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PROMOTING HEALTH, PREVENTING CHRONIC DISEASE, AND FIGHTING HUNGER: ASSESSMENT OF USDA FOOD ASSISTANCE AND CHILD NUTRITION PROGRAMS IN THE ECONOMIC DOWNTURN

HEARING

BEFORE THE

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

SECOND SESSION

DECEMBER 8, 2008

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PROMOTING HEALTH, PREVENTING CHRONIC DISEASE, AND FIGHTING HUNGER: ASSESSMENT OF USDA FOOD ASSISTANCE AND CHILD NUTRITION PROGRAMS IN THE ECONOMIC DOWNTURN

Monday, December 8, 2008

U.S. SENATE,
COMMITTEE ON AGRICULTURE,
NUTRITION, AND FORESTRY
Washington, DC

The committee met, pursuant to notice, at 1:06 p.m., in room 328–A, Russell Senate Office Building, Hon. Tom Harkin, Chairman of the committee, presiding.

Present or submitting a statement: Senators Harkin, Leahy, Lugar, Casey, and Klobuchar.

STATEMENT OF HON. TOM HARKIN, U.S. SENATOR FROM THE STATE OF IOWA, CHAIRMAN, COMMITTEE ON AGRICULTURE, NUTRITION AND FORESTRY

Chairman HARKIN. The Committee on Agriculture, Nutrition, and Forestry will come to order.

Today, we begin a process to reauthorize what we call the Child Nutrition Programs. That is the School Lunch and the School Breakfast and, of course, the Women, Infants, and Children Supplemental Feeding Program.

At the outset, I just want to say that what this hearing is about today, and what the other hearings will be about is not just about childhood nutrition or what our kids eat and how they get it and all that. What it really is a part of, is the debate, that this Congress will have and this new President will have on fundamentally reforming the health care system of America.

There is nothing more important to the well-being of our people than their nutritional intake, especially when they are young, when they are kids, and not just kids in school. I mean even before that, during the times when their brains are forming, from birth through maybe 3 years of age.

We are about this right now. We are starting it. I am on the Health Committee. Senator Kennedy has charged me with the responsibility of heading a working group on prevention, wellness, and public health. I have to tell you that prevention and wellness, public health, have been a footnote and an asterisk in all the debates we have had about health care in the past. I keep saying many times that we don't have a health care system in America,

we have a sick care system. If you get sick, you get care, one way or the other—Medicare, Medicaid, Title 19, charity, emergency room, community health center, some way or another.

We are very good at patching, fixing, and mending. We will spend billions, untold—no, trillions on patching, fixing, and mending. But what do we do up front to keep people healthy and out of the hospital, to keep them well? Where are the incentives? All the incentives are on the other side. Where are the incentives to keep people well and healthy?

So this whole debate, I say to our witnesses and I say to others who are here and those who may be watching, that this is going to be a part of our health care debate, a big part of it, and it is going to be a part of the prevention and wellness part of that debate, how we get adequate nutritional foods to our kids in school and before school. I could go into our summer feeding programs and other things, too.

But it seems that we are in this situation where it is not only just the lack of food that causes bad health care problems and hunger and malnourishment. Too much food, or too much of the wrong food, also leads to bad health problems. Or the ingestion of too much of things that aren't really listed as food.

I am talking here about sodium. We have become a sodium-saturated society, to the point where now kids are getting hypertension when they are ten, 11, 12 years old. Saturated fats, the American Academy of Pediatrics recently came out with guidelines for giving statins to kids as young as 8 years old with elevated cholesterol levels. Adult onset diabetes, which was unheard of in children until recently, is now growing at an alarming rate, kids as young as ten, 11, 12 years old with adult onset diabetes.

And then you take a look at what our kids are eating in schools. I must say at the outset, I tried in 1996, I first offered an amendment to get vending machines taken out of schools. As you can see, I was a spectacular failure at that. They are still there. To some extent, some schools are putting better things in the vending machines, better foods, nutritious foods, but they are still there.

And then we have these a la carte lines for kids in school. Why, they might as well be eating at McDonald's. They get all the kinds of fats and starches and sugars and sodium they need, they want. Go through the a la carte line.

I just feel so strongly that we have to be thinking about the reauthorization of these Child Nutrition Programs, not just in the context of nutrition, but also in the context of the overall wellness of our society and health care reform. This is a big part, I submit to you, of all of our health care reform that we are going to be talking about.

Again, I think today's hearing deals with a crucial part of this. Scientific studies are confirming what common sense has told us for generations, that good childhood nutrition, healthy eating habits when you are young determine your health for a lifetime.

Now, we know there are a lot of factors. People say, well, Harkin, your folks think too much on what these kids eat. They are not getting enough exercise. Well, I agree with that. We are building elementary schools without playgrounds. That is beyond the purview of this committee, I think, at least right now, anyway. Sure, kids

need more exercise, but that doesn't mean that they can't eat better even if they don't have the playgrounds to play on.

Communities need wellness programs, too, walking paths, sidewalks to school so kids can walk to school, things like that.

So again, I just make my statement a part of the record. I don't need to go on anymore on that. I don't need to read my statement at all, just make it a part of the record.

But I just want to make it clear, and to my witnesses, I thank our witnesses. I have read all of your testimonies. They are right on target, every one of you. You are just right on target about what we have got to be doing with our kids in school. And I am going to ask provocative questions, not just of you, but as we go through this process, provocative questions. Why do we need so many starches, fats, and sugars in our foods that kids eat in school? Why do they need so much sodium?

I have a little elevated blood pressure, Dick, so I am watching my salt intake. I have been watching my salt intake for a while. I have lunch at my desk, so I have my assistant go down and get me a low-sodium soup at the servery down there. Well, they have changed over. They no longer have low-sodium soup. So I said, well, go down and ask them what the lowest-sodium soup is they have got. So she just brought it about an hour or so, so I had soup at my desk, and they said this is the lowest they have got. I had one spoon of that. One spoon, I think, is probably more salt than I take in the entire day.

I say these things because we have really got to focus on what our kids are eating in school and the nutritious foods. Someone said, well, it costs more money. If you are going to have more nutritious food, it is going to cost more money. I am not certain. One of you, I forget which one of you had the testimony about the Minnesota deal, and I want to get into that. I don't know about that, about the Minnesota study.

But my response is, if the nutritious foods cost a little bit more, so what? We ought to be willing to pay it as part of prevention and wellness and think about it in that context, of what it is going to mean for these kids to have better diets and better nutritious foods and what it is going to mean for the lack of the cost in our health care system later on.

So with that, I welcome you. This is our first hearing on this issue. I wanted to get the ball rolling. I will chair a hearing on the Health Committee on Wednesday dealing with wellness and prevention, but Dick, I may have said this before you came in, but I see this whole debate and the reauthorization of this as not just singular, but as part of our health care reform debate and how we are going to look at wellness and prevention and getting to these issues finally and these issues in our school lunches, our WIC Programs, things like that, by providing more nutritious foods. I read our witnesses' testimony and they have got a lot of good suggestions and I look forward to those.

Chairman HARKIN. Well, I have gone on too long. I just wanted to thank you again. I will now yield to the first person that came here. I will yield to Senator Casey for any opening statement.

STATEMENT OF HON. ROBERT P. CASEY, JR., U.S. SENATOR FROM THE STATE OF PENNSYLVANIA

Senator CASEY. Well, Mr. Chairman, thank you very much for, first of all, calling this hearing. Even at this time of the year when we are in transition, I think it is important we get a head start on such a critical issue for the country, not to mention the most important people that we are directing our attention to, and that is the children and the families that will benefit from the work that is done by our witnesses, the work that is done by the Congress, and the work that must be done by the new administration.

I do want to thank you for taking this time to call the hearing, but I also want to thank you in a wider sense for the witness and the advocacy that you have provided over many years on these issues. These are issues that were neglected by the current administration, in my judgment. We don't need to get into that, but I think they were. That is not a news bulletin, I don't think, to some people in this room. But we can't look backwards. We have to look forward, and we have got a lot of work to do.

I think there are certainly some priorities that we need to focus on. Certainly, one of them—I will mention four quickly—increasing reimbursement rates to schools. Two, including more kids in both Lunch and Breakfast Programs. Three, decreasing administrative burdens and costs to schools. And four, maintaining service to children in the summer months.

There is a lot more to talk about. I will submit my testimony for the record.

But I think what summons us here, whether it is Senator Harkin or Senator Lugar or Senator Klobuchar or any of us, and certainly anyone in the room and especially our witnesses, I think what summons us here is our conscience and the moral gravity of this issue, especially at a time of economic crisis, but no matter what, even if it was a time of strong economy, which it isn't, it would still be an important and central issue to us.

I was just handed by Dr. Chilton, who I am going to be talking about a little later, but she handed me a postcard entitled, "Witness to Hunger," December 11–18, 2008, and it is a picture of a child in the city of Philadelphia, a beautiful child in that city, a city I know pretty well. There is a lot of hope in that child's face. Our obligation is to make sure that the spark and the life in that child is not diminished by our failure to do what is right with these programs. I don't think that is too grand or too broad a goal. I think this child reminds us more than anything else what our obligation is.

Thank you, Mr. Chairman.

Chairman HARKIN. Thank you, Senator Casey.

Senator Lugar.

STATEMENT OF HON. RICHARD G. LUGAR, U.S. SENATOR FROM THE STATE OF INDIANA

Senator LUGAR. Mr. Chairman, I appreciate very much your calling the hearing, likewise. I would just indicate that the authorization need for WIC and other child programs offers a bold opportunity which you have outlined and we will have to see how other committees progress on the problems of health for all Americans at

all ages. But this is an important problem for adults as well as for children.

I appreciate the fact that you have raised in previous years these standards with regard to sodium, calories, and various inputs of programs for which we bear some responsibility. Granted, this is a debate that will go on not only in this committee, but in our society for some time, it does offer an exemplary moment to try to even get the facts, the calorie count or the sodium count for the foods that we are putting into schools, sometimes an idea resisted by restaurants or other purveyors of food in our general society so that we begin to have some benchmark of what we are talking about, as opposed to too much or too little, a much more precise definition.

At least we are beyond, I think, the debates that both of us have endured as to whether we should even have a National School Lunch Program. This was decided, thank goodness, about 14 years ago during a tempestuous period in which new federalism had arisen and the thought was maybe States would do these programs and maybe they wouldn't. But at least we have a basis now of a national program, and we are going to be arguing about the specifics of it, so that is progress.

I look forward to once again applauding the witnesses you have for excellent testimony and for a good start for our year.

Chairman HARKIN. Thank you, Senator Lugar, and I would be remiss if I didn't thank you for your leadership through all the years, as former Chair of this committee, and all your great leadership on nutrition and our School Lunch and School Breakfast Programs. You have been here a lot longer than I—well, not a lot longer, but somewhat longer than I have been here anyway, Dick.

Senator LUGAR. Who is counting?

[Laughter.]

Chairman HARKIN. And I thank you for your leadership and look forward to working with you on this issue next year.

Senator Klobuchar.

STATEMENT OF HON. AMY KLOBUCHAR, U.S. SENATOR FROM THE STATE OF MINNESOTA

Senator KLOBUCHAR. Thank you very much, Chairman Harkin, and thank you for holding this hearing and the leadership of the other two Senators. I remember in the farm bill debates how Senator Lugar would always raise this issue, and how my friend, Senator Casey would, as well.

I just came back from a 22–county tour of my State. As we remember, I made the promise that I would visit all 87 counties every year.

Chairman HARKIN. Have you thawed out yet?

Senator KLOBUCHAR. I am fine. There was a little snow. But it was just enlightening and somewhat inspiring to meet some of the people along the way and the struggles that they are facing. The woman we met at a cafe near Litchfield, Minnesota, that had told me that she was a teacher, but in order to make ends meet, because her husband had lost his job, that she was working as a waitress two nights a week and then she was stamping meat at the local butcher 1 day a week.

The letters that we have received from people through our State, including the woman who wrote that she and her husband put their three daughters to bed and they kiss them goodnight and then they sit at their kitchen table and look at each other and wonder how they are going to pay the bills. Or the guy that wrote in that said that his wife had inherited some money from her father and they thought they were going to use that money for their daughter's wedding and now they have no money so they are using it for their expenses, including food and for their heating.

And we heard these stories time and time again in our State. The statistics certainly bear it out in our State. The unemployment rate is at its highest in 22 years. The heating costs, despite the downward trend with oil, are expected to go up. And we know that on the national level, the number of individuals relying on Food Stamps has risen to an all-time high of over 31 million Americans, and that is one out of every ten people in the country.

So what I am seeing in our State is that more and more people are skipping meals. In 2007, Minnesota had one of the largest increases in food insecurity in the country. It sounds like sort of an innocuous phrase, but the meaning is that someone doesn't know where their next meal is coming from. Nine-and-a-half percent of Minnesotans suffer from food insecurity. That is about one in ten. In 2008, a record number of people in our State have visited the food banks.

The Iron Range of Northern Minnesota, where my Grandpa was an iron ore miner, has been especially hard hit by the economic downturn, especially recently, because some of the mines closed down because steel demand has gone down internationally. So far in 2008, food pantry visits up on the Iron Range are up 22 percent, and 40 percent of the food distributed by the Duluth food bank, the largest town in Northern Minnesota, feeds children.

That is what we know. We also know that getting kids breakfast and getting them meals in school is needed now more than ever. When I was county attorney, we would make this a major focus because we knew it helped to keep kids in school, that they did better when they were in school, and that they got the food that they need. The Center on Poverty and Hunger notes in their recent report, serving breakfast to school children who don't get it elsewhere significant improves their cognitive or mental abilities, enabling them to be more alert, pay better attention, and do better in terms of reading, math, and other standardized test scores.

So as we go forward this year and talk about the education policy in this country and health policy, we have to remember the significant role that child nutrition plays.

Thank you very much, Mr. Chairman.

Chairman HARKIN. Thank you, Senator Klobuchar.

I thank our panel for coming. I will introduce you all. I will just go from my left to my right. I ask if each of you can sum up your statement in several minutes, we would appreciate it, and then we will get into an open discussion.

First is Dr. Eileen Kennedy, the current dean of the Friedman School of Nutrition and Science and Policy at Tufts University. She worked at USDA in the late 1970's and early 1980's, and I am also told in the 1990's, also, serving as Chief of the Nutrition Policy

Branch in the Food and Nutrition Service. She is a recognized expert on child nutrition and public policy strategies for chronic disease prevention.

Dr. Kennedy, thank you for being here. I will say this. All of your testimonies will be made a part of the record in their entirety. If you would just sum it up, I would be very pleased. Dr. Kennedy.

STATEMENT OF EILEEN KENNEDY, DEAN, FRIEDMAN SCHOOL OF NUTRITION POLICY AND SCIENCE, TUFTS UNIVERSITY, BOSTON, MASSACHUSETTS

Ms. KENNEDY. Thank you, Mr. Chairman and committee members. I am delighted to be here. I have spent the past 30 years of my career conducting research, looking at the health and nutrition effects of government policies and programs, not just in the U.S. but worldwide. In a book we published last year, Richard Deckelbaum and myself looked at 60 years of nutrition in the United States, past, current, and what the future challenges are. Major problems of nutrient deficiencies, inadequate energy, poor growth, have been mitigated in part by the collective action of public- private sector agriculture, food and nutrition, but a part of the success is due to the nutrition programs.

National evaluations of School Lunch and School Breakfast have shown that the programs have achieved their goals. WIC has demonstrated clearly positive impact on improving dietary patterns and nutritional status.

So while problems of undernutrition and food security are still critical, we now have what I call the double burden of disease. We have undernutrition side by side in the United States with problems of overweight, obesity, and chronic diseases.

My remarks today are focused on how can Federal Child Nutrition Programs afford potentially effective ways of promoting healthier lifestyle. Obviously, the economic downturn we are now experiencing makes the role of Child Nutrition Programs even more essential. I do quote some statistics from a report of only 2 weeks ago from the Center on Budget and Policy Priorities that projects that over the next little bit, child poverty will increase to the tune of about 2.6 to 3.3 million more children, and when we look at number of children in deep poverty, that is less than half the poverty-level income, 1.5 to two million more children will be in deep poverty.

So given these alarming statistics, the role of Child Nutrition Programs, School Lunch, School Breakfast, and WIC become even more essential, and let me start with School Lunch-School Breakfast.

Tufts University has been involved with the city of Somerville for the past 5 years in a project called Shape Up Somerville. Somerville is a small town outside of Boston, very racially, ethnically diverse, high participation of households on Food Stamps, high probability of free school lunches, and Shape Up Somerville was a joint effort with the city to look at ways of systematic change in school lunch and physical activity as a way of promoting healthier lifestyles. It is what I call an environmental change intervention including before, during, after school activities, school lunch, a la carte items, competitive food, walking to school with parents, after-

school physical activity, in-school physical activity, let me quote something last week from the Boston Globe, and this is a quote.

"Pedestrians in this city of 77,500 stride onto bright, recently striped crosswalks. In school cafeteria, fresh produce has replaced canned fruits and vegetables and the high school retired its fryolator. The neighborhood restaurant now serves wheat oatmeal with bananas in addition to bacon and eggs."

Shape Up Somerville has been successful in a very rigorous evaluation. Children in first, second, and third grade gained significantly less weight than children in comparison schools, and we are in an environment where we are not worried about, on average, underweight. We are worried about heavy children.

The school lunch now includes more fruits, vegetables, whole grains. Popular items in vending machines like chips and sodas were replaced by water, yogurts, healthier options. And I always get the question, what happened to revenue in schools? Initially, the revenue from vending machines went down. A year later, it was up. So I think it is the difference between short-term and long-term.

We are now replicating Shape Up Somerville around the country in urban as well as rural areas to look at commonality of what are the core components that are important. I think this is clearly an example of retooling schools to have more emphasis on health and wellness policies.

