson also appreciates that, and it's why he focused the Youth Media Campaign on getting young people excited about increasing the physical activity in their lives and on showing parents that physical activity and healthy eating are essential to their children's well-being.

This week, the President's Council on Physical Fitness and Sports will launch a brand-new Presidential Champions Award. The award encourages a lifetime of activities for children and their parents or other role models.

We need initiatives like the Youth Media Campaign and the Presidential Champions Awards because the average American child spends more than four hours every day watching television, playing video games, or surfing the web. We are seeing a generation of kids who grew up off the playground and on the PlayStation.

We must all work together to help our children lead healthy lives. I caution people against playing the "blame game." Instead of blaming children for being overweight, we need to encourage them and help them to make healthier choices.

We need physical activity and healthy food choices in every school in America. We need better food choices at affordable prices in every neighborhood in America. And we need community planning that includes neighborhood playgrounds and safe walking paths.

Some people want to blame the food industry for our growing waistlines. The reality is that restaurants, including many fast food restaurants, now offer low-fat, healthy choices.

For the meals we eat at home, and the meals we eat out, it's still our decision what we eat, where we eat, and how much we eat. That concept is part of what I'm talking about with Americans of all ages: increasing our health literacy.

Health literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate health decisions.

Low health literacy contributes to our nation's epidemic of overweight and obesity. For example, some mothers are unaware that they can promote their baby's health through breastfeeding. Experience with my own patients and students indicates that many Americans don't understand the impact of caloric intake versus expenditure.

Every morning people wake up and, while they're sitting at the kitchen table, they read the newspaper and the cereal box. Throughout the day they read the nutritional information on their meals and on their snacks. But do they really understand the information they're reading?

The labels list grams of fat. But do you know how many grams of fat you should eat in a meal? Or in a day? Or how many is too many? Or too few? These are seemingly simple questions, but we're not giving Americans simple answers.

Parents are hearing about overweight and obesity. So they're trying to figure out how much food they should feed their children. How much is too much? How much is not enough? They're concerned and confused about everything from calories and carbohydrates, to vitamins and portion sizes.

When children are growing and developing, a restrictive diet may not be the best choice for every child. Just as with adults, one diet does not fit every child.

As parents, we know that. But when we see a child gaining weight and not exercising enough, we see the social and psychological pain it causes. When we see a child's self-esteem drop by the day because she's left out of schoolyard games, or because he just can't keep up with the other kids on their bikes, we know that we need to help that child.

I'm pleased to hear from parents and pediatricians that moms and dads are asking about how to establish healthy eating habits for kids.

Parents should always talk to a pediatrician or family physician before putting any child on a diet or beginning any vigorous exercise plan.

The reality is that often, if a child is overweight but still gaining height, the best thing parents can do is maintain the child's weight. Kids come in all shapes and sizes, and sometimes a child just needs a little more physical activity and a little less food intake. Again, it's not about blame—it's about balance.

And to make healthy choices, parents and children need easy-to-understand information that fits into their busy lifestyles. All of us—government, academia, health care professionals, businesses, schools, and communities—need to work together to ensure that straightforward information about healthy eating and physical activity is available.

For example, Secretary Thompson announced last week that food labels will list trans fat content. By putting trans fat information on food labels, we're giving American families information to make smart choices to lower their intake of these unhealthy fats.

The food pyramid is another great example. It's probably the most-recognized nutrition guideline tool in America. HHS is looking forward to working with the Department of Agriculture to evaluate and update the food pyramid based on the latest scientific evidence.

I don't have all the answers today. But we can figure this out together. We can increase health literacy and reduce childhood obesity. Secretary Thompson has been a pioneer in getting prevention into the American mindset. We're starting to see some results, and we need your help. As members of Congress, as members of your communities, and as parents, you are role models and leaders.

As Surgeon General, I charge you to make healthy personal choices in your own lives, and to set good examples for all the children around you.

And I ask you to work with me to support our efforts to improve Americans' health literacy, to put prevention first, and to end our nation's obesity epidemic before it has a chance to reach into another generation of Americans.

Thank you. I would be happy to answer any questions.

Chairman CASTLE. Without objection, your testimony will be submitted for the record.

I'm going to ask Secretary Bost for a favor. Can we ask questions of Dr. Carmona now? He has to leave in 15 minutes.

Mr. BOST. Absolutely.

Chairman CASTLE. Would you be able to stay and then testify at 10:30?

Mr. BOST. Yes. Not a problem.

Chairman CASTLE. That's great. Thank you very much. That gives us a little bit of opportunity now. I will be brief in my questions so I can give other members an opportunity.

First of all, I agree with what you're saying. In fact, as you've indicated, I've been involved with legislation in this area, and I'm extraordinarily concerned with childhood obesity because of the continuation into adulthood, and I don't know all the reasons for it, but I believe it's well-documented and is accurate and it's also well-documented and accurate that it does lead to health problems later in life, and I agree with some of your solutions, the 60 minutes of activities.

I was just thinking, I hate to show my age, but my father wouldn't allow television in the house, and of course, obviously, when I was young, it had been invented, but they wouldn't allow it in the house.

[Laughter.]

Chairman CASTLE. And we had no video games, and we obviously couldn't surf the web, and those kinds of things.

The gentleman from Michigan can hold his comments to himself, if he doesn't mind.

[Laughter.]

Chairman CASTLE. So some of these things happened naturally, and obviously, it's not natural now. There are a lot of very interesting activities these kids can follow.

I also notice, when I go to restaurants, the portions are larger, much less the portions that are served at home.

Is there a thought here in terms of our society? I mean are corporations, the fast-food providers, the restaurants at fault? Are we not educating our kids correctly as far as nutrition is concerned?

In addition to the things that you are doing in the schools and the states, and obviously stating the facts—and I think a hearing like this is helpful unto itself—are there other societal areas that we should be looking to in terms of the fat—I was going to say the fact—the fact that we are perhaps eating too much and growing larger than is healthy?

Dr. CARMONA. Mr. Chairman, I think as you've alluded to in your questioning, this is a multi-factorial problem. There is no single solution.

I think that, you know, there is nobody that is truly at fault. I think there are a number of issues that have occurred, as our society and our culture has changed over the last few decades, as we've become more sedentary because of TV, because of movies, because of video games; as we've become a fast-food society because of all of the things that we need to accomplish in a day.

All of these things have merged together to create a young more sedentary population who doesn't pay much attention to what they're eating, and also quality, but quantity of what they're eating, and this has resulted in this epidemic of obesity.

So really, it's a problem that I see that we all need to address. That is, your leadership in Congress, we as the Surgeon General, Health and Human Services, parents, schools, teachers, business, which is why, you know, I think wisely, the President and the Secretary have directed me, and I strongly agree, to work with industry, to work with business, to form partnerships so that we can all change the environment that our children grow up in and provide healthier lives for them.

Chairman CASTLE. Thank you. Ms. Woolsey.

Ms. WOOLSEY. I have to tell a little story.

I have an almost three-and-a-half-year-old grandson, and I was babysitting a couple weeks ago, and we were sitting on the floor playing Power Rangers, and I saw one of the little knicky-knacky things they get from McDonald's, and I said, well, you know, "tell me about this, Teddy."

And he started telling me what it was all about, and then he said, "Amma"—that's what he calls me—"you don't have to do this, but you know, the next time you babysit me, you could take me to McDonald's."

And I mean—I laughed, of course, and said, 'You know, it looks like you already go to McDonald's. You need me to take you someplace you've not been."

Now, this is a family where I know how my son was raised, and he's got a three-and-a-half-year-old that knows all about McDonald's.

So my question is—and this is not an obese little kid. He never stops. He never sits down.

Are poor children more or less overweight? Are there any studies about poor kids that would—you know, I mean, they supposedly, they eat less if they're that poor, but what do they eat?

I mean, is there anything that we should be knowing about that?

Dr. CARMONA. There are studies that have been done that have socioeconomic correlates, as well as correlates with gender and with ethnicity, and what in general is found is that minority chil-

dren, for instance those that are Latino, Hispanic, blacks, tend to have a slightly higher percentage of obesity.

In some areas, some poor children, some poor groups tend to have more obesity associated with them, also, and a lot of times there's crossover, because it happens to be the same minority children who happen to be from the lower socioeconomic groups—not always, but sometimes.

So there is some data to support that.

However, I believe that the same factors play there, a sedentary lifestyle. Sometimes culture is involved, how we prepare our foods.

You know, being of Hispanic origin myself, I know how my grandmother used to prepare food, and it wasn't uncommon that they made it with lard that was stored in the back of the refrigerator, because that's how it was brought from her grandmother, my great-grandmother.

So sometimes, the culture plays a role in how the foods are prepared, and this is where health literacy is so important, because very often, the culture doesn't take into account new scientific advances. This is the way our family has done things over time.

So health literacy becomes important that we have to educate people as to better, improved, more appropriate ways to prepare their food, for instance, that would result in less fat and less obesity.

Ms. WOOLSEY. Well, thank you, and I'm not going to ask another question. I want to make a very short comment.

That is, we're the perfect Committee, because we're both education and nutrition, so literacy is something we have to wrap our arms around.

Dr. CARMONA. Thank you, ma'am.

Chairman CASTLE. Thank you, Ms. Woolsey. Mr. Osborne.

[No response.]

Chairman CASTLE. Mr. Upton.

Mr. UPTON. Good to be with you again. You made some very good points here, particularly that the behavior that our kids learn today is the behavior that does indeed last a lifetime.

I just want to make a point. I've introduced bipartisan legislation with my colleague, Mr. Kind, who is from Wisconsin on the other side of the aisle, that in fact is an important step toward encouraging kids to eat good food, by tying it into local farm products.

We have a bill that has $10 million in new authorization that allows grants up to $100,000 per school district to actually work with local farmers and growers to get some of that local produce.

I look at Southwestern Michigan, whether it's blueberries or asparagus or other vegetables that I have trouble getting my kids to eat right now, but I know that if they get in that habit, in fact, they're going to keep those habits forever, and we're hoping to include this as part of the bill, and your testimony I think underscores that importance.

So good to see you, and I yield back.

Dr. CARMONA. Good seeing you. Thank you.

Chairman CASTLE. Thank you. Sometimes we have trouble having our Presidents eat some of those green foods that you're talking about. We have to work on that.

[Laughter.]

Chairman CASTLE. Ms. Majette is recognized.

Ms. MAJETTE. Good morning, Mr. Chairman and good morning, doctor.

I agree with everything that you've said in your testimony, and with the written testimony that I have here before me, and one of the concerns that I have is that with respect to the increased physical activity and getting children to understand, and parents to understand the importance of that regular activity, we face a challenge in Georgia and in other places across the country with respect to funding in the public schools.

What has happened is that as we look to reduce the costs of educating our children, physical education programs are being cut, and I think that has had a direct impact on the ability of parents and children to be able to have that increased physical activity and have that built in as a part of their regular school day.

Is there any way that you can help us in addressing that situation? What would be your view on that situation?

Dr. CARMONA. Yes, ma'am. Thank you.

I think it's an excellent question, because the trend in increases in physical inactivity is increasing, and one of the things that we have already begun to do, through programs with HHS, our Healthier U.S., our STEPS program and such, is to increase physical activity.

In my own practice as the Surgeon General, as I am moving about the country, in for instance the 50/50 program that I'm going, as I visit schools around the country and I meet with school administrators and such, I encourage them to make sure that physical activity is not removed from their curriculum, as I've gone around the country and given public addresses to large groups of school administrators and teachers and superintendents, also encouraging them to consider keeping that in the curriculum, because the ramifications of removing it are very significant, and that's why we're here.

So I'm doing everything I can to shed light on this significant problem. Part of it is raising the awareness that I think some are not aware of regarding what the potential outcome is of removing the physical education.

So with your help, of course, with Congress, in making this an area of importance nationally, with raising health literacy so people understand these issues, I think we can stop this from occurring, but we really first have to raise the consciousness, which I understand is the genesis of your remarks and what you're trying to do, and I will continue to do so.

Ms. MAJETTE. Thank you. I yield back.

Chairman CASTLE. Thank you, Ms. Majette. Mr. Osborne.

Mr. OSBORNE. Thank you, doctor, for being here today.

One thing that has occurred to me is that maybe somewhat of a parallel problem that we've faced is smoking, and probably have been proactive in attacking smoking for a longer period of time, and I would suspect that there aren't very many people in the United States who don't realize the dangers of smoking, because of the impact of the advertising campaign.

On the other hand, I would suspect that there are relatively few people in the country who understand the dangers of obesity, and

so I think that awareness is critical, and I think we can do some things regarding school lunch, which will help, and maybe done some things regarding education in the schools so kids understand nutrition better.

But to reach parents is the key thing, because they're the ones that are preparing the meals most of the time, and turning off the TV or not, and so the thing that I'm interested in is some type of a fairly massive advertising campaign which would maybe raise this issue to the level of smoking.

I know that takes money. Maybe we'll get some cooperation from the food industry. Maybe some people will give us some PSAs.

But I wondered just what your plans were in that regard as to reaching the American public in a rather large scale effort.

Dr. CARMONA. Thank you, sir, and I think it's an excellent point.

Again, we're already beginning to move in this direction. One of the things we want to do is raise the issue of health literacy, because we really feel that that is the currency of success. You need to understand, after you have the awareness, understand how to utilize this information and what it means to your and your children.

I think your comparison to cigarettes is an excellent one, but I would draw the parallel that Luther Terry, my predecessor, in 1964 released the first Surgeon General's Report on Smoking. We are 40 years down the line, and we are still struggling with that.

Often, many of these cultural transformations are intergenerational. Even with a lot of time and commitment and money, it takes time, and I think it's an incremental approach, even if we saturate the media and have good PSAs.

So I think it's the way to go, and maybe we can learn some lessons from the lessons of tobacco, which we've seen for 40 years and we see where we are today, where cigarette smoking, for instance, still is the largest killer of all Americans, over 400,000 a year, so that we still have a significant problem, although we have made huge strides, but it's taken us a long time and inter-generationally.

One of the things I mentioned a little earlier was that, you know, we have been doing everything we can to partner with the private sector, as you alluded to, not just for funding, but to get their true partnership and commitment from those people who manufacture the foods, the fast-food agencies, those who make physical activity equipment, and figure out new and innovative ways to continue to bring the message to the American public, to the parents especially, and to the children to look cleverly at the markets, like the private sector does, and segment those markets.

I mean, how do we best motivate youngsters, I mean adolescents, teenagers, and so on? Well, the private sector does that very well. They know how to segment the markets.

So we've had conversations with Sesame Street, with MTV, with Disney, to look at the best practices so that we can penetrate those markets and try and start changing the behavior.

Mr. OSBORNE. Thank you.

Chairman CASTLE. Thank you, Mr. Osborne.

And the final member who will be able to ask questions, because of the time limitations, perhaps for 3 minutes, is Mr. Kucinich.

Mr. KUCINICH. Thank you very much, Mr. Chairman.

Doctor, in light of your stated concern about obesity and hyperactivity among our schoolchildren, does the administration have any plans to deal with the presence of junk food, processed foods, and sugar-based, caffeinated products in our schools?

Dr. CARMONA. Thank you, sir.

We've already begun working on that. The Secretary and I have met with industry leaders in the food industry, both fast food and food preparation industry, to form partnerships, to again raise their literacy, if you will, as to this epidemic and what they can do to help us.

We've been very pleased at the responses that we have received from the private sector thus far, willing to change menus, to improve health literacy, and help us get the word out.

We've also met with various school districts and school organizations regarding the issues of the type of foods they have for snacks in the machine issue. As you know, those are often local issues, controlled by the local school boards, those decisions.

So we feel it is our obligation to raise the awareness that if they choose to have snacks that are available, that they are nutritious snacks, and that parents, school boards, and the leadership in the schools become very involved in what the children eat and can't eat during those schools hours, because it's very important.

Mr. KUCINICH. Thank you.

Chairman CASTLE. Thank you, Mr. Kucinich.

We actually have you on time, and we thank you, Dr. Carmona, the Surgeon General, for being here with us. We obviously wish it could be longer.

I think you will find that this Committee, and I hope I'm not speaking out of school, but this Committee is very if not extremely supportive of all that you are doing in this area, and we appreciate it and we hope you continue to carry out the good work, as we continue to work with this bill and will continue to work with your office, as well, in terms of getting the best legislation possible.

So we wish you luck for the rest of the day, and good luck making your airplane.

Dr. CARMONA. Thank you, Mr. Chairman, and thank you for the courtesy of allowing me to leave early, and I sincerely look forward to working with all of you, attacking this very important problem before us. Thank you.

Chairman CASTLE. Thank you very much. We appreciate it.

We will now turn to Secretary Bost, who has already been introduced. Don't leave, everybody. We have not only Secretary Bost but we have a very good panel after that, continuing to discuss the same issue, so hopefully, everybody can stay and absorb some interesting information concerning these problems of nutrition.

Secretary Bost, we're delighted to have you here. Thank you very much for your patience, by the way.

STATEMENT OF HON. ERIC M. BOST, UNDERSECRETARY FOR FOOD, NUTRITION, AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE

Mr. BOST. Oh, absolutely. Good morning. Thank you, Mr. Chairman and members of the Committee.

I'm Eric M. Bost, Under Secretary for Food, Nutrition, and Consumer Services at the United States Department of Agriculture.

I'm happy to be here today to talk about the administration's recommendations for the reauthorization of the Child Nutrition Programs and the Special Supplemental Program for Woman, Infants, and Children (WIC).

You have my written testimony, so my remarks will highlight the improvements we recommend for these programs.

What guides our recommendations?

The opportunity to make a difference in children's lives in evident and our responsibility is clear, but we can't do it alone. That's why last spring, Deputy Under Secretary Bierman and I conducted listening sessions around the country.

We listened to parents, providers, school administrators, students, WIC participants, who came and told us what they thought about our programs, what they liked, what they didn't like, and what they recommended we change.

Through this process, we gained important insights to shape our proposal. We established three guiding principles essential to the proposal we will bring to you today:

One, access to program benefits for all eligible children;

Two, support for healthy school environments to address the epidemic of overweight and obesity among our children;

And three, commitment to program integrity to ensure the best possible targeting of program benefits to eligible children.

Turning to the recommendations, Ensuring program access:

In our commitment to ensure program access, we propose, first, to consolidate the school meals programs into one program;

Second, increase the regular free and reduced-price breakfast rate to the severe need rate for all schools participating in the program;

Next, we propose to expand the 14-state pilot project often referred to as the Lugar Pilot;

Fourth, exclude the military housing allowance to improve access to those families who make the ultimate sacrifice for our country;

And finally, streamline the application process for both families and schools by requiring a single application per household and providing for year-long certifications.

Healthy school environment:

The prevalence of overweight and obesity among America's youth is an issue we must address. You have heard the statistics from the surgeon general. We also know why we have the problem. The reasons are clear and somewhere uncomplicated.

First, if you eat too much, and if you eat too much of the wrong thing, and if you get too little physical exercise, you will be overweight, and you are at risk of being obese.

We also know the environmental influences at work: the availability of sugary, high-fat foods; the move away from sports and exercise toward TV and computer screens; the lack of strong programs of nutrition education and physical education in many schools.

We all bear the responsibility for this problem and we all have a very important role to play.

For example, parents need to model healthy eating and physical activity behavior. Parents must also guide the choices of their children when they are too young to make informed choices alone.

Families and communities can make healthy eating and exercise shared activities, such as Colorado on the Move. Teachers can find ways to build nutrition and physical education into their curricula; and of course, the Federal nutrition assistance programs have a very essential and important role to play.

Some things that we're currently doing at USDA:

As part of the President's Healthier U.S. initiative, we promote the Eat Smart, Play Hard campaign that motivates healthy eating and more physical activity;

We promote healthy eating right from the start through our breast-feeding promotion and support activities through our WIC program;

We are expanding and improving program-based nutrition education and other services;

We promote the eating of fresh fruits and vegetables and whole grains;

And we encourage schools to establish healthy school environments.

We work with schools to more closely align the meals they serve with the dietary guidelines for Americans, but we must do more.

As part of reauthorization we propose to:

Support expanded funding for delivery of nutrition messages and materials;

Require schools to offer low-fat milk as a beverage option for schools;

Seek authority to continue the fruit and vegetable pilots through the end of school year 2005;

And finally, establish a health school environment that supports the President's Healthier U.S. initiative.

The administration proposes a multi-departmental implementation of Healthier U.S. in elementary and middle Schools through demonstration projects. The school districts will be asked to volunteer for the demonstration projects and will be provided financial and other incentives to implement one or more of the four keystones of Healthier U.S.

One, eat a nutritious diet;

Two, be physically active each day;

Three, get preventative screenings;

Four, make healthier choices.

The Departments of Agriculture, Education, and Health and Human Services will coordinate to achieve the goals of the demonstration projects. The evaluation component will provide information regarding these outcomes.

It's a leadership role, a supportive role, a proper role for government to give good nutrition a fighting chance by providing financial support to local schools that take action to promote children's health.

Our responsibility demands action. The action is real, it's important, and it supports local decisionmaking. It's outcome-driven and results-oriented.

Through leadership and support and partnership with the school districts, local schools, teachers, administrators, and parents, we take a step to improve the school environment through these incentive-based demonstrations projects that include an evaluation component that lets policy be guided by outcome.

Food safety is another integral and essential part of a health school environment that this administration supports. We recommend requiring school food authorities employ safe handling procedures in the preparation and service of meals.

Program integrity:

We cannot really succeed in our efforts without ensuring effective and efficient management of the resources that we have available. It is important to us not only from a management perspective but also in our role as public stewards.

As you know, we have a problem with the accuracy of certifications in the National School Lunch Program. While we do not know the exact scope of the problem, we do know that we have a problem and it appears from some information that the problem may be getting worse.

This is important, not only because improper certifications create a risk that nutrition assistance benefits are not getting to those who are eligible, but also because our school lunch certification data are used to distribute billions of other dollars in Federal, state, and local education aid.

With that said, any solution to the accuracy of certification in the National School Lunch Program will—and I repeat, will just as clearly as I can—ensure access to program benefits for eligible children and also ensure that no undue administrative burdens are added to the schools.

These recommendations include strong steps that we can take to begin to improve the process, protect the eligible children, and ensure their ability to participate in the program, and streamline the application and certification process.

WIC:

The successful public nutrition program, WIC, is also up for reauthorization. The President has been very clear regarding his commitment to this vital program by requesting unprecedented levels of funding for WIC.

Currently, over 7.5 million at-risk, low-income women and their young children are served every month. As part of the administration's reauthorization package, we propose:

Increased budget authority for WIC management information systems;

Development and support;

Expanded availability of breast-feeding peer counselors;

Establishment of a pilot project to determine how WIC can help prevent childhood obesity;

And authorization of a national evaluation of WIC every 5 years to ensure the program's effectiveness.

Mr. Chairman, I appreciate the commitment and longstanding support of you and the members of the Committee. I look forward to working with the Committee to enhance the effectiveness of the programs and further the positive impact they have on the health and nutrition of children and their families today and tomorrow.

Thank you again for the opportunity to present the administration's proposal. I will be happy to answer any questions that you may have at this time.

[The prepared statement of Mr. Bost follows:]

Statement of Eric M. Bost, Under Secretary, Food, Nutrition and Consumer Services, U.S. Department of Agriculture

Thank you, Mr. Chairman. I am Eric Bost, Under Secretary for Food, Nutrition and Consumer Services (FNCS) at the U.S. Department of Agriculture (USDA). I am pleased to be here today to talk about the Administration's recommendations for the upcoming reauthorization of the Child Nutrition Programs and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Within USDA,

Food, Nutrition, and Consumer Services is the lead mission area for improving the health and nutrition of all Americans, especially children as well as our most vulnerable individuals and families. Our agency oversees 15 nutrition assistance programs that touch the lives of 1 out of 5 people in this country every year. The National School Lunch Program alone serves an average of 27 million children each school day. Fifty-eight percent of these children receive a nutritious lunch free or at a reduced price. Nearly eleven million also take part in school breakfast, after-school snacks, and summer meals. Programs like these present us with an extraordinary opportunity to reach young Americans and send out strong, consistent messages about achieving and maintaining a healthy lifestyle. Through our school meals programs, summer feeding, child care and WIC programs, we are making important strides towards improving the quality of children's diets and raising their awareness of healthy choices.

