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IMPROVING CHILDREN'S HEALTH: STRENGTHENING FEDERAL CHILD NUTRITION PROGRAMS

HEARING

BEFORE THE

COMMITTEE ON
EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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IMPROVING CHILDREN'S HEALTH: STRENGTHENING FEDERAL CHILD NUTRITION PROGRAMS

Tuesday, March 2, 2010
U.S. House of Representatives
Committee on Education and Labor
Washington, DC

The committee met, pursuant to call, at 2:35 p.m., in room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Representatives Miller, Kildee, Scott, McCarthy, Wu, Holt, Loebsack, Shea-Porter, Fudge, Polis, Sablan, Chu, Kline, Petri, and Roe.

Staff Present: Aaron Albright, Press Secretary; Ali Al Falahi, Staff Assistant; Tylease Alli, Hearing Clerk; Andra Belknap, Press Assistant; Calla Brown, Staff Assistant, Education; Jody Calemine, General Counsel; Carlos Fenwick, Policy Advisor; Patrick Findlay, Investigative Counsel; Denise Forte, Director of Education Policy; David Hartzler, Systems Administrator; Kara Marchione, Education Policy Advisor; Sadie Marshall, Chief Clerk; Alex Nock, Deputy Staff Director; Lillian Pace, Policy Advisor, Subcommittee on Early Childhood, Elementary and Secondary Education; Meredith Regine, Junior Legislative Associate, Labor; Alexandria Ruiz, Administrative Assistant to Director of Education Policy; Melissa Salmanowitz, Press Secretary; Gabrielle Serra, Detailee, Child Nutrition; Dray Thorne, Senior Systems Administrator; Daniel Weiss, Special Assistant to the Chairman; Kim Zarish-Becknell, Policy Advisor, Subcommittee on Healthy Families and Communities; Stephanie Arras, Minority Legislative Assistant; James Bergeron, Minority Deputy Director of Education and Human Services Policy; Kirk Boyle, Minority General Counsel; Allison Dembeck, Minority Professional Staff Member; Ryan Murphy, Minority Press Secretary; Susan Ross, Minority Director of Education and Human Services Policy; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman MILLER. A quorum being present, the committee will come to order to conduct a hearing on Improving Children's Health: Strengthening the Federal Child Nutrition Programs.

I want to welcome our witnesses and thank you for taking your time to be with us. I am going to introduce you in a moment. But first we are going to have opening statements by myself and by Representative Kline.

The statement starts out saying "This morning," so we will change it right away to say, This afternoon, we will examine how stronger nutrition programs can help fight the childhood obesity epidemic and help improve our students' learning and health.

Today, almost one in three children are obese. Childhood obesity affects all aspects of children's lives from their physical well-being to their academic success to their self-confidence. The health of our children should be the top national priority.

As many of you know, First Lady Michelle Obama recently announced that ending childhood obesity will be her first major policy initiative. Last month she launched the Let's Move! Campaign to ensure that children born today will grow up as healthy adults. Mr. Kline and myself were both at the White House when she met with the bipartisan group on what contributions we might make as we consider the reauthorization. By offering a realistic goal of making children healthier and more active within a generation, she has set the stage for dramatic improvement.

To help achieve this goal, her initiative contains four key pillars: getting parents more involved and informed about nutrition and exercise; making healthy foods more accessible and affordable; increasing attention to physical activity; and improving the quality of food in the school meal programs.

The first lady and I both know that the government alone can not curb this epidemic. Individuals, families, communities, and the private sector all share responsibility. I welcome her involvement and look forward to working with her on this initiative.

This committee can play a key role in this effort, and today's hearing provides an opportunity to hear from stakeholders. For over 60 years, the child nutrition programs have helped families who have struggled with the choices of putting food on the table or paying another bill. The School Lunch and School Breakfast Programs and the Child and Adult Care Food Program and the WIC Program have provided a nutritional safety net for these families, serving nearly 45 million individuals across the country.

Studies show that pregnant women who participate in the Womens, Infants, and Children Program have healthier pregnancies and healthier babies. Studies have also shown that low-income women are less likely to breastfeed than high-income mothers. Thanks to Federal, State and local efforts, the WIC Program has improved breastfeeding rates among WIC mothers in this population.

The Child and Adult Care Food Program also provides critical nutritional support to young children. This program helps make nutritious meals and snacks possible for 3 million children in child-care centers, family child-care homes, Head Start and after-school programs.

The meals children receive in these programs are more nutritious and well-balanced than in other child-care programs. Despite this success, the tough economic times, and the paperwork requirements, have forced some sponsors to make the difficult decision to stop administering this program.

In South Central L.A., one of the highest risk areas of hunger and obesity in California, no organization was able to sponsor this program this year. We will go into some detail on that during the

question period. As a result, more than 5,000 low-income young children lost access to healthy meals and snacks.

If we are serious about improving children's health, we will have to make these programs and other critical sources of nutrition a priority. But the discussion doesn't end there.

As the First Lady said, we must also consider the role schools play in providing children with nutrition that meets the requirements to promote academic achievement. We expect children to come to school prepared to learn, but studies show that hunger and poor nutrition can be major barriers to their success.

Our work to reauthorize the child nutrition programs presents a great opportunity to change the way children eat, to expand their access to nutritional meals, and to end the child hunger crisis in our country. We must ensure that schools have the support they need to provide high-quality meals, and safe meals, so that children can make healthy choices. We must ensure that all eligible children can access these programs by removing barriers families face when enrolling in the school meal programs, like confusing application forms.

Today we will learn more about the work that lies ahead to provide all children with the healthy, nutritious, and safe meals they need to lead healthy and successful lives. I want to thank our witnesses for joining us today, and I look forward to hearing your testimony.

Now I would like to recognize Mr. Kline, the senior Republican, for the purposes of an opening statement.

[The statement of Mr. Miller follows:]

Prepared Statement of Hon. George Miller, Chairman, Committee on Education and Labor

Good Morning.

This morning we'll examine how stronger nutrition programs can help fight the childhood obesity epidemic and help improve our students' learning and health.

Today, almost one in three children are obese.

Child obesity affects all aspects of children's lives from their physical well-being, to their academic success to their self-confidence.

The health of our children should be a top national priority.