Availability of healthier competitive foods, I think has to be something which is addressed much more seriously in Child Nutrition Reauthorization in 2009. Federal standards are long overdue for competitive foods. The recent Institute of Medicine report on nutrition standards for foods that compete with school meals, provides a framework for developing such guidelines.

I have some comments on WIC, looking at synergies between WIC and Child and Adult Care Food Programs. Rather than seeing them as distinct programs, the health benefits of both WIC and Child Care would be enhanced by coordination rather than competition.

Let me just end, since my time is up, on a personal note. I am a product of school lunch throughout elementary and high school. My mother was what was affectionately called by my friends, "a school lunch lady", and she took pride in delivering healthy school meals to kids. My sister was formerly a Food Stamp recipient and is now a successful businesswoman in Massachusetts and a former elected town official for Winchester, Massachusetts. My own research relates to the WIC Program and how every dollar spent on WIC prenatally results in $3 in health care savings.

And I bring this up because I have seen the Child Nutrition Programs up close and personal and I am a firm believer that investing in children is investing in the future, and I think we have the opportunity to look at in a bold, new, innovative direction repositioning the Child Nutrition Programs to be, more so than ever before, health nutrition programs. We can look at Child Nutrition Programs, but we also need to look at the other food security programs, like Food Stamps in tandem.

Thank you, and I would be happy to answer questions.

[The prepared statement of Ms. Kennedy can be found on page 58 in the appendix.]

Chairman HARKIN. Thank you very much, Dr. Kennedy.

And now we will turn to Ms. Fox. Mary Kay Fox is a senior researcher with Mathematica Policy Research. Her work is focused on the effects of food assistance and nutrition programs on child nutrition and health as well as analyzing the nutrition and health profiles of low-income populations.

Welcome, Ms. Fox.

STATEMENT OF MARY KAY FOX, SENIOR RESEARCHER, MATHEMATICA POLICY RESEARCH, CAMBRIDGE, MASSACHUSETTS

Ms. FOX. Thank you. Good afternoon, Mr. Chairman and members of the committee. I am very pleased to be invited here to testify today.

As Senator Harkin said, I work with Mathematica Policy Research and I have done a lot of work over the past two decades on the school nutrition programs. I was asked today to give you a brief snapshot of what we know from this research about what is going well with the school meal programs and what might not be going so well in terms of the meals that are served to health care and actually how these meals might be influencing their diets and their overall health.

So I have broken my main comments down into three questions. The first one is, what do we know about how school meals contribute to children's needs for essential nutrients? This is the overarching goal of the School Lunch Program back from when it was established in 1946. And the answer is that there is actually very convincing evidence that children who eat school meals have higher intakes of a range of essential nutrients and minerals than children who consume meals from other sources. And there is evidence that the difference is due to the fact that school meals have a more nutrient-dense mix of foods than other meals so that the nutrient density of the foods is contributing to the difference rather than the fact that school meal participants are just consuming more food.

An important question in whether these differences in meal intakes actually translate into meaningful differences in children's overall diets, and for years, we really couldn't answer this question very well because the benchmarks that we had to use in assessing children's dietary intakes didn't allow us to do that very well.

But the most recent national study of the school meal programs, the Third School Nutrition Dietary Assessment Study, or SNDA-III, was actually able to fill this gap by applying the most up-to-date reference standards for nutrient intakes and, using assessment methods recommended by the Institute of Medicine, and SNDA-III found that middle school and high school-age children who participated in the School Lunch Program were significantly less likely than comparable-aged children who didn't—comparable children on a number of socio-demographic characteristics, not just their age, were significantly less likely to have inadequate intakes of a number of essential vitamins and minerals. The differences were most pronounced among high school-aged children and especially girls.

And so these data document the important role that the Lunch Program plays in the diets of these older children who have the most autonomy in making food decisions. They have the greatest nutritional needs. And unfortunately, they often have the poorest diets.

My second question is, what do we know about how well school meals promote the dietary guidelines for Americans, and this is getting into the comments that you made at the introduction, Senator Harkin, thinking more about overall health and reduction or prevention of chronic disease. And the answer here is that this is the area in which we know the school meal programs currently fall short.

The standards for school meals never really referenced the dietary guidelines explicitly until 1994, when the Healthy Meals for Healthy Americans Act made compliance with the dietary guidelines a requirement. So they have been at it now for close to 12 years and they have made some improvements. There is evidence that the levels of fat and saturated fat in school meals have come down, but the current research shows that there is substantial room for additional improvement.

For example, SNDA-III, which collected data 8 years after schools were supposed to be compliant with the dietary guidelines, found that only about a third of elementary schools and only about a quarter of secondary schools were providing lunches that were consistent with the dietary guidelines' recommendation for saturated fat. And following up on the sodium that you mentioned, Senator Harkin, only 1 percent of schools provided lunches that met the standard for sodium.

So in looking past the meals to looking at children's diets, SNDA-III found no significant differences in total fat, saturated fat, or sodium intake of children who did and did not participate in the school meal programs. So despite high levels of saturated fat and sodium in the school meals, school meal participants did no worse than the non- participants, and the main reason for this is that both groups of children had excessively high intakes of both saturated fat and sodium. Roughly 80 percent of children had saturated fat intakes that exceeded the recommended levels in the dietary guidelines, and 90 to 95 percent of children had sodium intakes that exceeded recommendations.

My third question is what do we know—oops, I am over time. Can I go a little longer? What do we know about how school meals contribute to childhood obesity. I will go through this pretty quickly. And the answer there is there really isn't any convincing evidence that school meals contribute to childhood obesity. There have been studies done, but they have yielded conflicting results, and some of the studies that examined the relationship did not control for important factors that would influence both obesity and school meal participation, and so therefore they yielded conflicting results.

Studies that have looked at the relationship between the Breakfast Program and obesity have also reported mixed results, but at least one of those studies reported that participation in the School Breakfast Program was associated with a decreased likelihood of obesity, so that perhaps the Breakfast Program may have some protective effect, perhaps by encouraging children to consume

breakfast on a more regular basis. But the jury is out on that question.

In my written testimony, I do have some observations about implications for these research findings, but I will stop now——

Chairman HARKIN. Take a couple more minutes.

Ms. FOX. Take a couple more minutes? OK. Thank you. Scurry, scurry, scurry.

So what are the implications of these research findings for the future of Child Nutrition Programs? Clearly, a No. 1 priority for the future is making school meals healthier for children by improving the extent to which they conform to both the nutrient and food-based principles of the dietary guidelines. An ongoing Institute of Medicine panel is currently reviewing existing nutrients and standards and meal patterns with this exact goal in mind.

The committee's final report, which is due out in late October 2009, will provide a foundation with recommended revisions to existing meal patterns and nutrient standards for both the School Lunch and Breakfast Programs and this will provide a framework for moving forward in improving the healthfulness of school meals. However, to be effective, the framework needs to be supported in several important ways, and I can't get into all of the ideas that I would have, but I wanted to mention three today.

The first is that schools need support in promoting healthy food choices. The old adage that you can bring a horse to water but you can't make him drink comes to mind, and we have examples of this in the SNDA-III data. Nine out of ten schools' daily lunch menus in SNDA-III offered children a fruit or a juice or vegetables that were not French fries. But when you look at what children who consumed lunches took, only 45 percent of kids included a fruit, and only 30 percent of kids included a vegetable that wasn't a French fry. So it has to be a collaborative and supportive process where nutrition reform efforts are supported by nutrition education and policies that support and promote healthy eating.

I would encourage the committee to consider funding demonstration projects similar to the ones that are being funded for healthy eating initiatives in the C-SNAP Program, because there really isn't a lot of information out there about how you do this and do it well and get children to accept new and healthier menus.

Finally, and this is also something else you mentioned, Senator Harkin, it is important to consider the potential impact of new meal standards on program costs. The IOM panel is looking at this issue, but it can only do it in a limited way. An ongoing FNS study will be collecting data on what schools are actually paying for food in the upcoming school year, 2009–2010, and ideally, the new recommendations should be examined with the new cost data on what food purchases actually cost to look at the implications of the changes on the cost of school meals and potential implications for reimbursement rates before anything is implemented in a national fashion.

Thank you.

[The prepared statement of Ms. Fox can be found on page 53 in the appendix.]

Chairman HARKIN. Thank you very much. Reset that clock for 5 minutes. If you go over by a minute, that is fine.

I will yield to Senator Casey for the next introduction.

Senator CASEY. Mr. Chairman, thank you very much. We are honored to have a Pennsylvanian here from Drexel University, Dr. Mariana Chilton, who is both co-principal investigator of the Children's Sentinel Nutrition Assessment Program as well as principal investigator of Philadelphia's GROW Project. She is at Drexel, as I mentioned. She has degrees from Harvard and Penn, great schools in their own right, maybe not as good as Drexel, but they are pretty good, I guess.

In terms of her newest area of research, it includes assessing the health impacts of hunger and food insecurity in the Philadelphia area. This community-based research focuses on women and children, nutritional status, and human rights. She is currently teaching health behavior and community health in the full-time Master's of Public Health Program, and health and human rights in the doctoral program.

Dr. Chilton, we are honored to have your testimony here and we are grateful for your willingness to be part of this hearing.

STATEMENT OF MARIANA CHILTON, PH.D., MPH, CO-PRINCIPAL INVESTIGATOR, CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM, AND PRINCIPAL INVESTIGATOR, PHILADELPHIA GROW PROJECT, DEPARTMENT OF HEALTH MANAGEMENT AND POLICY, DREXEL UNIVERSITY SCHOOL OF PUBLIC HEALTH, PHILADELPHIA, PENNSYLVANIA

Ms. CHILTON. Thank you very much. Chairman Harkin and distinguished members of the committee, I am honored to speak to you as a research scientist at the Drexel University School of Public Health in Philadelphia, Pennsylvania, and also as a member of the National Network of Pediatric Researchers on the Children's Sentinel Nutrition Assessment Program. We call it C-SNAP for short.

I represent the States of Maryland, Massachusetts, Arkansas, Pennsylvania, and Minnesota, not to mention we use data from California and Washington, D.C., and I present to you today the scientific evidence from more than 30,000 children and their families across the nation. All 30,000 that we meet and touch in our emergency rooms and in our clinics are witnesses to hunger.

One of these witnesses, Angela Sutton, a mother of two young children, struggles to feed her children in inner-city Philadelphia. When I asked her how she wanted to improve her children's health, she said, "I want to march right down to Washington and put my babies on the steps of Congress." Senators, during this major economic recession, how you write policies for these children on your steps can make a remarkable difference in the health and well-being of the American population.

With the Child Nutrition Reauthorization, we get two for one. We can prevent hunger and we can prevent nutrition-related diseases, such as diabetes, heart disease, and obesity.

Let us start with hunger and food insecurity. We see in the USDA's recent release of data on hunger in America that 12.4 million children were in food insecure households in 2007. My colleagues and I looked deeper into the numbers and we were stricken by the new rates among the youngest children in America, those

who had yet to reach first grade. Among these young children, very low food security, what used to be known as food insecurity with hunger, doubled from 4 percent to 8 percent between the years 2006 and 2007. This increase of 124,000 persons is a sign of an impending national disaster.

Committee members, you have the tools and the resources to handle this crisis. If you see the Child Nutrition Reauthorization and health care reform as one in the same, you will protect our youngest citizens from the ravages of the recession.

Hunger is a major health problem. In the data on over 30,000 families collected by C-SNAP, we demonstrate that children living in food insecure households were 30 percent more likely to have a history of hospitalization. They were 90 percent more likely to be reported in fair or poor health. We have found that infants and toddlers who lived in food insecure circumstances were 73 percent more likely to be at developmental risk compared to infants and toddlers in food secure households. Clearly, we must intervene early in a child's life. Every child's brain architecture is laid down during the first 3 years of life, forming the foundation on which to build human capital. The Child Nutrition Reauthorization can build that capital.

The Women, Infants, and Children Program and the Child and Adult Care Food Program should be considered two of the most important building blocks for the health and well-being of America's children. With approximately 50 percent of the children born in the United States participating in the WIC Program, the breadth and the reach of the WIC Program can, as our research shows, improve children's growth outcomes.

Similarly, the Child and Adult Care Food Program can be considered one of the most effective tools to fight hunger and to promote early childhood health. We already know that child care helps the development and school readiness of a child. We applaud Senator Casey's initiative to improve the availability and the quality of child care. But an investment in child care without similar widespread attention to nutrition ultimately wastes that educational effort.

The same goes for School Breakfast and School Lunch. Through these programs, you have an opportunity to infuse America's children with healthy diets that will prevent childhood obesity and thus prevent diabetes and cardiovascular disease. Because these programs can prevent disease, we must ensure that they work well administratively and are broadly available.

We already have a great example from Philadelphia. Philadelphia has had a universal service School Lunch Program for the past 17 to 18 years. It has done away with individual applications in areas where the majority of the children are clearly eligible by population-based estimates of poverty. This program has reduced stigma and improved the nutritional health of children. We recommend universal service programs be replicated in major inner cities and low-income counties across the nation. The Senate ought to consider the same idea for the Child and Adult Care Food Program.

Finally, the Child Nutrition Reauthorization process must take into account the true context of family poverty. Crystal Sears of

Philadelphia has three children, all with major health problems. For her, it is a full-time job to keep her children and herself whole. From her perspective, Federal programs are good, but they don't go far enough. "There are some benefits," she says. "They provide our children with vaccinations. I can get some medical care. But the rest of me is just dangling out there, hanging on a rope."

Senators let us not leave this generation dangling and unmoored. A young child in its most critical moments of cognitive, social, and emotional development does not have time to wait. By treating the Child Nutrition Reauthorization as if it is medicine, an immunization against preventable chronic disease, you can boost the health and well-being of an entire generation.

Thank you.

[The prepared statement of Ms. Chilton can be found on page 42 in the appendix.]

Chairman HARKIN. Thank you very much, Dr. Chilton.

And for our final witness, we have Carolyn Duff, an RN, a practicing school nurse at A.C. Moore Elementary School in Columbia, South Carolina. Today, Ms. Duff will be sharing her experiences of the past 12 years in dealing with nutritional challenges of school children.

Ms. Duff, welcome to the committee. Please proceed.

STATEMENT OF CAROLYN L. DUFF, RN, MS, NCSN, SCHOOL NURSE, A.C. MOORE ELEMENTARY SCHOOL, COLUMBIA, SOUTH CAROLINA, ON BEHALF OF THE NATIONAL ASSOCIATION OF SCHOOL NURSES

Ms. DUFF. Thank you, Chairman Harkin and committee members. As Chairman Harkin said, I am a school nurse and I have practiced at A.C. Moore Elementary School in Columbia, South Carolina, for the past 12 years, and I am privileged to be here today representing the National Association of School Nurses.

I commend the committee for bringing attention to the needs of school children at a time when there are so many pressing matters related to the downturn in our economy. Through my testimony, I hope to relay how school nurses have daily experiences with children who have severe nutrition issues by sharing stories from my own practice.

In my school, over 50 percent of the students receive free or reduced meals. Given the country is in the middle of a recession, the number of eligible children is expected to increase in the coming year. More and more of the working poor are entering the ranks of the unemployed, impoverished, and homeless families. This reality is precisely why the USDA Breakfast and Lunch Programs are essential in curbing the hunger of school children.

Many of the poor families I work with are from single- parent households. Usually the parent is a young and uneducated mother who struggles to make ends meet. Their lives are chaotic and things that most of us here take for granted, like transportation, child care, supportive extended families, a regular paycheck, and access to health care, are simply not there for them. They depend on school meals to feed their children.

One young mother comes to mind, Mrs. J. She has two children, a boy in first grade and a little girl in second grade. I will call them

Dan and Dora. The family is homeless. The children cannot ride the bus to school because they have no address, and where they slept last night will not be the same place where they will sleep tonight.

Last week, first thing in the morning, Dora brought her little brother to me because he was crying inconsolably. I thought he had fever. His face was bright red. When I calmed him down, he told me that the reason he was crying is because he missed breakfast. Dora, his sister, explained that their mother overslept and hurried them off to school, but the cafeteria had already closed. The children couldn't get food and the mother had provided them nothing before school. She said that all they had eaten since lunch at school the day before was some chips at their cousin's house, where they had slept that night. Clearly, these children are not eating many full meals outside of school.

I would like to tell you what I see routinely when students are not part of the meals program. Many students who visit my health office mid-morning are sent by teachers because the students are sleeping in class with their heads on the desks. Teachers can't tolerate that. The first question I usually ask the students is, what did you have for breakfast, and usually the answer is, nothing.

That is the answer I got one morning from a fourth grade boy. I will call him John. John said he gets himself off to school in the morning because his dad, a single parent, gets himself off to work very early. When I called John's dad to let him know that John fell asleep in class, I suggested John be signed up for the breakfast program at school. After several attempts at sending the form home and trying to get it filled out, I called Mr. John again and I asked if I could fill out the form for him over the phone. He gave me the information, and then I sent the form home for his signature. I believe Mr. John cannot read. He was not going to tell me that, but he seemed grateful that I figured out a way to handle the situation. His son is now a much more energetic and attentive student.

School nurses have a public health perspective and know well that prevention of chronic illnesses, such as cardiovascular disease and diabetes, must begin in childhood. I have a kindergarten student this year. I will call her Connie. I discovered during a health assessment that she has a BMI of 99.5 percent, the top of the obese range. Just walking up a short flight of stairs, she is out of breath. Her poor nutritional status is obvious. She has four very deep cavities in her teeth and she has dark pigmented skin folds at the back of her neck, a condition called acanthosis nigricans, or AN. AN is related to obesity and is a reliable predictor of a progression to Type II diabetes, previously known to occur only in adults. This little girl is 5 years old. She will have a very short and poor quality of life if something is not done right now.

I am working with her mother to connect her to services. Connie's mother is a single mother with four children and has multiple health, financial, and family issues of her own. I am hoping that Connie will stay at my school through the fifth grade so that I can see her progress toward improved health status as she eats a more nutritious diet and grows into her weight. The free school meals will be a key intervention in her health care plan.