Over a year ago, as we began considering possible improvements to the Child Nutrition Programs and WIC, we knew that an inclusive process, bringing together the suggestions of interested groups and individuals from across the country, would serve us well. So we traveled to nine cities to hear from advocacy groups, school lunch and child nutrition professionals and the public, about what was working and what needed improvement. From this process, we gained significant insight into the ways in which our programs could better meet their goals.

We have been guided by the belief that ensuring the strength and integrity of the nutrition safety net depends on programs being readily accessible by all those eligible for them, a strong commitment to encourage children to make positive choices about what they eat, how much they eat, and how active they are; and good stewardship of program resources, combining effective oversight with a minimum of red tape.

The reauthorization process gives the Administration and Congress the opportunity to empower local schools, parents, and communities to move toward a nutrition environment that values and fosters the health of our children. We believe that reauthorization of these programs should be guided by the following principles:

- Ensuring access to program benefits for all eligible children. To effectively and efficiently ensure access, we propose streamlining the application process and the administration of programs to minimize burdens on both schools and parents;
- Supporting healthy school environments to address the epidemic of overweight and obesity among our children by providing financial incentives to schools that meet the dietary guidelines; and
- Improve the accuracy of program eligibility determinations, while ensuring access to program benefits for all eligible children, and reinvesting program savings to support program outcomes.

This Administration believes that these principles provide the focus and framework needed to address the challenges and opportunities our nation faces in promoting good nutrition and health for all children.

Ensuring Program Access

Streamlining these programs by fostering common program rules and policies is an important step toward minimizing administrative burdens for those who operate the programs and ensuring easier access for parents to enroll their children. Over the years, school cooperators have requested streamlining of the Child Nutrition Programs, noting that in order to provide the full array of year-round services that are offered, they have to participate in four programs, with four different sets of rules. Further, cooperators argue that the restrictions placed on each of the various

meal services increase administrative costs and result in schools limiting the meal services offered to children in an effort to simplify administration of programs.

This Administration proposes to streamline the operations of the School Meals Programs under the auspices of one program, the School Nutrition Program. USDA expects that streamlined operations will permit schools to provide meals to children, 365 days a year. This proposal would allow schools to offer a full array of meals under one set of rules. Simplifying the administrative burden would allow schools to operate under one State administrative office and enable them to provide meals to children during vacations and holidays without having to apply for the Summer Food Service Program or the Child and Adult Care Food Program. We also recommend increasing the regular free and reduced-price breakfast rates to the severe need rate for all schools participating in the program.

We are interested in expanding access to the other programs that we administer, with a special focus on the Summer Food Service Program. This is one of my top priorities for FNCS. We are committed to improving access to nutritious food for children in the summer months, when school is not in session. The Food and Nutrition Service (FNS) launched a major effort last year, along with providers and advocates, to expand the number of sponsors, feeding sites, and participants in the Summer Food Service Program, and we continue to work directly at the local level, selecting unserved or underserved counties to develop potential sponsors, sites and vendors for this program.

But to meet our commitment to improve access for all children who are eligible, we must work closely with our program partners; individuals and organizations in communities across America who deliver the nutrition assistance programs, and work to make the programs accessible and effective. Faith-based organizations have played an important role in raising community awareness about program services, assisting individuals who apply for benefits, and delivering benefits. President Bush has made working with the faith-based community an Administration priority, and we intend to continue our efforts to reach out to that community to help accomplish our goal of ensuring access to all eligible children.

Healthy School Environment

The prevalence of overweight and obesity among America's youth is an epidemic requiring immediate attention. The percentage of young people who are overweight has more than doubled in the last 20 years for children aged 6–11 and almost tripled for adolescents aged 12–19. And we know that overweight among children is the precursor to obesity, and its related health problems, among adults.

Obesity is one health issue that affects every single one of us—through our families, our friends, our communities, our workplaces, and even our taxes. It causes more health problems than smoking, heavy drinking, or even poverty.

The immediate reasons for overweight among our children are clear and uncomplicated: too many of them eat too much, they eat too much of the wrong things, and they get too little physical activity. But these seemingly simple factors are influenced by many forces—the too-easy availability of sugary, high-fat foods; enticement away from sports and exercise toward television and computer screens; the lack of strong programs of nutrition education and physical education in many schools—that contribute to the increasing numbers of overweight and out-of-shape children.

We all bear some responsibility for this problem, and we all have important roles to play.

Parents need to model healthy eating and physical activity; currently 6 in 10 adults are overweight, and children learn from what parents do at least as much as what they say. At the same time, parents must guide the choices of their children while they are too young to make informed choices alone. Families and communities can make healthy eating and exercise shared activities. Teachers can find ways to build nutrition and physical education into their curricula, and school administrators can work to create a healthy school environment. The media can help as well, by promoting nutrition and physical activity at times that truly reach children and their caregivers.

And, of course, the Federal nutrition assistance programs have an essential role to play. We operate programs in over 93% of the schools across the Nation, serving over 27 million children each day. And USDA has been working for more than a decade to do our part:

- As part of the President's HealthierUS Initiative, we are pursuing a vigorous nutrition promotion campaign, "Eat Smart. Play Hard.", to motivate healthy eating and more physical activity;
- We are promoting healthy eating right from the start by expanding breastfeeding promotion and support activities;

- We are expanding and improving program-based nutrition education, and other nutrition services to motivate people to eat healthfully; and
- We are working to encourage schools to establish healthy school environments that offer nutritious foods and increase opportunities for physical activity through activities such as our HealthierUS Memorandum of Understanding with the Department of Health and Human Services and the Department of Education.

Additionally, USDA has worked with schools to more closely align the meals they serve with the Dietary Guidelines for Americans. Today, over 80 percent of NSLP schools offer meals that are consistent with good health. We have supported these changes by improving the quality, variety, and nutritional content of the commodities we provide to schools, and by providing food service workers with training and technical assistance to help them prepare more nutritious and appealing meals.

But there is more that we must do, and reauthorization offers us a prime opportunity.

- We support expanded funding for USDA to support the delivery of Team Nutrition messages and materials.
- We support requiring schools to offer low fat milk as a beverage option for school meals.
- And we propose to establish a Healthy School Environment that supports the President's HealthierUS and No Child Left Behind initiatives through financial incentives to schools that choose to meet certain criteria.

And so, the Administration proposes a multi-departmental approach to implementing HealthierUS in schools which is outcome driven.

The Administration proposes demonstration projects in schools across the country that operationalize the four keystones of HealthierUS:

- Nutrition—Eat a nutritious diet;
- Physical Fitness—Be physically active each day;
- Prevention—Get preventive screening; and
- Avoid Risk Behaviors—Make healthy choices.

Critical to the demonstration projects is an evaluation component that will provide information regarding outcomes to inform future policy. School districts will be asked to volunteer for the demonstration projects, and will be offered incentives to support the implementation of HealthierUS in their schools. Understanding the importance of local choice, schools will be able to identify if they want to implement one or more of the four keystones—incentives will be attached to each keystone and a special "HealthierUS" designation will be awarded to those schools that implement all four. The Departments of Agriculture, Education, and Health and Human Services will coordinate to achieve the goals of the demonstration projects.

For example, to earn a "HealthierUS" nutrition incentive, a school could design a nutrition program that:

- Serves program meals that meet Federal nutrition standards;
- Offers healthful food options in vending machines, school canteens, and their a la carte menu service;
- Promotes the consumption of fruits and vegetables; and
- Delivers nutrition education and participates as a Team Nutrition School. Team Nutrition Schools enroll for this program to encourage nutrition education and related good nutrition practices at their schools.

Nutrition experts could decide the specifics of these and other potential criteria. But the thrust of our recommendation is to give good nutrition a fighting chance by financially supporting local schools that wish to take action to promote children's health. Such an action empowers parents, school administrators, teachers, local communities, and States to improve the health of their children—a proper role for government, and a wise investment in the future.

The challenge of obesity did not appear overnight; it will not be solved overnight, and we cannot solve it alone. But our responsibilities to promote the Nation's health demand action now. Without it, the problem will only get worse. The cost in increased health problems among future generations is a price that is too high to pay.

We look forward to working with the Committee to develop a demonstration project as work to reauthorize the Child Nutrition Programs. The Federal government cannot create a healthy school environment on its own, nor can it mandate one to local schools. But it can offer leadership and support for schools and communities that are willing to invest in these efforts for the sake of our children. In conjunction with local school districts, we can use nutrition education and promotion to teach and motivate children to choose a healthy diet. We must also support local schools that make serious efforts to improve the school-eating environment and promote physical education in the school's curriculum, and consider financial and other incentives to reward their successes.

Food safety has always been an integral part of food service for the Child Nutrition Programs and is an essential part of the healthy school environment this Administration supports. To promote food safety, we recommend requiring school food authorities to employ safe handling procedures in the preparation and service of meals to ensure the delivery of safe, nutritious food. It is vital that the food we serve in all our nutrition programs be safe and nutritious under all conditions.

Fighting Hunger and Obesity

Does the epidemic of obesity mean that we have won the war on hunger? No. In spite of the success of our nutrition assistance programs, hunger remains a problem. In data for 2001, 3.5 million U.S. households were classified as food insecure with hunger. Low-income households may be eligible for more than one nutrition assistance program, but only five percent of eligible families receive benefits from food stamps, school lunch, school breakfast, and WIC in the same year. The majority of households participate in only one program.

Hunger and obesity co-exist in the United States and are no more mutually exclusive than cancer and heart disease. The Federal government has a responsibility to address both, and we are committed to ensuring access both to enough food and to the skills and motivation to make healthy lifestyle choices.

Program Integrity

However ambitious our agenda for the Child Nutrition and WIC Programs, we cannot realize and sustain effective change without careful attention to program stewardship and integrity. This is true for two reasons. First, program waste and abuse divert taxpayer resources from investment in the improvements we seek. Second, and perhaps more importantly, we cannot sustain these programs without continued public trust in our ability to manage them effectively. For these reasons, I consider program integrity as fundamental to our mission as program access or healthy eating. Program reauthorization provides a tremendous opportunity to improve the program by decreasing benefits currently paid in error and reinvesting the savings in targeted initiatives that increase program access and improve the quality of meals.

As this Committee knows, a great deal of attention—and some conflicting information—has emerged in recent months regarding the accuracy of certifications in the National School Lunch Program. USDA has been examining this issue for a number of years, and while we do not have data that allow us to estimate the exact level of error in the program, we have clear indications from a number of different sources that there are problems with the school meals certification process. Further, the evidence suggests that these problems have worsened over time.

Currently, households report their income on forms sent out at the beginning of the school year, and school lunch providers are required to determine program eligibility based on the data; only a small percentage of the information is verified. Improper certifications create the risk that nutrition assistance benefits intended for poor children go to those who are not eligible. Furthermore, data on children certified for free and reduced-price meals is used to distribute billions in Federal, State, and local education aid, so errors in this data can undermine targeting of essential services to those most in need.

It would be irresponsible for USDA not to take steps to address the problem, and we have a plan for action. But before I present it to you, let me emphasize that the Bush Administration is committed to ensuring that all eligible children have access to free and reduced-price meals. We have had a continuing dialogue with the Congress, this Committee staff, the school food service community, and program advocates, and have been working to develop and test policy changes that improve accuracy but do not deter eligible children from participation in the program and do not impose undue burdens on local program administrators. The recommendations that we will pursue include:

- *Require direct certification for free meals through the Food Stamp Program.* Direct Certification is a simplified method of determining some children's eligibility for free meals without having the family complete a free or reduced price application. The school or the State agency obtains documentation from the State or local Food Stamp Program or Temporary Assistance for Needy Families office that enables the school to certify these children as eligible for free school lunches. As provided for in the President's budget, this would increase access among low-income families and reduce the application burden for their families and schools. The process of direct certification is significantly more accurate than paper applications.
- *For those who must continue to apply through paper-based applications, enhance verification of those applications* by drawing verification samples early in the

school year, with all verifications to be completed within 45 days; expanding the verification sample; and including both a random sample and one focused on error-prone applications in each school.

- *Minimize barriers for eligible children who wish to remain in the program by requiring a robust, consistent effort in every State to follow-up* with those who do not respond to verification requests. USDA would require that an initial contact to the household be in writing, and in the event of no response to the initial contact, multiple attempts at a follow-up telephone contact would be required.
- *Streamline the process for those who must still submit paper applications* by requiring a single application for each household.
- *Provide for year-long certifications in both paper-based applications and direct certifications,* eliminating the need to report income changes during the year.
- *Provide funding to support these new/enhanced administrative efforts.* Let me note that while we consider this enhanced verification process an important step to improve integrity, we should not require that these expanded efforts be placed in the hands of already overburdened food service workers.
- *Initiate a series of comprehensive demonstration projects to test alternative mechanisms for certifying and verifying applicant information,* including use of wage data matching that identifies eligible and ineligible households and a nationally representative study of overcertification error and the number of program dollars lost to program error.

These recommendations include both strong steps that we can take immediately to address the issue, and a plan to continue research and demonstration efforts to build on these early steps with further improvements over time. Further, we expect to learn more about the problem of certification inaccuracy, and potential solutions in the coming months as the results of our research and analysis continue to emerge.

The Administration has committed to reinvest any savings that result from an improved certification system back into the program—and especially to the low-income children who rely on it. Our commitment to maintaining access to the program for these children is fundamental, and the proposal I have outlined offers a substantial response to the certification accuracy problem without jeopardizing children's eligibility, or unduly burdening our schools. I look forward to working with you to pursue these improvements.

Special Supplemental Nutrition Program for Women, Infants and Children

I would now like to talk about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC has proven to be one of the most successful public health nutrition programs ever created by Congress.

Each month, WIC provides over 7.5 million at risk, low-income pregnant, breastfeeding and postpartum women, infants and very young children with supplemental food packages targeted to their dietary needs, nutrition education and referrals to health and social services. Nearly one-half of the infants born in this country receive WIC benefits.

The success of WIC is well documented. Participation in WIC leads to better pregnancy outcomes—fewer infant deaths, fewer premature births, and increased birth weights. Medicaid savings for newborns and their mothers in the first 60 days after birth average between $1.77 and $3.13 for every dollar spent on WIC. These results, we believe, are attributable to the unique design of the program, which is comprised of:

- A nutrition prescription that allows pregnant and new mothers to purchase food dense in nutrients that are often lacking in the WIC population;
- Individualized nutrition education and counseling; and
- Critical referrals to other health care and social service assistance programs.

As we study improvement to the WIC Program during reauthorization, the Administration is especially supportive of improving nutrition services and expanding Federal support for technology and innovation. In the area of technology and innovation, this Administration supports $30 million in annual budget authority. This money would be earmarked for WIC Management Information System (MIS) development and support. Many WIC State agencies are operating outdated systems. These funds would help to strengthen these systems, which are critical for effective program management.

Additionally, promising improvements would result from authorizing a national evaluation of WIC's effectiveness every five years; expanding the availability of breastfeeding peer counselors to provide support to breastfeeding mothers; and authorizing obesity pilot projects to evaluate whether WIC can help prevent childhood obesity.

Conclusion

Mr. Chairman, I appreciate the commitment and long-standing support of this Committee in recognizing the importance of good nutrition as part of an overall healthy lifestyle for all Americans. As we prepare to reauthorize the child nutrition programs, we are mindful of the critical contribution they make to life-long eating habits and good health.

But, the Federal government cannot—and should not—do this job alone. Meeting this challenge requires all of us parents, family members, our schools, our communities, local and national organizations, industry and all levels of government, State as well as Federal.

Mr. Chairman, this Administration looks forward to working with your Committee in reauthorizing the Child Nutrition Programs and WIC to enhance their effectiveness and further their impact on the health and nutrition of families today and in the future.

This concludes my prepared remarks. I would be happy to answer any questions you might have at this time.

Chairman CASTLE. Well, thank you, Secretary Bost.

Mr. BOST. Thank you.

Chairman CASTLE. You touched on a lot more subjects than I can ask about in a very brief period of time, and I'm appreciative of that, and unfortunately, we can only hit on certain things.

I'm going to sort of stay with the health theme here for a while. Obviously, we have to worry about the WIC program and others and the funding of those kinds of things, too.

But one question I have. We fuss about this. But I'm worried about the educational component in all this, but not education, per se, perhaps, as much as a combination of education and culture—that is, what we see on TV or whatever.

Are we accepting, in the culture of the United States, not just TV, but in general, the fact that we have overweight kids that may lead to overweight adults which may lead to health problems, or are we trying to make some sort of a statement, other than those of us who take ourselves very seriously and come to these hearings and say these things, saying it, are we doing it in a way that's really going to get to people?

Ms. Woolsey mentioned, or asked whether or not there's a greater problem in lower-income communities, and I have to believe, to some extent, there is, again because of lack of perhaps education and culture.

They probably don't read Nutrition Newsletter, or whatever it may be, and perhaps don't get the information on the health connection.

What are we doing, or what do you feel comfortable that we should be doing as a government in terms of cultural outreach, as well as the pure education?

I mean, I know at my state fair, I hand out literature from our various agencies. I wonder if anybody ever reads it or if it's written in a way that anybody would want to read it. I mean, it's not the Da Vinci Code, it's something that's just not very interesting to a lot of people. So I'm concerned about that.

In other words, how do we reach people? What can we do to reach people without pointing a finger and lecturing them?

Mr. BOST. Well, I think that there are several things that we're currently doing in the Department that we're ultimately responsible for in terms of, for example, the Eat Smart and Play Hard

campaign that essentially targets essentially children and to some extent their parents.

Also, there's a Changing the Scene Kit that we actually have distributed to schools that teachers are able to use as a part of their curriculum in terms of making some informed decisions and choices.

We also do a lot of work with stakeholders in terms of being able to get the message out.

However, it's really important to note, because you hit on something that the Surgeon General also mentioned. It is really my belief that in this country at this juncture, we don't see this as a serious problem yet. It is a major problem.

For example, 65 percent of all children in this country have a TV in their room—65 percent. They spend their time looking at TV as opposed to involved in any level of physical activity. They eat more. That contributes to issues of obesity.

It's those types of issues that we need to start to address if we're going to start to turn this issue around.

In terms of some specific things that we're doing to address the cultural aspects of this problem, one of the best programs that we have available to us, that's in our tool box, and I'll use that, is our WIC program.

Our WIC program is a wonderful program in terms of providing hands-on, very individual-based nutrition education and counseling to mothers with their child and while their child is present, and so that's why we're doing some things to expand that program.

In addition to that, one of the simple things that we could do is to encourage breast-feeding.

Research indicates that those children that are breast-fed, for whatever reason, are not as likely to be obese when they get older. It's good for the child. It's also good and healthy for the mother.

So this is a program that we have that is very important in terms of, one, addressing the issues of obesity that we're all facing, but it also goes a long way toward addressing some of the cultural issues that you spoke to.

Last but not least, we are and have looked at some of the programs around the country that go a long way toward addressing some of the cultural based issues that you spoke to.

For example, went to Alabama, met with staff in Alabama to talk about a program that they're devising and actually working with clients to start to address some of the issues that they're facing.

For example, Alabama has one of the highest rates of heart disease of any state in the country. That's based on the way the types of foods that they eat are prepared. Almost everything is fried.

The work that is being done at Alabama University is to work with persons to essentially say, "There is nothing wrong with that fried catfish that you want to eat today, but maybe next time, why don't you broil it? Maybe the next time, why don't you grill it?"

So we're providing people with some information that they can use, but also we're hopeful that we're able to move them in the direction where they're able to make some healthier decisions and choices.

Chairman CASTLE. Thank you, Secretary Bost.

I yield to Ms. Woolsey for 5 minutes.

Ms. WOOLSEY. Thank you. I'm going to ask three questions. I'm not going to say anything else.

One, what is the Department doing to ensure that funding will be there for these good programs you just outlined for us?

Two, why demonstration programs when we know these programs work?

Three, what do you need us to do at our reauthorization so that we can fulfill your wishes with WIC?

Mr. BOST. Let's talk about your first question, Congresswoman Woolsey.

If you look at all of the things that I laid out, I laid it out in terms of a package, and they all interrelate and they all fit together.

Providing the Department and me with some latitude to put those pieces of the puzzle together will afford us an opportunity to have some money at our disposal so that we're able to do some of the things that I talked about.

If you take some of those pieces away, then essentially it's a push-pull and money won't be available to do many of the things that I talked about, and so that's why it's so important that I presented these things as a package, because they all interrelate with each other.

We're looking at using some of the improved efficiencies that I'm hoping to gain in this program that we will take money and put it back into the program, and so it's and not really savings. It's a redirection of money that we hope to be able to utilize.

In terms of demonstration projects, you say that we know.

Well, we have some data that would lead us to believe that there are some thing that are working, but I think it's really important that we look at providing schools with the opportunity to volunteer for some of the demonstration projects so that we can take that information and make informed decisions and choices that we can utilize across the entire country.

Let me add some specificity to that.

I had an opportunity to attend a conference, maybe six to 8 weeks ago, at the University of California at Davis. The leading researchers around the country were there to talk about this issue of meeting the needs of poor people and obesity.

And one of the things that they said was that we don't have enough research, we don't have enough data to make some informed decisions about exactly what we need to do in the future in terms of dealing with this issue, because it comes down to a basic issue of getting people to change their behavior in terms of decisions and choices that they make regarding how they eat.

So we have some information, but the demonstration projects would allow us an opportunity to get, hopefully, better data and information.

Ms. WOOLSEY. And the WIC, you want just a big basket of money and then you'll take care of WIC?

Mr. BOST. Well, we're in support of the President's budget. The President's budget provides us, we believe, with a significant level of resources to meet the needs of people in this country that are eligible to participate in the WIC program.

Ms. WOOLSEY. Is there anything in the budget that will help with the connection between a nutritious breakfast and learning, and for not just elementary kids but particularly for teenagers who don't, in some way to get them to want to eat breakfast?

Mr. BOST. Well, interestingly enough, as you know, we are into the last year of the breakfast pilot, and—

Ms. WOOLSEY. That would be mine.

Mr. BOST. Yeah, that was yours—and we are continuing to review the results of that pilot information to make a determination of things that we need to do to extend it to older children.

The one thing that we saw from the pilot was the fact that younger children essentially, I think 96 percent currently do already participate in breakfast for young children.

For older children, and I'm specifically talking about teenagers now, the issue of tying breakfast to what's in it for them is something that we've started to talk about.

Teenagers, as you know, are a different animal, and those who have had some can appreciate, what I'm saying, is the fact that we're trying to take a different approach in terms of just trying to go beyond the issue of nutrition education, but essentially saying what's in it for them.

For example, one of the programs that I looked at in Eastland, Texas was that the high school had some of the athletes talk to the middle school and younger kids about eating healthy and eating breakfast and exercising, and it resonated, because you had kids that they looked up to to do that.

So we're looking at those types of activities and trying to be innovative and creative so that we're able to look at making some changes to address some of these issues.

Ms. WOOLSEY. I'd like to remind you, though, that it has to be available to them. You can't tell a kid they have to have a nutritious breakfast and then it's just not even there.

So thank you.

Mr. BOST. Absolutely.

Ms. WOOLSEY. Thank you very much, Mr. Secretary.

Mr. BOST. Absolutely.

Chairman CASTLE. Thank you, Ms. Woolsey.

Mr. Osborne.

Mr. OSBORNE. Thank you, Mr. Chairman.