As many of you know, the First Lady, Michelle Obama, recently announced that ending childhood obesity will be her first major policy initiative.

Last month, she launched the "Let's Move" campaign to ensure that children born today will grow up to be healthy adults.

By offering a realistic goal of making children healthier and more active within a generation, she has set the stage for dramatic improvements.

To help achieve this goal, her initiative contains four key pillars:

- Getting parents more involved and informed about nutrition and exercise;
- Making healthy foods more accessible and affordable;
- Increasing attention to physical activity; and
- Improving the quality of food in the school meal programs.

The First Lady and I both know that the government alone cannot curb this epidemic.

Individuals, families, communities and the private sector all share responsibility. I welcome her involvement and look forward to working with her on this initiative. This committee can play a key role in this effort and today's hearing provides an opportunity to hear from stakeholders.

For over sixty years, the child nutrition programs have helped families who have struggled with the choices of putting food on the table or paying another bill. The school lunch and school breakfast program, the Child and Adult Care Food Program, and the WIC program have been a nutritional safety net for these families—serving nearly 45 million individuals across the country. Studies show that pregnant women who participate in WIC have healthier pregnancies and healthy babies.

Studies have also shown that low-income women are less likely to breastfeed than higher-income mothers. But thanks to federal, state and local efforts, the WIC program has improved breastfeeding rates among WIC mothers in this population.

The Child and Adult Care Food Program also provides critical nutrition support to young children. This program helps make nutritious meals and snacks possible for three million children in child care centers, family child care homes, Head Start and after-school programs.

And we know that that the meals children receive in these programs are more nutritious and well-balanced than in other child care programs. But despite its success, tough economic times and paperwork requirements have forced some sponsors to make the difficult decision to stop administering this program.

For example, in South Central Los Angeles, one of the highest-risk areas for hunger and obesity in California, no organization was able to sponsor this program last year.

As a result, more than 5,000 low income young children lost access to healthy meals and snacks. If we are serious about improving children's health, we have to make these programs, and other critical sources of nutrition, a priority.

But the discussion doesn't end there.

As the First Lady has said, we must also consider the role schools play in providing children with healthy meals and environments that promote academic achievement.

We expect children to come to school prepared to learn.

But studies show that hunger and poor nutrition can be major barriers to their success.

Our work to reauthorize our child nutrition programs presents a great opportunity to change the way children eat, to expand their access to nutritious meals and to end the child hunger crisis in our country.

We must ensure that schools have the support they need to provide high-quality and safe meals so kids can make healthy choices.

We must also ensure that all eligible children can actually access these programs by removing barriers families face when enrolling in the school meal programs, like confusing application forms.

Today we will learn more about the work that lies ahead to provide all children with the healthy, nutritious and safe meals they need to lead healthy and successful lives.

I want to thank our witnesses for joining us today. I look forward to hearing their testimony.

Mr. KLINE. Thank you, Mr. Chairman, and good afternoon to all. Welcome to our witnesses.

Today we will examine Federal child nutrition programs with an eye toward improving children's health. Childhood obesity rates are a serious concern for parents and families, and they present a challenge to the health of our Nation as a whole. What children eat at school certainly plays a role in their overall nutrition. So I welcome this opportunity to look at what parents and local schools are doing to promote healthy eating habits.

The last time we reauthorized the Federal nutrition programs, Congress called on school districts to establish local wellness policies as a way to promote good health and engage parents in a discussion about nutrition and physical activity. In fact, it was my friend, Mike Castle, who took the lead on addressing children's health with these local wellness policies. Local policies are the most direct and responsive strategy for promoting healthy eating habits at home and at school. They allow schools to get buy-in and involvement from parents and students. They account for demographic and economic differences as well as local food preferences. And they avoid the dangers of a one-size-fits-all Federal approach to school menu planning.

Of course, the School Breakfast and Lunch Programs are not the only initiatives to support child nutrition. When Congress reauthor-

izes child nutrition programs, we will also look at the Child and Adult Care Food Program and the Women, Infants and Children program, commonly known as WIC. Together these programs help combat hunger and promote nutrition through meals, education, and subsidies to low-income Americans. Our goal in renewing these programs should to be strike the appropriate balance between Federal support and local leadership.

With local wellness policies and other initiatives, school districts are exploring a broad range of policies to promote better health and combat hunger. I would caution as we prepare to renew and extend these programs, that we not confuse support for a healthy school environment with Federal mandates for what children and their families are allowed to eat.

One report from the Institute of Medicine concluded that radical changes might actually undermine participation in the School Lunch Program, saying, "If school children are not satisfied with the taste of food served in school meals, participation in the school meal programs is likely to decrease." That is not to say that school meals should not be nutritious; but ultimately, good health habits begin at home. That is why it is important for local schools to have the flexibility to work with parents to develop policies that work for their students.

Local schools also need the flexibility to determine what food is sold outside the cafeteria. Many schools are voluntarily including healthy snacks in their vending machines or at extracurricular events, but ultimately it is local control over food policy that allows for innovation while still responding to each school's unique circumstances.

We have all heard the outrageous stories in which a piece of banana bread at a bake sale does not meet the nutritional standards, but a bag of chips meets the requirements. Clearly, arbitrary nutritional mandates can backfire when they override common sense. I hope we will keep these cautionary tales in mind as we explore how parents and local schools can improve children's health.

Thank you Mr. Chairman. I yield back.

[The statement of Mr. Kline follows:]

Prepared Statement of Hon. John Kline, Senior Republican Member, Committee on Education and Labor

Thank you Chairman Miller, and good afternoon. Today we will examine federal child nutrition programs with an eye toward improving children's health. Childhood obesity rates are a serious concern for parents and families, and they present a challenge to the health of our nation as a whole. What children eat at school certainly plays a role in their overall nutrition, so I welcome this opportunity to look at what parents and local schools are doing to promote healthy eating habits.

The last time we reauthorized the federal nutrition programs, Congress called on school districts to establish local wellness policies as a way to promote good health and engage parents in a discussion about nutrition and physical activity. In fact, it was Representative Mike Castle who took the lead on addressing children's health through these local wellness policies.

Local policies are the most direct and responsive strategy for promoting healthy eating habits at home and at school. They allow schools to get buy-in and involvement from parents and students. They account for demographic and economic differences, as well as local food preferences. And they avoid the dangers of a one-size-fits-all federal approach to school menu planning.