As a school nurse, my most important role is to support children in any way that will ensure that they are in school every day and are ready to learn. Both teachers and school nurses know from experience that healthy children learn better. Poverty and hunger are not hidden problems in schools.

Speaking on behalf of our Association, I appreciate the opportunity to tell you what school nurses know about the important role school meals assistance plays in the lives of children and their families. Thank you, and I am happy to answer questions.

[The prepared statement of Ms. Duff can be found on page 47 in the appendix.]

Chairman HARKIN. Thank you very much, Ms. Duff. We thank you all for your testimonies.

I was just asking Mr. Miller back here, who knows all of this stuff and has been involved in these issues for many years, about what you were just saying. I think a lot of times, Ms. Duff, we have looked upon hunger and obesity as two distinct kinds of things. It is hunger or it is obesity. As you pointed out, and I underlined it, you said they have got to be addressed jointly, that it is not a zero-sum kind of game. These both have to be looked at at the same time. I think that is very profound and I think that we have to be thinking of that. We maybe tend only to think about hunger and then obesity is over here. But the two go together very well and we have to address both of those.

I would like to open it up for a general discussion here. Again, I will start with Dr. Kennedy. I think one of the things you pointed out was that there are other things that have to be involved. You talked about the Shape Up Somerville Program. Are you doing anything to replicate this anywhere? When you hear these, when I read it and when I heard you talk about it, it just sounds so common sense, but are we replicating this anyplace else?

Ms. KENNEDY. We are, Senator Harkin. Fortunately, we have the opportunity, and in a very rigorous way we are looking at urban areas in the United States in comparison to matched areas based on demographic characteristics that don't have this approach, and also we are looking at it in rural areas, because the infrastructural constraints may be different.

As has already been pointed out, distance to services in rural areas are very different than urban areas. So, for instance, some of the Shape Up Somerville activities, like walking to school clubs, might not be as feasible in rural areas, so what is the counterpart of that? How do you, apropos to the earlier comment, how do you incorporate physical activity into schools that don't have a playground?

We need to think about the core operating principles, and from the point of view of implementors, how do you actually get it done? I don't think anyone is against, or no one I have heard of, having healthier school meals and more physical activity. But within the constraints under which schools are operating, how do you do this, and that is going to vary somewhat by urban-rural. It also may vary by different locales based on constraints schools are facing.

Obviously, schools that have the opportunity to have more parental and community involvement have resources added, but schools that don't have the luxury of having the backstopping of commu-

nity organizations have to look at innovations, and this is where I think in Child Nutrition Reauthorization, to look at various kinds of pilots in order to move the school nutrition programs in the direction of more health and wellness.

Chairman HARKIN. The other thing you brought out in your testimony was that you mentioned that handing out pamphlets doesn't work, that there has to be more to it. Of course, I think about incentives. What kind of incentives can we build into the WIC Program, for example, to get better foods? Now, some of you mentioned in your testimonies—maybe you did, Dr. Kennedy—about that pilot program that we put in the Food Stamp Program that is just starting now to give incentives for Food Stamp recipients to buy healthier foods in stores. Is there something like that we could do in the WIC Program?

Ms. KENNEDY. The implementation now that USDA is undergoing of the new food package regulations that are based very heavily on the Institute of Medicine report, where there is more emphasis in the WIC food package on fruits, vegetables, whole grains, and low-fat dairy, is obviously a step in that direction. I think, again, in looking at gains we have made in the United States over the past 60 years, if you are targeting overweight and obesity as a primary problem both in children, and Senator Lugar's comment is well taken, and adults, the WIC food package or the school meals have to be part of the solution, but it is not the totality of the solution.

This is why I made a plea in my testimony to look much more specifically at the potentiality of linking the WIC services to Child and Adult Care Food Program. Children, particularly low-income children, are spending a disproportionate share of their day in child care. We are trying to achieve the same goals in WIC and Child Care, better dietary patterns, healthier lifestyles. We know from the point of view of the preschool age period it is developmentally so important, including the development of lifelong eating habits.

What we found in the Shape Up Somerville experience, which was targeting first, second, and third graders, was that 44 percent of those children, by the time they got in those early grades, were already either overweight or at risk of overweight. What this implies is you have to start earlier. If you want a healthy lifestyle, you have to start with the preschool years and one vehicle for that at the Federal level is this synergy between WIC and Child and Adult Care Food Program.

Unfortunately, what we have seen since the means test was passed for homes and child care in 1996 and implemented in 1997, what we have seen is a decline in the number of homes participating in Child Care, and again, Senator Casey, I think this is apropos to your point, where you talked about decreasing administrative burdens. If you have a woman who is running a child care facility with three or four children, they don't want to spend half their day doing paperwork to qualify. Without losing the essence of what we are trying to accomplish in Child Care, how do we make it more of a health program? I think you have the opportunity to think about this in the Child Nutrition 2009 Reauthorization.

Chairman HARKIN. Good suggestion. I just have one more before I yield to my colleagues. I want to know about this Minnesota

study. People always told me these healthier foods cost more, and my response has always been, well, OK. It is still a good investment. It is still the best investment to get them healthier food. But you say the Minnesota study indicates that it didn't cost that much more, is that right?

Ms. FOX. I will have to send you the paper. I don't want to misstate anything. Basically, it was a regression analysis that followed meal purchases and menu plans in 330 school districts in Minnesota, and what they found when they compared food prices to the healthfulness of the menus, that there wasn't the association that was expected, that the healthier meals cost more.

And then they went back and did focus groups with food service directors to try to figure out why they got this counterintuitive result and they went back in and looked more closely at the components of the cost data and what they found was that many of these school districts that were serving healthier meals were spending more on labor because there was more chopping, slicing, dicing, and cooking, but they were spending a lot less on expensive preprepared, processed, packaged foods, so the per unit cost.

Now, there are all kinds of caveats in the report, that obviously it is based on one State. They have got certain purchasing agreements in place and a menu that started in a certain place and so forth. But it is certainly something to look at, and I would be happy to send it to you.

Chairman HARKIN. I wish you would, because what I would like to do is see if we can't provide some support, read that as money, to other places around the country to do similar kind of studies, get a handle on this and find out. Maybe I have been wrong all along, that they just necessarily cost more. Maybe what you are pointing out, really that they balance each other off and that nutritious foods don't really cost that much more.

Ms. FOX. I think there is probably a lot of variability, but this is at least one hopeful sign that it doesn't have to always be in one direction.

Chairman HARKIN. Thank you very much. I have questions for other witnesses, but I am trying to do a 7–minute round here and I will yield to Senator Casey, and then Senator Lugar and then Senator Klobuchar.

Senator CASEY. Mr. Chairman, thank you. I am yielding to Senator Klobuchar because of your schedule.

Chairman HARKIN. Okay.

Senator KLOBUCHAR. Thank you very much. I have to go train our new Senator on the nuts and bolts of setting up an office, so I will just take 5 minutes.

Chairman HARKIN. You have a new Senator?

Senator KLOBUCHAR. Well, incoming Senator Begich. He couldn't go to the orientation that we all did.

Chairman HARKIN. Oh.

Senator KLOBUCHAR. Oh, you thought that the Minnesota race had been determined?

Chairman HARKIN. I thought that was settled.

[Laughter.]

Senator KLOBUCHAR. Oh, no, Chairman Harkin. I would let you know that.

Chairman HARKIN. Did I miss something here?

Senator KLOBUCHAR. No, no, no. OK. Sorry for throwing that in there.

I want to thank all the witnesses, and I actually had some questions, Ms. Fox, that Senator Harkin, the Chairman, asked, but just about this Minnesota study, if you could send it, as well. I do think just intuitively, when you think of these packaged foods and some of them, they seem cheap but they are not always that cheap. It is cheaper to make a peanut butter sandwich, as I know from my daughter's lunches, and throw an apple in sometimes than the prepackaged things that you can buy.

But I was thinking, Dr. Kennedy, of what you were saying about this relationship. I hadn't really thought of it so intensely until you brought it up, until yesterday when I saw an ad for a fast food restaurant that was clearly pushing this because of the economy and they were showing their basically basket of bad-looking food and they said that you could feed each family member of four, which I have never heard before on a fast food ad, because people are suffering, for $1.99 or something by using this. So it made me think about it, as I looked at this food and it looked really fattening. It made me think about how that it is going to get worse possibly because of the economy, that people are going to be getting more and more and more of the cheaper fast food, and so that will be an issue.

I just wondered if you could just talk a little bit more about in the school lunch setting, the relationship here between the cheaper fried food and the obesity.

Ms. KENNEDY. Yes. Excellent observation. Clearly when one is income constrained, what you try to do with your food dollar is maximize caloric intake, and I am not suggesting that is good, but fast food restaurants are a great value for dollar on the calories you get per dollar spent.

We have actually looked at this over the past 50 years, all of your nutrition programs, and see that particularly School Lunch, School Breakfast, and WIC, provide more nutrient-dense foods within the calorie allotment that is given. If you look at the last national evaluation of the WIC Program, what you see in children's diets, is that more expensive nutrients like calcium, iron, a range of vitamins, were increased while participating in the WIC Program. The same thing in School Lunch-School Breakfast. These programs effectively move participants to have more nutrient density in the diet because households can't afford to necessarily buy these more expensive foods.

Nutrient-dense foods need not be more expensive, but it takes a lot more planning and thinking about how you get not only calories, but nutrients out of the dollar, which gets back to my earlier comment about information given to parents. In my testimony, I do talk about the fact that in interviews we did as part of a National Governors Association bipartisan project, that moms who really wanted to make the right choice reported over and over again that they were getting different messages from pediatricians, from WIC, from Head Start, from child care. We have the opportunity to think about how do we use our safety net to not only get across a con-

sistent nutrition education message, but nest this in the concept of parenting skills.

Senator KLOBUCHAR. I mean, I was always looking for the easy way out when my daughter was in elementary school, but I finally decided bringing a lunch was so much better because of all these bad choices. There were some good choices, but there are some really bad choices that the kids would choose which really resonated with what you are talking.

You talked about this national science-based standard for foods that compete with the lunches. How do you think we could do this, because the truth is, if they have got French fries to choose from or a yogurt, they are probably going to choose the French fries.

I think what you have to do is move in the direction of having the healthy choices available in schools. I actually think we have an opportunity both for rigorous standards for the School Lunch-School Breakfast, but also national rigorous standards for competitive foods that the private sector will step up to the plate as they see consumer demand in schools and you will have a broader range of healthier products available.

Senator KLOBUCHAR. I just don't think we should have those bad choices, at least for elementary schools.

Ms. KENNEDY. Right, and this is what we did in Shape Up Somerville. We removed the chips and the sodas and replaced it with waters, yogurts, et cetera. Now, initially, revenues went down——

Senator KLOBUCHAR. Yes, I know.

Ms. KENNEDY [continuing]. But over the course of the first year, they bounced back up and schools were not adversely affected. The low-income schools rely on these revenues, so it is possible to do it.

Senator KLOBUCHAR. Right.

Ms. KENNEDY. I totally agree with you.

Senator KLOBUCHAR. Another thing along those same income lines, again, personal experience. My daughter was at a school in Minneapolis for 2 years that was 90 percent free and reduced lunch and it was an inner-city school, and now she is in the Arlington schools in Virginia, a very different population. So I don't see this as Minnesota versus Virginia schools but demographically, two very different situations.

The Virginia schools, they have gym every single day. These kids are out there, no matter what. And this school she was in had a gym. It wasn't as good, like you said, but they could have been doing it. It was only 3 months out of the year, and there was no comparison between the physical actively. And in this school where she is now, they are giving them pedometers when they take health, so she is walking the stairs at home, the half-hour before she is going to bed, because she hasn't gotten enough steps in, running in place.

But that kind of philosophy, if we could somehow get that across the board, could fit as a status thing to me, that at some of these urban schools that are doing less with the mandatory physical education, and I am someone who had like the second-to-the-worst softball throw in fourth grade. But my point is that somehow they have made gym something that my daughter looks forward to, even though she is not athletic——

Ms. KENNEDY. Making it fun.

Senator KLOBUCHAR. And so that has got to be a piece of this. Do you see, is there a demographic—I will ask someone else—demographic differences so that some of these poorer schools are getting less physical education, because that is what I saw. I don't know. Does anyone know?

Ms. DUFF. In South Carolina, recently, we have passed a law to increase the hours of physical education in all our schools. It is gradually being funded. Funding is part of the problem. We have to hire a lot more teachers and some of them have to be part-time teachers to cover more addition physical education classes.

But in my own school district, our students have physical education twice a week, and they go outside. They engage in a variety of physical sports and activities and the students do look forward to it.

Senator KLOBUCHAR. I mean, I just would say that it seems the hour—the 45 minutes, not an hour, probably like 45 minutes a day, you really can't beat that because it sets up this routine, I think. But anyway, thank you very much.

Chairman HARKIN. Thank you, Senator Klobuchar.

It kind of raises the question I am going to ask after I recognize Senator Lugar, but what you are talking about are competitive foods. I started thinking about this. Where did that name ever come from? Why are they called competitive foods and when did they come in?

When I was a kid in school, when they started the School Lunch Program, we never had competitive foods. We never had vending machines, either. Anyway, I won't get into that, but why do we allow competitive foods? I make a provocative question. Should we just ban competitive foods? If you are getting part of the School Lunch and School Breakfast Program, you just can't have competitive foods, or whatever they are called, a la carte lines and vending machines and all those kinds of things like that. Maybe we ought to just say, enough. Anyway, I just throw that out there.

Senator Lugar, I didn't mean to interrupt you, but thank you.

Senator LUGAR. Mr. Chairman, I will just follow along your idea. First of all, I liked the challenge in this reauthorization, which may come at a time that the new administration, the new Congress are discussing health care for all Americans, the more comprehensive approach there, that our role can be a very important one in talking about the nutritional part of it for our children, likewise for mothers in the WIC Program or for others who are involved in this. I like that idea and I am hoping we can draft something that would be consistent with this.

It seems to me that we have discussed, certainly Ms. Duff has illustrated a dramatic example of the food safety net that still needs to be cast a good bit wider. This committee has made a lot of progress over the years with regard to summer feeding programs. We discovered a hiatus there of several months in which the children were not in a regular school operation, but there were park services, social groups, sometimes the schools themselves that regrouped so that there was not this gap.

I am not certain how we phrase this, but essentially we know that the comprehensive medical changes are hugely expensive and

our country is trying to grapple with how rapidly can you take this on, along with Social Security reform or other monumental tasks of this sort. But this is perhaps a less expensive part of that, and I mention that because whatever we do is going to be challenged in a budget way as to whose budget is paying for this. Is this United States Department of Agriculture or which situation, so that any increases we make are going to be challenged, as they will be in a period of deficit finance.

What I want to get to, though, is the point that you were raising again, and this is from your testimony, Ms. Fox, about the fact that in some programs, in fact, the good fruits and the good vegetables and the other items that all of us believe are nutritious were presented to students. But I think you point out in one instance, only 45 percent of the choices were the good fruits and vegetables. In another case, 30 percent in some other choice people had to make.

Senator Harkin is suggesting, I think, why is there a choice? Well, we say, my goodness, what kind of a country is this? We are Americans and we reserve the right to choose to eat whatever we want, whether we are children or adults or so forth. After all, what we ought to be doing, as everybody suggests, is presenting more information, more constructive advice as to why this is a good choice for a child who is six, seven, eight, nine, or what have you, presumably has the comprehension of all of this research, the argumentation, but also some familiarity with the habits of parents who may not share those thoughts, or even grandparents who have very strong ideas about what they like.

And so again and again, we are going to be faced with this predicament that we present better and better information to people, and even have the food lying in front of them, but as you said, you can lead the horse to water and so forth, it really does pertain to this situation.

What I am wondering is, first of all, what is your thought about how far choice ought to go in this predicament? Is this a case in, let us say elementary school feeding programs where, in fact, the only thing there on the counter happens to be in conformity with dietary guidelines? But then, second, the statistician in all of this sort of gropes with this thought. Can we at the same time begin to challenge students in the same way that the pedometer may challenge students to do the right thing with regard to steps and walking and so forth, to get better information about how many calories are in this or what is the Vitamin A content, or for that matter—and challenge students to do the math, to help construct for themselves a healthy pattern which may, in fact, be a source of discussion or debate with the family.

In other words, I grope, as many of us do, for any information about some of the food that I have consumed in a restaurant or someplace that I don't control the situation, and there is debate in our society as to whether this information should be available at all. How do we make this kind of information universally available, and while we are involved with our courses with students, as you have been involved in the math of it, make this an attractive option for people to be doing the right thing and understand the reasons and have pride, really, in what their score may be? Can you make any comment about this?

Ms. FOX. I think what you just said spells out how complex the whole situation is in terms of offering an individual decisions and the influence of the family and also the influence of what else is out there when they are making a decision.

I think there clearly is evidence from programs like Shape Up Somerville and other programs that have been implemented sort of in a research setting that things can be changed in a way that children will adjust and move toward the healthier choices.

I think when you are talking about trying to do that on a more broad-based way in schools that may have more or less motivation and resources, you know, physical and motivational resources to implement something like that, that there really is a need to try to put some models together and that is sort of what I was alluding to when I talked about having some demonstration projects, to put some models together that school districts that do want to make these changes from, whether it is eliminating competitive foods or making the not so great choices like French fries, instead of having them every day, offer them once a week. You know, instead of having pizza with pepperoni on it every day, offer pizza with no pepperoni once a week. I mean——

Senator LUGAR. So the district might make the choice.

Ms. FOX. Right.

Senator LUGAR. In other words, to get to Somerville, that is a broad group of people, but so is a district.

Ms. FOX. Right.

Senator LUGAR. So as opposed to the individual child making the choice or the nutrition director at the school, you do this in a geographic or organizational pattern.