Thank you for being here today. We had a chance to talk yesterday, so I understand much of what you're trying to do.

I'd like to focus on a couple of areas here.

One is, you mentioned in your testimony program integrity, and apparently right now, for lunch and breakfast programs, it's pretty much self-report in terms of your income level, and there's some concern about how accurate these reports are.

And I guess one of the real concerns also that we have is that ofttimes, Title 1 money is distributed based on how many students participate in these programs, so if the data is inaccurate to start with, then the distribution of not just lunch and breakfast money but also Title 1 money can result.

So to get this accurate, I think, is really important, and I think you're trying to do some things here, and I just wondered if you could amplify that a little bit for us as to what you feel you might

be able to get done and what savings might result, and get into that a little bit.

Mr. BOST. Well, interestingly enough, this is an issue that I faced when I became Under Secretary, and it's one that we've looked at.

Before I get into some of the initiatives that I've, one, laid out, and that we hope to implement, we're looking at striking that balance, striking the balance of ensuring that we maintain or improve the integrity of our program without either inhibiting or preventing eligible children from participating, and of course not bringing an additional administrative barrier on the schools.

So I'm looking at those types of initiatives that we can put in place that's going to be able to strike that balance so that all of those things occur, and we believe that some of the ideas that I laid out, and I'll talk about them again, will go a long way toward addressing some of those issues.

First and foremost, utilization of direct certification through our Food Stamp program.

Essentially, that would mean that those children and their families that are currently enrolled in the Food Stamp program would automatically be eligible for free meals.

It would mean that they wouldn't have to produce any documentation at all, and so that would go a long way toward ensuring that they're eligible, and would be somewhat easier on the schools, because they would have to match up the tapes, and we're going to provide them with some additional monies essentially to do that.

Year-long certification, which essentially means that they're able to do it after you've done it one time, regardless of the changes that may occur in your family situation, you're still certified for the course of the year.

One, streamline the process for those, with a single application per household instead of multiple applications for children in the family, and of course, I think the issue that everyone has a significant amount of concern about is the enhanced verification to actually go back and check on those that happen to produce paper-based applications.

But the issue for me is that we're also building into this process a very robust followup system to ensure that we reach any child that may be eligible to participate, that for whatever reason, may fall through the cracks.

Very clearly, as clearly and succinctly as I can make it today, there's a real commitment on myself, on the part of the Secretary, and the President of this country to ensure that every single child that is eligible to participate in this program, that we don't do anything to prevent that from occurring.

And for those, for whatever reason, whether it be through a misstep on their part or some administrative problem, we don't want that to occur, because essentially, you're taking money away from eligible children who should receive that free, whether it be lunch or breakfast.

And so we've laid out some proposals that we feel will go a long way toward beginning to address this issue.

As I've said to the stakeholders, I'm interested in putting something to start something out. It can't be a demonstration project.

I think we have to go beyond that, because we won't receive any information or address the issue.

I'm interested, since the all-star game was on last night, I'm interesting in getting to first base.

I'm not interested in hitting a home run, because I don't think that we have enough reliable data to hit that home run, but I am interested in getting to first base, because I'm committed to ensuring that we improve the integrity of this program. I think the time is overdue for us to at least try.

Mr. OSBORNE. Thank you. I yield back.

Chairman CASTLE. Thank you, Mr. Osborne.

Ms. Majette is recognized for 5 minutes.

Ms. MAJETTE. Thank you, Mr. Chairman, and thank you, doctor, for being here this morning.

I'm very encouraged by what you've said in your testimony and by what you just said about the trying to streamline the process and make it easier to identify people who should participate, and making sure they continue to participate.

Can you be a little more specific in terms of the plans that you have? Are there things in place, or are you anticipating putting things in place that will address the different language barriers that exist with respect to getting people involved in the programs?

Mr. BOST. Well, interestingly enough, I think right now we interpret applications into 18 different languages already, and staff are continuing to work on doing that.

We also have out reach services to help those persons that might have some difficulty in terms of completing applications to participate in our programs.

But interestingly enough, with direct certification, it doesn't require a person to fill out an application. They're automatically enrolled if they're receiving or participating in the Food Stamp program.

So that's why it goes a long way toward making it easier for the client and child to participate in the program, because essentially it doesn't mean that they have to do anything.

If they're currently enrolled and participating in one of our programs, they will be automatically enrolled in the National School Lunch Program, receiving a free lunch.

So that's why we believe that it goes a long way toward one, improving the integrity of the program, and two, making it easier for children to participate.

Ms. MAJETTE. Would that same coordination take place with other agencies that are also providing support for low-income children and families?

I mean, we have the CHIP program, Medicaid, the Low-Income Home Energy Assistance Program, community service block grants. We are considering the reauthorization of Head Start.

And one of the big issues that has been raised is the coordination of services.

Is there some way that you see that we can continue that, along the lines of coordinating these various services, identifying people who are receiving some of these services, and having them be able to have a one-stop application process for all of these to make it easier to have access?

Mr. BOST. Well, interestingly enough, that's one of the things that we're looking at and I did consider.

Let's talk about Medicaid and S-CHIP, and why we went to Food Stamps. For Food Stamps, essentially, the eligibility requirements are the same.

For CHIP, they vary from state to state, the eligibility requirements in terms of 133 percent of poverty level up to 200 percent of the poverty level. So essentially, it was difficult in terms of essentially doing that.

Another example that I'd also like to give you that we looked at regarding S-CHIP was the fact that even in some states, I think it's Arizona and one other state, that the eligibility requirements are different depending even on the age of the child.

And so to start, we thought it would be exceptionally difficult and an administrative nightmare and would not make it easier for the schools to do, but essentially more difficult for the schools to do in terms of starting.

With that said, however, we are looking at the possibility of providing states with a state option to add some of the other programs that you talked about, but one of the things that I would say to you is that, depending, or dependent upon what state and how many people were enrolled, it would add a significant cost to this proposal that we would not be able to fund. That would be one consideration.

And two, I'm always sensitive to any additional administrative paperwork that we would put on the schools when they've told me that they want me to try to take some off.

Ms. MAJETTE. Do you think it would be easier if we just drew a bright line and had a national level that wouldn't require this continuing state-by-state parsing it out?

And I'm asking that question because we're struggling here with this whole notion of now giving back to the states, just giving them the money and letting them figure it out.

Isn't it simpler if we have one standard that everybody can work with and eliminate a lot of that duplication of paperwork and effort?

Mr. BOST. Well, interestingly enough, it would probably make it easier for us to administer the program. I don't know if some of the states would be happy with that decision.

Ms. MAJETTE. But it would make it easier for—

Mr. BOST. It would make it easier for me.

Ms. MAJETTE. —for you?

Mr. BOST. But we're also in the business of affording the states a great deal of latitude and flexibility in terms of providing services to clients and students and children, because we believe that they do know best.

So the issue is, it's not necessarily what I think. It's what would be in the best interests of meeting the needs of children, and that's always my focus.

Ms. MAJETTE. Thank you.

Mr. BOST. Thank you.

Chairman CASTLE. Mr. Wilson.

Mr. WILSON. Thank you, Mr. Chairman, and thank you, Mr. Bost, for being here today, and I particularly appreciate the Sur-

geon General and yourself promoting exercise, promoting better nutritional habits, and I know that we're very fortunate that you also recognize the role of parents in promoting exercise.

We've got leaders right here—Chairman John Boehner has been promoting young people in golf. I'm going to be doing my part next week—

[Laughter.]

Mr. BOEHNER. Will the gentleman yield?

Mr. WILSON. Yes.

Mr. BOEHNER. Of course, the gentleman realizes I take a walk every morning?

Mr. WILSON. And walk too, yes.

[Laughter.]

Mr. WILSON. And I've seen the Chairman walking. It's very impressive.

[Laughter.]

Mr. WILSON. And I will be doing my part next week. I'll be going with my teenager, 15, to film our Boy Scout camp, for a 100-mile backpacking trip, so I'm trying to do my part.

But on the issue today, with more and more evidence pointing to the health benefits of fresh fruits and vegetables, what step is the Department making to promote fresh fruits and vegetables available in the various school meal programs?

Mr. BOST. Well, interestingly enough, as a part of our commodity program, we've increased the availability of fresh fruits and vegetables, one, that are part of our surplus program, and two, that are on the list essentially for schools to actually request.

I think last year alone we purchased $7 billion worth of fresh fruits and vegetables that we actually distributed to school, and also we have an MOU with the five-a-day people in Health and Human Services to continue to get the word out about its consumption, and last but not least, we're also recommending an expansion of the fresh fruits and vegetables pilot that took place in the four states/100 schools and the Indian reservation.

Fresh fruits and vegetables are indeed very, very important, but also, whole grains are also, eating a balanced meal also, eating in moderation—all of those things are very important when we talk about encouraging people to move toward having a healthy lifestyle.

I'm really trying to get away from talking about all of us being too chubby, because it kind of turns us off. I'm trying to get us all to move in the direction of encouraging all of us to get a healthy lifestyle.

One of the questions that I was curious about with Chairman Boehner's golfing thing was, do you walk, do you carry your own bags, or do you ride a cart? So that's a question, you know.

[Laughter.]

Mr. WILSON. I wouldn't dare ask that question.

Mr. BOEHNER. On Saturday, I walked.

Mr. BOST. OK. So when we talk about playing golf, you know, that's one of the things that we'd have to consider.

Mr. WILSON. But we do have a national junior golf program that the Chairman has been very active in.

Another point in regard to fresh fruits and vegetables, I have a keen interest, with Congressman Majette, in that we feel that the peaches from the Southeastern United States are particularly helpful in promoting a glow of health, and so as you look around for fruits, I do want to raise that peaches are in ample supply.

Ms. MAJETTE. Will the gentleman yield?

Mr. WILSON. Yes.

Ms. MAJETTE. And I do want to point out that every year we have the annual Peachtree Road Race, which is the largest 10-K in the entire country, and so people are able to enjoy that and get their exercise, and I guess they eat peaches later.

Mr. BOST. Interestingly enough, let me take 30 seconds to respond to that by essentially saying the peach people come and see me, they would come and see me every day if we would let them.

Mr. WILSON. Yes.

Mr. BOST. They visit quite frequently, and believe me, we understand the importance of peaches, and one of the products that the kids love that's in one of the schools is the small tub of frozen peaches that the children really, really like, and it's a part of many of the fruit and vegetable bars that I've seen around the country.

So I think peaches are well represented.

Mr. WILSON. Well, it's certainly a great interest of the Congresswoman and myself, and being from South Carolina, we always like to point out that our sister state, which is much larger in terms of population and is known as the Peach State, is second in the Southeast after South Carolina in production.

And I yield the balance of my time.

Chairman CASTLE. On that high note, Mr. Owens.

Mr. OWENS. Thank you, Mr. Chairman.

I would like to—I appreciate the endeavors of the Subcommittee, since I'm not a member of the Subcommittee, but I have a great interest in the child nutrition programs and free lunch programs, because New York City, with more than a million students, and 60 percent of those being eligible for free lunches, has the largest free lunch program in the country.

There's a couple of questions I have, which get off the subject of peaches and onto the subject of milk.

You mentioned that breast-feeding is highly desirable and youngsters who are breast-fed come to have a tendency to be less obese. In another point in your testimony, you mention the fact that you're encouraging low fat milk to be utilized.

Now, we've had debates in the past on this Committee, and I don't know whether things have changed or not, but can you tell me, do we still require that all programs in the Department of Agriculture must serve whole milk?

Mr. BOST. It is my understanding that that is a requirement.

Mr. OWENS. That's a requirement in the law, right?

Mr. BOST. Yes, and that's why as a part of child nutrition reauthorization, we're also recommending that skim milk be offered as a choice, also.

Mr. OWENS. Well, is that a violation of the law if you recommend that skim milk be offered? Because we've had great debates here in this very room about skim milk being offered as an alternative and the law says whole milk must be served.

Now you mentioned low fat milk before. Is that a violation of the law?

Mr. BOST. No. What we're saying is, we're saying you can continue to offer whole milk, but we want schools to offer skim milk, also, and so not—

Mr. OWENS. The law allows you to do that?

Mr. BOST. Well, no, not yet.

Mr. OWENS. The law does not allow you to offer skim milk as an alternative?

Mr. BOST. Well, that's why we're here as a part of child nutrition reauthorization. That's part of my recommendation.

And I'm saying that the law, as I understand it, says that you have to offer whole milk.

What I am recommending is that I want the schools to also offer skim milk.

Mr. OWENS. That's part of the revision of the law that you're offering?

Mr. BOST. That is correct. That is part—

Mr. OWENS. Do you have the President's support for this?

Mr. BOST. Yes. That is one of my recommendations.

Mr. OWENS. Why do you think we have this requirement for whole milk?

Mr. BOST. I can't speak to that. Apparently that happened before my time.

Mr. OWENS. That happened before people became more diet-conscious, you think, in terms of these programs?

Mr. BOST. You're asking me to suppose, and—

Mr. OWENS. Are there any other requirements for any other food? Do we have to serve Texas beef or Iowa pork, or are there any other mandates of that kind—

Mr. BOST. No.

Mr. OWENS. —other than whole milk?

Chairman CASTLE. How about Delaware chickens?

[Laughter.]

Ms. WOOLSEY. California wine.

Mr. BOEHNER. Will the gentleman yield?

Mr. OWENS. I'd be happy to yield to the gentleman from Wisconsin, is it?

Mr. BOEHNER. Mr. Bost, why wouldn't we serve to kids what they're willing to drink in terms of their preference of milk? Maybe it's skim milk, maybe it's 1 percent, maybe it's 2 percent.

Why wouldn't we allow a food service director to determine—and it wouldn't take them long to determine—what the children in their school, what type of milk they'd prefer to drink?

Mr. BOST. I agree, we do. What we're saying in this specific instance, we also would like for them to be able to offer skim milk, too.

Most recently, I was up in the school district up in Bellingham, Washington. Gaye Lynn MacDonald, who is here, does an outstanding job in terms of providing those types of choices, and I saw skim, 1 percent, 2 percent, chocolate. I saw all of those varieties there.

But it's my understanding that the law says you have to offer whole milk.

What I'm saying is, or the recommendation that we're making is, we would also like for them to say, "We would like for you to also offer skim milk, low fat milk, given the fact that some of our children are increasingly becoming overweight."

Mr. OWENS. Reclaiming my time, would the chair join me to make sure that we pull that out of the law, that requirement that whole milk must be offered?

I don't think you can subsidize the chocolate milk and you can't subsidize the skim milk, but the subsidized milk is the whole milk.

Mr. BOEHNER. As a member of the Ag Committee who has dealt with dairy policy for the last dozen years, I think I understand the political ramifications of why the law says what it says. Maybe I shouldn't be so blunt. It's total nonsense.

Mr. OWENS. I appreciate the Chairman—

Mr. BOEHNER. If we want kids to drink milk, we ought to give them a variety of types of milk that they may drink. I like 2 percent. You may like skim.

Mr. OWENS. Would you join me in—

Mr. BOEHNER. I'd be happy to.

Mr. OWENS. —removing that mandate?

Mr. BOEHNER. I'd be happy to.

Mr. OWENS. Thank you very much. Thank you.

Chairman CASTLE. Thank you, Mr. Owens.

Ms. Woolsey, I understand, has requested an additional 5 minutes for further questioning, and I yield to her for 5 minutes.

Ms. WOOLSEY. Thank you for letting me do this, and thank you, Mr. Secretary, for coming before us today. You've been really thorough.

When you talk about reviewing the eligibility and certification verification, we have to be very careful that we're not spending more money to do something we're not going to save anything from in the long run.

So, I mean, how are you making sure that will happen?

And two, wouldn't it—I'm going to take you to where I want to be on this.

I think it would be totally more effective if we just do away with that middle level reduced lunch fee in the first place, because that costs everybody money to implement, and it sets up the who's eligible, who isn't, who's embarrassed and who isn't.

So would you do me a big ole favor and respond to that?

Mr. BOST. Absolutely.

Interestingly enough, Ms. Woolsey, that was one of the things that I looked at over a year or so ago when I looked at putting some of these proposals together, and to do away with reduced price would cost us anywhere between $600-and-700 million.

In terms of the package that I laid out, I did not think that, one, that was supported by the President's budget, and I didn't think that, in terms of the complete package that I was interested in putting together and the priorities that it established, that I could afford to do that, and that's why it is not one of the recommendations. That's the first point that I'd like to make.

The second point that I'd like to make is the fact that we believe, based on the proposals that I've laid out for you this morning, that several things will happen, but at least two things will happen:

One, it will make it easier for eligible children to participate in our program;

Two, that it will save some money that we will be able to put back into the program;

Three, it will improve the overall integrity of the program;

And last but not least, it will probably increase the number of eligible children participating in the program.

And I don't believe—well, initially, it may cost some money to set the system up, but in the long term, it will end up saving us a significant amount of money that we will be able to use to meet the needs of eligible children that are not participating in this program.

Ms. WOOLSEY. Excuse me. There is a concern that many eligible families will opt out of the program rather than be scrutinized, because they will think it's going to harm them in other ways, and these will be kids that need to be part of the program. How are we going to prevent that?

Mr. BOST. You're absolutely right, and that's one of the things that we're looking at, and that's why we're building into it a very robust followup system to address some of those concerns.

Ms. WOOLSEY. Well, OK. Well, we're wanting to help you with that.

Mr. BOST. Absolutely.

Ms. WOOLSEY. Because we have to be super sensitive that we don't harm those that need it the most.

Mr. BOST. And I think, and hopefully I was very clear, that we agree with that, and we're not interested in harming any eligible children.

Ms. WOOLSEY. Thank you very much.

Mr. BOST. Thank you.

Chairman CASTLE. Thank you, Secretary Bost. We very much appreciate you being here, your very thorough testimony, and your willingness and ability to answer questions, and also your patience for waiting—

Mr. BOST. Not a problem.

Chairman CASTLE. —with our scheduling problems with Dr. Carmona, but we thank you and we look forward to working with you as we take up this legislation, which won't be until after the summer break, so it will be sometime in the fall.

Mr. BOST. Thank you, Mr. Chairman, and we also look forward to working with you as we move forward in terms of improving the lives of children in this country.

Chairman CASTLE. Good. This panel, then, is dismissed, and we will now form the second panel. We'll just take a minute or two to do this, so please don't take too much of a break.

If the staff can help with this and the other panelists will come forward, we'll get to them just as soon as they're ready.

The Subcommittee will come to order.

As some of you may recall who were here before, we did not do our opening statements, which I'm entitled to and the ranking member, Ms. Woolsey, is also entitled to do, and we're going to proceed with those now, although I'm going to try to slice and dice a little bit here to speed things along so we can get to the panel as soon as possible.

I think everybody here is cognizant of the fact by now that this is the first hearing to help prepare us as the Subcommittee for the reauthorization of the Child Nutrition Act of 1966, and the National School Lunch Act, which is scheduled for this year.

There is general agreement on the importance of good nutrition for everyone, especially children.

Child nutrition programs, including the National School Lunch and Breakfast Programs; the Special Supplemental Nutrition Program for Women, Infants, and Children, which we know as WIC; and the Child and Adult Care Food Program help give lower-income children access to nutritious meals and snacks.

Proper nutrition is essential for children to achieve full physical development and long-term health. In addition, a healthy diet is critical for a child's academic success.

Numerous studies have shown that diet affects children's ability to learn. There are proven linkages between diet and cognitive development, concentration levels, and psycho-social behaviors.

The Federal child nutrition programs were conceived to offer wholesome meals and snacks to children in schools and child care centers and to support the health of lower-income pregnant women, breast-feeding mothers, and their young children.

These programs represent a huge national investment, totaling over $12 billion per year. While the resources spent have been significant, issues remain about how to best reach the goal of providing lower-income children with access to healthy, affordable meals.

Childhood obesity is becoming a major health problem in the United States, and studies suggest that overweight children are significantly more likely to become overweight or obese adults.

Children are increasingly suffering from conditions traditionally associated with adulthood, including Type 2 diabetes, high cholesterol, and high blood pressure. I am very concerned about childhood obesity and the fact that it is slowly becoming an epidemic.

Last year, the U.S. Surgeon General issued a report that identified schools as a "key setting" for developing public health strategies to prevent and decrease overweight and obesity.

Over the past several years, programs providing meals and snacks to children have made progress in improving lunch menus to meet Federal nutrition standards for fat and calories, but I believe more can be done to provide every child with a school environment that promotes healthy food choices and regular physical activity. Obviously, we've heard a lot about that already today.

In an effort to address this issue, I introduced legislation, H.R. 2227, the Childhood Obesity Prevention Act, that would authorize grants to fund pilot programs at the state and local levels to encourage the development and implementation of programs to promote healthy eating and increased physical activity among children.

This Committee will examine additional ways to address the important and complex issue of childhood obesity during the child nutrition reauthorization while supporting the role of local school districts to make decisions about the foods that are available to children in school.

During reauthorization, the Committee will also consider the challenges faced by the WIC program as well as issues related to school meal reimbursement, the School Breakfast Program, and other relevant provisions aiming to strengthen the nation's child nutrition programs.

Today, we will hear from experts—already heard from a couple—who will help shed light on these programs, their merits, and areas where they can be made stronger.

Our witnesses' unique perspectives on child nutrition and health will offer insights that will be tremendously helpful to the members of the Committee, as we work to improve child nutrition programs, and we look forward to the comments of all of you.

And I turn to Ms. Woolsey for her opening statement.

Ms. WOOLSEY. Thank you, Mr. Chairman.

Authorizing the child nutrition programs is going to be a huge challenge. There are so many programs, so many issues to consider, and so little money.

With yesterday's report on the national deficit being the largest in U.S. history, and worsening, I am truly worried, and we are going to be truly challenged when we work on this.

I know that there have been proposals to use recertification to find additional funds, and while I'm not totally ruling it out at this point, I do want to express my very deep commitment to doing nothing in this reauthorization that would result in more hungry children or fewer hungry children having access to meals and snacks both in and out of school.

The primary goal of this reauthorization just has to be an increase in the opportunities for low-income infants and children to have nutritious food at home, in child care centers and homes, at school, and when school is out for the day or the year.,

Anytime the economy takes a turn for the worse, as it has done for a while now, you can see it first in the number of low-income children who don't have enough to eat, particularly at home. We need to figure out ways to get more food to hungry kids, particularly kids in the working poor families.

In addition to that, we should be trying to help all children make healthy eating choices.

I certainly don't mean that we or anyone else should become the food police, but schools can be offered incentives to make healthy food available to children and schools can educate so that children will choose those healthy foods.

I have a few specific issues that are near and dear to my heart, such as the expansion of the Universal School Breakfast Pilot, and adding teenagers to it, but this is our first hearing, and I plan to listen. I plan to ask questions. I plan to learn from all of these wonderfully knowledgeable witnesses.

I thank you all for coming. You are a great resource to us. So thank you for having this hearing, Mr. Chairman, and thank you all for coming today.

Chairman CASTLE. Thank you, Ms. Woolsey, and with that, we will now turn to our panel.

I'll introduce each of you and then we'll follow as we did before. Each of you will testify and then we'll take turns asking questions here.

Our lead-off hitter today, referring to the all-star game again, I guess, is Dr. Tom Baranowski, who is Professor of Pediatrics specializing in behavioral nutrition at the Children's Nutrition Research Center at Baylor College of Medicine.

Dr. Baranowski's research is directed toward understanding children's eating and physical activity choices and evaluating programs to help change these behaviors. His specific areas of interest are in fruit, juice, and vegetable consumption, obesity prevention, and physical activity behaviors.

In addition to his current involvement as primary investigator for four grant-funded nutrition and physical activity research studies, Dr. Baranowski is also serving on advisory committees at the Institute of Medicine, National Academy of Sciences, and the National Institutes of Health.