Of course, the school breakfast and lunch programs are not the only initiatives to support child nutrition. When Congress reauthorizes child nutrition programs, we will also look at the Child and Adult Care Food Program and the Women Infants

and Children program, commonly known as WIC. Together, these programs help combat hunger and promote nutrition through meals, education, and subsidies to low-income Americans.

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I would caution as we prepare to renew and extend these programs that we not confuse support for a healthy school environment with federal mandates for what children and their families are allowed to eat. One report from the Institute of Medicine concluded that radical changes might actually undermine participation in the school lunch program, saying "If schoolchildren are not satisfied with the taste of foods served in school meals, participation in school meal programs is likely to decrease."

That is not to say that school meals should not be nutritious. But ultimately, good health habits begin at home. That's why it is important for local schools to have the flexibility to work with parents to develop policies that work for their students.

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We've all heard the outrageous stories in which a piece of banana bread at a bake sale does not meet nutritional standards, but a bag of chips meets the requirements. Clearly, arbitrary nutritional mandates can backfire when they override commonsense.

I hope we'll keep these cautionary tales in mind as we explore how parents and local schools can improve children's health. Thank you Chairman Miller, I yield back.

Chairman MILLER. Thank you.

Pursuant to committee rule 7(c), all members may submit an opening statement in writing which will be made part of the permanent record.

And now I would like to introduce our panel of witnesses for this hearing. First witness, Ms. Dora Rivas, is currently serving as president elect of the School Nutrition Association after serving as a member of the membership committee in 2005 to 2006. Ms. Rivas has been in food service for 36 years. In January 2005 she took the role of food and child nutrition services executive director for the Dallas Independent School District. Ms. Rivas is certified with the Texas Association of School Nutrition and credentialed as a school nutrition specialist with the School Nutrition Association. She also is a registered dietitian with the American Dietetic Association.

Carolyn Morrison is the president of the National Child and Adult Care Food Program Forum and the CEO of the Child Care Development Services in Gresham, Oregon. In addition to being current and past president of the National Child and Adult Care Food Program Forum, she has served on numerous national and USDA committees and task forces to improve this program. Ms. Morrison has served on the advisory board of the National Food Service Management Institute, the California Child and Adult Program Roundtable, and California Food Policy Advocates, and the Oregon Sponsors Alliance.

And I believe our colleague, Congresswoman Chu, will introduce the next witness.

Ms. CHU. Today I have the pleasure of introducing one of my own constituents, Kiran Saluja, who is the deputy director of the Public Health Foundation Enterprises' WIC in Irwindale, California. This organization is a nonprofit agency that has been pro-

viding WIC services in the Los Angeles and Orange County areas for over 34 years. She oversees 54 WIC centers that are throughout the two counties, serving 325,000 clients every month. And I am pleased to report that in my district, she oversees seven WIC locations who serve over 46,000 people.

Ms. Saluja first joined the Public Health Foundation WIC in 1984 as a nutritionist. She is a registered dietitian and a member of the National WIC Association, the American Public Health Association, and the American Dietetic Association. She has focused much of her work on breastfeeding and is a strong and vocal advocate for healthy babies and families.

Thank you, Ms. Saluja, for joining us today, and I look forward to your testimony.

Chairman MILLER. Thank you and welcome.

Our next witness will be Lucy Gettman who is the director of Federal programs for the National School Boards Association. Ms. Gettman began her career as an advocacy coordinator for the Children's Hunger Alliance in Ohio. She has held policy and professional positions with the Ohio Attorney General, the Ohio Student Aid Commission, and the Interuniversity Council of Ohio.

Immediately prior to her work with the National School Board Association, she was director of Federal relations for the Reading Recovery Council of North America. Ms. Gettman currently specializes in early childhood education, child nutrition education technology and literacy issues for the National School Board Association.

Welcome to all of you. Your prepared testimony will be placed in the record in its entirety. You are going to be given 5 minutes to explain the highlights of your testimony. And in front of you, you see the small boxes. When you begin, a green light will go on. When you have used up 4 of your 5 minutes, an orange light will go on and you may want to think about wrapping that up. And then, when a red light goes on, your time will have expired.

So, welcome. We look forward to your testimony and the responses you will have to the members of the committee's questions. Ms. Rivas, we will please begin with you.

STATEMENT OF DORA R. RIVAS, MS, RD, SNS, EXECUTIVE DIRECTOR, FOOD AND CHILD NUTRITION SERVICES, DALLAS INDEPENDENT SCHOOL DISTRICT

Ms. RIVAS. Thank you. Chairman Miller, members of the committee, thank you very much for continuing the extraordinary tradition of this hearing. We deeply appreciate the courtesy.

Our two highest priorities on our issue paper in general are to expand access and improve the nutritional content of the meals in the environment of the local school.

First, we have several suggestions to expand access. We recommend that direct certification and direct verification be a high priority, that you continue to expand its use for child nutrition. We recommend the statute be amended to allow for community eligibility in high-poverty areas so that children do not have to individually fill out the applications. The Hunger-Free Schools Act, H.R. 4148, has a provision that embraces this concept.

We support expansion of the Summer Food Service Program and the After-School Child Care Program. We support the Healthy Start Act introduced by Representatives Stephanie Herseth Sandlin and Jo Ann Emerson to provide 5 cents in USDA commodities per meal for the School Breakfast Program. And that is H.R. 4638.

We urge the Congress to expand the Free Meal Program gradually over time, to make the income guidelines consistent with the income guideline in the WIC Program. H.R. 3705 has been introduced to do this and we support that approach.

Finally, we ask that you close a major loophole in the statute which allows funds that you appropriate for school meals to be used for expenses unrelated to providing those school meals. There is no provision in the statute or in the regulations that govern what expenses can be reimbursed with this funding. Furthermore, when a charge is made that we believe to be inappropriate, there is no recourse. There is no appeal process to USDA. Our suggested amendment is written in the testimony.

Second, with regard to nutrition integrity, we have a few suggestions. SNA, in partnership with the First Lady, Michelle Obama's Let's Move! Campaign has committed to further improving healthy school meals and advancing nutrition education for America's children. I encourage you to go to our Web site to learn more about that partnership on the First Lady's Let's Move! Campaign.