Ms. FOX. Right. Well, the school district would have to make choices about what they are going to make available and how they are going to market it and that sort of thing, and then there has to be support to help and encourage and provide encouragement and information to the children to be able to make those individual choices.

I personally don't—I mean, competitive foods is a different story. But in terms of really limiting choice within the context of school meals, I think we should try to make them as healthy as they possibly can and allow students a variety of choices that they can mix and match in a variety of ways and still come out with a reasonably healthy meal.

Senator LUGAR. Thank you.

Ms. FOX. That is sort of my opinion.

Senator LUGAR. Thank you, Mr. Chairman.

Chairman HARKIN. Well, Dick, you just again bring up an interesting thing about the choices that these kids have and why kids pick some of these bad foods and stuff. Again, it spills over into so many areas outside of our jurisdiction, but I think a lot of it has to do with marketing. I mean, they market to kids, and this goes back to a decision made back in 1980 or 1981, somewhere in that range of time, by the FTC. The Federal Trade Commission right now has more authority to regulate advertising to you than to your grandkids because they exempted kids. There are two ways FTC can regulate advertising. One is on truthfulness and one is on unfairness. For you, for us as adults, they can regulate advertising

based on both. For children, they can only do it based on truthfulness, but not on fairness.

Some people have been saying that it is inherently unfair for people to market to kids because they don't understand the difference, but that jurisdiction was taken away from them around 1980, 1979, 1980, 1981, somewhere in that timeframe. So these kids get all this stuff marketed to them and of course then they are going to pick these foods because that is who their heroes tend to—see, Spiderman likes this stuff. I am talking about younger kids and things like that. So they come to school with all of that.

I have made the statement before that it seems to me schools ought to be sanctuaries for kids, places where they come and they learn, they grow, they develop. They shouldn't just be another marketplace where vendors can market items, and sometimes to the extent where some vendors have exclusive marketing agreements with secondary schools, Coke, Pepsi. I have been to schools where they have got these exclusive contracts, and, of course, they provide money for band uniforms and sports and all that kind of stuff and they get these exclusive contracts, one soft drink over another.

I was at one school once and they had seats, chairs for kids with the Coca-Cola emblem on them. They are sitting in school sitting on Coca-Cola seats. Well, you think at first, well, so what? But it is that brand identification that they instill in kids.

I just, for some reason, I think that we have got to get away from that and come back to this idea of wholesome, nutritious foods, and at least if there is going to be a choice, it ought to be a choice among nutritional foods, perhaps not a choice between nutritional and non-nutritional foods. Maybe provide the choice, but at least put some guidelines out there that hopefully we can get before next October, anyway.

I didn't mean to go on that. We are graced with the presence of Senator Leahy, another former Chairman of this distinguished committee. Senator Leahy?

Senator LEAHY. You see it is the former chairmen who show up here, the Chairman and former chairmen because we are the ones who understand how important it is.

I was interested in listening to the conversations. I have been in some schools, maybe a couple of different schools, same demographics, same size, same budget, one with really good nutritional food and the education that goes with it, others with stuff that is scary, you know, green glop on Monday and blue glop on Tuesday, or the kinds of things you talked about before, other stuff.

I think on this, the food assistance, it is a chance to learn how well equipped the Department is in helping the American people prevent chronic disease and fight hunger. It is a significant economic crisis in the country today and hunger becomes one of the first things that we see in the wealthiest nation on earth, a nation that spends millions of dollars to get rid of excess food. You see hungry people. So I am glad to see those who are here today, our friends from USDA who can try to work to respond to a growing demand.

This is one of the most severe periods of economic turmoil in modern history, and as I said, when times are tough, more Americans go hungry. I think nobody has to be a genius to know that

hunger is going to get worse. It is not going to get better as the recession goes on. Hunger is a leading indicator, an indicator during tough economic times, but it is a lot more than just statistics. It is deeply personal. It takes its toll one child at a time, one family at a time. Parents, as they are out there trying to get work, going without food because they want to at least feed their children, or children embarrassed to say when they go to school why they are hungry, because their family can't feed them.

Right now, in my own home State of Vermont, nearly one in ten people are, as these statistics call it, hunger insecure. Hunger insecure. I cannot begin to tell you what they are going through. These people are running out of food. They reduce the quality of food their family eats. They feed their children unbalanced diets. They skip meals altogether so families can afford to feed their children. The current economic condition severely affects this food security. Then they show up at Food Stamp and food shelves, and the food shelves are strained far beyond their resources.

My wife and I, one of the areas we prefer sending money for charity are food shelves, and I hope everybody else will do the same thing, because I talk to the heads of these food shelves. I know how they try to stretch every bit of food. They say they cannot begin to meet the demand. So we have to do a lot more to help that. The Agriculture Department has to be our partner in that.

Hunger is just one of the problems—poor-quality diets, nutrition deficiencies, obesity,developmental delays, increases in aggression, depression, hyperactive behavior, poor academics. Any teacher will tell you, a hungry child is a child that can't learn. These are problems that face everybody in these hunger insecure homes.

So that is the only thing I am going to talk about because I think that we will in the various committees be looking at things, everything from auto bailouts on through. Bailing out a hungry table with hungry children while parents try to find work, I think goes not just to the economics of this country, it goes to the morality of the United States.

I think one of the ways that can stimulate that is the Food Stamp Program. I think there has to be an increase in Food Stamp benefits. Temporarily increase Federal reimbursement for school meals. We are in the school year. That might help. Find how to get more resources for our food banks around the country.

Mr. Chairman, I would like to ask just a question about a point made in Dr. Kennedy's testimony. You had said, as I understand it, reading it, that you would like to see a temporary increase in the level of Food Stamp benefits to help low-income families. Do you have a level in mind, or how much of a bump the Food Stamp benefits should be? Am I putting you on the spot?

Ms. KENNEDY. No, no. Part of it has to be what is practical. The changes that have taken place in the level of reimbursement for the Thrifty Food Plan have gone in the negative direction over the past few years. The Thrifty Food Plan used to be at 103 percent of the value of the Thrifty Food Plan, because there is a lagged effect. That 3 percent was eliminated.

So it is not simply increasing the level of the Thrifty Food Plan, the Food Stamp benefit, which I will get back to in a moment. We in Massachusetts, after a number of years of seeing downward

trends in Food Stamp participation, suddenly are seeing this sharp uptick because of the economic downturn, but simultaneously, we are seeing increased participation in emergency feeding sites. And so if they are not getting it from Food Stamps, they need to get it from emergency sites.

I will give you a number, and I know the reaction often is, oh, it is not possible because the Food Stamp Program is so expensive, but I would say a 10–percent increase. Now, what is the pragmatics in the current budgetary environment, but that is enough of a padding there that it would be significant. It would be expensive.

Senator LEAHY. Does anybody else want to add to that? Ms. Fox?

Ms. FOX. I think that it would be terrific. The increases that we have seen in the past have been much, much smaller than that.

Senator LEAHY. I didn't expect you to jump up and disagree.

[Laughter.]

Senator LEAHY. Dr. Chilton?

Ms. CHILTON. If I could say a few words about using Food Stamps as an economic stimulus, I think that would be incredibly important. I don't know what the percentage increase should be, but I have to tell you that based on our research that we have done in Boston and in Philadelphia, we have found that if a family is receiving the maximum allotment of Food Stamps, which used to be $542 for a family of four, even if they are receiving that maximum allotment, they still would not be able to afford everything that the Thrify Food Plan says that they can buy with that money.

As a matter of fact, in Philadelphia, they would be about $2,000 in the hole trying to buy the Thrifty Food Plan with the maximum allotment of Food Stamps. So a 10–percent increase won't bring you up to what the Food Stamp Program is supposed to do.

I also have to say that children who are on Food Stamps, there is a significant health effect. The more Food Stamps that a family receives, the better the developmental outcomes, the greater the reduction in hospitalization rates, and the greater the reduction in poor health. So you are not just getting a return on the dollar, but you are also stimulating and boosting the minds and the bodies of the very young children that need these Food Stamps the most.

Senator LEAHY. Thank you. Ms. Duff, did you want to add anything to that?

Ms. DUFF. I second that motion. Yes, I agree.

Senator LEAHY. Mr. Chairman, I think the reason here is that this is sort of important. I mean, none of us around this table are going to go hungry except by choice, and our children won't go and our grandchildren won't go hungry except by choice. But I can walk you out of here and I could say this in a hearing room in any city in this country and within a few blocks show you really severe hunger. And if you go into some of the rural areas, whether it is in Pennsylvania or Indiana or Iowa or Vermont, you have these real pockets of hunger, and with the hunger comes desperation. They don't know where to go, especially in families that have never faced that before. In the hard economic times, they are facing it for the first time in their lives and the difficulty of it.

So thank you for holding the hearing, Mr. Chairman.

Senator LUGAR. Mr. Chairman, this is a point of query. Do we know or does staff know what the Federal budget is for Food Stamps now? In other words, what benchmark do we have to think about the 10 percent increase if that were to be a part of this economic stimulus package?

Chairman HARKIN. This is Derek Miller, who is my staff person on this. He knows all this stuff.

Mr. MILLER. A 10–percent increase in the Food Stamp allotment through the end of the fiscal year with a January 1 effective date is about $4.3 or $4.4 billion. And that is what was included in the most recent stimulus bill that was brought before——

Senator LUGAR. It is included?

Mr. MILLER. Correct.

Chairman HARKIN. Thanks for asking the question. I didn't know the answer to that, either, Dick. Thank you.

Senator Casey from Pennsylvania?

Senator CASEY. Mr. Chairman, thank you, and I am sorry I had to run out and I apologize to our witnesses.

First of all, I want to thank our Chairman and both Senator Leahy and Senator Lugar, who all three have done decades of work on these subjects and on these priorities. So we want to thank them for their leadership on these important issues.

I guess I wanted to start with Dr. Chilton on something that just leaped off the page of your testimony, where you talked about food insecurity and you said, and I am quoting from the first page of your testimony, "Last year, 12.4 million children," and you have highlighted that, "were in food insecure households, according to the USDA. Yet again," you say, "17 percent of households with children in the United States had lived in food insecure homes," unquote. But that 12.4 million children, that is literally the entire population of the State of Pennsylvania, a very large State, as you know. That number alone, I think, tells the story. I can't even comprehend of that many children facing food insecurity, so you really put it into perspective when you highlighted that.

I wanted to ask you, as I mentioned in my opening, the postcard that you showed me, the Witness to Hunger postcard. Can you give a sense of, from your research or from your own observations or from the testimony from others, what you are seeing in the last few months, kind of in real lives like these children's lives, versus what we were seeing a year ago or 5 years ago? I mean, is there a way to define it beyond the numbers in terms of the kind of urgency to it or the kind of real world circumstances that we are seeing? I know it is hard to sum up without data, but is there another way to convey that?

Ms. CHILTON. Thank you very much for asking the question, and I think I can convey it. I will base it on my research with 40 women, only 40 women in Philadelphia, but I have basically given them the opportunity to take photographs and to record their experiences with hunger and poverty in inner-city Philadelphia. The way they talk about it is having to reduce, or losing hours that they can put in at their jobs because of cuts that are happening in their workplaces and having to take on second and sometimes third jobs. This becomes very difficult, especially for a female head of household who needs to—who are doing janitorial services, for in-

stance, between 9 p.m. and 4 a.m. and how do they afford child care.

So from these women's perspectives, I think it is really the reduction in hours at work. It is the extremely low pay and low wages that they actually earn. And also trying to arrange child care for their young children and trying to keep it together emotionally, financially, and just in their everyday lives. It creates an enormous sense of anxiety and depression in these women's lives, which then in turn makes it even worse for them to be able to find a job.

So we are seeing that on the ground in Philadelphia. I am sure that we are seeing that in other cities, as well. We also have a clinic for children with failure to thrive at St. Christopher's Hospital up in North Philadelphia. Failure to thrive is severe undernutrition, and there we work with our families over the course of about 18 months to try to get a young child that has fallen off the growth curve to get back onto the growth curve so that they can develop well, socially, emotionally, and cognitively.

And we have found that even in those families, with the economic downturn and also the hike in food prices, that families are stretching their food. They are watering down formula. They are taking on more jobs, which puts more strain on the household. Then again, the child begins to lose weight. And when you see food insecurity manifest in a loss of weight, you know that that food insecurity is very severe, because you can actually have food insecurity which affects a child's behavior and their emotional well-being and their cognitive performance, but when you see it have an effect on their growth and their growth potential, you know you are dealing with something very severe.

And I have to say that if we do not boost Child Nutrition Programs, we will see a major downturn in child health and well-being and we would lose out on a generation. And this is an emergency. A young child between the ages of zero and three, any interruption in nutritional quality can have lifelong consequences. So this is our window of opportunity right now. Those first 3 years of life, that is where we can make a true difference.

Senator CASEY. Thank you. I know I may be plowing ground that has already been covered and questions that have been pursued before, but one of the near-term questions we have in front of the Congress, of course, is the stimulus legislation, which I have my own strong feelings about what should be in that and I believe that part of that should be Food Stamps, an increase in Food Stamp availability.

Now, for those who aren't as concerned about or aren't convinced by the gravity of the situation for those who are food insecure, there is also a good taxpayer argument for it, which is always nice when you can help people and also do something that is efficient. In this case, Mark Zandy and, I guess, others, have told us that if you spend a buck on Food Stamps, you get $1.60, $1.70 back. So there is a good return on it.

But talk to us—and this is for any of our witnesses—talk to us about the situation as you would perceive it, as you see it, if we don't act in January. Say we pass a stimulus bill and everyone pats each other on the back and says, yay, we have got a stimulus bill, and there is nothing in there for Food Stamps and we have to wait

for the regular budget process to play out over the next year. Talk to us about that. I don't know whether Dr. Kennedy or Ms. Fox or Ms. Duff.

Ms. KENNEDY. We have looked at that and we know that households on the Food Stamp Program at a very low level of expenditures have a better dietary pattern than non-Food Stamp households at a similar level. However, having said that, most households at the spending of the Food Stamp level do not have a nutritionally adequate diet. I don't think any of us—long term, I am not talking about being on it for a week—long term at the spending level of the Thrifty Food Plan would have a nutritionally adequate diet. It is very, very difficult given the way—and when I was in USDA, I actually was involved in the revision of the Thrifty Food Plan to adhere to dietary guidelines. You almost have to have a Ph.D. in nutrition to make it work.

So let us be realistic. Increments in the level of the Thrifty Food Plan would help income-constrained households.

In my earlier comments, I talked about the fact that hunger tracks with poverty. Food Stamp participation tracks with poverty. Poverty rates are going up. Over the next year, there is going to be an exponential growth in demand for Food Stamps and I think we want to look at what is realistic in order to ensure food security of income- constrained households who are unemployed through no fault of their own. Companies have closed. So I would think about looking at, and I say temporary because I know this is not very popular, but a temporary increase in the level of funding of the Thrifty Food Plan because we are in a very dire situation.

I would also look at ways of making sure that individuals who are eligible for Food Stamps maximize their participation in free School Lunch-School Breakfast, maximize their participation in the WIC Program, so you take the advantage of all of the programs that are there, the full mosaic of the safety net, so that you are not saying one or the other. You are looking at, through referrals, through advertisement, through community action, getting the multiple participation, which I think will help to the maximum extent curb food insecurity and hunger.

Senator CASEY. Anybody else?

Ms. DUFF. Increasingly we can expect greater dependence on free school meals for children. Families will depend on school meals more and more. Students who didn't qualify for meals assistance in the beginning of this school year will probably qualify now, and school nurses take an active role in that. We look at whether or not they qualified in the beginning of the school year. We try to go back and review that list and contact those families who did not qualify and assist them in reapplying so that they will have free school meals for their children.

Senator CASEY. Thank you very much.

Chairman HARKIN. Ms. Duff, first of all, I was startled to hear school nurses are serving students in 75 percent of U.S. public schools. Are you telling me one out of four schools don't even have a school nurse?

Ms. DUFF. That is correct.

Chairman HARKIN. What do they have?

Ms. DUFF. Nothing. They don't have anyone who attends to health care of children, not anyone trained, anyway. They have the secretary, who gives medicines that are controlled substances that have all sorts of side effects, and they are not trained in emergency care. They call 911 if they need something.

Chairman HARKIN. I think that is shocking. But I wanted to read something that you said here, which corresponds a lot with my thinking. You say, not only do the programs—you are talking about Breakfast and Lunch Programs—not only do the programs assist with the economic difficulties of poor families, they are part of a prevention strategy, an effort to protect the health of children. Prevention is the positive, logical, and cost-beneficial approach to achieve education goals and to prevent chronic diseases. Again, going back to what I alluded to in my opening statement, that this is all kind of part of the health care reform that we will be looking at.

Dr. Chilton, let me ask you, it came to my mind when you were talking about the nutritional aspects of kids and what they are eating, some people have advised that perhaps one of the best things we could do for a lot of kids in our schools is just to provide them at least in the morning with a multivitamin.

Ms. CHILTON. That is hogwash.

Chairman HARKIN. Why? If they have a multivitamin, at least they have got the nutritional underpinnings of Vitamin A and D and B and the B-complex vitamins, maybe folates and other things like that you could put into a multivitamin. At least you would have that.

Ms. CHILTON. Right. Micronutrients are extremely important, but to suggest that you give a young child or a child that is supposed to learn a vitamin does not deal with having enough food and enough calories. So you need to have the energy balance in a child. You also need to have roughage. You need to have enjoyment with food. You need to teach a child good habits, color on the plate, five a day.

To suggest that we would give a child a multivitamin and this would somehow enhance their cognitive potential of American society is absolutely backwards thinking. It goes against the CDC recommendations of fresh fruits and vegetables. It is going backwards. I highly recommend that we fight back on that argument to say that fresh fruits and vegetables, a nutritious, fully balanced meal with enough nutrient-dense calories is the best way to go for our young children and for the American people.