He's accompanied today by Dr. Karen Cullen, who is an Associate Professor of Pediatrics at the Children's Nutrition Research Center at Baylor College of Medicine, and her work focuses on development of programs that improve children's fruit and vegetable consumption and reduces their dietary fat intake.

Dr. Cullen has participated in the development of several five-a-day programs for children and adolescents, and she is currently evaluating an innovative snack bar, fruit juice, and vegetable intervention program for middle school students that was implemented in 10 Houston area middle schools, and she'll be assisting Dr. Baranowski during the question period.

The second witness who will actually testify today is Ms. Betsy Clarke, who is the Director of Supplemental Nutritional Nutrition Programs for the Minnesota Department of Health. Ms. Clarke is a founding member of the National Association of WIC Directors, which is now known as the National WIC Association, or NWA.

She previously held NWA offices of Vice President and State Director Representative, and is currently serving as President of the National WIC Association.

Ms. Clarke, along with other NWA partners, helped develop the WIC infant formula purchasing, which contributes over $1.5 billion per year to WIC funding nationally.

Our next witness will be Gaye Lynn MacDonald. Ms. MacDonald is Manager of Food Services at Bellingham Public Schools in Bellingham, Washington and the President of the American School Food Service Association.

The American School Food Service Association represents food service operations, staff, and school food directors across the nation. ASFSA has 52 state affiliates, hundreds of local chapters, and over 55,000 members.

Accompanying Ms. MacDonald today is my constituent, Ms. Angelucci, who is the Legislative Chair of the Delaware School Food Service Association as well as the Food Service Supervisor in the Colonial School District located in New Castle, Delaware, and was probably sent here today to keep me straight, if I had to guess.

Our final witness, our cleanup hitter, using the baseball analogy again, is Dr. Deborah Frank, who is a pediatrician and the Director of the Grow Clinic for Children at the Boston Medical Center.

Dr. Frank also serves as a Professor of Pediatrics at the Boston University Medical School and as an Assistant Professor of Public Health at the Boston University School of Public Health.

Cited is a respected authority in her field, Dr. Frank focuses on child advocacy and fighting child hunger. Throughout her career, Dr. Frank has served on numerous anti-hunger committees and advisory boards.

Before the panel begins, let me apologize. All of us serve, as you may know, on more than one Committee.

I happen to serve on the Financial Services Committee, and we're having a markup and votes over there, so I may have to just rise abruptly and go running out of here in order to make votes and actually participate in something that's important. Mr. Osborne has been kind enough to sit in when that happens.

So if I disappear, it's for valid legislative reasons that I disappear. Any of us have those problems from time to time.

You're an extremely qualified group of witnesses, and we're delighted to have you here, and we look forward to your testimony, and now we will start with Dr. Baranowski.

STATEMENT OF TOM BARANOWSKI, PROFESSOR OF PEDIATRICS (BEHAVIORAL NUTRITION), USDA CHILDREN'S NUTRITION RESEARCH CENTER, BAYLOR COLLEGE OF MEDICINE, HOUSTON, TEXAS, ACCOMPANIED BY KAREN W. CULLEN, ASSOCIATE PROFESSOR OF PEDIATRICS, CHILDREN'S NUTRITION RESEARCH CENTER, BAYLOR COLLEGE OF MEDICINE, HOUSTON, TEXAS

Dr. BARANOWSKI. Thank you, Mr. Castle. It's an enormous privilege for us to present to the U.S. Congress.

The U.S. currently faces an obesity epidemic which will have enormous consequences for the health care system and health care costs. The children in the United States are the heaviest in the world, and they're still getting fatter.

This rapid rise in obesity is almost certainly due to changes in our environment and in our behaviors, not in genetics, since changes in the gene pool require many centuries.

Having children eat more fruit and vegetables and get more physical activity would both be protective against obesity.

With over 95 percent of children in school, schools are an important environment. Schools are a major source of children's nutrition and physical activity information via the curriculum, a major food environment, and provide opportunities for physical activity. Schools also can reach out to parents.

Elementary schools are a major source of fruit and vegetables for students, but when children get to middle schools with snack bars, their consumption of fruit and vegetables declines, and their consumption of higher fat and sugar foods increases.

Also, in many low-income middle schools, there is a sigma attached to eating the National School Lunch Program meal on the part of students, teachers, and staff. Many even very-low-income students would rather buy foods from the snack bar and vending machines than eat the free lunch, to avoid the stigma.

Comments from students were that, "We know what to eat ... we eat this way because we can," which suggests that the lack of knowledge of what to eat to be healthy is not the primary problem.

We have also reviewed the literature on school-based obesity prevention programs. Many different types of programs have been tried. Few of these programs were effective at changing obesity.

The bottom line was that the problem is complex and there are no simple, safe, easy-to-implement, and inexpensive solutions to this enormous problem. As a society, we have to make an investment in our children to avoid obesity and its serious consequences.

We believe that there are things that could be done to improve the situation. Schools alone cannot be blamed for the epidemic of obesity. The schools alone cannot solve the problems, but they can play an important role in reversing the current situation.

First, our research has shown that children tend to eat the foods that are available to them—not rocket science, but a fact.

This suggests that we should encourage schools to offer a variety of healthier foods. This would include offering more attractively prepared and packaged fruit and vegetables offered in ways that children like to eat them, offer more access to water in a form desired by children, and better market these items to children within the school to enhance their attractiveness—or "coolness"—to eat.

Second, since many children in middle and high schools are not currently eating the National School Lunch Program lunch, we need to reduce the stigma.

Making the School Lunch Program attractive to all students will require addressing the quality and costs of the pre-prepared foods used in those school food services, innovative approaches and changes in the school food guidelines, and marketing a revised and enhanced National School Lunch Program to children.

Third, some have advocated for restricting foods in the schools.

While we agree that some foods are better for health, like fruit and vegetables, and others may be less desirable, all foods can have a place in a healthy diet.

Health through optimal nutrition is a question of balance, variety, and moderation. Simply restricting foods in school will work for some children, but many will go elsewhere to buy foods they want, with the school losing the child's dollar.

Effective programs will likely introduce healthy alternatives in a form attractive to children, within the context of a marketing program to change the perceptions of the student body, faculty, and staff, a nutrition education curriculum that promotes healthful dietary change, and controls placed on portions available to children of the less desirable products, like small bags of potato chips.

Fourth, physical activity is another necessary component of the solution.

Restoring physical education to schools that have dropped or limited it would be important. Increasing the amount of physical activity during the physical education period is an important step, since many students are active for only short periods of time during PE.

But how best to accomplish this is complex in a PE period that may have 200 students, only three PE teachers, and only one gym. How best to engage children in physical activity when they may

not want to poses challenges. Marketing research on school physical activity is needed.

Other areas to be explored include programs for after-school physical activity, walking to school, making the streets safer and child-friendly streets for walking and bicycling, and reducing TV watching. Any new programs introduced should be thoroughly evaluated to ensure they attain the desired ends.

A major limitation on action at this time is that the primary contributors to the obesity epidemic are not clear. Researchers have identified several likely causes, including increased consumption of fast foods and soft drinks, low consumption of fruit, vegetables, water, and milk, excessive TV watching, poor physical education, low physical activity, and various other contributing factors.

While there is likely an element of truth to all these, some of these factors are more likely, and some are larger contributors than others. Research is necessary to better understand the problem.

The research should not stop efforts to deal with obesity now, but would give clearer guidance to effective steps that could be taken in the future.

Although we may learn the most important factors contributing to obesity, we may not know how to effectively change them. Behavioral research is needed to develop and test procedures to encourage change and to understand the processes by which change occurs.

The National Institutes of Health, the U.S. Department of Agriculture, the National Academy of Sciences, and other agencies have extensively funded the biological sciences for billions of dollars per year to very good advantage. It has taken 40 years of major investment to get to the point of knowing the molecular processes that predispose to disease and to divine effective cellular and molecular solutions for disease processes.

Since the current obesity epidemic is largely environmental and behavioral in origin, a similar investment must be made in behavioral research.

Why do we eat the foods that we eat? Why are some of us physically active and others not? How can we help people to make effective choices for health, in part through healthier environments?

Changing a small number of behaviors—for example, increasing fruit and vegetable consumption and physical activity—could have broad health effects, preventing heart disease, several cancers, stroke, diabetes, and many other adult chronic diseases. This would appear to be an outcome worth the investment.

Thank you, Mr. Chairman.

[The prepared statement of Dr. Baranowski follows:]

Statement of Tom Baranowski PhD and Karen W. Cullen, DrPH, RD, USDA funded Children's Nutrition Research Center, Baylor College of Medicine, Houston, TX

Dr. Cullen and I are Behavioral Nutritionists from the Children's Nutrition Research Center of the Baylor College of Medicine in Houston, Texas. We study the factors that influence children's diet intake and physical activity, and design and evaluate programs to help children and their families improve these behaviors.

The U.S. currently faces an obesity epidemic which will have enormous consequences for the health care system and health care costs. The children in the U.S. are the heaviest in the world and they are still getting fatter. This rapid rise in obe-

sity is almost certainly due to changes in our environment and in our behaviors, not in genetics, since changes in the gene pool require many centuries. Having children eat more fruit and vegetables and get more physical activity would both be protective against obesity.

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Elementary schools are a major source of fruit and vegetables for students, but when children get to the middle schools with snacks, their consumption of fruit and vegetables decline, and their consumption of higher fat and sugar foods increases. Also, in many low income middle schools, there is a stigma attached to eating the National School Lunch Program (NSLP) meals, on the part of students, teachers and staff. Many even very low income students would rather buy foods from the snack bar and vending machines than eat the free NSLP lunch to avoid the stigma. Comments from students were that "we know what to eat...we eat this way because we can," which suggests the lack of knowledge of what to eat to be healthy is not the primary problem.

We have also reviewed the literature on school based obesity prevention programs. Many different types of programs have been tried. Few of these programs were effective at changing obesity. The bottom line was that the problem is complex, and there are no simple, safe, easy to implement and inexpensive solutions to this enormous problem. As a society we have to make an investment in our children to avoid obesity and its serious consequences.

We believe that there are things that could be done to improve the situation. Schools alone cannot be blamed for the epidemic of obesity. They cannot solve the problems alone, but they can play an important role in reversing the current situation.

First, our research has shown that children tend to eat the foods that are available to them. This suggests that we should encourage schools to offer a variety of healthier foods. This would include offering more attractively prepared and packaged fruit and vegetables offered in ways children like to eat them, offer more access to water in a form desired by children, and better market these items to children to enhance their attractiveness ("coolness" to eat).

Second, since many children in middle and high schools are not currently eating the NSLP lunch, we need to reduce the stigma. Making the NSLP meal attractive to all students will require addressing the quality and costs of the pre-prepared foods used in most school food services, innovative approaches and changes in the school food guidelines and marketing a revised, enhanced NSLP to children.

Third, some have advocated for restricting foods in the schools. While we agree that some foods are better for health (like fruit and vegetables) and others may be less desirable, all foods can have a place in a healthy diet. Health through optimal nutrition is a question of balance, variety and moderation. Simply restricting foods in school will work for some children, but many will go elsewhere to buy the foods they want (with the school losing the student's dollar). Effective programs will likely introduce healthy alternatives in a form attractive to children, within the context of a marketing program to change the perceptions of the student body, faculty and staff, a nutrition education curriculum that promotes healthful dietary change, and controls placed on portions available to children of the less desirable options (e.g. small bags of chips).

Fourth, physical activity is another necessary component of the solution. Restoring physical education to schools that have dropped or limited it would be important. Increasing the amount of physical activity during a physical education (PE) period is an important step since many students are active for only short periods during PE. But how best to accomplish this is complex in a PE period that may have 200 students, only 3 PE teachers and only one gym. How best to engage children in physical activity when they may not want to, poses challenges. Marketing research on school PA is needed. Other areas to be explored include programs for after school physical activity, walking to school, making the streets safer and child friendly for walking and bicycling, and reducing TV watching. Any new programs introduced should be thoroughly evaluated to ensure they attain the desired ends.

A major limitation on action taken at this time is that the primary contributors to the obesity epidemic are not clear. Researchers have identified several likely causes including increased consumption of fast foods and soft drinks, low consumption of fruit, vegetables, water and milk, excessive TV watching, poor physical education, low physical activity and various other contributing factors. While there is likely an element of truth to all these, some factors are more likely, and larger contributors, than others. Research is necessary to better understand the problem. This

research should not stop efforts to deal with obesity now, but would give clearer guidance to effective steps that could be taken in the future.

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Chairman CASTLE. Thank you, Dr. Baranowski.

Ms. Clarke.

STATEMENT OF BETSY CLARKE, DIRECTOR, WOMEN, INFANTS, AND CHILDREN PROGRAM, STATE OF MINNESOTA, AND PRESIDENT, NATIONAL WIC ASSOCIATION

Ms. CLARKE. Thank you, Mr. Chairman.

Chairman CASTLE. Can you—that may be a little hard to do—get that as close to you as you can, make sure it's on, and all those kinds of things?

Ms. CLARKE. OK.

Chairman CASTLE. Good. Thanks. Great.

Ms. CLARKE. Good morning. Thank you, Mr. Chairman, members of the Committee.

We appreciate your invitation to present for the National WIC Association and our view on reauthorization of the WIC Program.

At the outset, I would like to thank you, Mr. Chairman, and members of the Committee, for your commitment to WIC, as well as President Bush and Secretary Veneman for their support.

The National WIC Association is proud of the strong bipartisan commitment WIC has had since its inception. WIC has an extraordinary, nearly 30-year record of preventing children's health problems and improving their health, growth, and development. WIC children enter school ready to learn.

In the December 2001 Report to Congress, the GAO identified six challenges, and with your permission, I'd like to highlight our proposed responses.

First, Coordinating Nutrition Services with Health and Welfare Programs.

WIC has become the single greatest entry point for health services contact for many WIC families.

To achieve better coordination of WIC Services with other programs, to eliminate unnecessary clinic visits for working families, to provide for more adequate nutrition counseling time, and to streamline paperwork, the National WIC Association recommends giving states the option to extend certification periods for up to 1 year for children and breast-feeding women.

Meeting Increased Program Requirements with Available Resources.

WIC resources are being stretched in unimaginable ways. Currently, WIC staffs are mandated to provide participant information on a wide variety of subjects, some of which relate to WIC's mission, while others do not.

Each minute of an unfunded mandate results in the loss of over 125,000 hours of nutrition education interventions annually. The GAO identified at least nine new program requirements that have been added to WIC since 1988 without additional funding.

WIC is proud to play the role that we play in our public health system. However, expecting so much of WIC while providing no commensurate resources challenges the WIC infrastructure, staff, and the families WIC serves.

Indeed, these unfunded mandates may eventually contribute to a lessening of WIC's ability to achieve the outstanding health and nutrition outcomes demonstrated by numerous program evaluations.

Responding to Health and Demographic Changes in WIC's Populations.

WIC's population, like the general population, has experienced increases in the prevalence of overweight and related health issues. In addition, there have been dramatic increases in the ethnic diversity of WIC's population.

The National WIC Association recommends:

First, while WIC programs have been actively engaged in obesity prevention efforts, the program's definition of nutrition education may be self-limiting.

The National WIC Association recommends expanding the definition of nutrition education to allow but not mandate anticipatory guidance related to physical activity, feeding relationships, and child development.

Second, the current WIC food package is now nearly 30 years old, and no longer consistent with current science. WIC agencies have independently taken steps to combat the nation's obesity epidemic by modifying the food package within current regulations.

Agencies provide low-fat milk and cheese, reducing the cholesterol, fats, and calories of the food package. Simply put, the WIC food package is not a cause of obesity. But more can be done.

In the year 2000, the National WIC Association recommended changes to the WIC food package to reflect current nutrition science, improve dietary intake, and reduce the incidence of obesity, including broader choices and foods that reflect diverse cultural dietary patterns.

While Under Secretary Bost and his FNS team are to be commended for their efforts to publish a proposed rule on the WIC food package and applauded for their referring the food package evaluation to the Institute of Medicine, the time has passed for WIC to provide healthful changes in and enhance the food package.

The National WIC Association recommends USDA report to Congress within 6 months of authorization on National Academy of Sciences' Institute of Medicine's review of the food package and that USDA publish, within 6 months of the release of the IOM Report, a proposal to revise the WIC food package.

Third, in the interim period, NWA asks Congress to direct USDA to allow states to implement pilot or demonstration projects which would allow for food substitutions such as fresh, frozen, and canned fruits and vegetables and food items responsive to the needs of WIC's culturally diverse populations.

Fourth, NWA recommends that the Institute of Medicine re-evaluate the WIC food package every 10 years, recommending changes to reflect current nutrition science.

Fifth, the competitive bid requirement for infant formula has resulted in significant savings to the WIC program, allowing WIC to serve roughly one in five participants.

NWA urges Congress to ensure that this vital and highly successful program element is protected. The current funding formula does not allow states sufficient NSA funds to support funded participation levels or to maintain and protect client services, integrity, or USDA initiatives.

NWA recommends that states have the option to convert unspent food funds to NSA and apply a portion of the cost savings dollars received to nutrition services.

With that, finally, Mr. Chairman and members of the Committee, NWA looks forward to working with you in this reauthorization process.

I'll answer any questions.

[The prepared statement of Ms. Clarke follows:]

Statement of Betsy Clarke, MS, President, National WIC Association, and Director, Minnesota State WIC

Thank you Mr. Chairman and members of the Committee, for your invitation to present the National WIC Association's views on reauthorization of the Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC. As NWA's President, I am speaking on behalf of the thousands of nationally recognized WIC health professionals, nutritionists and dietitians who are committed to addressing the nutrition and healthcare needs of WIC families. Our members serve over 7.5 million participants through 2,100 WIC agencies in 10,000 WIC clinics each month. They are the front lines battling to improve the quality of life for our most vulnerable populations.

With your permission I would also like to introduce a member of the NWA team accompanying me today who is available here in Washington to address any questions you may have following the hearing—the Rev. Douglas A. Greenaway, Executive Director of the Association.

At the outset, I would like to thank you Mr. Chairman and members of the Committee for your long-term commitment to WIC and the other Child Nutrition Programs as well as the President and Secretary Veneman and their teams for their tremendous support of WIC. NWA is proud of the strong bi-partisan commitment WIC has engendered since its inception. The future of our nation's low-income women, infants and children depend upon your support.

WIC is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. It has an extraordinary, nearly 30-year record of preventing children's health problems and improving their health, growth and development. WIC children enter school ready to learn. They show better cognitive performance.

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low and moderate income women and children with, or at risk of developing, nutrition-related health problems. WIC serves almost one-half of all infants born in this country and roughly 1 in 4 of all children between one and four years of age.

WIC's committed, results oriented, entrepreneurial staff stretch resources to serve all eligible women and children and ensure program effectiveness and integrity.

Mindful of the challenges WIC faces in delivering high-quality nutrition services, during the last reauthorization cycle NWA asked Congress to invite the General Accounting Office, GAO, to examine those challenges.

In its December 2001 report to Congress entitled, "Food Assistance: WIC Faces Challenges in Providing Nutrition Services," GAO identified six challenges: coordinating nutrition services with health and welfare programs, meeting increased program requirements with available resources, responding to health and demographic changes in WIC's populations, meeting increased program requirements, improving the use of information technology to enhance service delivery and program management, assessing the effects of nutrition services, and recruiting and retaining skilled staff.

To these, NWA has added an additional challenge: visioning the future landscape of WIC. A copy of our legislative proposals, including suggested bill language, has been attached to our written testimony.

With your permission, I would like to highlight our proposed responses to these challenges:

Coordinating Nutrition Services with Health and Welfare Programs

Local public health departments are reducing or eliminating referral and case management services. WIC is consistently challenged to coordinate with other health and welfare program services. Indeed, in the current environment of fewer services, WIC has become the single greatest point of health services contact for many WIC families.

To achieve better coordination with healthcare services, eliminate unnecessary clinic visits, reduce invasive blood work for infants and children, provide for more nutrition counseling time and streamline paperwork for clients and clinic, NWA recommends giving states the option to extend certification periods for up to one year for children and breastfeeding women, or until women stop breastfeeding, whichever is earlier.

To offer families flexibility for physical presence because of distance, transportation, weather, other local conditions or special needs hardships, NWA recommends that where participants are receiving on-going health services from a provider that the physical presence requirement for children be required to be met one time, at some time during the certification period and not necessarily at the time of certification.

Meeting Increased Program Requirements with Available Resources

NWA and USDA/FNS have worked together over the past two years to reinvent the way nutrition education is delivered to participants. We continue to work to enhance these efforts. Both the quality of time and the availability of time that WIC nutrition staff have available to spend with WIC participants is critical to the success of the nutrition and health care intervention.

WIC resources are being stretched in unimaginable ways. Currently, WIC staffs provide participants with information on a wide variety of subjects ranging from alcohol and drug abuse to voter registration. Some of these responsibilities relate to the mission of WIC, others do not. Each minute of an unfunded mandate results in the loss of over 125,000 hours of nutrition education interventions annually.

The GAO has identified at least nine new program requirements that have been added to WIC since 1988 without a commensurate increase in nutrition services administrative funding.

The GAO writes in its report that "with the reduction in the number of public health departments serving women and children, public health officials have increasingly turned to WIC to help address the health needs of low-income children. According to CDC, WIC has become the single largest point of access to health related service for low-income preschool children. Consequently, the CDC has turned to WIC to provide services traditionally funded by other federal, state and local health funds, such as identifying children who are not immunized."

WIC is proud of the significant and critical role that we play in our public health system. However, expecting so much of WIC while providing no commensurate resources as we assume these additional responsibilities challenges not only WIC infrastructure and staff, but increasingly the families that WIC works so hard to serve. Indeed, these unfounded mandates may eventually contribute to a lessoning of WIC's ability to achieve the outstanding health and nutrition outcomes demonstrated by numerous program evaluations.

To protect the quality of WIC nutrition and healthcare services and the limited nutrition services administrative dollars that are available to WIC, NWA recommends that the administrative costs that WIC encumbers related to providing services for other programs should be reimbursed by those programs.

Moreover, to guarantee the integrity and quality of WIC nutrition and healthcare services and to maintain the nutrition and health mission of WIC, NWA rec-

ommends exempting WIC from services that are inconsistent with the intent and purpose of the Program.

To preserve the integrity of basic WIC services—nutrition benefits and coordinated healthcare, to streamline paperwork and reduce administrative costs and reduce service barriers, NWA recommends exempting WIC from the requirements of the National Voter Registration Act and the requirement to offer voter registration applications and document these opportunities for all applicants and participants.

Responding To Health and Demographic Changes in WIC's Populations

WIC's population, like the general population has experienced dramatic increases in the prevalence of overweight and related health issues. In addition, there have been dramatic increases in the diverse ethnicity of WIC's population. To respond to the health and demographic changes in WIC's populations, NWA recommends a six-point approach.

First, while WIC Programs across the nation have been actively engaged in obesity prevention efforts since the turn of the millennium, the Program's definition of nutrition education may be self-limiting. To positively affect our nation's most serious nutritional problems—obesity and related health consequences, NWA recommends expanding the definition of nutrition education to allow, but not mandate, anticipatory guidance related to physical activity, feeding relationships and child development as part of approved nutrition education activities.

Second, the current WIC food package is now nearly 30 years old and no longer consistent with current dietary guidelines and science. WIC agencies have independently, within allowable guidelines, taken steps to combat the nation's epidemic of overweight and obesity by modifying the food package within the current regulations. For example, agencies provide low and reduced fat milk and cheese, reducing the total cholesterol, fats and calories of the food package. Agencies also tailor the food package to assist participants in weight management and to meet other dietary needs. Simply put, the WIC food package in and of itself is not a contributing factor to obesity.

Nevertheless, in 2000, NWA recommended changes to the WIC food package to reflect current nutrition science, improve dietary intake and reduce the incidence of obesity including broader choices of grain products, addition of fresh, frozen or canned fruits and vegetables, reduced quantities of juice for infants, offering low-fat milk as the standard, reduced quantities of cheese and foods that reflect diverse dietary cultural patterns.