We urge the committee to increase the reimbursement in all meal categories. We urge you to also amend the statute and require the Secretary to establish a consistent national application of the most recent dietary guidelines for all meals reimbursed by the Department of Agriculture.

The current statute is defective in two important respects. First, it requires meals to be consistent with the goals of the dietary guidelines. That is not specific enough. The meals must be consistent with the guidelines, not just the goals of the guidelines.

Second, someone must be in charge of deciding if the meals, are, in fact, consistent with the guidelines. That responsibility must rest with the Secretary. If every State and local community can decide if they are meeting the guidelines, then there is no standard at all. Children need the same nutrients, regardless of where they live. It is basic science. The country is spending a lot of money to develop the IOM report and to craft the dietary guidelines. They should be followed consistently.

The time has clearly come to end the so-called time-and-place rule and give the Secretary the authority needed to regulate the nutritional quality of all foods and beverages sold on the school campus during the school day. The Secretary should be required to promulgate regulations to guarantee that all foods and beverages sold in schools are consistent with the most recent edition of the Dietary Guidelines for Americans, taking into consideration the recommendations of the Institute of Medicine and SNA's recommendation for national nutrition standards.

While it is mostly a matter of science, let me also mention that the current multiplicty of nutrition standards across the country is driving up the cost of the program. The more product specifications that exist in the school market, the higher the cost of production

and the cost of the program. Again, our specific amendments with regard to consistency is included in our written testimony.

We must finally establish an effective nutrition education program in the school.

Chairman Miller, members of the committee, thank you again for continuing this special tradition. We pledge to work closely with the majority and the minority to craft a reauthorization bill that is both faithful to our children and responsive to the deficit.

I would be pleased to answer any questions that you may have.

Chairman MILLER. Thank you very much.

[The statement of Ms. Rivas follows:]

Prepared Statement of Dora Rivas, President, School Nutrition Association (SNA); Executive Director, Food and Child Nutrition

Chairman Miller, Members of the Committee, thank you very much for continuing the extraordinary tradition of this hearing. We deeply appreciate the courtesy.

I am Dora Rivas, the President of the School Nutrition Association (SNA) and the Executive Director of Food and Child Nutrition in Dallas, Texas. With me are 1,000 of my best friends. Each day my 55,000 colleagues in SNA serve over 31 million children in 100,000 school districts. Representatives from countries around the world now regularly attend our conventions to learn how the American school nutrition programs are operated and implemented. It is a most special American success story and this great Committee is very much a part of that history.

Mr. Chairman, as we meet to craft the 2010 Child Nutrition Reauthorization, we do so with the full realization that it will not be easy to reconcile the needs of our children with the massive public debt we face as a country. Investing in our children and preparing them to learn and compete in a global economy must remain one of the country's highest priorities. However, we appreciate the challenge you will face in implementing the President's proposal to increase funding for this critically important program.

Given the time of the day, with your permission, I will make the SNA 2010 Issue Paper a part of the hearing record and confine my remarks to two of our highest priorities: Expanding program access and improving the nutritional content and environment of the local school.

Program Access

Extending the reach of the child nutrition programs, while improving their efficiency, is one of the two major themes in our Issue Paper. To this end, we are proposing several changes in the statute:

- We recommend that direct certification and direct verification be a high priority and that you continue to expand its use for child nutrition. The cost of collecting and verifying income data for the 20 million children who receive free and reduced price meals is significant. Further, it takes our limited personnel away from the mission of improving the nutritional quality of the meals. We are nutritionists, not accountants, and the more you can do in this area the better.
- We recommend that the statute be amended to allow for community eligibility in high poverty areas so that children do not have to individually fill out the applications. The Hunger Free Schools Act, H.R. 4148, has a provision that embraces this concept.
- We support expansion of the Summer Food Service Program and the After School Child Care Program.
- We support the Healthy Start Act introduced by Representatives Stephanie Herseth Sandlin and Jo Ann Emerson to provide five cents in USDA commodities, per meal, for the school breakfast program.
- We urge the Congress to expand the "free" meal program to make the income guideline consistent with the income guideline in the WIC program. If the younger child qualifies for WIC, the older sibling should qualify for fee school meals. This would mean raising the income guideline from 130% of poverty to 185% of poverty. The current reality is that many children who qualify for "reduced price meals" simply do not have 40 cents for lunch or 30 cents for breakfast to purchase the meal. Each day we are confronted with children who do not have this small amount. At the end of each year, there are children who owe the school money for meals that have been provided. We see checks for only a few dollars that are returned for insufficient funds. Our anecdotal data indicates that the breakfast fee is actually the

larger barrier to participation but we urge you to raise the income level for both programs.

• Finally, given the size of the programs and the significant annual appropriation, we ask that you close a major loophole in the statute which allows funds that you appropriate for school meals to be used for expenses completely unrelated to providing school meals. There is no provision in the statute, or in the regulations that govern what expenses can be reimbursed for this funding. As a result, we are frequently required by local schools to pay for: sanitation for the entire school; electricity for the school; personnel completely unrelated to the meal program; school construction; and a disproportionate percentage of the overhead operating costs of the school building, among other expenses. Further, when this happens there is no recourse. There is no rule and no appeal process to USDA.

Therefore, we are asking for an amendment as follows:

SUGGESTED AMENDMENT

Section 10 of the Richard B. Russell National School Lunch Act is amended by adding new subsections as follows:

"(c) The Secretary shall identify those expenses that are reasonable and necessary for providing meals under this Act and the Child Nutrition Act of 1966.

(d) School food service authorities may reimburse only those expenses identified by the Secretary under subsection (c).

Nutrition Integrity

As we all know, our country is facing an obesity epidemic. Obesity is now a major public health problem that is significantly increasing the cost of health care. While the school lunch and breakfast programs are a part of the solution, not part of the problem, there are some other changes that must be made within the school. This is why SNA, in partnership with First Lady Michelle Obama's Let's Move! campaign, has committed to further improving healthy school meals and advancing nutrition education for America's students. To learn more about SNA's partnership with the First Lady's Let's Move! campaign, I encourage you to visit our website at *http://www.schoolnutrition.org/Blog.aspx?id=13585&blogid=564.*

The time has clearly come to end the so-called "time and place rule" and give the Secretary the authority needed to regulate the nutritional quality of all foods and beverages sold on the school campus during the school day. The Secretary should be required to promulgate regulations to guarantee that all foods and beverages sold in school are consistent with the most recent edition of the Dietary Guidelines for Americans, taking into consideration the recommendations of the Institute of Medicine and SNA's recommendations for National Nutrition Standards. This must be implemented as soon as is practicable.