Chairman HARKIN. Let me see. Dr. Kennedy, you mentioned the school districts and the wellness policies that we put into our last reauthorization of this bill in which we mandated that by, I think it was 2005 or 2006, somewhere in there, that every school district had to have a wellness policy. I ask this of all of you. Have you looked at these? We didn't say exactly what they had to be. We wanted to have people think about their wellness policies and what the school districts would come up with. Do you have any knowledge of the different varieties of different wellness policies, and are they generally good, generally poor, or just do they run the gamut?

Ms. KENNEDY. Enormous variation in what is actually going on in health and wellness. Some school districts see this as an un-

funded mandate. They have to have it, but there are no resources to come along with it. Others have taken it very seriously.

I think, again, getting back to Somerville as an example, part of what was so exciting about—and it has been sustained even after the research dollars are gone—what was so exciting is looking at how you bring together the resources of the community, so we are not talking about incremental money, with the existing organizations of the community, existing staff. How do you make a community healthier?

And part of it is charismatic personalities. I have to say, the Mayor of Somerville, Mayor Curtatone, wanted this to succeed, and we can get into a discussion of "Are leaders born or created?", but I think we can excite people when we show examples. We keep talking about prototypes or pilots. But when you can show in very diverse communities how it is possible to make this happen, it is not pie in the sky, you can actually do it in your community, can excite a community. I think the onus is on the Federal Government to try to provide some of the information, some of the models on, with these constraints, here is how you might do it. But at the moment, what I have seen, it is not just in Massachusetts but in other parts of the United States, there is enormous variability in what is going on.

Chairman HARKIN. There was some suggestion that perhaps, since have that out there, that perhaps we should have the wellness policies at least follow some guidelines that would be promulgated by the Institute of Medicine. Would that be a next step, to kind of standardize them a little bit?

Ms. KENNEDY. I think there is a wonderful resource there with the Institute of Medicine. Clearly, what you get from them, whether you are talking about nutrition standards for competitive foods or the current committee that is looking at nutrition for School Lunch-School Breakfast, or in this case health and wellness policies, you are getting rigor, science-based—or a science-based framework that provides a national floor such that a child in State X is not disadvantaged vis-a-vis a child in State Y. So I would think that would be one route to go that would be very promising.

Chairman HARKIN. Dr. Chilton, you said it is time to take lessons from public health where we consider population characteristics and socio-economic status to decide where to establish health centers and clinics. The Child Nutrition Programs ought to follow suit. What would that mean in practice? What kinds of Federal policy changes might you recommend if we were to implement that statement?

Ms. CHILTON. I think the first place to start would be with School Breakfast and School Lunch. Pretty much around the country, families have to individually apply in order to qualify for free school lunch. In the past 17 years in Philadelphia, we have done away with that, where in Philadelphia if the school is in a neighborhood that has 70 percent or less—or it has 75 percent of the families that are living at the poverty line or below, then that child—that completely reduces the need for an individual application.

What this has shown is it has reduced a stigma. It has enhanced the nutritional health of the children. It has made it easier in order

to participate in the School Lunch Program. The same thing for School Breakfast.

Sadly, this fall, there was some idea that this program might be threatened in the Philadelphia School District. We think you need to go the opposite way, that pretty much in every major inner city that has very high rates of poverty, it should be universal service. There should be no individual application for School Breakfast or for School Lunch. The application process and the administrative process for School Breakfast and School Lunch, and might I add, the Child and Adult Care Food Program, are true barriers to improving the health and wellness of children.

And so I suggest that in public health, if you think about the Ryan White Care Act, where if you have a certain number of people who have been diagnosed with HIV or AIDS, then there are health centers that get put into place. There are therapies that get put into place automatically, no questions asked.

In this same way, we have to think about our nutrition programs as actual public health programs that can truly prevent chronic disease. And if we really think about all of our welfare programs and the safety net programs in public health and started using some of our own tools, we would really enhance the health and well-being of children in the inner city, and might I also add in counties, in rural counties where poverty is very high.

Chairman HARKIN. Well, I guess that kind of brings us back to where we started, that really these programs are part of our public health environment and we ought to be considering them as such. If you are talking about public health, then you are looking at prevention and wellness and we ought to be focusing on that.

I think it is time to make some fundamental changes in our health care system in America, but I also think it is time for some fundamental changes in our School Lunch and our School Breakfast and our WIC feeding programs. To the extent that we really promote nutritious foods, that we, again, not just think about our schools as marketplaces for vendors on which to hock or sell whatever they may have, but really as sanctuaries for kids to be healthy, where health is promoted and where it is stimulated and in an environment where kids can have these healthy choices.

We started the School Snacks Program, the fresh fruit and vegetable snack program, and every school that has ever entered that program, not one school has asked to drop out, and it is all voluntary. We put that in the 2002 farm bill as a pilot program, to test it out in four States. In this last farm bill, we have gone nationwide with it. It is going to take a while to ramp it up.

But what we found is when you provide free fresh fruits and vegetables to kids in schools as a snack, they will eat them. Now, if they have got to pay a buck for them, they might put their buck in the vending machine and get a Coke or something, or a Pepsi. I don't mean to pick on Coke here. A Pepsi or whatever, or they might get a bag of chips or whatever. But if they are free, they will eat them, and when they eat them, they find out the hunger pangs aren't there anymore and they don't go to that vending machine as often, and we have found this to be true. So kids are healthier.

So we have to provide those kinds of environments in schools and we are going to continue on this committee and in this bill to try

to make those changes that will move us in the direction of getting healthier foods and more nutritious foods, especially in the WIC Program, the Women, Infants, and Children Feeding Program.

And I might digress a little bit here. I thought we had gotten away from this 20–some years ago. Twenty-seven years ago, I was the Honorary National Chairman of the Breastfeeding Coalition and we were making changes to promote nursing in the WIC Program and in hospitals and that kind of thing. Well, we did for a while and then it seems like we have backtracked a little bit now. How do we, while at the same time providing the necessary components of a WIC package, how do we really promote and enhance nursing, breastfeeding for infants? We know that is the best, it is the most wholesome, it is the most nutritious. It builds up immunities in babies.

Of course, there are societal problems here, too. Many low-income women who have babies find that the workplace they are working in does not provide the kind of support if they want to breastfeed their child. If they are working in the fast food industry or something like that, they just simply don't have that wherewithal.

Some companies, larger companies, have provided those kinds of facilities for women, but as I said, a lot of low- income women who are working jobs that are minimum wage or slightly above just don't have that available. So we have to figure out societally how do we provide that kind of support, also.

But to the maximum extent that a mother can nurse her child, how do we provide that in that WIC package? How do we promote that in that WIC package and give incentives in that WIC package? If you do this, you will get more of something else. See, it is all incentives, isn't it, to build the incentives in so they see some benefit that they will obtain above and beyond the health of the child, which if they have gotten all the information from the industry, they will be told, well, infant formula is every bit as good as mother's milk and all that kind of stuff, which we know is not so. So how do we build the incentives in that?

I ask these questions so I hope that you will continue to think about these, the panel we have here, those of you. You are all experts. And continue to give us the benefit of your advice as we go through. This is obviously the first of our hearings and we are going to have a lot more early next year. We are open for any suggestions and advice that you might have in these areas.

And the Child and Adult Care Food Program, which is sort of—not too many people know about it. They know about School Lunch, School Breakfast, Food Stamps, maybe a little bit about WIC, but not too many people know about the Child and Adult Care Food Program, which, again, more and more of our kids in day care centers, what are they eating? What kind of snacks are they having? These are kids in those early formative years, from one to three or 4 years of age, and they need nutritious food. So how do we change that program and how do we get more nutritious foods in that program on a reimbursable basis again?

So these are the things that I think a lot about and how we provide the funding for it. Again, we are talking about budgets and everything and how tough the budget is. But again, it is that same

thing. We can't afford to do it. Well, if we continue to do what we are doing, we are paying for the results of this later on in obesity and diabetes and chronic illnesses and chronic diseases and we pay a lot more for it later on than if we just decided to pay for a little bit more up front for these nutritious foods.

So with that, I would thank you all for being here. I would just close this by asking if any of you have any final thoughts or suggestions or advice that you would have for us here. I would just go down the row again. Dr. Kennedy?

Ms. KENNEDY. Senator Harkin, I applaud your efforts to have the nutrition programs moved more in the direction of health programs. I think there is enormous potentiality for prevention with the basic underpinning that nutrition is a key part of preventive health strategies. I think whatever can be done to use Child Nutrition Reauthorization 2009 with much more of an emphasis on health and wellness is going to benefit children and all Americans.

Chairman HARKIN. Well, keep giving us the benefit of your wisdom and experience on this, Dr. Kennedy.

Ms. Fox?

Ms. FOX. I completely agree. I was very—I was thrilled with your opening comments. They were right on point and very compatible with my way of thinking. If this is the path you are going to take this over the next few months, I think good luck, and if there is anything we can do to help you with convincing some of your other colleagues—and I would just put in another plug for the Child and Adult Care Food Program. I really would like to see the focus on that program moved to the level that the school meal programs have received over the past 15 years, because that is the younger generation where they are forming their food habits and preferences and we really haven't done anything with that program. It is focused on nutrition and health.

Chairman HARKIN. Yes. Thank you.

Dr. Chilton?

Ms. CHILTON. I, too, I am so amazed at the language that you use about public health, early childhood nutrition, and child development. It is so welcome to my ears, and to hear you talk about a school as being a sanctuary is extraordinary and I am so impressed. I think that if you keep on beating that drum, you will have enormous success.

One of the things that I think hasn't been talked about as much here is that we have the USDA programs, then we have Health and Human Services, and then we have the Department of Education, and how about Labor? All of these agencies are so important to ensuring that there is a structure in place in which we can get good nutrition to children.

And if I could suggest that we reinvigorate—I can't remember the name of this particular panel, but it is like a cross-agency nutrition assessment panel that has someone looking at nutrition in Health and Human Services, the USDA, the Department of Education, et cetera, that we set up benchmarks and goals in the same way that we have Healthy People 2010, we will have Healthy People 2020. We need to have some high standards for early childhood nutrition and for child nutrition and health, understanding that a

school environment is just as important as the nutrition that we are going to infuse in there.

And that is what public health is all about. It is about ensuring the conditions in which people can be healthy, and so I hope that we can have a very broad understanding of those conditions and how we can work to improve them. Thank you.

Chairman HARKIN. Thank you very much, Dr. Chilton. Again, you hit the point that—all of you have touched on this, and that is that, again, to the extent that we can on this committee, to the extent that I can as Chairman, get people to just not think about this just as a silo. Here is the School Lunch and here is the School Breakfast and here is this. This is all part of public health. It all blends into the whole public health spectrum of America and it has got to be addressed that way, without thinking about just, well, we are just going to provide food to kids in schools and not worry about the health aspects of it. So hopefully, we will start moving in that direction, I hope, anyway.

Ms. Duff?

Ms. DUFF. Well, I appreciate very much the support for school meals assistance and the recognition that school meals is very much part of overall school health, and the health of children, and that school meals assistance is just one little thing that we can do to enhance the health of the family and that it shouldn't stop there. In schools, students that are connected to free and reduced meals have many, many problems. The fact that they qualify for meals assistance, for school nurses, anyway, is a red flag. We know that those families need many more services, and we don't just sit back and make sure they get their lunch. We actually make contact. We do assessments of the students and connect them to health services. I really appreciate the recognition of this committee that school health and school nursing is part of the public health system that we have in the United States.

Chairman HARKIN. A last provocative question. Do you think that perhaps we might build some incentives in, to the extent that if a school that is receiving Federal funds for breakfasts or lunches, that they would get a bump-up or a boost-up or something like that if, in fact, that school had a physical exercise program for each of their students that would involve so many hours a week of physical exercise?

By the way, you notice I used physical exercise, not physical education. I have never understood physical education. I do understand physical exercise, and providing physical exercise for kids. If they do that and meet certain kinds of guidelines for that, they might get a boost.

I don't know. I am trying to think of ways in which we blend these things together, incentive schools to do these kinds of things, so if you have any thoughts on that, let me know about it later on.

I thank you all very much for taking time. I thought it was a very good session, a very good panel. I think this is really a good kickoff for our next year's work in reauthorizing the Child Nutrition Act.

Thank you all very much, and the committee will stand adjourned, subject to the call of the Chair.

[Whereupon, at 3:08 p.m., the committee was adjourned.]

APPENDIX

DECEMBER 8, 2008

Senator Saxby Chambliss
Opening Statement
December 8, 2008
Assessment of USDA Food Assistance and Child Nutrition Programs
in the Economic Downturn, Promoting Health and Fighting Hunger

Mr. Chairman, I would like to join you in welcoming today's witnesses to this important hearing as we commence the Senate Committee on Agriculture, Nutrition and Forestry's review of the child nutrition programs that are due for reauthorization by the end of this fiscal year. I look forward to working with you and all the Members of the Committee in the months ahead to examine the important role of child nutrition programs. These programs have a proven track record of not only alleviating hunger in the United States, but also improving the nutritional intake of children and their families.

As the title of this hearing indicates, our country is facing an economic downturn and the critical role of child nutrition programs becomes even more important. This Committee and the Congress made significant investments in the Supplemental Nutrition Assistance Program (SNAP), formerly named the Food Stamp Program, during the 2008 farm bill. One of the great features of SNAP is that it can expand and contract as the economic conditions change. The United States Department of Agriculture announced this month that over 31 million Americans are participating in SNAP. For many low-income families, especially those with young children, SNAP is only part of the safety net to ensure that children have access to adequate nutrition that is vital to their health and ability to learn.

As we will hear from today's witnesses, exciting and innovative approaches exist in delivering the various child nutrition programs to improve food security and nutritional intake. As we strive to improve the country's nutrition safety net, the Committee values and depends on the testimony from experts on the front lines of the National School Lunch and Breakfast Programs, the Summer Food Service Program, the Child and Adult Care Food Program, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). I look forward to working with you throughout the reauthorization process. Thank you.

Statement
Senator Charles E. Grassley
December 8, 2008

I want to thank the panel for coming here today. We are about to embark on a process that is critical to the future health of our nation's children and I am glad that our 4 witnesses are here to jumpstart this process.

Next year as we examine the Child Nutrition Reauthorization, we are going to face competing pressures. Namely, the need for more resources for Women, Infants, and Children (WIC), and the School Lunch Program coupled with increased demands on the federal budget.

The economic slowdown we are facing will likely increase the number of participants seeking benefits under these feeding programs.

But at the same time, Congress and the federal government are being asked to increase spending throughout many sectors to keep the economy going.

It will make the job of finding increased resources for these important programs even more difficult. Throughout this process I hope we also examine how the funds we already allocate can be best used and if there is waste or ineffective program aspects, that we look at eliminating those and better targeting them to reaching children.

Again, welcome and I look forward to your testimony.

Statement by Senator Pat Roberts
Senate Committee on Agriculture, Nutrition and Forestry
"Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn"
December 8, 2008

Mr. Chairman, I thank you for holding this hearing today on "Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn." Next year, we will need to reauthorize the Supplemental Nutrition Program for Women, Infants, and Children (WIC); the School Breakfast and National School Lunch Programs; the Food Summer Service Program; and the Child and Adult Care Food Program. These important programs are vital for the well-being of our children. We must continue outreach efforts to ensure that individuals eligible for nutrition assistance programs do not fall through the cracks. In my state of Kansas, we have seen an increase in the number of participants in nutrition assistance programs. For example, from 2007 to 2008, the number of children participating in the National School Lunch Program increased by over 4,000. I look forward to working with my colleagues next year to address the nutritional concerns of our children.

http://publichealth.drexel.edu/grow/
http://www.witnessestohunger.org/

www.c-snap.org

Testimony
Before the Committee on Agriculture, Nutrition, & Forestry
United States Senate

Hearing
Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn
Monday, December 8, 2008

Statement of Dr. Mariana Chilton
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Testimony
Mariana Chilton, PhD, MPH

Chairman Harkin, and distinguished members of the Committee, my name is Dr. Mariana Chilton. I am honored to be invited to speak to you as a public health research scientist at the Drexel University School of Public Health in Philadelphia, Pennsylvania, and as a member of the national network of pediatric researchers on the Children's Sentinel Nutrition Assessment Program.

I present to you the scientific evidence from more than 30,000 children and their families across the nation. I present to you the stories and evidence from my qualitative research with low-income women in Philadelphia. All of the children I talk about here are Witnesses to Hunger.

Angela Sutton, a mother of two young children, lives in inner city Philadelphia. When I asked her what she planned to communicate to policy makers about improving the health of her children, she said, "I want to march right down to Washington and put my babies on the steps of Congress." In other words: Angela and the other witnesses to hunger want you to consider their children as human beings, to consider the whole child, the whole family.

How you write policies for these children on your steps can make a huge difference in the economy and the health and well-being of the American population.

Members of the Committee, during this major economic recession we have an opportunity to prevent child hunger and at the same time promote the health and well-being of the nation through the upcoming Child Nutrition Reauthorization. With the Child Nutrition Reauthorization, we get two for one: we can prevent hunger and we can prevent nutrition-related diseases such as diabetes, heart disease and obesity. If we can prevent child hunger, we ensure a child can perform well in school. If we can prevent nutrition-related diseases, we will save health-care costs, and increase the productivity of the American population.

Child Nutrition Reauthorization

When recent data came out from the USDA, my pediatrician colleagues and I gathered around the table to view the numbers. Given our own data, we anticipated no real change in food insecurity, defined as the lack of access to enough food for an active and healthy life. Last year, *12.4 million children* were in food-insecure households, according to the USDA. Yet again, 17% of the households with children in the United States had lived in food-insecure homes. As we scanned the tables further, we were stricken by the raw numbers that for the youngest children in America, there was a sharp rise in the most severe form of food insecurity for the families that have children under the age of six years old—children who have yet to reach first grade. Very low food security—what used to be known as food insecurity with hunger—doubled from 4% to 8% of the population. This increase of 124,000 persons is a sign of an impending national disaster.