While Under Secretary Bost and his team at the Food & Nutrition Service are to be commended for their efforts to publish a proposed rule on the WIC Food Package, a proposal has yet to be published. The time has past for WIC to provide healthful changes and enhance the food package, improving WIC nutritionists' flexibility in prescribing foods and responding to America's obesity epidemic.

NWA recommends USDA report to Congress within 6 months of enactment of reauthorization legislation on the status of the National Academy of Sciences' Institute of Medicine (IOM) review of the WIC food packages and efforts to adopt a comprehensive food package proposal that reflects the need for fresh, frozen and canned fruits and vegetables and culturally appropriate foods responsive to participants nutritional needs and consistent with national nutrition guidelines. Also that USDA publish within 6 months of the release of the IOM report to Congress a comprehensive proposed rule to revise the WIC food package to meet these minimum changes.

Third, in the interim period as we await the report of the Institute of Medicine and USDA to Congress, NWA asks Congress to direct USDA/FNS to allow states to implement pilot or demonstration projects which would allow for food substitutions, including fresh, frozen or canned fruits and vegetables and food items responsive to the needs of the diverse cultural populations WIC serves.

It should be noted, Mr. Chairman, that NWA supports a federally approved WIC food list that includes national, store and private label brands, giving states flexibility to select WIC foods to manage food costs and nutritional options for participants.

Fourth, NWA supports USDA's current intentions to have the National Academy of Sciences' Institute of Medicine re-evaluate the WIC food package. To ensure that WIC foods continue to provide healthful food supplements for WIC families and complement nutrition education efforts NWA further recommends that the National Academy of Sciences' Institute of Medicine re-evaluate the WIC food package at least every 10 years, recommending changes to reflect current national nutrition science and concerns.

Fifth, the competitive bidding requirement for infant formula has resulted in significant savings to the WIC Program. Indeed, USDA reports that use of competitive bidding reduces federal WIC costs by approximately $1.5 billion a year. Roughly 1

in 5 WIC participants are able to participate in WIC because of the infant formula cost containment program. It generated $1.7 billion last year in non-tax revenue for WIC. Efforts to weaken this program will have unintended consequences on the Program and NWA opposes efforts to weaken competitive bidding requirements and urges Congress to work closely with the Association and USDA to ensure that this vital program element is protected.

Among the Federal Regulations related to the competitive bidding requirement are regulations which potentially put formula fed WIC infants at health risk. These regulations set a maximum amount for infant formula to be issued to WIC participants each month at a rate of 8 lbs. (3.6 kg) per 403 fluid ounces of concentrate for powdered formula. Infant formula manufacturers offer powdered formula in a variety of can sizes, which they change periodically.

Because the maximum amount cannot be exceeded and because the powdered can size variations rarely exactly match the authorized amount, WIC clients are provided less formula and nutritional benefit than infants need for optimal growth. To avoid a substantial, cumulative shortage over the certification period and potential health risks, NWA recommends that USDA allow State WIC agencies to round up to the next whole can size of infant formula to ensure that all infants receive the full-authorized nutritional benefit of at least 944 reconstituted fluid ounces, at standard dilution, per month for powdered infant formula.

Sixth, to be income eligible to participate in the WIC Program an applicants' gross income (i.e. before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines. For a family of 4, this amounts to $33,485 or $644 weekly. Because families increasingly find their income stretched to meet rising healthcare, housing and transportation costs and are frequently placed in a position of nutritional insecurity, NWA recommends that Congress respond to the income challenges of the working poor by increasing the income guidelines to 200 percent of the U.S. Poverty Income Guidelines.

Meeting Increased Program Requirements

The WIC shopping experience is intended to reinforce the WIC nutrition education experience and provide WIC families with a full complement of not only WIC foods, but a full market basket of foods to ensure comprehensive, quality meals for WIC families.

To insure cost competitiveness and reasonable food prices, NWA recommends that with the exception of non-profit agencies, pharmacies and vendors required to ensure participant access, all WIC vendors should be food stamp authorized and offer participants a full market basket of foods.

The WIC Farmers' Market Nutrition Program (FMNP) funds are provided through a legislatively mandated set-aside in the WIC appropriation. If the entire WIC allocation is needed to maintain WIC caseload, FMNP would not be funded. This unstable situation leaves the status of FMNP in doubt from year to year and does not allow planning and management of resources with confidence for the upcoming growing season. For participating FMNP states Federal funds support 70 percent of the total cost of the program. The remaining 30 percent of the program's cost must come from a state match.

NWA recommends that Congress separate the funding for WIC and FMNP to eliminate direct competition for funds and enhance collaboration between WIC and FMNP. Separation of funding will ensure resources for WIC benefits, that WIC caseload funds are not diverted to FMNP and that FMNP stands on its own.

The current funding formula does not allow states sufficient Nutrition Services Administrative (NSA) funds to support funded participation levels, maintain, protect and improve client services and program integrity or USDA initiatives.

NWA recommends that states 1) have the option to convert unspent food funds to NSA by a change in the Act which will allow states to increase the spend forward amount from 1 percent + .5% for management information systems (MIS) to 1.5 percent + .5% or 2 percent for MIS as well as 2) apply a portion of the rebate dollars received to nutrition services in accordance with the proportional nutrition services/food split used in allocating food and NSA grant dollars. Currently, cost containment savings may only be used for food.

While states currently have the ability to use vendor and participant recovered funds for program purposes, states would like to extend this ability to the use of funds recovered from local agencies.

NWA recommends that states have the ability to utilize collections of WIC program recovered funds in a consistent manner.

USDA has promulgated interim regulations concerning infant formula cost containment without the benefit of public comment, without consideration for failing to

consider State agencies' experience with bidding and contracting and preventing States' from negotiating the best contract for individual circumstances.

NWA urges Congress to direct USDA to partner with the Association to review the interim regulations on infant formula cost containment and propose regulatory changes to appropriately respond to States' concerns thereby ensuring maximum participant benefits.

Improving the Use of Information Technology to Enhance Service Delivery and Program Management

Technology provides a critical foundation for quality WIC services and Program Integrity. Funding WIC technology from existing resources compromises WIC's ability to deliver services and develop responsive MIS systems. Lack of adequate funding prevents more than half—56%—of WIC state agencies from meeting USDA core functions.

To develop and maintain MIS and electronic service delivery systems, and to link with other health data systems NWA recommends that Congress provide an additional $122 million annually outside the regular NSA grant to implement MIS core functions, upgrade WIC technology systems, maintain MIS and electronic services and expedite the joint NWA/USDA 5 year plan for state MIS systems.

Assessing the Effects of Nutrition Services

To support rigorous research and evaluation documenting WIC's continued success, NWA recommends the flexible use of Special Project Grants funds, state WIC funds and other grant resources for health outcomes research and evaluation to identify effective nutrition education and breastfeeding promotion and support services, to test innovative service delivery and food prescriptions, and to support USDA's partnership with NWA to achieve WIC research and evaluation objectives.

Recruiting and Retaining Skilled Staff

The recruitment and retention of quality professional staff continues to be a challenge for WIC. Programs are not able to offer competitive salaries or benefits and must increasingly rely on paraprofessionals to deliver nutrition services.

To assist in this effort, NWA recommends that Congress revise the National Health Service Corps Program to include WIC nutrition interns, registered dietitians and nutritionists in student loan forgiveness programs.

Visioning the Future Landscape of WIC

Over the course of the past decade there has been discussion about the value or appropriateness of converting WIC from a domestic discretionary program to a mandatory program. Little is known about the real consequences of affecting such a conversion.

NWA recommends that before policy makers entertain conversion of the Program's funding mechanism from a discretionary to a mandatory program, that Congress fully study the consequences of such a change and its impact on eligibility, participation, and services prior to implementing a conversion.

Finally, Mr. Chairman and members of the Committee, as the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—insuring the health of our nation's children. Our Executive Director, Douglas Greenaway, the members of NWA and I look forward to working with you in this reauthorization process. We remain ready to answer any questions or provide additional information you may request.

Chairman CASTLE. Thank you, Ms. Clarke. We appreciate your testimony.

Ms. MacDonald.

STATEMENT OF GAYE LYNN MacDONALD, PROGRAM MANAGER, FOOD SERVICES, BELLINGHAM, WASHINGTON PUBLIC SCHOOLS, AND PRESIDENT, AMERICAN SCHOOL FOOD SERVICE ASSOCIATION; ACCOMPANIED BY PAULA ANGELUCCI, FOOD SERVICE SUPERVISOR, COLONIAL SCHOOL DISTRICT, NEW CASTLE, DELAWARE, AND CHAIR, PUBLIC POLICY AND LEGISLATIVE COMMITTEE, DELAWARE SCHOOL FOOD SERVICE ASSOCIATION; AND MARSHALL MATZ, COUNSEL

Ms. MACDONALD. Mr. Chairman and members of the Committee, I am Gaye Lynn MacDonald, President of the American School Food Service Association and, as you introduced, the Manager of Food Services for Bellingham Public Schools.

I appreciate your acknowledgement of Paula Angelucci, and also present today is our counsel, Marshall Matz.

I would like to begin by thanking you and the Committee for holding this important hearing, and in addition, I would like to thank you for your leadership in the 1998 reauthorization of child nutrition programs.

We are delighted to be with you this morning to discuss these programs and explore how we might improve the programs.

I have written testimony that I have asked to be included in the record, but I will briefly summarize it for you.

The success and security of a culture is often measured by how it nurtures its children. A traditional Masai greeting, "Kasserian Ingera" asks, "And how are the children?" If the children are well, the society is well, and the future is secure.

How are the children in the United States? Children are hungry in our urban cities and rural communities, yet, as we have heard, there is also the paradox of overweight and obesity, and we believe that school meal programs are proven, effective tools to address these problems.

We are here to share with you stories of the real people who our members see in school meal programs every day.

ASFSA believes that 2003 is a pivotal year for child nutrition. Reauthorization of child nutrition programs offers an excellent opportunity for the Congress to consider changes that will improve health outcomes for children and further the goals of No Child Left Behind. Congress should reauthorize these programs that expire in 2003.

Additionally, we would advance for your consideration a number of proposals to strengthen school and community based nutrition programs, and I will frame those proposals in three areas: program access, healthy children, and program integrity.

In terms of program access, many children from families qualified in the reduced price category are not participating in the lunch and breakfast programs because they can't afford the fee of 40 cents for lunch or 30 cents for a breakfast.

While that may not seem like a lot of money to those of us in this room, to families with incomes between 130 percent and 185 percent of the poverty line, many with more than one child, it is often too much. The reduced price fee is a major barrier to the working poor, particularly at the end of the month when we see the reduced category participation rates decline.

As you know, in the WIC programs, all those with family incomes below 185 percent of poverty and who otherwise qualify receive benefits without charge. The same income guidelines should be extended to school nutrition programs.

The reduced category is by far the smallest of the current school meal categories of free, reduced, and paid. In fact, less than 10 percent of the meals served are served to children in the reduced price category.

The reduced price co-pay should be eliminated and meals should be available at no cost to all children with family income up to 185 percent of poverty, and reimbursed to schools at the free rate. This change provides necessary support to working families who are already struggling to keep up with increases in housing, fuel, health, and child care costs.

Mr. Chairman, ASFSA's recommendation to provide school meals at no charge to children in these households up to 185 percent of poverty has significant support nationwide.

The North Carolina State Board of Education, the Colorado Association of School Business Officials, the Texas Department of Agriculture, three local school boards, as well as the State Education Association in your home state of Delaware, among many others, have passed resolutions in support of this proposal, and the list is growing.

In fact, we have a number of resolutions with us to submit with our testimony.

Additionally, industry has also expressed support for this initiative. They know the value of a healthy, well-educated workforce, and are anxious to assist in strengthening these programs.

The cost of this proposal, while justified, is significant. May we suggest that it might be possible to phase in this change by raising the eligibility guideline for free school meals until it reaches the WIC guideline of 185 percent.

In short, Mr. Chairman, I'm hoping that we can join hands on the principle of eliminating the reduced price category over whatever timeframe we can afford.

In terms of healthy children, we are deeply committed to the health of our nation's children, and are working collaboratively to further positive health outcomes. We are about good nutrition, not just providing food.

We have several recommendations that would enhance the school nutrition environment, and have provided them to staff.

In terms of program integrity, we take very seriously our responsibility to administer these programs. We are aware of the concerns raised by reports indicating there may be errors in the number of children being approved for free and reduced meals.

We are continually working with the Department on this issue and we believe that reasonable income verification requirements are necessary, but that eligible students should not be intimidated by excessive income verification requirements, for the greater the regulatory burden on the program, the greater the cost to produce a meal.

We applaud enhancing proven strategies, such as expansion of direct certification to improve program integrity.

I would sum up by adding that we also have a food safety statement that has been included with our testimony.

We do appreciate we're meeting at a difficult time. However, it is our responsibility as those who work in child nutrition programs to share our views on what is needed to assure that healthful meals and nutrition education are available to all children.

We look forward to working with the Committee and the Congress, and will be pleased to answer any questions.

[The prepared statement of Ms. MacDonald follows:]

Statement of Gaye Lynn MacDonald, President, American School Food Service Association

Mr. Chairman, Members of the Committee, I am Gaye Lynn MacDonald, President of the American School Food Service Association (ASFSA), and the Program Manager of Food Services for Bellingham Public Schools in Bellingham, Washington. With me this morning is Paula Angelucci, Chair of our Public Policy and Legislative Committee for the Delaware School Food Service Association and Food Service Supervisor for the Colonial School District in New Castle Delaware, and our Counsel, Marshall Matz.

Let me begin by thanking you and the Committee for holding this important hearing. We are delighted to be with you this morning to discuss child nutrition and explore how we might further improve these important federal programs. The federal child nutrition programs are a major success story, serving over 28 million children each school day.

ASFSA believes that 2003 is a pivotal year for child nutrition. Reauthorization of child nutrition programs offers an excellent opportunity for the Congress to consider changes that will improve health outcomes for children and further the goals of No Child Left Behind. Congress should reauthorize those programs that expire in 2003 (WIC, Commodity Distribution, State Administrative Expense, the National Food Service Management Institute and the Summer Food Service Program). Additionally, ASFSA advances, for your consideration, a number of proposals to strengthen school and community based child nutrition programs.

Mr. Chairman, ongoing studies confirm that a hungry child cannot learn effectively. A hungry child is distracted from learning and is more likely to experience discipline and health problems. It is critically important that child nutrition programs be effectively extended and easily accessible to all children who are eligible.

PROGRAM ACCESS

* Many children from families qualified in the reduced price category are not participating in the lunch and breakfast programs because they can't afford the fee of $.40 for a lunch or $.30 for a breakfast. While that may not seem like a lot of money to those of us in this room, to families with household incomes between 130% and 185% of the poverty line, many with more than one child, it is often too much.

The reduced price fee is a major barrier to the working poor, particularly at the end of the month when we see the reduced category participation rates decline.

As you know, in the WIC program, all those with family incomes below 185% of poverty, and who otherwise qualify, receive benefits without charge. This same income guideline should be extended to the school nutrition programs. The reduced price category is by far the smallest of the current school meal categories—-free, reduced, and paid - less than 10% of the meals served are served to children in the reduced price category. The reduced price co-pay should be eliminated and meals should be available at no cost to all children with family income up to 185% of poverty. Schools should be reimbursed for these meals at the free rate. This change provides support to working families who are already struggling to keep up with increases in housing, fuel, health and childcare costs.

Mr. Chairman, ASFSA's recommendation to provide school meals at no charge to children in households with income up to 185% has significant support nationwide. The North Carolina State Board of Education, the Colorado Association of School Business Officials, the Texas Department of Agriculture and three local school boards as well as the State Education Association in Delaware, among many others, have passed resolutions in support of this proposal.

The cost of this proposal, while justified, is significant. May we suggest that it might be possible to phase in this change by raising the eligibility guideline for free schools meals until it reaches the WIC guideline of 185%.

* Consistent with a GAO analysis showing the gap between the cost to produce a school lunch we propose the federal reimbursement rates for all meal categories be increased. The current reimbursement rate of $2.19 for a free lunch is simply inadequate. The rates for reduced and "paid" meals are not adequate either resulting in higher and higher prices being charged to the paying child. The gap between the costs of doing business and reimbursement rates widens each year as costs escalate at a rate greater than the federal rates increase. And, as I will share later, federal nutrition guidelines are expensive to implement.

* It is also our recommendation, that Congress extend the USDA commodity program to the school breakfast program. Schools currently receive 15 3/4 cents in USDA commodities for each reimbursable lunch served. This commodity assistance is very helpful and much appreciated, not only by schools but also by the agriculture communities in the states. The school breakfast program, however, receives no USDA commodity assistance. We recommend that USDA contribute $.05 in commodities for each breakfast served in the program.

HEALTHY CHILDREN

The American School Food Service Association is deeply committed to the health of our nation's children and is working collaboratively to further positive health outcomes. We are about good nutrition not just providing food. As you know, we strongly supported amending the National School Lunch Act to require implementation of the Dietary Guidelines for Americans.

According to the most recent USDA study on the subject, schools are making very significant progress in implementing the Dietary Guidelines in school meal programs. The fat content of a reimbursable meal is down significantly, and an increasing variety of fruits and vegetables are more readily available. Program operators have modified food preparation methods and re-written product specifications to lower fat, sodium and sugars. Industry has responded to our requests and familiar student favorites like pizza, burgers and fries are part of meals meeting the Dietary Guidelines.

We are proud of the meals our members serve but it is not realistic to expect children to select a lunch in school that is much different from the meals they consume outside of school. Further, the school lunch program—the USDA reimbursable meal—has significant competition inside and outside the school. Every day program operators are caught between the challenges of very limited resources, pressure to cover all direct and indirect costs or to even be a "profit center" for the district, competition from other groups selling food on campus and the demands of the customer.

Our customer is no longer a captive market. Young people are making more and more of their own decisions beginning at a very early age and have options other than a school meal available. For example, a la carte is increasingly available at all grade levels and many high schools have open campuses and a limited number of lunch periods both of which encourage students to leave school for lunch.

* ASFSA recommends that an additional $.10 per meal be provided to schools to further improve the nutritional quality of school meals. There are significant costs associated with meeting nutrition standards, such as continuing to increase the availability and variety of fruits and vegetables and to purchase products consistent with the Dietary Guidelines.

* The recent "Call to Action to Prevent Overweight and Obesity" recommends that schools "adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans". We urge the Congress and the Administration to implement the recommendation of Secretary Tommy Thompson, and the Surgeon General, with regard to foods available in school.

* Financial support for nutrition education continues to fade into oblivion. Not many years ago nutrition education was a federal entitlement program, a small program, but one that provided some guaranteed funding. Nutrition education is now a discretionary program without any funding. Students cannot learn to make healthy food choices without access to age appropriate nutrition education. At a minimum, we propose an entitlement of 1/2 cent per meal be allocated to states to develop state and local infrastructures to deliver nutrition education.

PROGRAM INTEGRITY

Mr. Chairman, ASFSA members are public employees. We take very seriously our responsibility to administer the programs consistent with the law. We are aware of concerns raised by reports indicating that there MAY be errors in the number of students receiving free and reduced-price benefits in the federal school meal programs. It is a subject we have discussed with USDA at great length. The Department has stated in its testimony that the extent of this problem is unclear.

We believe that:

- Reasonable income verification requirements are necessary to guarantee that the program is administered consistent with current law.
- Eligible students should not be intimidated by excessive income verification requirements and
- The greater the regulatory burden on the program, the greater the cost to produce a meal.
- Expanding and enhancing proven strategies, including direct certification, improves the integrity of the program.

In an effort to respond appropriately and reasonably, ASFSA offers these recommendations:

- Make school meal application approval valid for the full year.
- Expand the use of categorical eligibility, such as is currently authorized for TANF and Food Stamps, and expand the use of direct certification for the school meals application process. This is a proven approach that improves program integrity. Categorical approval should be expanded to include state children's health insurance programs, Medicaid and SSI, where state eligibility guidelines for these programs are compatible with school meal eligibility guidelines. Furthermore, ASFSA supports requiring states to provide approved lists to local school districts for direct certification
- Conduct rigorous, representative demonstration projects to determine if there is an error problem in the school meal programs and the true extent of that error if it does exist; and evaluate the impact of a variety of proposed changes to the current system for evaluating and verifying paper applications on eligible children to ensure that, in addressing program integrity, we don't have the unintended consequence of denying benefits to children who depend on these programs.

FOOD SAFETY

Last, but definitely not least, allow me to comment on food safety. Maintaining high food safety standards in the federal nutrition programs is critical to their success and is an ongoing high priority for ASFSA. Data shows that in the majority of schools nationwide the foodservice staff demonstrates very high standards and performance in safe handling of food. We support the public expectation that foods be handled using consistently monitored and reinforced food safety training and techniques for foodservice staff—as is found in most school meal programs across the Country. The United States has the most abundant and safest food supply in the world. But food safety it is not an area in which to take any chances, particularly when we are talking about the nation's children.

Therefore, ASFSA has outlined legislation that ensures the development and implementation of food safety systems in all schools participating in the federal school lunch program. The legislation includes funding for development of such a program, for training consistent with the program, for facility improvements necessary to meet these standards and development of a reasonable implementation time frame.

CONCLUSION

Mr. Chairman, Members of the Committee, we present to you a very full agenda for the child nutrition programs. We do appreciate that we are meeting at a very difficult time for the United States, and that the Congress has many issues to address. However, the health and well being of our children is paramount to the security and future development of our Country. It is our responsibility, as those who work in child nutrition programs, to share our views on what is needed to assure that healthful meals and nutrition education are available to all children. The success of a culture is often measured by how it nurtures its children. A traditional Masai greeting— "Kasserian Ingera" asks "and how are the children?" It is our joint responsibility to assure that the children in the United States of America are well.

We look forward to working with the Committee, and the Congress, on the 2003 child nutrition reauthorization legislation. We would be pleased to answer any questions that you may have. Thank you very much for your continuing support of child nutrition.

Chairman CASTLE. Thank you, Ms. MacDonald.

You mentioned some resolutions, and actually other materials that may be attached to your written testimony. The statements and written testimony of all of you are admitted for the record. If

you have anything in addition to that, that also can be admitted for the record, so please submit it when you can, if that's the case.

Ms. MACDONALD. Thank you. Yes.

Chairman CASTLE. Dr. Frank.

We need to move that over. Correct.

STATEMENT OF DEBORAH A. FRANK, M.D., PROFESSOR OF PEDIATRICS, BOSTON UNIVERSITY SCHOOL OF MEDICINE; DIRECTOR, GROWTH AND DEVELOPMENT PROGRAM, DEPARTMENT OF PEDIATRICS, BOSTON MEDICAL CENTER; AND PRINCIPAL INVESTIGATOR, CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM, BOSTON, MASSACHUSETTS

Dr. FRANK. Chairman Castle, Ranking Member Woolsey, I am honored to come before such a well-informed and concerned Committee as a pediatrician representing a group that you really haven't heard about much, which is malnourished babies.

I am also one of the principal investigators of the Children's Sentinel Nutrition Assessment Program, or CSNAP, which since 1998 has monitored the impact of current public policies and economic conditions on the nutritional and health status of low-income children less than 3 years old, those who aren't visible to most other systems, including the school system, because they're so little, in six medical institutions.

In the time I have available, I would first like to give you a crash course, which you don't need as much as I thought you did, compacting into a few paragraphs a month or two of medical school to explain why pediatricians are so deeply concerned about the nutrition of mothers and children.

From the pediatric perspective, reauthorizing and enhancing national investment in child nutrition programs is really a life or death matter, and I assure you if it wasn't, I wouldn't be here on a Wednesday, which is my clinic day, but I would be back where I belong, on the fifth floor of Boston Medical Center, doctoring malnourished babies.