We urge you to also amend the statute and require the Secretary to establish a consistent national application of the most recent Dietary Guidelines for all meals reimbursed by the Department of Agriculture. The current statute is defective in two important respects:

First, it requires meals be consistent with the "goals" of the Dietary Guidelines. That is not specific enough. The meals must be consistent with the Guidelines, not just the goals of the Guidelines.

Second, someone must be in charge of deciding if the meals are, in fact, consistent with the Guidelines. That responsibility must rest with the Secretary. If every state and local community can decide if they are meeting the Guidelines, there is no standard at all. Children need the same nutrients regardless of where they live. It is basic science. The country is spending a lot of money to develop the IOM report and to craft the Dietary Guidelines. They should be followed consistently.

While it is mostly a matter of science, let me also mention, that the current multiplicity of nutrition standards across the country is driving up the cost of the program. The more product specifications that exist in the school market, the higher the cost of production and the cost of the program.

We therefore suggest that the following amendment be included in the Committee's bill:

SUGGESTED AMENDMENT

"Section 9 (f) (1) (A) of the Richard B. Russell National School Lunch Act is amended to read as follows: "(A) are consistent with the most recent edition of the Dietary Guidelines for Americans as prescribed by the Secretary; and".

3. We must finally establish an effective nutrition education program in the school. The investment you are making in the school nutrition programs is significant and the country's health care bill is even bigger. Yet for all of the words about

obesity we still do not have an effective nutrition education program in the school. The Department, with SNA and other stakeholders, must do the research necessary to figure out how to communicate effectively with children about nutrition. Some schools are attempting to utilize computers that dictate to students the number of calories in a food item and the amount of physical activity it will take to burn off those calories.

When the Nutrition Education and Training Program was first enacted in the 1970s, it was funded with 50 cents per child, per year. That level lasted for only one year and then it was reduced over time. We request that a new nutrition education program be established, funded and modernized so it can communicate more effectively with children in today's modern world. The First Lady, with bipartisan support, is asking all of us to give greater attention to the obesity challenge. It must include a nutrition education program in the schools.

Conclusion

Chairman Miller, Members of the Committee, thank you, again, for continuing this special tradition. We pledge to work closely with the majority and the minority to craft a reauthorization bill that is both faithful to our children and responsive to the deficit. I would be pleased to answer any questions that you may have.

Thank you.

2010 LEGISLATIVE ISSUE PAPER

President Obama proposed an additional $1 billion for Child Nutrition Reauthorization to eliminate childhood hunger and serve our children. SNA believes every penny of this increase—and more—is needed to make additional improvements in child nutrition programs. Therefore, SNA urges Congress to increase funding for child nutrition. SNA's priorities for Reauthorization include:

Top Priorities

- Expand the "free" meal category from 130% of poverty to 185%, consistent with the WIC income eligibility guidelines (eliminating the reduced price meal category).
- Increase the per meal reimbursement for all meals in order to keep pace with rising costs and implementation of the Dietary Guidelines for Americans. The current Federal reimbursement of $2.68 for a "free" school lunch is 35 cents less than the average cost of production.
- Require the Secretary to establish a consistent national application of the Dietary Guidelines for Americans, for all reimbursable meals, in accordance with recommendations of the Institute of Medicine (IOM), which benefited from SNA's Recommendations for National Nutrition Standards.
- Grant the Secretary the statutory authority to regulate the sale of all foods and beverages on the school campus, consistent with the most recent edition of the Dietary Guidelines for Americans, in accordance with SNA's Recommendations for National Nutrition Standards and the recommendations of IOM (ending the "time and place" rule).
- Require the Secretary to determine which school expenses and indirect costs can be paid for with school food service funds.

Additional Priorities

Funding

- Allow for community eligibility in high poverty areas.
- Provide USDA commodities for each school breakfast served.
- Expand after school and summer meal programs.
- Re-establish entitlement funding for equipment assistance in all schools.

Administrative provisions

- Require the Secretary to establish an expedited food safety coordination and recall communication system.
- Address childhood obesity by establishing an effective nutrition education curriculum and increasing the consumption of fruits, vegetables and whole grains.
- Utilize technology to simplify program administration and enhance financial accountability.
- Establish a seamless application and reimbursement process for all school, preschool and child care food programs.
- Maximize the use of direct certification and direct verification.

SNA Partners With First Lady Michelle Obama's Childhood Obesity Initiative

School Nutrition Professionals Commit to New Nutrition Programs and Goals

NATIONAL HARBOR, MD *(February 9, 2010)*—The School Nutrition Association (SNA), representing 55,000 school nutrition professionals, is proud to support First Lady Michelle Obama's childhood obesity initiative. SNA and its members have agreed to a number of key steps to further improve the nutritional quality of school meals and advance nutrition education for America's students. Commitments include:

Challenge school nutrition programs to achieve US Department of Agriculture's HealthierUS School Challenge Certification, significantly increasing the number of schools nationwide meeting the program's goals:

• SNA will work with USDA to eliminate current barriers for recognition, ensuring more schools can participate in the program; provide training and mentoring to assist school nutrition programs in meeting the HealthierUS School Challenge requirements; and promote the program through conferences and meetings, publications and events

• SNA's goal is to increase the number of HealthierUS Schools from the current 600 to 2,000 in year one, and with the support of other education community partners, reach 10,000 HealthierUS Schools by year five

Encourage school nutrition directors to partner with the Center for Disease Control's Coordinated School Health Programs to improve the school health environment. SNA will offer educational programs and training on successfully implementing the Coordinated School Health Program.