Mariana Chilton, PhD, MPH
Children's Sentinel Nutrition Assessment Program (www.c-snap.org)
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The United States Congress has the tools and the resources to handle this crisis. Food insecurity and its health effects can be reduced through a sound and strategic reauthorization of child-nutrition programs. This is especially true if we see the child-nutrition programs as health promotion and disease prevention that are so central to health care reform. If we see the child-nutrition and health care reform as one and the same, we will protect our youngest citizens from the ravages of the recession.

The WIC program, The Child and Adult Food Program, School Breakfast & Lunch, and the after-school programs all help to prevent hunger and to promote health.

Hunger and Health. First, I will show you how hunger is a major health problem.

The data on over 30,000 families collected by C-SNAP demonstrates that children living in households that reported food insecurity were:

- 30% more likely to have a *history of hospitalization*, and
- 90% more likely to be reported in *fair or poor health*

than children living in food secure homes. In addition, children in food-insecure households were almost two times more likely to suffer from *iron deficiency anemia* than their counterparts in households that were food secure. Food insecurity affects not only children's physical health and increases the nation's annual cost of pediatric hospitalizations, but it also is associated with developmental risk. C-SNAP found that infants and toddlers who lived in food-insecure circumstances had a:

- 73% increased risk for *developmental risk* compared to infants and toddlers in food-secure households.

Clearly, food insecurity is a vitally important factor in a child's school readiness. For this reason, it is important to intervene in a child's life early on, before she reaches school age. Every child's brain architecture is laid down during the first three years of life, forming the foundation on which he builds his human capital. For America to have a successful economic future, our children must have strong, healthy foundations on which to build their educations, work-force skills, and civic commitments. They will not have those strong foundations if we allow food insecurity and hunger to undermine and erode them.

Early Childhood Nutrition

This is why the WIC Program and the Child and Adult Care Food Program should be considered two of the most important building blocks for the health and well-being of America's young children.

Women, Infants and Children. Approximately 50% of the children born in the U.S. currently receive WIC. The breadth and reach of the WIC program is extraordinary, and it holds up under international standards as one of the best nutrition and health programs in the world. Our C-SNAP results provide evidence that those children who received WIC had better growth outcomes than the children who did not receive WIC but were eligible. This is important because an infant's growth pattern is one of the single most important scientific and medical indicators of a child's well-being. Our research also finds that those who are eligible for WIC *but who do not receive it,* are 16% more likely to be in fair or poor health, and are 34% more

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likely to be at developmental risk. This means that WIC protects and promotes child health, and that WIC promotes cognitive, social and emotional development.

The Child and Adult Care Food Program. The CACFP is one of the most effective tools to fight hunger *and* to promote early childhood health, though it is little known and poorly understood. The paperwork for applying is onerous. We already know that childcare helps the development and school readiness of a child. But an investment in childcare, without similar widespread attention to nutrition, ultimately wastes that education.

School-based nutrition

Research has shown how school breakfast—especially if served in the classroom—can have positive effects on the school performance of young children. With school lunch it is the same. When we are feeding millions and millions of children a day, the U.S. Congress has an opportunity to infuse America's children with healthy diets, which will have a tremendous impact on their health and well-being. It will help to prevent childhood obesity, and thus prevent diabetes and cardiovascular disease.

With both of these sets of programs funded and administered to their maximum potential, America will already be on its way to providing the building blocks for widespread healthcare reform.

Streamline all programs

Knowing that these programs can prevent disease and promote health, we must ensure that they work well administratively and are broadly available. We already have a great example in Philadelphia. For 18 years, Philadelphia has had a **Universal Service** school lunch program. Philadelphia established a universal service program that stipulated that if 75% or more of the children in the school are living at or around the poverty line, public schools automatically provide free lunch, without requiring an individual application form. Getting rid of individual applications in areas where the majority of children are clearly eligible by population-based estimates helped to reduce stigma, and improved the nutritional health of children. We recommend universal service programs be replicated in major inner cities and low-income counties across the nation. Similar considerations can be arranged for the Child and Adult Care Food Program, and for after school and summer feeding programs.

The essence of the universal service program is to reduce the burden of paperwork for everyone. Low-income families already have so many administrative burdens placed on them for means-tested programs. It is time to take lessons from public health where we consider population characteristics and socio-economic status to decide where to establish health centers and clinics. The child nutrition programs ought to follow suit.

No trade-offs—make it work

Your infusion of funding to Child Nutrition Reauthorization must take into account the true context of poverty and family. Crystal Sears has three children—all with major heath problems—but she has to negotiate the health system, the welfare system, the child-care systems

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and the education systems to ensure she and her family get the support they need. For her, it is a full-time job just to keep her children and herself whole. From her perspective, federal programs are good—but don't go far enough: "There are some benefits. They provide our children with vaccinations. I can get some medical care, but the rest of me is just dangling out there, hanging on a rope..."

Senators, let's not leave this generation dangling and unmoored. An infant in its most critical moments of cognitive, social and emotional development does not have time to wait. Any interruption in nutrition can have life-long consequences. Child hunger and poor health constitute an emergency that can be prevented. By treating the Child Nutrition Reauthorization as if it is medicine, you can boost the health and well-being of an entire generation.

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STATEMENT

OF

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SCHOOL NURSE FOR SOUTH CAROLINA'S RICHLAND COUNTY SCHOOL DISTRICT ONE

ON BEHALF OF
THE NATIONAL ASSOCIATION OF SCHOOL NURSES

BEFORE THE

SENATE COMMITTEE ON AGRICULTURE, NUTRITION, & FORESTRY

CONCERNING

ASSESSMENT OF USDA FOOD ASSISTANCE AND CHILD NUTRITION PROGRAMS IN THE ECONOMIC DOWNTURN, PROMOTING HEALTH AND FIGHTING HUNGER

PRESENTED ON

DECEMBER 8, 2008

Supporting Student Success

Mr. Chairman, Mr. Chambliss, and Members of the Committee, my name is Carolyn Duff, and I am a practicing School Nurse at AC Moore Elementary School in Columbia, South Carolina. I am privileged to be here today representing the National Association of School Nurses (NASN) to speak about the critical importance of the USDA food assistance and child nutrition programs as they relate to the promotion of health and fighting hunger. I commend the Committee for bringing attention to the needs of school children at a time when there are so many pressing issues related to the downturn in our economy.

Through my testimony, I hope to relay to the Committee Members how school nurses have daily experiences with children who have severe nutrition issues. I will share stories from my own practice where I have served elementary school children and their families for the past 12 years.

School nurses are serving students in 75 percent of the U.S. public schools. We know first-hand from NASN's nearly 14,000 members that school nurses are performing duties today that go well beyond what school nursing was like 30-40 years ago when health care costs were affordable, and school children with complex health needs did not come to school. School nurses do not simply wait in their offices for a sick child to appear; rather they provide health services for all the students, but especially for the uninsured. They also provide health education, with special attention to nutrition and obesity. They serve children with chronic conditions which previously were extremely rare in children, such as type-2 diabetes, heart disease, high blood pressure, and food allergy.

In South Carolina, the majority of students meet the eligibility requirements for USDA's nutrition programs. In my school, over 50 percent of the students receive free or reduced meals at school. Given the country is in the middle of a recession, the number of eligible children is expected to increase in the coming school year. Unfortunately, children in poor families suffer in many ways at home. More and more of the "working poor" are entering the ranks of the "unemployed impoverished and homeless families." This reality is precisely why the USDA breakfast and lunch programs are essential in curbing the hunger of school children. Not only do the programs assist with the economic difficulties of poor families, they are part of a prevention strategy and effort to protect the health of children. Prevention is the positive, logical, and cost beneficial approach to achieve education goals and to prevent chronic diseases.

The history of providing free or reduced meals to school children dates back to the early part of the 20th century. Military leaders recognized that young men seeking enlistment were physically unfit, and researchers documented the connection between proper and sufficient feeding of children with ability for physical and mental work. The Provision of Meals Act was passed in England in 1905. In the United States, legislators addressed the lack of nutrition among youth by permanently authorizing the lunch program through the National School Lunch Act in 1946. The issues are a bit different now. Expanded USDA programs have become a literal lifeline for millions of children.

Currently, the National School Lunch Program is serving nutritious meals to more than 28 million children and the School Breakfast Program is reaching more than 8 million children daily. The meals eaten at school are meals that they can count on. In contrast to the students who pay full price for lunches, students on assistance are generally so hungry that their plates are clean when they finish. We have to ask ourselves, what would our schools be like if these children did not receive these vitally important meals?

Many of the families I work with are often from single-parent households. Usually the parent is a young and uneducated mother who struggles to make ends meet. Their lives are chaotic, and the things that most of us here take for granted, like transportation, child care, supportive extended families, a regular paycheck, and access to health care are simply not there for them. They depend on school meals to feed their children.

One young mother comes to mind, Ms. J. She has two children, a boy in first grade, and a girl in second grade. I'll call them Dan and Dora. The family is homeless. The children cannot ride the bus to school because they have no address, and where they slept last night will not be the same place where they will sleep tonight. Last week, Dora brought her brother to me because he was crying inconsolably. I thought he had a fever since his face was so red. When I calmed him, he told me that he was crying because he missed breakfast. Dora explained that mother overslept and hurried them to school, but the cafeteria had already closed. She said that all they had eaten since lunch at school the day before was some chips at their cousin's house. Clearly the Jones children are not eating many full meals outside of school.

Now I'd like to tell you what I see routinely when students are **not** part of the meals program. Many students who visit my health office mid-morning are sent by teachers because the students are sleeping in class, with their heads on desks. The first question I ask is, "What did you have for breakfast." Usually the answer is "nothing."

That is the answer I got one morning from a fourth grade boy, I'll call John. John said he gets himself off to school in the morning, because his Dad, a single parent, goes to work very early. John walks to school, but is supposed to eat at home. I gave John a snack, but I also called John's Dad to let him know that John fell asleep in class. I suggested breakfast at school, but Mr. John said he lost the form for free meals. I sent a new one home, but never got it back. John told me his Dad really did not want him to eat at school. I called Mr. John again, and asked if I could fill out the form for him over the phone. He gave me the information, and I sent the form home for his signature. I believe Mr. John cannot read. He was not going to tell me that, but he was grateful, I think, that I figured it out. His son is a much more energetic and attentive student now.

Nutritious meals eaten at school not only help the children in their academic performance, but also insure that students have the energy to perform in physical education classes. School nurses have a critical role in teaching about and providing healthy food choices and teaching skills and knowledge to motivate participation in lifelong physical activity. Nutrition and physical activity are key components of school wellness plans directed to academic achievement.

A logical school connection that should have further exploration is the requirement for school wellness policies and the vitally important child nutrition programs. Since the Child Nutrition and WIC Reauthorization Act of 2004, all school districts are required to have local school wellness policies. Without the federal commitment to food assistance, wellness plans could not be fully implemented. I, like many school nurses throughout the country, am the lead person in the school for development and implementation of the wellness policy. Improvement of student nutrition through school meals and foods sold outside of meals is a critical part of our policy, and NASN recommends that school nurses serve on school wellness policy committees. The child nutrition and learning link must be considered, if wellness is the goal.

School nurses have a public health perspective and know well that prevention of chronic illnesses such as cardiovascular disease and diabetes must begin in childhood to be efficacious. We identify at-risk students through periodic assessments, and then we intervene through referrals to connect students to health services and to educate students and parents about nutrition and the availability of school meals assistance. I have a new kindergarten student this year. I will call her Connie B. I discovered during a health assessment that she has a BMI of 99.5 percent - the top of the obese range. Just walking up a short flight of stairs causes her to be out of breath. She has four very deep cavities in her teeth, and she has dark pigmented skin folds at the back of her neck, a condition called acanthosis nigracans. Acanthosis nigracans is a reliable predictor of hyperinsulinemia, an over production of insulin and a known precursor to type-2 diabetes, previously only known to occur in adults. This little girl is **only five years old**. She will have a very short and poor quality of life if something is not done now.

I spoke with her mother and found that she has not been to the doctor for awhile because her Medicaid "ran out." In other words, the mother did not complete the annual renewal process. Mrs. B, a single mother, said she has three children younger than Connie, including a four year old who is severely autistic and who takes up most of her time. She said she cannot easily take the children for health visits and has a very hard time doing most household duties, including cooking regular meals. She said she wishes that Connie was not "so fat."

I later met with Ms. B, who is also obese. I explained services available through the school. Using a partnership with a local hospital, we re-established Medicaid coverage and the family is now receiving other necessary medical care. I helped her complete the meals assistance application and encouraged Ms. B to allow Connie to eat breakfast at school where meals are carefully planned and nutritionally balanced. I hope Connie will stay at my school for six years so that I can see her progress toward improved health status as she eats a more nutritious diet and grows into her weight. The free school meals will be key in her health care plan.

My school nursing practice has shown me that hunger and obesity should be addressed jointly. It has been estimated that nationwide 12.6 million households are "food insecure." Within those households are 12.4 million children who lack access and

resources to obtain enough food for an active, healthy life. Obesity has become an American epidemic; however, low income people are especially vulnerable to obesity, due to the additional risk factors associated with poverty, such as high levels of stress and poor access to health care.

According to the Food Research and Action Center, the USDA child nutrition programs play a dual role fighting both hunger and food insecurity, as well as providing nutritious foods on a regular basis. These programs also free up resources for low-income families to purchase food for meals served to children at home. A recent study found that school-age girls in food insecure households had a significantly lower risk of being overweight if they participated in any or all of the federal nutrition programs.

Longstanding and ongoing research in the area of nutrition and learning informs 21st century policymakers that the link between nutrition and academic achievement is evident and strong. Schools should be responsive to the evidence and provide all students with highly nutritious meals at school regardless of their ability to pay. Ninety-seven percent of school-age students attend school, and clearly, there is no better way to insure that children in poverty get fed foods they need to thrive and grow than to provide meals assistance and well-planned, nutritious meals at school. As a school nurse, my most important role is to support children in any way that will insure that they are in school everyday and ready, even eager, to learn. Teachers and school nurses know from experience that **healthy children learn better**!

Conclusion

Poverty and hunger are not "hidden problems" in schools. School nurses work hard to identify students who have unmet health care needs due to financial hardships. From a school nurse perspective, having access to lists of students on free and reduced meals has nothing to do with "labeling" students. Rather, it is a way for us to "flag" students and families who most likely need access to other social and health services. School meals assistance is an important component of overall public health services. School health services, which are provided by school nurses, connect children to medical homes and provide assistance with Medicaid or SCHIP applications. On a local basis, participation in health partnerships takes place so that free services to the uninsured are provided. The foundation for a more cost effective public health system that allows for case management of chronic health conditions, as well as the basic direct preventive and emergency care services, often begins with school nurses meeting the needs of children. School meals insure that students have the basic physiological sustenance in their bodies and brains to enable them to learn. School meals, combined with the other many health and social services that school nurses attend to, definitely enhance our ability in school systems to educate students and to consistently remove obstacles to the development of a healthy and educated society.

Speaking on behalf of NASN, I appreciate the opportunity to share daily experiences in my practice and what school nurses know about the important role food assistance in schools plays in the lives of children and their families. Our Association is happy to

assist the Committee further as it addresses the economic downturn and also begins working with the other Senate Committees on reforming the nation's health care and education systems.

Testimony for the Senate Agriculture Committee
December 8, 2008

Mary Kay Fox
Senior Researcher, Mathematica Policy Research

Mr. Chairman and members of the committee, thank you for the invitation to testify here today. My name is Mary Kay Fox and I am a Nutritionist and Senior Researcher at Mathematica Policy Research. I have worked on research related to federal Child Nutrition programs for more than two decades.

My comments today are focused on summarizing research evidence on the nutritional quality of meals provided in the National School Lunch Program and the School Breakfast program as well as how these meals affect the diets and health of our Nation's children. Because of time constraints, many of my detailed comments focus on the lunch program.

Meeting Nutrient Needs

A long-standing goal of the school meal programs is to safeguard the health and well-being of the nation's children by ensuring that children receive the essential nutrients needed for healthy growth and development. This is an important goal because we know that the majority of children who participate in these programs come from low-income households, which may have poorer diets and increased health risks.

There is convincing evidence, accumulated over many years and involving several national studies, that, by and large, the school meal programs are meeting these goals. Research has shown that children who eat school lunches have higher intakes of a range of essential vitamins and minerals than children who consume lunches from other sources, and that this effect is due to consuming a more nutrient-dense mix of foods, rather than just consuming more food. A comparable pattern has been noted for children who eat school breakfasts.

Until recently, it was difficult to say with any certainty whether these differences at lunch and breakfast translated into meaningful differences in the overall quality of children's diets. This was due to limitations in the reference standards available for use as benchmarks in assessing dietary intakes. The third School Nutrition Dietary Assessment Study (SNDA-III), the most recent national study of school meal programs, bridges this gap. SNDA-III used up-to-date reference standards as well as assessment methods recommended by the Institute of Medicine to compare the prevalence of inadequate nutrient intakes among school meal participants and nonparticipants who were otherwise similar along a range of socio-demographic characteristics. The study found that middle school- and high school-aged children who ate a school lunch were less likely than similar children who did not eat a school lunch to have inadequate intakes of several vitamins and minerals, including vitamins A, C, and B_6, folate, magnesium, and phosphorus. In addition, children who ate a school lunch consumed more calcium and potassium that children who did not each a school lunch. Differences in the prevalence of inadequate nutrition intakes were most pronounced among high-school aged children, especially girls. A comparable pattern was noted for the school breakfast program; however, there was less variation across age groups and fewer of the differences between participants and nonparticipants were statistically significant.