It is not only health professionals, though, who are concerned, but all who work in public-private partnerships to serve poor and near-poor children of working and unemployed families.

I would like to request to insert in the record the National Call to Congress signed by 2,300 of these organizations.

Chairman CASTLE. Without objection, that will be included in the record.

[The information referred to has been retained in the Committee's official files.]

Dr. FRANK. From my perspective, food is something that is always needed, and so that I'm here to talk about the physicians' concern for all these programs, including WIC, child and adult care food programs, school meals, summer and after-school feeding, which hasn't been mentioned but is really crucial, and the feeding programs for children who tragically are residing in homeless and domestic violence shelters.

All these programs serve families that lack the financial resources, never mind the information, for the healthy eating that the Surgeon General recommended.

As clinicians, we know that food insecurity is not a political problem or a sentimental issue. It's a health problem.

Food insecurity threatens human health at all stages of life, but particularly in prenatal life and early childhood, when the critical growth of body and brain occur.

Hunger threatens the well-being of the next generation in the womb. A mother's nutritional status when she enters pregnancy and her weight gain during pregnancy are critical determinants of whether the baby will be low birth weight.

Low birth weight, in turn, is the most important contributor to infant mortality, which is the doctors' fancy way of saying dead babies, and although the Surgeon General is correct that that's going down, in fact there are still huge disparities in whose babies die.

The majority of low-birth-weight babies do survive in this country, but the lower the birth weight, the more likely the child will suffer from lasting impairments, including blindness, deafness, cerebral palsy, and school failure.

WIC, as you know, has been repeatedly shown to decrease the risk of low birth weight and thus of all its lifelong consequences.

After birth, even subtle deficits in nutrition continue to exert major influences on health, development, and learning.

As my distinguished colleague, the Surgeon General, would have told you if you had asked him, from his career as a trauma surgeon, malnutrition impairs the body's ability to heal. At all ages, malnutrition decreases immune function, leading to an infection/malnutrition cycle.

For many low-income, food-insecure families, where food supplies, particularly as my colleague said, at the end of the month, are marginal even for feeding well children, once a child has developed a nutritional deficit from a normal childhood illness, a stomach flu, there is no additional food for repletion.

The child is then left malnourished and more susceptible to the next infection, which is more likely to be more prolonged, more severe, and require costly medical interventions.

Here, too, in CSNAP, we found that WIC works. Income-eligible infants under a year of age who did not receive WIC were significantly more likely to be underweight or short and to be in fair or poor health than comparable infants who did.

This relationship between food security and physical illness persists beyond infancy. In our same data set, with a larger sample of kids up to 36 months, we found that 21 percent of these very young children live in food-insecure households and that those in food-insecure households were 25 percent more likely to have been hospitalized since birth than those whose households were food secure.

I don't have to tell you that two or days in the hospital would fund several WIC packages.

WIC supplies only a portion of the calories needed for children older than 4 months of age. Thus, in addition to WIC, the child care feeding programs are also crucial to child health, reaching preschoolers in family and center-based day care, whose mothers work long hours and do not necessarily have either the time or the financial resources to prepare adequate meals.

I had one patient whose mother was sending lettuce to the day care providers that didn't provide meals. That was it, for one.

Early and concurrent malnutrition have effects that last a lifetime, and that you have heard, but under-nutrition as well as over-nutrition has serious and lasting effects.

Malnutrition is an important but entirely preventable cause of school failure from impairments of cognition, attention, and behavior, as the Chairman noted.

As you know, participation in school breakfast programs has been repeatedly shown to decrease absenteeism, raise children's academic test scores, and decrease behavioral acting out in school.

No amount of standardized testing will alleviate the impact of hunger on children's ability to learn. To educate children, first you must feed them, and you must feed their mothers, so that from conception through high school, tomorrow's future workforce will be sufficiently well-nourished to participate fully in a global information economy.

I would suggest to you, and I know my time is running short, that we have found that in 2002-2003—we're probably one of the only programs that has current data, up through May 2003—the need for these child nutrition programs is greater than even when you reauthorized it before, in 1998 to 1999.

We found, in our two hospitals, in our hospitals that we've just had time to analyze in the 2 minutes for this thing, a 29 percent increase in the families with these young children that are food-insecure, and an 83 percent increase in the need of children to be hospitalized, which just staggered us at the time.

Now, I'm aware that some people have suggested that child nutrition programs contribute to childhood obesity. These commentators have no medical credentials, and there's no medical data which supports that claim.

Child nutrition programs are crucial to assure that children and their families can eat every day, so they can eat wisely, and not gorge when food is available in fear of being hungry tomorrow.

You have heard the established determinants of childhood obesity, none of which have been caused by or even associated with participation in child nutrition programs.

I would also like to insert a paper from colleagues of mine at Brandeis University entitled "The Paradox of Hunger and Obesity in the United States."

Chairman CASTLE. Without objection, it will be inserted.

[The information referred to has been retained in the Committee's official files.]

Dr. FRANK. As I conclude, I realize that you're probably feeling absolutely overloaded with facts and figures, and especially since I'm the cleanup hitter.

But pediatric clinicians can't really forget that statistics reflect the lives of real children and real families, and I can tell you as a doctor, in my daily experience, child nutrition programs work well, and the children need them, and those who need them and don't get them suffer greatly.

I wish you could have been with me at the end of last summer in clinic, when I talked to a little 6-year-old who had been malnourished and was better. We had found him a campership in a

Salvation Army day camp, which is almost as hard as getting a kid into Head Start, which is also a very good treatment for malnutrition.

He had clearly had a really good summer, and gained almost a pound, and I asked him what did he do in day camp, expecting, of course, to hear about swimming and so on.

He looked at me with his eyes shining, and he said, "We sang songs about God and ate breakfast, lunch, and snack." None of these meals would have been available to this child without the summer feeding programs.

Distinguished members of this Committee, I am here to urge you to prescribe a miracle drug for America's families, by expanding and enhancing child nutrition programs at all levels.

This miracle drug, which maybe we could call it "foodamycin," decreases premature birth, enhances immune function, and improves school achievement.

Millions of American children, many of whom I lay my hands on many days of the week, are intermittently but repeatedly deprived of this drug, both before and after birth.

The programs which you have so wisely supported in the past are today more crucial than ever to sustain our children. Any legislative provision that would serve fewer rather than more children would be a child health catastrophe.

Only you can write the prescription that prevents this catastrophe for America's children, and I tell you that it's stat, meaning urgent, to do so.

Thank you.

[The prepared statement of Dr. Frank follows:]

Statement of Dr. Deborah A. Frank, Director, Grow Clinic for Children at Boston Medical Center, and Principal Investigator, Children's Sentinel Nutrition Assessment Program

Distinguished members of the committee, I am honored to come before you as one of many pediatric clinicians who daily treat malnourished American children. I am also one on the Principal Investigators with other pediatric researchers of the Children's Sentinel Nutrition Assessment Program (C–SNAP) initially funded by grant from the W.K. Kellogg Foundation and other private donors. Since 1998 we have monitored the impact of current public policies and economic conditions on the nutritional and health status of low income children less than 3 years old in six medical institutions serving Baltimore, Boston, Little Rock, Los Angeles, Minneapolis and Washington DC. CSNAP provides some of the most current information available about the status of food security and health among America's youngest children. I will share with you some of our newest data comparing July 1 2002–May 30 2003 to similar data collected by CSNAP from June 1998- until July 1, 1999 when child nutrition programs were last re-authorized. But first I would like to give you a "crash course," compacting into a few paragraphs a month or two of medical school to explain why pediatricians are so deeply concerned about the nutrition of mothers and children. From the pediatricians' perspective, re-authorizing and enhancing national investment in child nutrition programs is a life or death matter, or I would not be here on a Wednesday, but would be back where I belong, on the fifth floor of Boston Medical Center, doctoring a dozen or more malnourished children in a single day in our outpatient clinic. It is not only health professionals who are concerned, but all who work in public-private partnerships to serve poor and near poor children and their families. I would to request to insert in the record this National Call to Congress signed by multiple organizations in all 50 states attesting to the crucial need for strengthening these programs which protect America's children from conception to high school graduation including WIC, Child and Adult Care Food program, school meals, and summer and after school feeding programs, and feeding programs for children tragically residing in homeless and domestic violence shelters.

As clinicians and as scientists we know that food insecurity (defined by the Life Science Research Office of the Federation of Associations and Societies for Experimental Biology as limited or uncertain availability of nutritionally adequate safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways) is not a political or a sentimental issue but a major health problem.

Food insecurity threatens human health at all stages of life, but particularly in prenatal life and early childhood when critical growth occurs. Hunger threatens the well being of the next generation even in the womb. Even after considering all other important factors influencing pregnancy outcome such as cigarette and other drug use, infections and other stressors., the nutritional status of a woman as she enters pregnancy and the amount of weight she gains during pregnancy are critical predictors of infant birth Low birth weight is the most important contributor to infant mortality. The majority of low birth weight infants survive in this country, but the lower the birth weight the more likely that the child will suffer from lasting impairments, including blindness, deafness, cerebral palsy and school failure. Even more subtle variations of birth weight not sufficient to require neonatal intensive care appear to have lasting implications for adult health. Data have emerged from around the world showing that there is a continuous inverse relationship between birth weight and the likelihood the adult will suffer from cardiovascular disease and its associated disorders, including hypertension and non-insulin dependent diabetes and its precursors. In other words the lower an adult's birthweight, the greater the likelihood that adult will suffer from cardiovascular disease. In addition, there is evidence that severe maternal malnutrition in pregnancy is associated with increased likelihood of both schizophrenia and major affective disorder developing in her children when they reach adulthood. Even micronutrient deficiency in the presence of adequate maternal weight gain in pregnancy can have devastating consequences. There is a well established relationship between inadequate maternal folate intake at the time of conception and the risk of neural tube defects (spina bifida) in children. This is a particular concern since food insecure women have been shown to have seriously inadequate intake of folate, along with other critical micronutrients. WIC, as you know, has been repeatedly shown to decrease the risk of low birth weight and thus of all its lifelong consequences.

After birth, even subtle deficits in nutrition continue to exert major influences on health and development. As my distinguished colleague the Surgeon General would confirm from his career as a trauma surgeon, malnutrition impairs the body's ability to heal. At all ages malnutrition decreases immune function leading to the infection/malnutrition cycle. With any acute illness all children lose weight. However, in food secure homes once the acute illness is resolved, children are able spontaneously to increase their dietary intake to restore normal growth and body composition. For the many low-income food-insecure families, where food supplies are marginal even for feeding well children, once a nutritional deficit has been established by even a normal childhood illness there is no additional food for repletion. The child is then left malnourished and more susceptible to the next infection, which is likely to be more prolonged and severe, and followed by even greater weight loss. It is this infection/malnutrition cycle, which in settings without adequate medical care leads to the death of malnourished children. In this country the cycle often manifests in preventable recurrent illness and a need for costly therapeutic health resources.

Here too we have found WIC works. When in CSNAP we evaluated 5,923 WIC eligible infants less than 12 months of age between August 1998–December 2001, we found .after taking into account numerous other family characteristics that those who did not receive WIC due to access problems had statistically significantly higher rates of food insecurity (28%) than WIC participants (23%), $p = .001$. This food insecurity was manifested in hard evidence of inadequate nutrition measured on the bodies of the infants. Income eligible infants who did not receive WIC were significantly more likely to be underweight or short, and nearly twice as likely as infants who did receive WIC to be perceived as having only fair or poor health. In contrast, rates of overweight did not differ significantly among groups.

This relationship between food insecurity and illness persists beyond infancy in findings of our research and that of many other investigators. When we looked at data from the larger CSNAP sample of 11,539 children ages 36 months and younger collected over the period 1998–2001 at inner-city hospitals and clinics in six states, we found 21% of these little children lived in food insecure households. Children in food insecure households were 25% more likely to have been hospitalized since birth than those whose households were food secure.

WIC supplies only 40% of the calories needed for children older than a year of age. Day care attendance increases the risk of infectious illness in young children of all social classes. Thus, in addition to WIC, the Child Care feeding programs are also crucial to child health, reaching preschoolers in family and center based child

care centers whose mothers work long hours and to do not necessarily have either the time or the financial resources to prepare adequate meals.

Even though, with refeeding and medical care, a malnourished child can be brought eventually into the normal range for immunocompetence, malnutrition can inflict concurrent and lasting deficits in cognitive development with grave implications for the malnourished child's future ability to participate in the knowledge economy. The last two prenatal trimesters and the first years of life constitute a critical period of brain growth, a time when the brain has biosynthetic ability to generate new brain that it will never have again. Different regions of the brain undergo their critical development at different developmental periods. The cerebellum, which is involved in later reading ability, for example, completes much of its development in the first year of life. Lack of nutritional building blocks during a critical period will lead to actual distortions and deficits in the part of the brain under development. Initially, the greatest concern about the developmental effects of malnutrition were expressed about those children who had actual lasting deficits in brain size reflected by small head circumference. However, as knowledge of the importance of nutrition as substrate for neurotransmitters has evolved, awareness has grown that although brain size and structure can be most affected by malnutrition in early life, brain function can be seriously affected at all ages.

Even in the absence of measurable deficits in body size, food insecure or malnourished children may miss many opportunities for learning. The first physiologic strategy for maintaining growth and body heat in the face of inadequate nutrient intake is for a child to decrease their "discretionary activity," particularly their voluntary exploration of their environment and interactions with other people. Such discretionary activity is essential experience for children's learning about the inanimate and social worlds. By the time a child has actually developed a deficit in weight or height, this compensatory mechanism has already failed repeatedly. By the time a health professional detects physiological signs and symptoms of malnutrition in a child, there have already been many opportunities of missed learning that were not detected. Although certain aspects of brain structure and function can recover with refeeding, others appear to be permanently altered, such that the previously malnourished organism can function under baseline conditions, but has more difficulty than the previously well nourished organism in functioning under conditions of stress and challenge. Both early and concurrent malnutrition are two critical and entirely preventable causes of school failure from impairments of cognition, attention, and behavior. As you know, participation in school breakfast programs has been repeatedly shown to decrease absenteeism, raise children's academic test scores, and decrease behavioral difficulties in elementary school. No amount of standardized testing will alleviate the impact of hunger on children's ability to learn—to educate children first you must feed them, and you must feed their mothers so that from conception through high school tomorrow's future work force will be sufficiently well-nourished to participate fully in an information economy. As children age out of WIC and into the school age, school meals, after school and summer feeding become crucial

C–SNAP research shows food insecure children are more likely to be iron deficient and anemic and thus more susceptible to lead toxicity, which together further jeopardizes their cognitive development.

Preliminary C- SNAP data from Minnesota and Boston suggests that the need for child nutrition programs has become even more urgent in the post 9/11 economy than it was even 5 years ago, when these programs were last re-authorized. In a sample of more than 3000 infants and toddlers under 3 (average age 12 months) we saw no significant change from 1998–1999 to 2002–2003 in rates of parents' employment (about 40% both years) or receipt of WIC (about 80%). However, we did find decreased rates of receipt of welfare and food stamp benefits and a 29% increase in risk for families of young children to be food insecure and an astounding 83% increase in risk that children would require hospitalization at the time of emergency room visits to the Boston site. These figures make me concerned that America's poor children may be getting both more food insecure and sicker. There is ample physiologic evidence to support that the first problem is probably playing a causal role in the second.

I am aware that some commentators without medical credentials have suggested that child nutrition programs contribute to the childhood obesity. Although obesity among American children is indeed increasing, I know of no medical data which supports this claim. There is, however, a preliminary but growing body of empirical work which shows that in certain sub-populations such as impoverished African–American and Hispanic/Latino adolescent girls food insecurity is associated with obesity, This might be expected from what we know of the physiology of weight cycling related to alternating under and over consumption that is found not only in

dieting and eating disorders, but among those who if they are able to eat on one day do not know if they will be able to eat on the next. Child nutrition programs are crucial to assure children and their families that they can eat every day so they can eat wisely and not in fear of tomorrow's hunger.

I do not wish to over-simplify the complex phenomenon of the obesity epidemic, which, as physicians say, is over-determined by multiple factors so that no one can offer the full explanation. These factors include not only by food insecurity in poor families, but in all families increased intake of sweetened beverages lack of opportunity for healthy exercise, over dependence on "supersized" fast food meals (which again cannot be purchased with any federal feeding money) and the millions of ads that our children see each year encouraging poor food choices. However, none of these determinants of childhood obesity have been shown in the peer reviewed scientific literature to be caused by, or even associated with, participation in WIC, school meals, summer or childcare feeding.

That does not mean that perhaps in certain cases the menus of some of these useful programs could not be improved to make them more consistent with the most recent nutritional knowledge. Just as the optimal treatment of pneumonia is different now from ten years ago, so too is the most current thinking about the healthiest dietary choices, thinking which may not yet be fully reflected in standards set in earlier eras. However, I would not let a baby's pneumonia go untreated if I did not yet have the most current antibiotic available and neither should you should decide not to fund child nutrition programs because there is still work in progress to update their content.

By now you may be feeling somewhat overloaded with facts and figures, but pediatric clinicians can never forget that cold statistics reflect the lives of real and suffering children and families. I wish that you could have sat with me in my office several weeks ago in the hungry time between the end of school in mid–June and the beginning of summer feeding programs after the fourth of July. A father came in with four children ranging in age from a baby in a stroller to a second or third-grader, who, he proudly told me, could "read chapter books." The children were so hungry, that they were trying to grab jars of baby food out of the scant supply on the shelves of my office. I tried to distract them while my assistant typed out a food pantry referral and then I went off on rounds. When I came back, my assistant said, "They were so hungry I just gave them spoons. You should see how much baby food they ate." I do not have to tell those of you who are parents and grandparents that when second or third-graders are eating baby food they are really hungry. Indeed my staff found another school age child eating dry dog food out of a plastic bag in order to stave off hunger pangs. I also wish you could have rounded with me a month or so ago on the wards of Boston Medical Center and seen the little eight-month-old son of two working parents born at normal birth weight who at six months weighed less than 14 pounds, which is the weight of a normal three-month-old. As you saw his pitiful ribs sucking in and out trying desperately to catch his breath from a viral infection that his weakened immune system could not resist, you would not have had any doubt about the importance of child nutrition programs. On a happier note, I wish you could have been with me in clinic at the end of last summer, when I talked to a formerly malnourished six-year-old for whom we had found a campership to the Salvation Army Day Camp. He had clearly had a good summer and gained nearly a pound. When I asked him what he did in day camp, expecting of course to hear about swimming and soft ball, he looked at me with his eyes glowing and said, "we sang songs about God and ate breakfast, lunch and snack,!" None of these meals would have been available to this child without the summer feeding programs.

Distinguished members of the committee, I am here today to urge you to prescribe a miracle drug for America's families, by expanding and enhancing child nutrition programs at all levels. This miracle drug which perhaps we should name foodamycin decreases premature birth, enhances immune function, and improves school achievement. Millions of American children are intermittently but repeatedly deprived of this drug both before and after birth. Any legislative provision that would serve fewer rather than more children would be a child health catastrophe. Only you can write the prescription to treat their deprivation and it is "stat" (urgent) that you do so.

Additional reports and data from the Children's Sentinel Nutrition Assessment Program are available at: http://dcc2.bumc.bu.edu/CsnapPublic/.

[Attachments to Dr. Frank's statement have been retained in the Committee's official files.]

Chairman CASTLE. Thank you, Dr. Frank. We're all a little drug-price-sensitive right now, so watch your comparisons.

[Laughter.]

Chairman CASTLE. We've had some problems with that here in Congress.

We now have our option to ask questions. The way this is structured, we have 5 minutes to ask the questions and get the answers from all of you, so if you could be helpful in terms of fairly concise answers.

I can't possibly ask Members of Congress to be too concise. It's not the way we function. But if you could help us with that, that would be very helpful.

Dr. Cullen, you didn't get a chance to testify, so I do want to hear about your five-a-day programs that you have worked on, and your introduction also mentioned innovative snack programs involving healthier foods. That may or may not relate to the five-a-day.

If you could, bring us up to date on what you're doing in those areas.

Ms. CULLEN. We recently finished a 2-year program and we spent the first year talking with students in middle schools in three different districts in Houston, two primarily Hispanic districts, one African American, trying to find out what they would purchase, what fruit and vegetables they liked, what they would purchase, how it should be marketed, because I think we forget that students, when they reach fifth or sixth grade and get into middle school are actually consumers and they have definite preferences and likes and dislikes.

We developed the intervention. The schools agreed to put fruit and vegetables in the snack bar. Based on what the students told us, we cycled them over about a school year. We developed posters, different kinds of materials to entice it with strictly environment. You know, can we make the food in the cafeteria and the snack bar fruit and vegetables that they want to purchase, and we did that over last year.

Chairman CASTLE. Did it seem to work?

Ms. CULLEN. We were able to move fruit consumption. We served fresh fruit, fresh vegetables, canned fruit, because the students said they would purchase that, and 100 percent fruit juice, and we did get some results in fruit consumption in the second semester.

We did have students who said they would never, ever buy fruit and vegetables in the snack bar. We did not see any—we couldn't tease out whether it was snack bar or school lunch.

We had students, again in some low-income schools, where we asked students to fill out lunch records during lunchtime, so we actually have their consumption. We're doing analysis right now to see did snack bar consumption increase, did the school lunch meal consumption increase. Vending we also measured. So we know exactly what students are eating in these schools, and the food source. So we're looking at that data right now.

Chairman CASTLE. Don't even answer this, but I mean, I look at it as a form of convenience. I tend to eat what is convenient. I sit here and rail against fat and everything, and I show up at a fast food place or whatever, because it's there and it's convenient; and with kids, it's probably convenient and cool.

Ms. CULLEN. Well, you know, we found out they can't—I mean, middle school students with braces can't bite into apples, so the apples were wedged, the oranges were sliced. I mean things like that—

Chairman CASTLE. You learn these things.

Ms. CULLEN. Yeah. You need to make it so kids are not going to—they don't have time to go to the bathroom and wash their hands if they peel an orange.

So we have to look at them as consumers. They don't want brown lettuce.

Chairman CASTLE. Right.

Ms. CULLEN. I mean, they're consumers.

Chairman CASTLE. Dr. Baranowski, you mentioned something that everyone virtually touched on some way or another, and that is restoring physical education to schools.

As one who excelled in recess and virtually nothing else in school, I'm a great believer in that, but how do you do it?

I mean, schools, in the time I've been in government, schools tend to be trending away from physical education, recess, those kinds of things, because of academic pressures and perhaps lack of teachers or whatever.

Do you have a method, a secret answer to make sure this restoration takes place so we can get this 60 minutes of physical activity a day in, that has been recommended here by the earlier panel?

Dr. BARANOWSKI. We don't have any answers. We're participating in programs where we're trying to introduce activities that teachers can use that would get moderate to vigorous physical activity during the program.

We're working with trying to change the PE teachers' use of time, so rather than use 15 minutes on the front end and 15 minutes on the back end to change, use 5 minutes on the front end and 5 minutes on the back end to add more time available for physical activity.

We're trying to work on making physical activity cool. Like Karen was saying, kids are consumers. They want cool, and how can we sell physical activity at school?

A project recently done in California showed that if the PE program is reoriented toward sports, which is something that boys like, the boys become much more physically active, but it doesn't affect the girls; so we need to find programs that are reaching the different segments of the child market.

Chairman CASTLE. Thank you.

I'm going to skip quickly to Ms. MacDonald, and I obviously have other questions, but I'd like, if you can tell me, I think you'd be the best person on the panel to do this, what are these kids actually eating?

And let me tell you why I ask that question. In our Delaware schools, I go to the schools a lot, and I go into the cafeterias a lot, and actually occasionally eat there, and I see, frankly, a lot of foods that I guess that send off signals that maybe we shouldn't be eating these things —you know, pizza and other areas that perhaps are not as healthy as green vegetables or whatever may be.