Challenge school nutrition program directors to accelerate the time frame for meeting the Institute on Medicine's (IOM) National Nutrition Standards for school meals. To meet this goal, SNA will initiate the following during the 2010-2011 school year:

• Develop and promote the LAMP Awards (Leading Advancements in Menu Planning), a recognition program encouraging school districts and industry members to use innovative menu plans, recipe and product development, and other tools to achieve IOM goals prior to the timeline for implementation

• Partner with local fruit and vegetable growers through Farm to School Programs to promote consumption of more fresh fruit and vegetables

• Partner with industry to provide more affordable whole grain products and to develop nutrition education campaigns influencing students to consume more nutrient-dense foods at a critical time in their development

Advance nutrition education opportunities for all students. With the First Lady and federal officials, SNA plans to partner with media, technology, and education program leaders to bring turnkey nutrition education into the classroom, cafeteria, and home.

"First Lady Michelle Obama recognizes how crucial school meals are to the health and academic success of America's children, and school nutrition professionals are proud to support the First Lady's effort to combat childhood obesity and strengthen under-funded school meals programs," said School Nutrition Association President Dora Rivas, MS, RD, SNS, and executive director of Food and Child Nutrition Services for the Dallas Independent School District in Texas.

"Since announcing her initiative, the First Lady has eloquently shared her own struggles as a working mom to foster healthy lifestyles for her children," said Rivas. "The School Nutrition Association looks forward to working with the First Lady to encourage America's families to get involved in school nutrition programs and promote physical activity and healthy eating at home."

"The school cafeteria is a classroom for students—an opportunity for them to learn about nutrition and well-balanced meals. School nutrition programs need the support of parents and families to succeed—whether joining students for lunch or making time to talk with them about the food they eat at school, taking an interest in a child's eating habits can lead to a lifetime of good choices. After all, when a child has tried new fruits and vegetables at home, he or she is more likely to pick up those items when they walk through the lunch line."

The First Lady's initiative was launched just as Congress prepares to reauthorize the Child Nutrition Act, a critical opportunity for legislators to enhance the National School Lunch and Breakfast Programs for 31 million American children who benefit from school meals each day.

"SNA has been calling on Congress to increase the school meal reimbursement to keep pace with rising costs. We hope the First Lady's activism will encourage legislators to provide school lunch professionals with the support they need to offer an even greater variety of fruits, vegetables and whole grains to students," said Rivas.

The School Nutrition Association is a national, non-profit professional organization representing more than 55,000 members who provide high-quality, low-cost meals to students across the country. The Association and its members are dedicated to feeding children safe and nutritious meals. Founded in 1946, SNA is the only association devoted exclusively to protecting and enhancing children's health and well being through school meals and sound nutrition education.

Chairman MILLER. Ms. Morrison.

STATEMENT OF CAROLYN L. MORRISON, CHIEF EXECUTIVE OFFICER, CHILD DEVELOPMENT SERVICES, INC.

Ms. MORRISON. Good afternoon, Mr. Chairman and members of the committee. My name is Carolyn Morrison, and I am president of the National CACFP Forum and a sponsor of the USDA Child and Adult Care Food Program in Oregon. Thank you for the opportunity to join you this afternoon to discuss the key role the Child and Adult Care Food Program plays in ensuring young children have access to good nutrition, and to offer recommendations for reauthorization.

Program improvements can also help reduce childhood overweight and obesity, a priority about which our First Lady is so passionate. Every day across the country, millions of low-income families rely on the healthy food their children receive in child-care programs because of this USDA program. We all know hunger stifles a child's health, intellect, creativity, capacity to learn and to be at their best. This program's resources support good nutrition and prevent childhood obesity by offering healthy food and teaching young children, and their caregivers, about healthy lifestyles and meal patterns.

As a middle-class mom who decided to be a child-care provider in the early eighties, I learned firsthand from my exposure to low-income children who were in my care. I will never forget the 4-year-old boy who wondered why I cooked and didn't just go out and buy fast food. Johnny's mom was poor and struggled to make ends meet. She loved her kids but hadn't the resources, knowledge, or energy to feed them well. The only nutritious meals her children received for many years were those that she received in child care or when they were at school.

Given the crucial role early childhood nutrition plays in supporting the good health, cognitive growth, and development of a child, and the lack of knowledge and/or resources of many working families, expanding access to the program is vital to ensuring that all children in care settings have the opportunity to grow strong and live healthy productive lives.

For many children in child care, like Johnny, the daycare program they attend is their primary source of food. They spend 10 to 12 hours each day in care and receive most, if not all, of their meals while there. Allowing child-care facilities the option of serving a third meal service, as was previously allowed, is an opportunity to improve child nutrition through this reauthorization.

The program is an essential source of support for family child-care provider centers and Head Start programs. Program resources include training and technical assistance, on-site visits, and reimbursement for food and meal preparation costs. The program also serves as an important tool in creating and maintaining accessible, affordable, quality child care for working families.

Reducing the program area eligibility test from the current 50 percent to 40 percent could accomplish, through reauthorization, improved access to healthy meals for many more young children.

Increasing the availability and the consumption of fresh fruits and vegetables, whole grains, and lower fat dairy products for young children in child care is essential to improve development and health, and to prevent obesity at the one-time, early childhood, when it can have the most long-term effect.

Updating the program nutrition standards and meal pattern to make them consistent with the most recent Dietary Guidelines for Americans could be accomplished through reauthorization. Improving meal quality will require enhanced meal reimbursements.

The network of program sponsors is breaking down. Sponsors are choosing to discontinue offering the service because they cannot afford to continue to operate, given the paperwork and oversight responsibilities. Nationally, 27 percent of sponsors have chosen to leave the program. This is an especially serious problem in Los Angeles where a sponsor chose to close, leaving 5,000 children and over 700 providers unserved in a very low-income community.

A large challenge in my State of Oregon is the size and the geography of our State. While 67 percent of all caregivers are concentrated in 6 of our 36 counties, providers in the very rural areas deserve to participate as well.

Sponsor administrative reimbursement rates should be brought up to the level necessary to provide quality nutrition and wellness education, cover the cost of transportation for serving rural areas, cover the cost of additional visits and the time spent in helping low-income providers overcome literacy and language issues.

Retention of caregivers is challenging as they must remain eligible for the program by meeting training requirements. We have worked to meet this challenge by developing and offering on-line training and healthy nutrition. This positively impacted our retention of child-care providers in the program as they now have access to mandatory training, regardless of where they live.

Among other topics, these trainings focus on serving more fresh fruits and vegetables, low-fat milk and whole grains, and have a secondary benefit of helping them meet licensing requirements. Partnerships with local colleges and universities have enabled us to develop these resources, as there simply isn't enough money from the sponsor reimbursement to develop them.