The SNDA-III data demonstrate that the school meal programs play an important role in increasing the likelihood that children consume needed amounts of essential nutrients. The

programs may be especially important for older children who have more autonomy in making choices about what they eat and about whether to eat breakfast or lunch at all. Breakfast skipping is widespread among children of all ages, ranging from 10% among elementary school children to 23% among middle school children. Among low-income children, research has shown that the availability of the breakfast program increases the likelihood that children will consume a substantial breakfast (a breakfast that includes more than one food group and/or provides more than 10 percent of daily calorie needs).

Promoting Diets Consistent with the Dietary Guidelines for Americans

Providing essential vitamins and minerals is only one part of safeguarding children's health. With what we know today about the relationship between diet and chronic disease, efforts to meet children's nutrient needs must also place a high priority on preventing excessive intakes of fats, sodium, and added sugars; increasing fiber intakes; and promoting consumption of whole grains, fruits and vegetables, and other nutrient-dense foods. This is where the school meal programs fall short.

Nutrition standards for school meals did not explicitly address the above issues until 1994 when the Healthy Meals for Healthy Americans Act required that school meals be consistent with the Dietary Guidelines for Americans, which form the basis for federal nutrition policy. This action was largely motivated by findings from the first SNDA study, which indicated that school lunches were high in total fat, saturated fat, and sodium. The regulations developed by USDA to implement this legislation required that school meals be consistent with Dietary Guidelines standards for total fat and saturated and encouraged (but did not require) schools to decrease the sodium content and increase the fiber content of school meals.

The SNDA-II study, which collected data about two years after schools were required to implement the new standards, found that significant improvement had been made since SNDA-I, but there was still more to do. Lunches were significantly lower in total fat, saturated fat, and sodium, but average values continued to exceed the Dietary Guidelines recommendations and relatively few schools provided meals that were consistent with the standards. SNDA-III, which collected data six years later, in school year 2004-2005, found that the percentage of schools that met the lunch standard for saturated fat increased significantly since SNDA-II, from 15 to 34 percent of elementary schools and from 13 to 24 percent of secondary schools. Nonetheless, the majority of schools continued to exceed the standard for saturated fat. There was no improvement in sodium content; as in SNDA-II, only 1 percent of schools met the standard.

In looking at children's diets, SNDA-III found no significant differences in the total fat, saturated fat, or sodium intakes of school meal participants and nonparticipants. When judged against an up-to-date standard for fat intake (which differs from the standard included in current school meal regulations), the majority of both participants and nonparticipants had acceptable fat intakes. For saturated fat and sodium, however, the prevalence of excessive intakes was high for both groups—roughly 80% of children had saturated fat intakes that exceeded the Dietary Guidelines recommendation and 90 to 95 percent of children had excessive intakes of sodium. So the bottom line is that, even though school lunches, as offered, were high in saturated fat and sodium, relative to program standards, the usual dietary intakes of lunch participants were no worse, overall, than nonparticipants because *both groups of children had excessive intakes.*[1]

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[1] High school-age children were an exception—in this age group, children who ate a school lunch were significantly more likely to consume excess sodium than children who did not each a school lunch.

On a more positive note, school lunch participants had significantly higher usual intakes of dietary fiber than nonparticipants. But mean intakes of both groups were low, relative to the most up-to-date reference standard.

Obesity

In recent years, some have raised concerns that school meals have contributed to childhood obesity. A number of studies have investigated this relationship and the results have been conflicting. Several studies have reported that lunch participation is associated with an increase in weight or the prevalence of overweight. However, some of these studies did not control for important factors that may contribute to both obesity and participation in the school lunch program, leading to biased results. Two better-designed studies yielded conflicting results (one found no effect; the other found that participation in the school lunch program was associated with more increases in body weight and the probability of being overweight. Studies that have looked at the relationship between participation in the breakfast program and obesity have also reported mixed results. So the jury is still out on this issue. An analysis of the SNDA-III data, which examined this issue using an usually rich set of controls, will be released in February 2009.

It is important to recognize that school meals account for only a portion of the food children have access to at school. Foods that compete with school meals are widely available, primarily through vending machines, a la carte sales in school cafeterias, and fundraising activities. SNDA-III found that leading competitive foods included candy, baked desserts, and sweetened beverages. On average, children who consumed competitive foods consumed more than 150 calories from competitive foods that were high in calories and low in nutrients. While this may not sound like much, a recent analysis of National Health and Nutrition Examination Survey data from 1988 through 2002 suggests that the increase in body weight observed among US children over this time period could have been prevented by an average reduction in calorie intake of 110-165 calories per day.

Implications for Future of Child Nutrition Programs

Clearly, a priority for the future of the school meal programs is improving the extent to which meals conform with both nutrient- and food-based principles of the Dietary Guidelines. An ongoing Institute of Medicine Panel, commissioned by USDA's Food and Nutrition Service, is reviewing existing nutrient standards and meal patterns with this exact goal in mind. I am privileged to be a member of that committee and would like to call your attention to our Phase I report, which is scheduled to be released on Dec 15th. The Phase II report, which will include recommended revisions to existing standards, will be released in late October 2009.

These recommendations will provide a solid framework for improving the nutritional quality of school meals. However, to be effective, this framework needs to be supported in several important ways.

1) Schools need support in promoting healthy food choices. The old adage, "you can bring a horse to water, but you can't make it drink," comes to mind. We know that the diets of most Americans—adults and children alike—are not consistent with the Dietary Guidelines. This is reflected in the choices children make at school. At the time the SNDA-III data were collected, children in 92% of schools *could* have selected a lunch that was consistent with the Dietary Guidelines recommendation for saturated fat, but few children actually did. Similarly, although roughly 9 out of 10 daily lunch menus included fruit or 100% juice and one or more vegetables other than French fries, only 45% of children who consumed a school lunch included fruit or juice and only 30% included a vegetable that wasn't french fries. (As discouraging as these percentages are, it is important to note that children who ate a school lunch were significantly more likely to

consume fruit, 100% juice and vegetables other than french fries than children who consumed lunches from other sources.)

The point is that simply making healthier meals available does not guarantee that children will consume them. Nutrition reform efforts should be coupled with nutrition education and policies that promote healthy school environments and healthy eating. The requirement for comprehensive school wellness policies established under the last reauthorization was an important step in this direction. However, there is wide variability across schools in the design and implementation of these policies. There is a need for solid evidence about strategies that achieve desired results. It may be useful to consider demonstration projects like the healthy eating initiatives in the SNAP program that were included in the recent Farm Bill.

2) Some schools may face challenges in incorporating the new standards because they lack the refrigeration and storage space necessary to handle fresh produce and other fresh products or the equipment to support more than heat-and-serve cooking. This issue needs to be examined during the re-authorization process to gain a better understanding of the nature and extent of the problem and potential ways of addressing this gap.

3) Finally, in light of the economic downturn highlighted by the first two speakers and notable increases in food costs, it is important to consider the potential impact of new meal standards on costs. Some anecdotal data suggests that healthier school meals cost more. However, a study of 330 school districts in Minnesota suggests this may not be the case, with increased labor costs being off-set by decreased food costs associated with decreased use of processed foods. In developing its recommendations for revised standards for school meals, the IOM panel is addressing the issue of cost, but can only do so in a limited way, using somewhat dated information about food costs. The third School Food Purchasing Study, sponsored by USDA's Food and Nutrition Service (FNS), will be collecting updated information about the prices schools pay for food during the 2009-10 school year. Ideally, these data should be used to examine the cost implications of the revised meal standards in a more in-depth fashion prior to national implementation.

The Child and Adult Care Food Program and the Summer Foodservice Program

In closing, I wanted to mention the Child and Adult Care Food Program and the Summer Food Service Program. Both of these programs have important relationships to the school meal programs—the former provides meals and snacks to children in child care settings before they reach school-age and the latter provides meals to the neediest school meal program participants when school is not in session. Neither of these programs has been included in previous legislative or regulatory efforts to improve the nutritional quality of child nutrition programs. Moreover, we know much less about these programs, especially about how they contribute to children's diets and health. There has been much less research done on these programs and the research that has been done has focused largely on meals rather than on the children who consume them. While there is certainly still work to be done on the school meal programs, it seems like the time has come to broaden the focus of nutrition-oriented program improvement efforts to include these two "companion" programs.

Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn. Testimony – Eileen Kennedy, Dean of the Friedman School of Nutrition Science and Policy, Tufts University, December 8th, 2008

Mr. Chairman and Committee members I am delighted to be here today to talk about the 2009 Child Nutrition Reauthorization. Much of my research over the past 30 years has focused on evaluating the health and nutrition effects of a range of government policies and programs. In 2007, I co-edited a book, The Nations Nutrition, with my colleague Dr. Richard Deckelbaum(1). In this book, we examined nutrition in the U.S., past, present and future challenges. I'll take only a moment to discuss what we have learned from prior experiences because the more relevant discussion is how to use this information to better design nutrition programs and inform public policy.

What has happened in the United States over the past 60 years? The major problems of nutrient deficiencies, inadequate energy intake, and poor growth were mitigated by the collective response and advances in the public and private sector in agriculture, food and nutrition as well as improvements in income. National evaluations of school lunch and school breakfast programs as well as WIC show clearly, that participation in the programs has improved dietary patterns and/or nutritional status. Progress in improving nutrition has been made. While problems of under nutrition and food insecurity are still critical problems, overweight and obesity are now becoming more common.

How can the federal child nutrition programs afford potentially effective ways to promote healthier lifestyles that can decrease the prevalence of obesity in children? Let me add that in the current economic downturn, the role of the child nutrition programs becomes even more critical as an essential part of the nutrition safety net. A November 2008 analysis by Sharon Parrott from the Center on Budget and Policy Priorities reports that the number of poor children will increase by about 2.6 to 3.3 million (2); the number of children in deep poverty will rise anywhere from 1.5 to 2.0 million children. Given these alarming statistics, we can expect the demand for free and reduced price school lunch and breakfast to increase and the demand for WIC to also increase.

Let me start with school lunch and breakfast. Faculty at the Friedman School under the leadership of Dr. Chris Economos have been involved in some exciting and innovative research to identify community based, environmental change strategies to be part of the solution of obesity in kids. In a community just outside of Boston – Somerville, MA – a project called Shape Up Somerville (SUS) was launched over five years ago. SUS was designed to test whether systematic changes that encouraged healthy eating and increases in physical activity could be effective in combating childhood obesity. The program included before, during and after school components – walk to school clubs supervised by parents, school lunches with more fruits, vegetables, whole grains and nonfat/low fat dairy, an overhaul of the competitive foods served in schools,

more physical activity in school and in after-school programs, certification of restaurants that included healthier food options on their menus.

Let me quote from an article last week in the Boston Globe (3):

"Pedestrians in this city of 77, 500 stride onto bright recently striped crosswalks… In school cafeterias, fresh produce has replaced canned fruits and vegetables, and the high school retired its fryolator. The Neighborhood Restaurant now serves wheat oatmeal with bananas in addition to bacon and eggs."

SUS has been successful – school aged children in Somerville gained significantly less weight than children in two comparison communities. In addition to the significant effect on child weight gain, equally remarkable is the fact that Somerville was able to do this with no additional money. This is one reason why SUS has continued, even after the research has ended.

The Shape Up Somerville type approach enhances the ability of lunch and breakfast to be more effective health programs. School lunches now include more fruits, vegetables and whole grains. The a la carte items sold in schools have been drastically overhauled. Popular items like chips, and sodas have been replaced by water, yogurts and other healthier items. What happened to the revenue from sales? Initially sales decreased but then they bounced back. Over the year, school revenue from competitive foods increased.

Dr. Economos and her team are now working in other urban and rural parts of the United States to replicate a Shape Up Somerville type of approach. It will be important to determine which aspects of a community intervention transcend a specific environment, and which are unique. This type of information is enormously important in developing more wide spread health and wellness policies for schools.

Some findings are already clear. Adding more fruits, vegetables and whole grains to the school lunch provide meals that more closely adhere to the Dietary Guidelines, increase participation in the school lunch program and as a key part of an obesity prevention strategy. The availability of healthier competitive foods also improves children's dietary patterns. This is one area where Child Nutrition Legislation would have a significant impact. A national, science based standard for foods sold in competition with school meals could make an enormous contribution to healthy eating. The federal standards are long overdue for review and revision. The recent Institute of Medicine Report on Nutrition Standards for foods that compete with school meals provides the framework for developing such guidelines.

Let me now turn to WIC. I worked on a project with the National Governors Association in 2006 – *Creating Healthy States: Building Healthier Nutrition Programs (4)*. The overall focus was on innovative ways in which WIC and Food Stamps could be revised to promote healthier lifestyles, including reducing overweight. The Shape Up Somerville data showed that 44% of 1sr, 2nd and 3rd grade children were already

overweight or at risk of overweight, thus clearly suggesting that interventions needed to start at the preschool level. Given the complexity of the etiology of overweight, it is unlikely that access to nutritious foods alone will be the entire solution. However, an improved WIC food package, as suggested by the recent Institute of Medicine Report, based on more fruits, vegetables and whole grains, and in the process of being implemented by USDA nationwide, is a part of the solution.

WIC provides not only financial access to foods but has the potential to increase informational access for parents. In our work with the National Governors Association we interviewed WIC program implementers from across the United States. Three common themes emerged. First, a different kind of nutrition education is needed with more emphasis on parenting skills. Second, parents reporting getting different messages from pediatricians, WIC and child care providers. Rather surprising given the current obesity epidemic, parents reported being told that "your child will grow into their weight". WIC providers are time constrained; a fifteen minute encounter for nutrition education is simply not enough, in most cases, to make a difference. Research is clear – handing out nutrition brochures does not work. A closer link between WIC providers and the Child and Adult Care Food Program offers the potential to more effectively reinforce the nutrition impact of each program. Early childhood is a time of rapid development and learning early childhood is also a time when children begin to develop eating habits that may promote healthier lifestyles in the longer term. A combined WIC – CACFP initiative could be an innovative strategy for recruiting, referrals, continuity of nutrition services, nutrition and health monitoring, consistent nutrition education messages and for promoting dietary habits that achieve optimal health, growth and development. Some areas that lend themselves to a WIC-Child Care partnership include providing early experiences for tasting different foods and different flavors, developing healthy food preferences, and encouraging appropriate parental feeding practices.

CACFP's expansion to more family child care providers has been hampered by the means test that was implemented in 1996. After this many homes dropped out of the program and many more are struggling with the reduced resources they receive. The 2009 reauthorization of child nutrition provides an important opportunity to make it easier for homes to participate and serve nutritious meals.

The reauthorization of the Child Nutrition Programs in 2009 provides the opportunity to build on the demonstrated strengths of existing programs but to also identify bold new directions in which to take the programs. I know this hearing has focused on the child nutrition programs, but I would be remiss not to mention the largest nutrition program for to ensure household food security and that is the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps. There is a close relationship between people who receive food stamps and the number of people who live in poverty. During recessions, food stamp participation increases. We are seeing this nationwide and in Massachusetts, after a long period of downward trends in food stamp participation, we are seeing a sharp increase in food stamp households. Thus, it is difficult to examine the nutrition effects of school feeding programs and WIC, without simultaneously considering the effects of SNAP. A temporary increase in the level of

food stamp benefits would help low income families and protect the health and nutrition of children in these households.

I would be happy to answer any questions.

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QUESTIONS AND ANSWERS

DECEMBER 8, 2008

Senator Grassley
Questions for any/all panelists:

1) Today, many of you have referenced the need for increased funding for WIC and the school meals program. Does anyone have a suggestion for areas within these that could be targeted to eliminate wasteful or ineffective spending? Are there better ways to make more efficient use of dollars that are currently in place?

Questions for Dr. Eileen Kennedy
Friedman School of Nutrition Policy and Science, Tufts University, Boston, MA

1) The Shape Up Somerville (SUS) project was a very interesting case study and the results of improved health in the children were very encouraging. However, it appeared the standards set by SUS were developed by that community. How closely did the standards

match up to the USDA Dietary Guidelines and those of the Institute of Medicine?

2) Dr. Kennedy, you mention an idea to combine WIC and the Child and Adult care Food Program. I've not heard of doing this before. How do you envision this "combined" program working?

Senator Stabenow
Questions for the record
December 8, 2008

Question for the panel

One of the issues that I really worry about is how working moms ensure proper care for their school-aged children after school. Child care is so expensive that it can be out of reach for moms. In addition to the children not being in a safe and enriching environment, children without after-school care may also not get access to after-school snacks. Additionally, in my state, Michigan after-school centers may be eligible for reimbursement for suppers, too, but unfortunately, our participation rate is very low compared to other states.

Can any of the witnesses comment on this problem? Is there any correlation between the lack of quality child care and the effect on children's health and nutrition?

Question for Dr. Chilton

In your clinic, you must see parents struggling on a daily basis to feed their children. Do you see parents who have to water down formula or forgo other critical foods for children like milk or cereals that are iron fortified? What other kinds of hard choices are parents making? Have you seen things worsen given this economy?

Question for Dr. Kennedy

Can you please explain what the scientific research tells us about the long-term consequences of inadequate nutrition in childhood? Are there special concerns for the poorest children?

Question for Ms. Duff

Ms. Duff, in your work, you try to ensure that children who are participating in the school meals program are getting health insurance through the Medicaid program. Can you tell us more about this work? How do you work with these families?

Additionally, can you or the other witnesses comment on how we can make enrollment in these different programs more seamless and portable? For example, if a child who is eligible for free lunches moves from one school district to another, how can we make it easier for that child to keep that benefit in the new school? Could we have some sort of "express lane" eligibility guidelines?

QUESTIONS SUBMITTED TO WITNESSES

Questions submitted by Senator Charles E. Grassley

Questions for all panelists:

1) **Today, many of you have referenced the need for increased funding for WIC and the school meals program. Does anyone have a suggestion for areas within these that could be targeted to eliminate wasteful or ineffective spending? Are there better ways to make more efficient use of dollars that are currently in place?**

CHILTON'S RESPONSE

The WIC and School meals programs are excellent programs in which we must continue to invest.