So to me, it's clearly, you clearly could put together a pretty wretched meal from a nutritional point of view, if you wanted to, in our school cafeterias.

On the other hand, the foods you should eat are all there, as well.

I understand that the kids are pretty clever about making sure they get the fat foods if they possibly can, even though it may not seem that way in terms of what they're taking, with swapping and other things that go on. I'm not an expert on that. I'm not suggesting that that is the case, but I've heard that.

And I am concerned that what they're actually consuming is not necessarily as nutritionally balanced as we would like it to be, meaning that maybe we have to make some of these kinds of foods less available.

I've talked to our Delaware nutritionists a little bit about this, but I'd be interested in your views on it, on a national level, as to how we need to try to direct the kids to eating the right food.

Ms. MACDONALD. Thank you for that question.

As was alluded to earlier, we need to look at foods available at school in the context of the entire campus—what's available in the cafeteria as well as what might be offered elsewhere on campus.

Actually, according to the most recent USDA study on the subject, schools are making and have made very significant progress in implementing the dietary guidelines in school meal programs. The fat content of a reimbursable meal is significantly down, and an increasing variety of fruits and vegetables are being available.

One of the things that you may not see is what we do behind the scenes in the school cafeteria, and that is we've modified food preparation methods, we have rewritten product specifications to specify lower fat, lower sodium and sugars, and industry has responded to our requests.

So familiar student favorites, such as the pizza that you mentioned, are part of school meals that meet the dietary guidelines.

Chairman CASTLE. Before I yield to Ms. Woolsey, I might add we probably eat pizza around here in our meetings three times a week, but we'll let that slide by.

Ms. Woolsey is recognized for 5 minutes.

Ms. WOOLSEY. Where is that pizza? It's lunch time.

I have to make a comment. The Pilot School Breakfast Program is because of a lot of the people out in the audience, and legislation that my office has put together.

I want to tell you what the experience is there, Mr. Chairman. It's elementary school. I give it that. It's harder to tell high school kids what to do. But it is a forced balanced program.

The kids come for the school breakfast. They are given so many units of each food group. They can't have three muffins and nothing else. They have a muffin. They have—I mean, they get to choose among those food groups, but they don't get to fill it all up with just one food group.

The kids love it, the teachers adore it, the parents love it, and the administration loves it, because these kids are learning something about eating, and they're eating.

They may already have eaten at home. We're learning that elementary kids do. But we don't know what they eat at home. They come to school, and they learn about balance.

They all sit down. I visit these programs, of course, because one is in Santa Rosa, California in my district, and the kids are sitting and talking politics. I mean, they are so cute. They love being there, and they love doing this, and it works.

So, OK. Now, that's enough of me. I want to ask Dr. Frank. I don't want to waste her.

Tell us if there are barriers that you know of preventing participation in the child nutrition programs for infants and children, and what you think we could do to eliminate them.

Dr. FRANK. First of all, the barriers in parents' work schedules make it very difficult, often, to access WIC sites, to come to school and present all the paperwork and miss a day from work, and also having to recertify, I think, you know, frequently, because so many people have fluctuating incomes. When the hotel is full, they're working; when the hotel is empty, they're not working.

So anything that requires frequent recertification that doesn't have evening and ideally Saturday hours, and anything that frighten people, because remember, you know, in our multi—people are readily frightened, and therefore, many eligible people, if you increase paperwork barriers and this and that, just get frightened, and they—we spend a lot of time handholding individual families to get them onto Food Stamps, you know, to fill out the paperwork for school lunch.

And also, in Boston, we have the horrible situation where we can't deem child care feeding, because we have a very few wealthy neighborhoods, even though everybody in the child care programs is very poor, and so every single home has to do this unbelievable paperwork to get feeding, so many of them don't participate.

So again, things that sound like—I forget, what was—there was a lovely word that was used, accountability, something like that. It makes sense, but it has to be looked at from the other perspective, which is what harm are they doing to children who need it?

You know, the first thing you teach to med students, you bring them in the first day at med school and you look at them and you say, "Do no harm."

So that, I would think, would be step first, in thinking about how to enhance the administrative issues in these programs.

Ms. WOOLSEY. I'm going to ask a question that I didn't think Secretary Bost answered very well, and that's about the upcoming reauthorization and what we need to do for WIC.

Ms. MacDonald, you start, and then Dr. Frank, and then maybe all of you could answer that, if you would.

What do you think in our reauthorization is the most important thing that we do on this Committee?

Ms. MACDONALD. For WIC or for school meals, for anything?

Ms. WOOLSEY. Yeah, let's go for anything. Each of you gets to pick your No. 1 thing you want us to do. We better hurry.

Ms. MACDONALD. Our primary priority is to eliminate the reduced price category, at least begin to look at that.

We also—

Ms. WOOLSEY. OK. That's all you get.

Ms. MACDONALD. That's all I get? That's good. That's my primary priority.

Ms. WOOLSEY. Now we'll go down here.

Dr. BARANOWSKI. I advocate for enhanced funding for behavioral research, so it could guide policy in the future.

Ms. WOOLSEY. OK. Dr. Cullen.

Ms. CULLEN. From the research perception, I would agree with Dr. Baranowski, but I also think we don't know much about how to encourage kids to eat foods when other kids are not eating healthy foods, and the whole atmosphere around school lunch and the negative stigma.

Ms. WOOLSEY. OK.

Ms. CLARKE. The proportion of the WIC funding that can go for nutrition services is our biggest problem.

Ms. WOOLSEY. And Dr. Frank, you are the cleanup batter.

Dr. FRANK. I wish for all programs the same way you have to have an environmental impact statement, you would have to have a baby impact statement, as to what is this change going to do to poor, young children.

Ms. WOOLSEY. Thank you very much.

Chairman CASTLE. Thank you, Ms. Woolsey.

Mr. Osborne is recognized for 5 minutes.

Mr. OSBORNE. Thank you, Mr. Chairman. I'd like to thank the panelists for being here today.

Dr. Baranowski, you mentioned in your testimony that particularly in middle school and higher grades, children seem to know what's healthy. They simply, at times, refuse to eat what is healthy, and so a stigma to school lunch and motivation is a problem.

In our society, obesity is a problem, too, and I would think that those who are overweight would be motivated, and I wonder if you had ever looked at special counseling or special programs for those who are suffering from that stigma, because I would think they would be the most likely to be highly motivated to do something about whatever situation they're in.

Dr. BARANOWSKI. That's an excellent question, Mr. Osborne.

Behavior change is very, very difficult, by anybody. The obese have the same kinds of difficulties in changing their behaviors as anybody else.

For children, the parents are particularly important. Many of the parents don't recognize the difficulties and challenges of obesity or changing behaviors.

In many cases, the families have, from a research perspective, dysfunctional feeding practices that encourage over-consumption of foods, perhaps permissive feeding practices that also permit over-consumption of foods.

In general, obese children have a very difficult time changing the behavior, just like obese adults do. We see many obese adults, and while they feel guilty, there's huge anxiety associated with it, the motivation to change in the sense that it results in effective behavior change isn't there.

Mr. OSBORNE. I appreciate your response. I used to be involved in an environment where we did have a nutritionist who worked with our people, and I would think that nutritional counseling that

also included the parents at times might have some effect. I don't know. And of course, you're always concerned with cost.

Ms. MacDonald, I don't know if you read Secretary Bost's testimony or not, but he indicated in that testimony that only 5 percent of the households who are available for multiple programs use all of them.

In other words, there are many households who are eligible for reduced lunch and breakfast costs, and also the WIC program and Food Stamps, and yet it seems like most households just use one.

So I noticed that you said that we should eliminate the reduced fee, and yet I would wonder if we have so many people who are eligible for more than what they're using, if we're adequately informing people of what's available, because certainly if they're eligible for multiple programs and they're struggling to pay the 30-or-40-cent fee, you would think that if they used all the programs, that they would not have that trouble.

I wonder if you had thought about that or if you had noticed the testimony that Under Secretary Bost brought to us.

Ms. MACDONALD. I have not had a chance to read his statement, but I did hear that fact, and I think what's important is, about the elimination of the reduced price category, is that that 40 cents or 30 cents is keeping children out of the program.

They may be qualified for WIC when they're four or five. When they come to school, they are not qualified for free. They may fall into that reduced category, and they cannot pay that fee.

I think it's important to note that even Under Secretary Bost said that the extent of, you know, the problem of program integrity is not, it's not clear, and we're very, very concerned, and strongly urge Congress to not make any changes in the current application or verification system that might deny eligible children access, since we know that they're not participating.

We need a more accurate picture of the problem, if it exists, and as Dr. Frank said, to analyze the impact of whatever solution might have on that population.

Mr. OSBORNE. If I might follow that comment up with another question, in your testimony you did indicate that income verification was needed and you also stated that you didn't want this to be burdensome, you didn't want to scare people off.

So that's kind of a tightrope, and what would you suggest? Because, you know, we're at a point here where something has to be implemented, and what do you think would be effective in making the system more accurate and more accountable, and yet avoid driving people who need the service off?

Ms. MACDONALD. Well, one of the proven strategies is, as Secretary Bost mentioned, direct certification where, if a family currently qualifies for temporary assistance for needy families on Food Stamps, they are automatically qualified in some states for free meals.

We would like to see the expansion of direct certification to programs such as Medicare, Children's Health Insurance, and SSI, because these parents and families have to apply and provide income documentation to become eligible for those programs, and we feel that it is very reasonable to expand that so that they will not have to fill out a separate set of paperwork.

Mr. OSBORNE. Thank you.

Chairman CASTLE. Thank you, Mr. Osborne.

Ms. Majette is recognized for 5 minutes.

Ms. MAJETTE. Thank you, Mr. Chairman, and thank all of you for being here today and for what you are doing to make sure that every child is able to be fed and prepared to learn.

I'm still wondering if there is some way that we can streamline this process and reduce the stigma, and I know that you're concerned about that, the stigma.

I guess I would ask if you have some ideas in terms of the use of technology that might enable us to have people—well, maybe that's a little vague.

But we have new technology in the grocery store where I shop, at Kroger, in Georgia, where you get a card and you can scan the items and they can keep track of everything that you do.

It's my understanding that there are some systems that might be available for schools to be able to give children a card and maybe they wouldn't have to deal with money and having somebody know how much they paid, and we could also track what they're eating, what they're buying, what they're consuming, and use that information in order to determine if there need to be adjustments nutritionally, or those kinds of things.

Have any of you had any thoughts on using those kinds of processes to address some of these issues?

Ms. MACDONALD. Well, if I could answer that, actually, we, in my district, we use that type of technology, and it is very, very effective.

Students enter a PIN number. Even students who qualify for free have an account balance that comes up on the screen, so if someone is behind them, they don't know that they are qualified for free.

However, that technology can cost quite a bit of money and, as you know, in our programs, the recent GAO study that was released showed that the current reimbursement for the cost to produce and sustain the infrastructure to deliver meals is inadequate. There's a gap between the free of 6 cents, 18.5, or 36 cents for reduced and 18.5 for free, or for paid.

So the schools are struggling. We would appreciate some looking into that, so maybe some of this technology could be incorporated.

Mr. OSBORNE [presiding]. Obviously, we have a vote coming, and we have two more people to ask questions, so we'll try to expedite things.

Ms. MAJETTE. I'm sorry. Should we go on, Mr. Chairman?

Mr. OSBORNE. Certainly. Go ahead. Proceed.

Ms. MAJETTE. When we talk about the cost, you know, I'm always concerned about us being—and excuse the pun—penny wise and pound foolish.

If we already know that on the back end, the cost of obese children or undernourished children or undernourished young people has an effect on their ability to learn and therefore their ability to be well-educated, properly prepared citizens or workforce, as well as the health concerns and the health costs if you're dealing with diabetes and cancers and those kinds of things that really do cost us in dollars and cents and lots of other ways, would you suggest to us that it might be, or perhaps would you agree with it that it

might be more effective in the long term to spend a little extra money to eliminate the paperwork and get people on the track of being able to meet those needs on the front end so that we don't have to deal with it on the back end?

Ms. MACDONALD. We would absolutely agree with that, and to that point, that's one of the reasons why the elimination of the reduced price category has such support from industry.

As you know, as I mentioned, they have a very strong interest in a healthy and well-educated workforce, and these programs not only benefit our children nutritionally now, but they benefit the economy, as well, and of course, health costs, as you mentioned, down the road.

So industry would rather put their money into research and development, product development, rather than remedial programs for employees who can't read or high health care costs.

So we would agree that it is a fine investment in the future of this country to invest dollars in child nutrition programs.

Ms. MAJETTE. Thank you.

Mr. OSBORNE. Thank you. I think we probably better proceed. We have a series of four votes and we'd like to conclude the panel.

We have Mr. Van Hollen, who would like to ask question, and Mr. Davis, so we'll try to get this finish. We have about five or 6 minutes left.

Mr. VAN HOLLEN. Thank you, Mr. Chairman. I'll try and be brief. I want to thank all the members of the panel.

I have a question for Ms. MacDonald, about your proposal to phaseout the reduced lunch portion and bring up the free lunch, up to 185 percent of poverty. It's something I support. I think it's a great proposal.

It obviously will require some resources to do it. I don't have the exact estimates, but my understanding is it could be $600 million additional per year when fully phased in, somewhere in that range.

My concern is that, for those who sort of take half of your proposal, but not the full proposal, and look for ways to eliminate some of those kids who are on reduced price lunch and pay for it by not replacing them with free lunches, and I would ask what your response to that would be.

In other words, my sense is if we move forward, we should also move forward with the understanding we should do no harm, that children who are currently receiving reduced lunches, that none of them should end up having to pay, because as I understand your testimony, your reason for proposing free reduced lunches is they're already having trouble paying what they're paying. Is that right?

Ms. MACDONALD. That's absolutely right, and it's very important, the point that you make, because as our reimbursements haven't kept up, the price to the paying child has been raised higher and higher.

So we would want the caveat that, you know, certainly no children who are currently eligible would be eliminated from the program.

Ideally, we would love to just go the whole way, but we are willing to, you know, work with Congress to explore if there are other ways to get there.

One of the things that I find quite interesting is that the current administrative cost to verify and do the applications is about $640 million a year. That's a lot of lunches at 40 cents.

Mr. VAN HOLLEN. Right. Thank you, Mr. Chairman. I had some others, but in the interest of time, I will—

Mr. OSBORNE. Thank you.

Mr. Davis.

Mr. DAVIS. Thank you, Mr. Chairman.

I'd like to just ask if I can submit written questions for the Secretary.

Chairman CASTLE. Without objection.

Mr. DAVIS. Many of my questions were, in fact, generated by his testimony. Unfortunately, I had some duties on the floor that kept me from getting here, but I will ask one question, and maybe if the panel would respond, if they would care to.

In the Secretary's written testimony, he supported expanding the portion of students that would be subject to income verification.

Under current law, the number of approved applications that must be verified by any single district is capped at 3,000. The Secretary's testimony did not mention retaining such a cap.

However, retaining a cap on the number of applications that large districts like mine—I come from Chicago—must verify is extremely important, even if it is a higher cap than what we now have.

Without a cap, what the Chicago public schools had to verify, 12 percent of approved applications, we would face a 900 percent increase in the number of applications that we'd have to verify. It would be extremely difficult for us to absorb such an increase in our administrative responsibilities and would have a great impact on our budget.

Moreover, we're concerned that eligible children in Chicago and other big cities would be disproportionately affected if there were no cap because the verification non-response rate tends to be higher in urban areas.

If our Committee were to include a cap, even if it were a slightly modified cap, on the number of approved applications that the largest districts must verify, would you be opposed to such a provision?

You can answer this if you would care to. If not, I certainly will understand. It's not within your testimony and it's not necessarily within your purview, but if any of you would care to respond to that, I'd appreciate it if you would.

Ms. MACDONALD. Well, I think that we look forward to working with you and resolving those concerns, because we are very, very concerned about the impact of any various potential solution to that problem.

The Center on Budget and Policy Priorities has done significant analysis on the extent of what the Secretary was talking about, and we would be happy to ask the Center to share those facts with you.

Mr. DAVIS. All right. Thank you very much. Anyone else?

[No response.]

Mr. DAVIS. If not, just a quick—obesity has been generated and has generated a great deal of conversation lately relative to child obesity.

What can we really do about it, quickly? You know, anybody? Dr. Frank?

Dr. FRANK. Well, first of all, interestingly enough, if you prevent low birth weight, you will prevent later obesity, because that turns out to be a huge predictor, paradoxically.

The other things I think are rational, but probably not politically acceptable.

You can't advertise tobacco to kids, but you can advertise any kind of unhealthy food, about millions, literally millions of ads a year on the children's television programming.

Also, there's issues of things like neighborhood safety. We just had a 3-year-old shot and paralyzed, in my hospital.

So it's all very well to tell people to go for a walk, but they realistically understand that, you know, it's bad to be obese, but it's worse to be paralyzed, and anytime one of those happens, everybody locks their kids up indoors, and then once the kids are indoors, all they've got to do is watch TV.

So you have to sort of have a real sense of real life when you address these things.

Mr. DAVIS. Thank you very much, Mr. Chairman.

Mr. OSBORNE. Thank you, Mr. Davis.

I'd like to thank the witnesses for your testimony, and members for their participation.

If there's no further business, the Subcommittee stands adjourned.

[Whereupon, at 12:32 p.m., the Subcommittee was adjourned.]

[Additional materials submitted for the record follow:]

Congress of the United States

Washington, DC 20515

Testimony Before
the
House Committee on Education and the Workforce
Subcommittee on Education Reform
Hearing to Review Child Nutrition Programs
July 16, 2003

Congressman Adam H. Putnam and Congressman Dennis Cardoza
Healthy America Act of 2003
(H.R. 2592)

We appreciate the opportunity to provide testimony to the Subcommittee on Education Reform on this hearing to review federal Child Nutrition Programs and applaud the Subcommittee's efforts toward achieving greater nutritional benefits for the children of this nation.

Today we face a continuing challenge in improving the quality of the American diet, particularly among our nation's children. As we see an alarming increase in obesity, coronary heart disease, cancer, stroke and diabetes, it is imperative that federal nutrition programs provide the fundamental tools to promote lasting health through sound nutritional choices.

The U.S. Surgeon General reports that fruit, juice and vegetable consumption are a central part of a commitment toward better health and provide protective effects from most cancers, heart disease and obesity. Unfortunately, most children and adults do not meet the recommended guidelines of five servings a day of fruit and vegetables, with only 15 % of elementary students and a quarter of adults consuming the recommended requirement. Unbelievably, one of our major nutrition programs, the Women's, Infants and Children's (WIC) program, does not even allow participants access to fresh fruits and vegetables.

We would like to recommend that our bi-partisan nutrition bill, the ***Healthy America Act*** (H.R. 2592), be considered by the Committee during its review of federal nutrition programs. We believe the ***Healthy American Act*** will promote better health and the prevention of chronic diseases by expanding and enhancing policies that recognize and directly encourage the consumption of fruits, vegetables and juices in schools and in the WIC program. Particularly among needy Americans, school feeding and other nutrition programs, often provide the primary opportunities for consumption of nutritionally valuable foods. This legislation would provide students and WIC participants greater access to fruits, vegetables, and juices in federal feeding programs and expand the extremely successful Fruit and Vegetable Pilot Program nationwide.

We feel that current federal nutrition guidelines must be revised so that they are consistent with current dietary and nutritional science for some of the neediest Americans, including expectant and nursing mothers, infants and children. The WIC program is nearly 30 years old and has changed little during that time. The ***Healthy America Act*** would require that dietary guidelines be revised regularly in keeping with modern dietary science and allow WIC participants access to fresh fruits and vegetables currently prohibited under the program.

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The ***Healthy America Act*** has the support of the *Center for Science in the Public Interest*, the *American Association for Health Education, the Produce for Better Health Foundation*, the *American Institute for Cancer Research, Nutrition and Kids* and other nutrition, health and school organizations. H.R. 2592 was drafted in concert with the objectives of the *National Alliance for Nutrition and Activity.*

Again, we thank you for the opportunity to provide comment at this important hearing. We look forward to working with the members of the House Education and Workforce Committee in providing the neediest Americans with the opportunity to live healthier live through the increased consumption of fruits, vegetables, and juice.

The flowing outlines the major provisions of the ***Healthy America Act.***

Objectives

To promote improved nutrition and prevent an array of chronic diseases in Americans, including students and needy women, infants and children, by revising and enhancing federal nutrition programs to provide greater access to and expanding the role of nutritionally valuable fresh fruits and vegetables and 100% juice products.

The U.S. Surgeon General has concluded that consumption of a healthy diet, including nutritionally-rich fruit and vegetables, is essential for normal growth and development, and critical to promoting health and preventing an array of chronic diseases, as an estimated that one-third of cancer deaths could be prevented by healthy diets. Therefore, the federal government's investment in nutrition programs should be revised to better address health promotion and disease prevention through expanding the role nutritionally rich fruit and vegetables for better health.

Summary of Major Provisions

- School Breakfast Program - The Act would increase the number and range of fresh fruits and 100% juices to students in the School Breakfast program through requiring their availability in the program and by establishing a commodity purchase program for school breakfast at the rate of 5 cents per meal, consistent with the formula for the school lunch program. The addition of commodities purchases for the breakfast program will support the nutritional quality of the meal while keeping costs to school systems down.

- School Lunch Program - Direct USDA to develop an incentive-based pilot project whereby school districts are rewarded when they offer more fruits and vegetables. Establish a "Healthy Foods for Healthy Kids Initiative," in conjunction with the National *5-A-Day program* to provide $20 million annually in grants to states and school districts for innovative projects such as educational/promotional materials, salad/garden bars, healthy vending programs, cold storage and instructional school gardens other creative ways to increase fruit and vegetable consumption by students.

- Expansion of the National School Fruit and Vegetable Pilot Program - Authorize national expansion of the Fruit and Vegetable School Snack Pilot Program as a permanent part of child nutrition programs. Direct USDA to develop plans to ensure efficiencies and

economies of scale while ensuring maintenance of current flexibility for local school entities within the program. Include in the Summer School feeding programs.

- Summer School Feeding and After School Programs - The Secretary shall facilitate the availability of fruits, vegetables mad 100% juices in Summer School Feeding Programs and After school Programs.

- Women, Infants and Children (WIC):
  - Require USDA to update and improve the nutritional quality of the WIC food packages. Require that the food package, target nutrients and nutrient needs of participants be re-evaluated at least every 10 years and revised to reflect current nutrition science.
  - Require the WIC program to allow participants access to fresh fruit and fruits and vegetables, an important nutritional source for this needy population. *(Current WIC program guidelines do not allow fresh fruits and vegetables.)*
  - Revise the containers for WIC juices to reflect modern usage, including plastic and cardboard containers. Include not-from-concentrate juice in the WIC program. (*Currently only concentrate allowed.*) Allow generic or store brands to be eligible under the WIC program for cost efficiencies.
  - Provide a more targeted approach to WIC nutrition education efforts with a focus on fruit and vegetable intake.

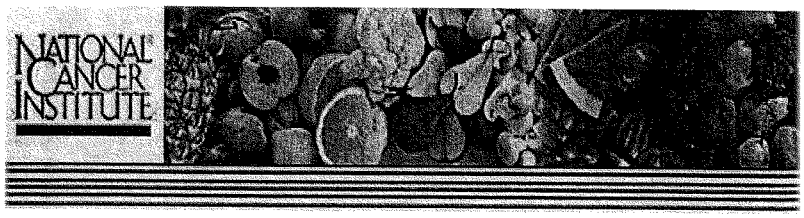
- State/Local Partnerships - Establish partnerships with State Departments of Agriculture and other state and local government organizations for greater access, efficiencies and distribution of fruit and vegetables/juices in schools and feeding programs.