In closing, we strongly support legislation introduced by Representative Tonko, the Access to Nutritious Meals for Young Children Act, which includes the recommendations I have discussed today. And lastly, I would like to invite each of you, when you are home in your districts, to visit child-care centers, homes, and sponsoring organization to see firsthand the importance and opportunities available through the program for playing a role in improving children's health, their lives, and reversing the childhood obesity epidemic.

Thank you very much for this opportunity to share this information with you on behalf of all the sponsors.

Chairman MILLER. Thank you.

[The statement of Ms. Morrison follows:]

Prepared Statement of Carolyn Morrison, President, National CACFP Forum; Executive Director, Child Care Development Services

Good afternoon, Mr. Chairman and Members of the Committee, I am Carolyn Morrison, President of the National CACFP Forum, an organization that serves to promote, protect and perfect the Child and Adult Care Food Program (referred to as the CACFP); and Executive Director of Child Care Development Services, Inc. (CCDS), an Oregon sponsor of the CACFP. Thank you for the opportunity to join you this afternoon to discuss the key role the Child and Adult Care Program plays in ensuring young children have access to good nutrition and to offer recommendations for strengthening the program through the Child Nutrition Reauthorization. A well-conceived reauthorization bill, focused on the right program improvements for CACFP, can help to reduce hunger, childhood overweight and obesity, improve child nutrition and wellness, and enhance child development and school readiness.

Every day, across the country, millions of low-income families rely on the healthy food their children receive in child care through the USDA Child and Adult Care Food Program. CACFP reimbursements, nutrition requirements and training support high quality nutrition experiences for over 3 million children in child care: more than two-thirds of them in child care centers, and the rest in family child care homes. Ensuring young children are well-fed in child care promotes their health, creativity, capacity to learn and be at their best.

As a middle class mom who decided to be a child care provider in the early 80's, I learned this first hand from my exposure to low-income children who were in my care. I will never forget the 4-year old boy who wondered why I cooked and didn't go get fast food. Johnny's mom was poor and struggled to make ends meet. She loved her kids, but did not have the resources, knowledge or time to feed them well.

Unfortunately, under the current system healthy CACFP meals and snacks are out of reach for millions of young children in child care. Over half the children in child care are in centers or family child care homes that do not participate in CACFP. Family child care homes' participation in CACFP, which had been one of the fastest growing nutrition programs, has dropped 27 percent since the introduction of a complex two-tiered reimbursement system in 1997. (Thirteen states have had a drop of 42% or more.) Given the crucial role early childhood nutrition plays in the cognitive growth and development of a child, and the lack of knowledge and/or resources of many working parents, expanding access to CACFP is vital to ensuring that all children in care settings have the opportunity to grow strong and live healthy, productive lives.

For many children in child care like Johnny, the child care program they attend is their primary source of food; they spend 10-12 hours each day in care and receive most, and some days all, of their meals while there.

CACFP is a vital source of support for family child care providers, centers and Head Start Programs. CACFP sponsoring organizations play a critical role in ensuring child care providers can participate in this program and serve healthful meals to children under their care. CACFP resources, including training and technical assistance, on-site visits and reimbursement for food and meal preparation costs, support:

- providing good nutrition and preventing childhood obesity by teaching children and caregivers about healthy lifestyles and meal patterns, and
- creating affordable, quality child care.

Numerous studies throughout the years have demonstrated that the CACFP is vitally important to providing young children with the necessary nutritional support to have a healthy start in life as well as contributing to an improved overall quality of care. (Please see Appendix A for summary of research.)

The reauthorization of the Child Nutrition Programs provides an important opportunity to make the necessary improvements to increase program access and nutrition quality, and protect the quality of CACFP services for children in child care by:

- Increasing CACFP reimbursements to improve nutrition and stem participation declines;
- Raise program reimbursement to support sponsoring organizations' nutrition and wellness education requirements, reaching and teaching low-literacy providers and rural transportation costs;
- Reducing the CACFP area eligibility test from 50 percent to 40 percent;
- Allowing child care centers and homes the option of serving a third meal service (typically this would be a supper or an afternoon snack), as was previously allowed;
- Updating the CACFP nutrition standards and meal pattern to make them consistent with the most recent Dietary Guidelines;

• Streamlining program requirements, reducing paperwork, and maximizing technology.

Increase CACFP reimbursements to stem participation declines and improve nutrition. Purchasing, preparing and serving more nourishing meals and snacks are more expensive. Increasing the availability and consumption of fruits and vegetables, whole grains, and lower fat dairy products for young children in child care is absolutely essential to improve development and health and to prevent obesity at exactly the time—early childhood—when it can have the most long-term effect. This effort needs to be supported by adequate meal reimbursements. At the same time, family child care participation declines created by reimbursement cuts need to be reversed. Higher reimbursements will assure that more children participate in CACFP, both attracting more child care centers and helping to stem the loss of family child care providers. A study done in Oregon found that inadequate reimbursement rates and paperwork were the top two reasons for providers to leave CACFP.

Raise program reimbursement to support sponsoring organizations' nutrition and wellness education requirements, reaching and teaching low-literacy providers, rural transportation costs and sustain family child care providers participation in the food program. Access to healthy meals is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP. Unable to make ends meet due to high program costs and the loss of economies of scale as providers dropped out of the program, 28 percent of sponsors stopped sponsoring the program in the last dozen years. In a 2006 USDA report, researchers reported that "Costs reported by sponsors on average were about 5 percent higher than allowable reimbursement amounts." Sponsors' administrative reimbursement rates should be brought to the level necessary to provide quality nutrition and wellness education, cover the transportation costs of serving family child care homes in rural areas, and cover the costs of additional visits, and the time spent in helping low-income providers overcome literacy and language issues. Due to a recession influenced Consumer Price Index, sponsors administrative reimbursement rates were recently reduced by one dollar per home per month, forcing the elimination of jobs in these community-based organizations.

In the worse cases this has created situations such as the crisis in Los Angeles where yet another long term dedicated sponsor could no longer remain viable within the reimbursement rates. The loss of this sponsor left 5,000 children and over 700 providers unserved in a very low income community. The cumulative impact of so many sponsors dropping out is limited access to CACFP. Limited service can be a significant problem in both urban and rural areas.