The ineffective spending that I'd like to address is in the administrative aspects of the child nutrition programs. These administrative burdens cost money for the USDA and for struggling city and state budgets. They also create a greater burden on families with young children.

Universal School Lunch & Breakfast: In my testimony I talked about the Philadelphia Universal feeding program. If a school district is serving children who live in areas with high rates of poverty, where a certain percentage are already eligible for food stamps and other welfare programs, then the paper application and the *individual* application process ought to be bypassed in favor of universal feeding. The same should hold true for breakfast. In Philadelphia if paper applications were to be reinstated, as the USDA has been attempting to do since spring of 2008, it would cost the school district about $800,000 per year. This is inefficient and ineffective spending.

WIC paper applications and recertification: The WIC paper application forms and the 6-month requirement for "recertification" ought to be eliminated. I recommend a more streamlined process that

utilizes electronic and phone communication, and an *annual* recertification. This may cause tension with the medical community because the point of saving this is to ensure that a family is keeping up with medical appointments and kept within the health system. There may be better ways to ensure that the medical appointment be kept, and eliminating the need for a WIC "appointment." The vast majority of states are finding that changing the recertification process for Food Stamps, TANF and SSI to a yearly process does not harm the efficiency of their programs.

In the days of electronic medical records and web-based tax payments, there is no reason that the child nutrition programs should continue to pour money into an antiquated paper system.

The incoming administration will focus on infrastructure improvement, and we must consider the infrastructure of the child nutrition programs to be just as important as other federal programs. In the same way we need to rely on safe roads and bridges, we must ensure that children have a safe, healthy and successful pathway through childhood. The health of young children and their achievement is dependent on these fundamental nutrition programs. We must have an infrastructure that matches the 21 century.

Questions submitted by Senator Debbie Stabenow

Questions for all panelists:

2) **One of the issues that I really worry about is how working moms ensure proper care for their school-aged children after school. Child care is so expensive that it can be out of reach for moms. In addition to the children not being in a safe and enriching environment, children without after-school care may also not get access to after-school snacks. Additionally, in my state, Michigan after-school centers may be eligible for reimbursement for suppers, too, but unfortunately, our participation rate is very low compared to other states.**

Can any of the witnesses comment on this problem? Is there any correlation between the lack of quality child care and the effect on children's health and nutrition?

CHILTON's RESPONSE

You are tapping into an important set of issues related to the need for accessible, affordable child care options, and how important they are in ensuring that children have access to adequate healthy foods.

Afterschool feeding programs are tied to having a good afterschool program network. Low enrollment is probably a marker that your state's afterschool program's infrastructure needs improvement and more support. The Food Research and Action Center has a list of best of practices for afterschool programs and for the snacks that they provide. Try this link:
http://www.frac.org/afterschool/index.html

Let's not forget about the non-school age children. The same issues you mention regarding afterschool programs is magnified for very young children who are in their most formative years of growth and development. These young children are also in the process of establishing healthy eating habits. Any improvement in the application and outreach procedures for The Child and Adult Caregiver Feeding Program (CACFP) would be enormously effective for improving the heath and wellbeing of young children. As you work on the CACFP, it must be accompanied by improving access to child care itself so that these programs are reaching the children in the greatest need.

Questions for Dr. Mariana Chilton:

3) **In your clinic, you must see parents struggling on a daily basis to feed their children. Do you see parents who have to water down formula or forgo other critical foods for children like milk or cereals that are iron fortified? What other kinds of hard choices are parents making? Have you seen things worsen given this economy?**

CHILTON'S RESPONSE

In the past six months, we have seen an increase in referrals for "failure to thrive" (FTT) at the Philadelphia GROW clinic at St. Christopher's hospital. Previously we were proud to have a waiting list of only 4 to 6 weeks. But with all the new referrals the waiting list is now over 8 weeks and we are already working beyond our capacity. This is not due to more outreach efforts on our part, nor do we think it is due to pediatricians' greater knowledge or awareness of FTT. We suspect that the economic downturn is having a clinical effect on the health and wellbeing of very young children. The partner GROW Clinic in Boston has seen a recent increase in referrals by 12%. Boston has also had a marked increase in the number of hospitalizations due to failure to thrive for which children need intensive nutrition therapy.

An increase in referrals for failure to thrive is not surprising given the economic downturn. The families we serve are reporting losing their jobs or having hours reduced. While parents in food-insecure households insist that they themselves will go hungry before letting their children go hungry, this loss of income can sometimes have a "dose-response" effect on the nutritional heath of young children—whether or not "hunger" is involved.

To cope with economic hardship, families report watering down their children's formula to stretch their ability to offer food to their young children and to make the children feel full. They not only water down formula but also regular milk. For a failure to thrive child, this can have devastating effects on their cognitive and physical development.

I would like to tell you about a young woman who recently lost her job and child care assistance. Unable to find an affordable place to live, and with no support from her family, she recently moved into a shelter recently wither her underweight fifteen-month-old. She is struggling so much that she buys 25-cent sugar waters and fills her baby's bottle with that, watered down. For bulk, she will often rely on cheap foods such as a 25 cent bag of chips, or ramen noodles that are filled with sodium, fat and not much else. Her daughter is continuously sick with respiratory infections. We are seeing this kind of situation more often now in the winter months.

Other families we know will do this: In the absence of having enough milk for their children they will offer them sodas that they can get for free

through the emergency food system. They will even feed babies soda, adding warm water to it. They will shake it to get out the fizz, and put it into the baby's bottle. Imagine the anemia, the growth delay, and the tooth decay.

The economic downturn is also affecting families' ability to pay their rent and mortgage. Homelessness has increased in Philadelphia and Boston as well as other cities around the country, and according to *The United States Conference of Mayors Hunger and Homelessness Survey of 2008*, demand for emergency food assistance (the type provided by food banks and soup kitchens) has increased significantly, by as much as 50-60% in Philadelphia, yet emergency food supply has decreased. Supermarkets and corporations are now selling their overstocks and dented cans to dollar stores rather than donating them. Homeless children and those at risk for homelessness have been shown to be more at risk for underweight, and currently 124,000 Philadelphians are at risk for hunger.

Given this economic downturn we are already seeing what's expected: an increase in hospitalizations and an increase in dangerous coping mechanisms to try to stave off hunger that only cause more harm. The doctors can only do so much, and by the time the children get to our clinics and emergency rooms it is in many ways too late. We hope Congress can invest in WIC, modernizing its processes to run in the 21 century so that we do not get overrun beyond our capacity to cope with caring for America's youngest generation. With investments into nutritious food and an infrastructure that supports access to it, we can prevent these children from suffering, and we can be a part of helping them to reach their full potential.

QUESTIONS SUBMITTED BY SENATOR CHARLES E. GRASSLEY

Questions for all panelists:

Q) *Today, many of you have referenced the need for increased funding for WIC and the school meals program. Does anyone have a suggestion for areas within these that could be targeted to eliminate wasteful or ineffective spending? Are there better ways to make more efficient use of dollars that are currently in place?*

A) I think cost savings could be achieved by making changes in the administration of the program along the lines of what was described in Dr. Chilton's testimony specific to allowing geographic areas known to have a high level of poverty to have the meals program without administering the application process. Families who did not want to participate would be able to opt out.

In my own school district, 62% of students have applied for and receive free or reduced meals. For many reasons, not all students who are eligible apply, in spite of application assistance offered by school nurses and cafeteria directors. Many students run up bills in the cafeteria in the hundreds of dollars during the school year, because by policy the district will not refuse to feed any student, and because the students do not have the money to pay. My district employs a fulltime person and uses outside collection agencies to try to collect those funds. It would save money to simply target my inner-city district as eligible for free meals based on the demographics of the district population.

QUESTIONS SUBMITTED BY SENATOR DEBBIE STABENOW

Questions for all panelists:

Q) *One of the issues that I really worry about is how working moms ensure proper care for their school-aged children after school. Child*

care is so expensive that it can be out of reach for moms. In addition to the children not being in a safe and enriching environment, children without after-school care may also not get access to after-school snacks. Additionally, in my state, Michigan after-school centers may be eligible for reimbursement for suppers, too, but unfortunately, our participation rate is very low compared to other states.

Can any of the witnesses comment on this problem? Is there any correlation between the lack of quality child care and the effect on children's health and nutrition?

A) I do not have professional experience with after-school care.

Questions for Ms. Carolyn Duff:

Q) Ms. Duff, in your work, you try to ensure that children who are participating in the school meals program are getting health insurance through the Medicaid program. Can you tell us more about this work? How do you work with these families?

A) School nurses identify students with health care needs and then work with parents and providers to manage the health care of students at school to establish medical homes, if necessary, and to coordinate care outside of school. There is a growing population of students with special health care needs such as ventilators and gastric tube feedings and students with chronic diseases, such as asthma, cancer, diabetes, and mental health disorders. For students living in poverty, health care planning usually includes school meals assistance and Medicaid outreach.

Students who are eligible for school meals assistance are often eligible for Medicaid benefits. School nurses "go the extra mile" to identify students who are eligible for Medicaid and verify that their Medicaid coverage is actually in place. If Medicaid is not in place,

then school nurses assist through Medicaid outreach, including bringing students into the Medicaid eligibility process. The school meals eligibility process is precisely how school nurses can connect eligible students to health care.

With many families, I go through the enrollment process every year, because they fail to respond to the annual letter asking for proof of income to prove continued Medicaid eligibility. Why? I do not know, but I can guess it is because poor families move a lot and mail does not reach them, or they don't understand the letters they receive. School nurses have an advantage of being able to develop close working relationships with families. Families trust school nurses and feel comfortable asking them for help. Department of Social Services workers often have difficulty insuring that Medicaid coverage is seamless year to year for eligible families, but school nurses have had great success in keeping the families covered.

Depending on State Medicaid Plans, school districts receive Medicaid funds for Administrative Claiming for the indirect services school nurses provide, specifically Medicaid outreach. With poor families, assistance for connecting to health care usually involves Medicaid administrative activities.

Reimbursement to school districts for those and other Medicaid activities has been threatened by four of the six rules issued by CMS in December, 2007. Fortunately, Congress worked hard to include moratoria on those rules in the Iraq Supplemental Bill in June, 2008. Those of us who see on a daily basis the importance of signing up children for health care benefits are hopeful that the new Administration will address the problem with the proposed rules prior to the expiration of the moratoria.

What schools do to bring students into the Medicaid program and to connect them to services must continue to be reimbursable. Otherwise, instead of keeping the services where the customers are -

in schools – families would be forced to go elsewhere. School nurses cultivate partnerships with parents and students and are very efficient in getting children enrolled in Medicaid and getting them access to health care.

There is no restriction on how school districts use the money they receive from Medicaid Administrative Claiming. In many districts, the money is used, at least in part, to pay the salaries of school nurses. If the CMS rules go into effect, funds will be lost, and many school nurse positions will be threatened.

Q) *Additionally, can you or the other witnesses comment on how we can make enrollment in these different programs more seamless and portable? For example, if a child who is eligible for free lunches moves from one school district to another, how can we make it easier for that child to keep that benefit in the new school? Could we have some sort of "express lane" eligibility guidelines?*

A) I believe that targeting particular high poverty geographic areas for nutrition programs, as suggested in my answer to the first question, may help with making a seamless transition of benefits from one school district to the next, especially in the poorest states.

State Departments of Education (SDE) collect the meals status of students from each school district for purposes of analyzing test scores. Perhaps, the SDEs could make that information available to school districts for an entire school year. That way, students who move from one school district to the next would not have to reapply. Just as Medicaid recipients submit a new application each year with proof of income, once the meal status information is collected at the beginning of each school year, students should be able to maintain the same meal status for the year regardless of whether or not they change schools.

Questions submitted by Senator Charles E. Grassley

Questions for all panelists:

1) Today, many of you have referenced the need for increased funding for WIC and the school meals program. Does anyone have a suggestion for areas within these that could be targeted to eliminate wasteful or ineffective spending? Are there better ways to make more efficient use of dollars that are currently in place?

The most obvious way to decrease costs in the school meal programs is to decrease administrative costs. Administrative options such as Provisions 2 and 3, which streamline administrative processes for schools that serve large proportions of economically disadvantaged students, are good examples of cost-saving measures. Expansion of options like these could potentially lead to dramatic decreases in administrative costs

Another possibility that has received a lot of attention in recent years is eliminating the reduced-price (RP) category of meals. This change has the potential to reduce long-run spending in the program, by reducing administrative costs. No longer would separate determinations of free vs. RP meals have to be made in certifying students, nor would that distinction have to be made in claiming meals. A decision would have to be made about whether former RP households should pay full price for meals or be eligible for free meals (or if they should be divided, with the higher-income group among them paying full price and the remainder getting free meals). Potential costs associated with making this switch would include the higher reimbursement rate for free meals (vs. RP), along with the fact that students would likely participate at a slightly higher rate if they were eligible for free (vs. RP) meals.

Questions submitted by Senator Debbie Stabenow

Questions for all panelists:

2) One of the issues that I really worry about is how working moms ensure proper care for their school-aged children after school. Child care is so expensive that it can be out of reach for moms. In addition to the children not being in a safe and enriching environment, children without after-school care may also not get access to after-school snacks. Additionally, in my state, Michigan after-school centers may be eligible for reimbursement for suppers, too, but unfortunately, our participation rate is very low compared to other states.

Can any of the witnesses comment on this problem? Is there any correlation between the lack of quality child care and the effect on children's health and nutrition?

I am not aware of any research that relates the quality of child care to children's health and nutrition. Most studies of child care quality focus on characteristics of the environment, children's daily experiences, and staff qualifications and interactions. With regard to health, the focus is generally on personal care routines and safety.

The last comprehensive national study of the Federal program that supports nutrition in child care settings – the Child and Adult Care Food Program (CACFP) – was published in 1997. That study showed that CACFP meals and snacks can provide more than half of a child's daily diet. Unfortunately, the study focused on meals and snacks offered by participating child care centers and homes and did not actually look at the diets of children.

Other research has shown that children whose mothers work full-time have diets that are less healthy, are more sedentary, and are at greater risk of obesity than other children. This underscores the importance of meals and snacks provided in child care and of the overall child care environment (for example, promoting physical activity vs. video and computer games).

QUESTIONS SUBMITTED BY SENATOR CHARLES E. GRASSLEY

Questions for all panelists:

Q) Today, many of you have referenced the need for increased funding for WIC and the school meals program. Does anyone have a suggestion for areas within these that could be targeted to eliminate wasteful or ineffective spending? Are there better ways to make more efficient use of dollars that are currently in place?

A) Let me comment on the WIC program since this has been an area of my research. I conducted some of the initial research on cost benefit analyses of the WIC program; the research showed that for every one dollar spent on WIC prenatally, there was three dollars in medical savings. A number of additional studies have since been conducted and corroborate the original findings on the positive, cost-effectiveness of the WIC Program. These results are summarized in *The Nations Nutrition,* (edited by Eileen Kennedy and Richard Deckelbaum, 2007).

Questions for Dr. Eileen Kennedy:

Q) The Shape Up Somerville (SUS) project was a very interesting case study and the results of improved health in the children were very encouraging. However, it appeared the standards set by SUS were developed by that community. How closely did the standards match up to the USDA Dietary Guidelines and those of the Institute of Medicine?

A) Shape Up Somerville adhered to the Dietary Guidelines for Americans as the basis of nutrition criteria for the school meals and foods sold in competition with school meals. The Shape Up Somerville Project began before the IOM report on nutrition standards for competitive foods. However, in many respects, the standards used in the Shape Up Somerville Project are consistent with the IOM recommendations.

Q) Dr. Kennedy, you mention an idea to combine WIC and the Child and Adult care Food Program. I've not heard of doing this before. How do you envision this "combined" program working?

A) As far as I know, there has never been a coordinated effort to link the WIC program with the Child and Adult Care Food Program. However, there would be obvious advantages since the two programs are aimed at the same target group – high-risk preschool aged children. The nutrition promotion activities of the WIC program would be reinforced in the child care setting. Similarly, the modeling of healthy meals in a child care setting could reinforce the impact of the nutritious WIC food package. A combined WIC/Child Care effort would be ideal for a series of pilot projects administered by USDA.

QUESTIONS SUBMITTED BY SENATOR DEBBIE STABENOW

Questions for all panelists:

Q) One of the issues that I really worry about is how working moms ensure proper care for their school-aged children after school. Child care is so expensive that it can be out of reach for moms. In addition to the children not being in a safe and enriching environment, children without after-school care may also not get access to after-school snacks. Additionally, in my state, Michigan after-school centers may be eligible for reimbursement for suppers, too, but unfortunately, our participation rate is very low compared to other states.

Can any of the witnesses comment on this problem? Is there any correlation between the lack of quality child care and the effect on children's health and nutrition?

A) Lack of quality child care is a problem for all working parents. However, affordable child care is a particular problem for low income parents who often cannot afford to compete with middle and upper income families in accessing adequate child care.

Questions for Dr. Eileen Kennedy:

Q) Can you please explain what the scientific research tells us about the long-term consequences of inadequate nutrition in childhood? Are there special concerns for the poorest children?

A) Research has now documented the long term consequences of inadequate nutrition early in life. Infants born with a low birth weight (less than 2.5 kg) are more likely to suffer physical and developmental problems throughout life. More recently, studies by Dr. David Barker and colleagues indicate that nutritional insults that occur in utero, predispose infants who are born small to a higher risk of a range of chronic diseases later in life. Low birth weight infants are more likely to have problems with hypertension, heart disease and diabetes once they reach adulthood. In addition, iron deficiency in infants and young children affects cognitive performance. It is clear that children of low income mothers are more likely to be born with a low birth weight, be anemic and have poor dietary patterns. Programs such as WIC, Child and Adult Care Food Program and School Lunch/Breakfast provide an important nutrition safety net for these at-risk children.

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