- Department of Defense (DOD) Delivery Access - Expand the DOD fresh program, an efficient way schools can receive frequent small deliveries of fresh produce under USDA programs, from $50 million annually to $100 million annually.

- USDA commodity purchases conformity to U.S. Dietary Guidelines for Americans - Require USDA to write a report to Congress within six months of enactment to assess current commodity purchasing practices and how purchasing decisions are made, and develop recommendations including a plan of action to align those purchases with dietary recommendations.

- USDA Role in National 5 A Day Partnership - Improve the research and education agenda at USDA to reflect its new commitment to the National 5 A Day Partnership. Require the Secretary of Agriculture to appoint or identify a 5 A Day Coordinator at the national level and urge FNS to appoint or identify a 5 A Day Coordinator in each of the seven FNS regional offices to coordinate and expand USDA efforts to promote fruit and vegetable intake.

- Fruit and Vegetable Research Agenda - Require USDA to develop a fruit and vegetable research agenda that coordinates research between the Economic Research Service, Food and Nutrition Service, Agricultural Research Service and other USDA agencies.



Nutritional Benefits of Fruit and Vegetable Consumption

"Diets containing substantial and varied amounts of vegetables and fruits will prevent 20 percent or more of all cases of cancer"
American Institute for Cancer Research

"Dietary patterns characterized by high intake of fruits and vegetables are associated with a lower risk of developing heart disease, stroke and hypertension."
American Heart Association

"Higher intake of fruits, vegetables and other foods rich in vitamin C and potassium have been associated with lower stroke rates."
American Stroke Association

"Eating high amounts of vegetables, vitamin E and vitamin C is associated with lower risks of dementia and Alzheimer's disease."
Alzheimer's Association

"Consumption of fruits and vegetables containing two carotenoid pigments may be linked to a reduced risk for age-related macular degeneration."
American Macular Degeneration Foundation

"A diet high in fruits and vegetables usually leads to a reduction in total calories and fat which enhances weight management."
American Obesity Association

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August 29, 2003

The Honorable Adam H. Putnam
Member of Congress
506 Cannon House Office Building
Washington, DC 20515

Dear Congressman Putnam:

Thank you for writing to share the details of the *Healthy America Act*. I commend your efforts to increase Americans' consumption of fruits and vegetables, especially for children and those participating in our Nation's food assistance programs.

As you know, the Department of Agriculture's *Dietary Guidelines for Americans* urges Americans to "choose a variety of fruits and vegetables daily," and the Food Guide Pyramid recommends that we consume 5-9 servings of fruits and vegetables each day. Yet data from national nutrition surveys and the Centers for Disease Control and Prevention show that only one in four Americans, 24 percent, eat 5 or more fruits and vegetables daily, and children tend to eat less fruits and vegetables than adults. This evidence makes clear the importance of efforts to encourage children to develop an interest in fruits and vegetables at a young age.

This Congress, the Committee on Education and the Workforce is scheduled to reauthorize child nutrition programs included in the Child Nutrition Act and the Richard B. Russell National School Lunch Act. All proposed program improvements are intended to contribute to the overarching goal of ensuring that children have access to safe, affordable, and nutritious food. As part of this effort, the Committee is exploring the best ways to expand access to eligible children and improve the availability of a wide range of healthy foods, including the availability of fruits and vegetables in schools.

However, these goals must be accomplished at a time when there are limited funds and no new money available for these important programs. In this tight budget environment, the Committee will seek creative ways to improve the program in modest ways, especially taking into consideration children's nutritional needs and rising rates of childhood obesity. As we move forward in the reauthorization process, we will give consideration your proposal to expand the School Fruit and Vegetable Pilot program and other provisions included in the *Healthy America Act*.

Thank you again for taking the time to inform me about this legislation.

Sincerely,

John

JOHN A. BOEHNER
Chairman

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July 22, 2003

The Honorable Eric M. Bost
Under Secretary for Food, Nutrition, and Consumer Services
U.S. Department of Agriculture
14th and Independence Avenue, SW
Washington, DC 20250

Dear Under Secretary Bost:

Thank you for your recent testimony before the Subcommittee on Education Reform on July 16, 2003 on the Administration's proposals for reauthorizing child nutrition programs. We appreciate having the opportunity to hear from you on the critical role these programs play in the nutritional and academic well being of our nation's children.

As you may recall during the hearing, several Members of the Subcommittee suggested that they might have additional questions for you. I have collected these questions from the Democratic Members of the Subcommittee and am now forwarding them to you for response. The questions and your answers to these questions will be submitted as part of the record of the July 16 hearing.

In anticipation of the rapid pace at which this reauthorization will be conducted, I would appreciate receiving a response to these questions by August 22, 2003. If you cannot respond by this date, please inform me as promptly as possible. If you have any questions about this request, please do not hesitate to contact Lynda Theil with my staff at 202.226.4152.

Sincerely,

Lynn Woolsey

Lynn C. Woolsey
Ranking Member
Subcommittee on Education Reform

Cc: The Honorable Michael N. Castle

Enclosure

United States Department of Agriculture

Office of the Secretary
Washington, D.C. 20250

AUG - 4 2003

The Honorable Lynn C. Woolsey
Ranking Member
Subcommittee on Education Reform
Committee on Education and the Workforce
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, D.C. 20515-6100

Dear Congresswoman Woolsey:

Thank you for your letter of July 22, 2003, in which you provided questions relating to my testimony before the Subcommittee on Education Reform on July 16, 2003. We appreciate having the opportunity to clarify the Administration's recommendations for reauthorizing the Child Nutrition Programs. Answers to the questions you posed are enclosed.

As I mentioned in my testimony, our recommendations focus on three guiding principles: 1) improving access to all eligible children; 2) promoting a healthy school environment; and, 3) ensuring program integrity. It appears that many of the questions indicate concern that the participation of eligible children should not be jeopardized. We, too, share that concern. Specific to our mutual concerns, our recommendations are designed to address program integrity by enhancing existing requirements and providing for a number of changes that would make the application and verification process more user friendly. We have recommended changes that would streamline the application process by requiring direct certification of children in Food Stamp Program households, and when direct certification is not applicable, requiring a household application rather than permitting one application per child. A robust follow-up process for households who do not respond to verification efforts, and an annual certification period are integral components of our recommendations.

While there is no consensus on the exact number of ineligible children receiving free and reduced price benefits, there is consensus that the problem exists. As stewards of Federal funds, the U.S. Department of Agriculture (USDA) must actively pursue changes to ensure the integrity of the Child Nutrition Programs. We believe that it would be irresponsible for USDA, as we seek to learn more, not to take steps to address the problem consistent with the Administration's commitment to ensure that all eligible children have access to free and reduced- price meals.

The Honorable Lynn C. Woolsey
Page 2

We appreciate your continued support of the Child Nutrition Programs and the opportunity to provide clarification on the Administration's recommendations for reauthorizing the Child Nutrition Programs.

Sincerely

Eric M. Bost
Under Secretary
Food, Nutrition, and Consumer Services

Enclosure

Question from Rep. Woolsey

Question: In your testimony before the Subcommittee you stated, "Further, we expect to learn more about the problem of certification inaccuracy, and potential solutions in the coming months as a result of our research and analysis continue to emerge." We understand that your staff at FNS has analyzed data from two important studies pertaining to the impact of income verification on eligible families. Obviously the findings from those studies would have significant bearing on our understanding of the impact and consequences of expanded income verification. You noted in your testimony before the Senate Agriculture Committee in April of this year that you expected to have more information on the problem of improper certification and ways of addressing it, such as greater income verification. It is now clear that neither Committee will act until the fall, so it should be feasible for authorizers to have access to this critical information.

I would like assurances that the Committee will be briefed in full on the findings of these studies as soon as possible – but definitely before either Committee in the House or Senate acts in September.

Answer: The studies to which you refer are still in progress. However, we have completed some preliminary analysis and are scheduled to brief your staff on August 5.

Question from Rep. Woolsey

Question: In your written testimony you supported a "robust, consistent effort in every state to follow-up with those who do not respond to verification requests." Is their any research evidence on how effective such follow-up efforts are in reducing the verification non-response rate?

Answer: Let me emphasize that the Administration is sensitive to and shares concerns that in addressing integrity issues, the participation of eligible children should not be jeopardized. In response, we would support requiring every school to follow up with those households who do not respond to verification efforts. We would support follow-up attempts in writing and by phone at least three times. We believe that reaching out to non-respondent households will provide those eligible households with both opportunity and confidence to participate in the school lunch program. We are unaware of any conclusive research in support of a particular approach to outreach to program participants. This is one reason we would support a continued program of research on improvements in the NSLP certification system, including outreach and follow-up, and would use these efforts to optimize the process.

Question from Rep. Van Hollen

Question: Do you support the proposal to eliminate the reduced-price meal category and expand the free meal category to those at 185% of the poverty line? If so, would you support paying for it by expanding income verification? And if not, how would you propose to pay for it?

Answer: The Administration is strongly committed to ensuring access to school meals and other nutrition assistance programs among those who need them. I share the desires of anti-hunger organizations and other program stakeholders to ensure that no child in need of nutritious food is denied access.

However, a proposal that provides meals free to all children at or below 185% of poverty would cost approximately $3.5 billion over five years.

As you know, we face a time of tightly constrained resources; the Administration is committed to ensuring that Federal resources are targeted carefully to the highest priorities and greatest needs of the nation.

The Administration supports a cost-neutral, balanced approach to improving program access, better nutrition, and strengthened integrity in the Child Nutrition Programs. This provision, while clearly well-intentioned, would compete with high priority changes that we believe are needed to improve the effectiveness of these programs, for example, changes to improve nutrition education and develop a healthy school nutrition environment.

Question from Rep. Van Hollen

Question: Additionally, in the name of making such a proposal "self-financing," I understand some have suggested we might ultimately have to settle for a qualifying threshold below 185% of the poverty line. Has the Department done any analysis that would indicate what qualifying threshold would be necessary in order to "self-finance" this proposal? Do you know--or can you reasonably estimate--how many children currently receiving reduced-price meals would wind up having to pay full price at whatever qualifying threshold would be necessary to "self-finance" the proposal?

Answer: We have estimated the qualifying threshold for free school meals that could be supported using the level of funding projected for free and reduced-price meals under current law. The threshold would need to be set at about 160% of the Federal poverty level to make the elimination of reduced-price meals "cost-neutral". This change would make about 3.2 million children currently eligible for reduced-price meals eligible for free meals, and about 2.8 million children currently eligible for reduced-price meals eligible only for full-price meals.

Question from Rep. Van Hollen

Question: And finally, would the Department support lowering the qualifying threshold below 185% of the poverty line in the name of "self-financing" the proposal?

Answer: The Department could not support a proposal that eliminates reduced price meals while maintaining current costs, as this would entail increasing the income eligibility guideline for free meals to 160 percent of poverty. The extent to which some children would no longer be required to pay 40 cents under this proposal, would not outweigh the concern that over 2.7 million children would be required to pay up to $1.50 per lunch to offset the increased costs of this proposal.

Question from Rep. Grijalva

Question: Why is the Administration proposing such a big increase in income verification – especially when you have acknowledged in your letter to the CHC that, "...we have come to realize that the scope of the problem is not certain." Why not instead do rigorous pilot projects in selected areas rather than propose an increase nationwide in verification? If the Administration insists on a national expansion of income verification, how can you justify such a large increase given the absence of any clear evidence that income verification improves certification accuracy without harming eligible children.

Answer: While we do not have data that allow us to estimate the level of error in the program, we have clear indications from a number of different sources that there are problems with the certification process for school meals, and that these problems seem to have worsened over time.

It would also be irresponsible for USDA, as it seeks to learn more, not to take steps to address the problem *consistent with the Administration's commitment to ensure that all eligible children have access to free and reduced-price meals.* We would support a continued program of research and demonstrations as a complement to action to improve the current system.

USDA supports requiring districts to employ direct certification of Food Stamp Program participants, which would reduce the number of applications subject to verification and improve access to the program for America's most needy children. We would also support enhancing the existing school lunch application verification process by increasing the level of applications verified, by moving the process to the beginning of the school year, and by creating a more robust "follow-up" process to ensure that the process does not serve as a barrier to eligible children. In addition, we would support requiring household applications and an annual certification period to help ensure access to the programs.

The verification sample size must strike an appropriate balance between enhanced review and oversight of meal applications, and the need to keep administrative requirements as streamlined as possible. While we would support a substantial increase in the sample, we do not support the 100% documentation requirement suggested by some. We also support funding for increased verification efforts.

Question from Rep. Grijalva

Question: Wouldn't you agree that there is only one approach to school meal certification that improves program accuracy, reduces duplicative administrative work and eases burdens on our schools that does not pose a risk to poor children: direct certification.

Answer: We agree that direct certification is one of the best means of certifying children for free meals. Through direct certification, children are made eligible for free meals at the beginning of the school year on the basis of their participation in the Food Stamp Program, the Temporary Assistance for Needy Families Program and the Food Distribution Program on Indian Reservations.

Initial results of a pilot project in seven-school food authorities indicate that very few directly certified children become ineligible for free meals later in the same school year. In contrast, findings on the standard application-based verification process suggest a much higher level of certification inaccuracy. However, direct certification is not yet used as widely as it could be:

- A nationally representative study estimates that approximately 61 percent of school districts used direct certification in 2001-02. The study estimates that approximately 68 percent of children are enrolled in districts using direct certification.
- The same study estimates that approximately ¼ of all children approved for free meals in districts that use direct certification were approved using this procedure.

The Administration supports requiring the use of direct certification for Food Stamp Program participants. We project that this requirement, by eliminating the need for many children in Food Stamp participating households to submit paper applications, could double the proportion of school meals certifications that are done directly. It would reduce paperwork burden and promote access for eligible families, while significantly improving the accuracy of eligibility certification for these meals.

Question from Rep. Grijalva

Question: You said at the hearing that Medicaid direct certification is both costly and an administrative nightmare. But I think you overstate the case. Isn't it true that nearly half the states have Medicaid income eligibility limits for school-age children at or below 133% of the federal poverty level, and thus would be able to identify students receiving Medicaid? Wouldn't it make sense to give these states greater "latitude," to use your words, by allowing them the option for direct certification through Medicaid?

Answer: About half of the States have Medicaid income limits at or below 133% of the Federal poverty level. However, due to differences between the National School Lunch Program's (NSLP) definitions of income and household, and those of Medicaid, a change in policy allowing for direct certification based on Medicaid eligibility income data and certification periods could result in increased benefits being provided to children well above the NSLP free and reduced price income eligibility guidelines. This would contribute to program cost increases – even if offered to States as an option – by an estimated $500 million in the first three years of implementation. Costs would be higher if the change were mandated.

Furthermore, a number of States have different levels of Medicaid eligibility depending on the age of the child. Direct certification through such programs would add complexity and increase the potential for error.

In concept, expanding the use of direct certification to include other Federal programs that fit within the income guidelines for school meals could advance Administration goals. However, implementing such changes could increase program costs, add complexity and potentially reduce the targeting of benefits to low-income families; these concerns warrant a cautious approach in this area. We would consider testing the feasibility and effectiveness of this certification approach as one use of the authority to study and demonstrate further improvements to the certification process that we have recommended.

Question from Rep. Grijalva

Question: Many low-income children in these same states do not participate in the food stamp program. So, isn't it the case that limiting direct certification for free and reduced price meals to food stamps would miss these children?

Answer: *Any* child that meets the income eligibility guidelines for school meals may apply for free or reduced price meals, regardless of their participation in other programs. One of the guiding principles of our recommendations for Child Nutrition reauthorization is that we must ensure access to program benefits for all eligible children. We have offered concrete recommendations to improve program access for school meals beyond direct certification, including:

- streamlining the school based Child Nutrition Programs by consolidating them into a single program with one set of rules, able to serve meals 365 days a year;
- excluding military housing allowances from income, expanding eligibility and improving access for families serving in America's armed forces;
- streamlining the process for those who submit paper applications by requiring a single application for each household;
- providing for year-long certifications, eliminating the need to report income changes during the year;
- requiring a robust, consistent effort in every State to follow-up with those who do not respond to verification requests, including contacts in writing and by telephone; and
- providing grants to States to increase Provision 2 and 3 schools, which can simplify administration and improve access to meals in low-income areas.

While low-income children who do not participate in the Food Stamp Program (or, at the State's option, TANF) would not be eligible for direct certification, they would benefit from the other recommendations we have offered to improve access to these vital programs.

Question from Rep. Grijalva

Question: Does the Administration support a continuation of a reasonable cap (even if it is slightly modified) for the nation's largest school districts?

Answer: While the rationale behind the current verification cap is to minimize the work burden on large districts, it tends to reduce the level of oversight of the certification process in these places. We have recommended other changes that would reduce or mitigate burden on school food authorities, including:

- requiring direct certification using the Food Stamp Program to reduce the number of certifications subject to verification;
- providing school districts with administrative funding to support the increased workload;
- moving the responsibility for application and verification from the school food service to the local educational agency; and
- requiring household applications, reducing the total number of applications to be verified.

Even with these changes, we recognize that some of the larger districts may be concerned that the proposed changes do not provide sufficient support for their verification efforts. We would be most willing to discuss this provision in more detail.

Question from Rep. Grijalva

Question: Is there any research evidence that the 40-cent cost poses a barrier to participation? If so, please share that data with the Committee. Is there any research that allows you to estimate the extent to which providing free meals to children now paying 40 cents per meal would increase their participation? Is there any research that allows you to estimate the effect on participation of requiring children now paying 40 cents per meal to pay full price? If so, could you please share such estimates and an explanation of them.

Answer: A 1988 study by the Urban Institute assessed average daily participation in the school meals programs given a change in meal prices (Modeling Student Participation in School Nutrition Programs). In summarizing their results, the Institute noted that it was not feasible to estimate a model of the frequency of reduced-price lunch participation with the data, in part, due to the small sample size and the fact that there is little variation in the price reduced-price students pay for meals.

For this reason, FNS did not use the report findings in determining the participation and costs impacts if the reduced price meal category were eliminated from the school meal programs. Rather, increased participation due to a change in meal price was calculated by using participation rates identified in the April 2001 School Nutrition Dietary Assessment Study (SNDA) – II. The SNDA-II report indicates the following average student participation rates:

National School Lunch Program
- Students approved for free lunches – 80 percent
- Students approved for reduced-price lunches – 69 percent
- Students not approved for meal benefits – 48 percent

School Breakfast Program
- Students approved for free breakfast – 39 percent
- Students approved for reduced-price breakfast – 20 percent
- Students not approved for meal benefits – 8 percent

In developing the estimate of how participation would change for those reduced price students moving to free, we assumed their participation would increase to the free participation rate and for those students having to pay full price we assumed that their participation rate would decrease to the rate of participation identified for students not approved for meal benefits.

Question from Rep. Danny K. Davis

Question: If our committee were to include a cap, even if it were a slightly modified cap, on the number of approved application that the largest districts must verify, would you oppose such a provision?

Answer: While the rationale behind the current verification cap is to minimize the work burden on large districts, it tends to reduce the level of oversight of the certification process in these places. We have recommended other changes that would reduce or mitigate burden on school food authorities, including:

- requiring direct certification using the Food Stamp Program to reduce the number of certifications subject to verification;
- providing school districts with administrative funding to support the increased workload;
- moving the responsibility for application and verification from the school food service to the local educational agency; and
- requiring household applications, reducing the total number of applications to be verified.

Even with these changes, we recognize that some of the larger districts may be concerned that the proposed changes do not provide sufficient support for their verification efforts. We would be most willing to discuss this provision in more detail.

Question from Rep. Danny K. Davis

Question: How much does it cost to verify eligibility for school food programs. If we gave schools sufficient funds to increase their verifications, would we still save money?

Answer: The General Accounting Office (GAO) released a report (GAO-02-944) in September of 2002 that estimated the costs associated with three administrative processes key to the school meals programs: processing applications, counting the total number of meals served and claiming reimbursement, and verifying income eligibility. Based on the GAO report, combined costs associated with verifying income eligibility were approximately 0.001 cent per program dollar (school lunch and breakfast) for school year 2000-01. Using GAO's estimate, we project that funding increased administrative costs associated with increased verification would not consume all the estimated savings from an increase in verifications.

AMERICAN SCHOOL FOOD SERVICE ASSOCIATION

MISSION STATEMENT: To advance the availability, quality and acceptance of school nutrition programs as an integral part of education

August 1, 2003

Honorable Michael Castle, Chair
Subcommittee on Education Reform
Committee on Education and the Workforce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Castle,

Thank you again for allowing me to testify at the July 16th hearing on child nutrition reauthorization. It was a privilege for me to present the views of the American School Food Service Association on the upcoming legislation.

I believe that the last question asked each panel member for their highest priority. As I mentioned, elimination of the reduced price category is our highest priority. As time was short, however, allow me elaborate on two underlying assumptions.

Our vision is to eliminate reduced by raising the eligibility for free meals from the current 130% of poverty to 185% --- the current guideline for reduced and WIC. We would not support eliminating reduced by establishing a guideline that is lower than 185%. Using USDA's cost estimate for this proposal, there are 750,000 children between 130% and 185% who are not receiving meals who should be, even at the reduce price of 40 cents for lunch and 30 cents for breakfast. If a child can not afford 40 cents, they could not afford a "paid" meal. It would not be acceptable to offset the cost of this by lowering the 185% to some point of equilibrium where the cost of additional free meals provided is offset by reducing the number of children eligible for these meals.

The second point addresses funding for this proposal. We would support a gradual implementation of the proposal, as has been suggested by Sen. Dole (R-NC), i.e. raising the 130% over a number of years to 185%. We would oppose paying for our proposal through expanded verification of applications for school meal benefits. We could not, in good conscience, support funding the proposal with an overreaction to overcertification. These are separate issues and should each be addressed on the merits.

While questions have been raised about the accuracy of the current application/verification system, USDA readily concedes that there is no certainty about the extent of errors in the process. Early in the discussion they used estimates as high as 127% of projected eligible children being approved for free meals, based on analysis of the Continuing Population Survey (CPS) of the Census Bureau. However, even their report shrank to just over 100% when free and reduced price are combined.

Subsequent analysis of Survey of Income and Program Participation (SIPP) data, a more reliable measure, demonstrated that the certification level was about 100% when looking just at free approvals, and dropped to only 85% of projected eligibility for free

and reduced. We are serving less than the potential number of children allowable in the program, and any error seems to be in the margin between free and reduced, not providing meals to ineligible children.

More importantly, recently completed USDA research clearly shows that far more eligible children are dropped from the program they depend on for nutritional intake than ineligible children barred from the program when expanded verification is implemented. There are a number of reasons for this effect about which we would be happy to provide information to you.

There is no evidence of the extent of the purported problem of over-certification. However, a current USDA study reports a significant negative impact that several approaches to changing the application/verification process have on low-income children. These studies also indicate no improvement in program integrity from these interventions. Furthermore, we do not know the cost of implementing the changes. Until these facts are known, Congress should not overreact to overcertification. There is general agreement about several steps that can be taken that improve integrity at the same time we improve access for at-risk children, a goal articulated by yourself and Under Secretary Bost. These should be enacted. But changes to the paper application system should not be made until a better understanding of them is achieved.

Congress should not look to "savings" arising from changes in the paper application process as a way to pay for the proposal to eliminate the reduced price category or any other of the positive changes being suggested for the reauthorization legislation. Such savings come at the expense of needy children, which is unacceptable.

Again, Mr. Chairman, I thank you for your consideration. Your leadership as governor and now as the respected chair of the Education Reform subcommittee is greatly appreciated. ASFSA looks forward to continuing our partnership with you advancing programs that benefit America's children. If it is not too late, I would appreciate your making this letter a part of the hearing record.

Sincerely,

Gaye Lynn MacDonald

Gaye Lynn MacDonald, SFNS
Immediate Past-president

CC: Ms. Woolsey

○