In my state over the last 10 years, the number of sponsors dropped from18 to only 10. A large challenge for serving Oregon is the size and geography of our state. While 67% of all caregivers are concentrated in 6 counties, providers in the very rural areas deserve to participate as well.

Retention of caregivers is challenging as they must remain eligible for the CACFP by meeting training requirements. We have worked to meet this challenge by developing and offering online courses. Online training in health and nutrition positively impacted our retention of child care providers in the CACFP as they now have access to mandatory training, regardless of where they live. Among other topics these trainings focus on serving more fresh fruits and veggies, low fat milk and whole grains and have a secondary benefit of helping them meet licensing requirements Partnerships with local colleges and universities have allowed us to develop resources as there simply isn't enough money from sponsor reimbursements to develop these resources.

Reduce the CACFP area eligibility test from 50 percent to 40 percent to streamline access to healthy meals for young children in child care. Area eligibility, the most successful and inclusive CACFP eligibility mechanism, allows family child care homes in low-income areas to automatically receive the highest CACFP reimbursement rates. This "area eligibility" test has proven extremely effective because it substantially decreases the paperwork for providers and families by eliminating the need to individually document each child's household income.

Currently, family child care homes only qualify for area eligibility in areas with 50 percent or more low-income children (as defined by local census data or the percentage of children in the local school eligible for free and reduced price meals.) The threshold is too high to appropriately target many communities with struggling families. This is especially true in rural and suburban areas which do not typically have the same pattern of concentrated poverty seen in urban areas.

Reducing the area eligibility test to a 40 percent threshold would lead to many more child care providers who serve low-income children becoming eligible, and many children in need being served healthy CACFP meals and snacks. When con-

fronted with the complex CACFP eligibility requirements to be met outside of the areas currently eligible most providers choose not to participate. It is easier just to resort to serving cheaper, less nutritious meals and operate without the CACFP standards, oversight, and required paperwork. It is not uncommon for providers to forgo offering even the less costly meals and simply let children rely on food sent from home which is often less than nutritious.

Allow child care centers and homes the option of serving a third meal service (typically this would be a snack or supper), as was previously allowed. As parents work longer hours to make ends meet, many more young children are spending more of their waking hours in child care on work days. National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. Child care centers and homes used to receive funding for three meals, until Congress in 1996 cut out one meal to achieve budget savings. This penny-wise and pound-foolish step harms children's nutrition and health and weakens child care. We should restore CACFP support to the full complement of meals young children need and stop short-changing young children at a time when they can least afford it.

Improve the nutritional value of the meals and snacks and the promotion of health and wellness in child care participating in CACFP. Direct the Secretary of Agriculture to issue proposed regulations updating the CACFP meal pattern, including recommendations for the reimbursements necessary to cover the costs of the new meal pattern, within 18 months of the publication of the IOM CACFP Meal Pattern report. In the interim, USDA should issue guidance, and provide education and encouragement for serving healthier meals and snacks consistent with the Dietary Guidelines with an emphasis on increasing consumption of whole grains, fruits and vegetables, and lower fat dairy and protein foods.

Streamline program requirements, reduce paperwork, and maximize technology to improve program access. This can be accomplished through the following no or very low cost proposals which will improve CACFP's ability to reach low-income families: 1) allow CACFP sponsoring organizations to plan multi-year administrative budgets using carryover funds, and to keep their earned administrative reimbursement using a "homes multiplied by rates" system; 2) direct the Secretary of Agriculture to reduce paperwork by eliminating ineffective and poorly targeted requirements including "block claiming;" 3) restore the right to advance funds; 4) allow CACFP family child care providers to facilitate the return of family income forms; 5) eliminate a barrier to participation by allowing the use of the last four digits of the social security number; 6) continue the USDA Paperwork Reduction Initiative; and 7) streamline program operations, increase flexibility, and maximize technology and innovation to reduce parent paperwork and allow sponsoring organizations and providers to operate most effectively. (Please see Appendix B for more details on the paperwork reduction proposals.)

In conclusion, while the CACFP has been and continues to be an important and beneficial child nutrition program, I would encourage the Committee to consider improvements to the program.

We strongly support legislation introduced by Representative Tonko, the Access to Nutritious Meals for Young Children Act. The program improvements in this bill will help to improve child nutrition, reduce hunger, and enhance child development and school readiness. Program improvements will also help reduce childhood overweight and obesity, a priority about which our First Lady is so passionate.

I encourage you to visit sponsoring organizations and child care homes in your districts. Seeing the program benefits first hand will further underscore the importance and opportunities available through the CACFP for playing a role in improving children's lives and reversing the childhood obesity epidemic. I am certain sponsors and providers would be thrilled to have you visit their programs personally to see the good work of this important program.

Thank you for this opportunity to share this information with you on behalf of sponsors across the country.

APPENDIX A

Food Research and Action Center

Child and Adult Care Food Program Benefits

Research has demonstrated CACFP's clear role in helping to assure good nutrition and high-quality, affordable child care. The program is a well documented success:

• The U.S. Department of Agriculture's Evaluation of the Child and Adult Care Food Program found that children in the Child and Adult Care Food Program re-

ceived meals that were nutritionally superior to those served to children in child care settings without the Child and Adult Care Food Program.

• The Journal of the American Dietetic Association published a study, Dietary Intake of Children In Urban Day Care Centers, comparing the intake of children at a center using the Child and Adult Care Food Program versus a non-participating center and found that children at the participating center had significantly higher intakes of many key nutrients, including protein, minerals, vitamins, and consumed significantly more servings of milk and vegetables, with fewer servings of fats and sweets, than the children at the non-participating center. Children from the participating center also had fewer days of illness than children from the non-participating center.

• The Economic Research Service's Maternal Employment and Children's Nutrition Volume 1, Diet Quality and the Role of CACFP reported, "An association was found between program participation and better overall diet quality (more fruit, milk and variety, and less total fat); reduced likelihood of food energy consumption below 90 percent of the average requirements; and lower levels of soda, other soft drinks, and added sugars. These differences especially favor children in low-income households."

• Findings from a recently completed study, It's 12 O'clock * * * What Are Our Preschoolers Eating For Lunch?, found that when comparing the meals and snacks children brought from home to eat in child care without CACFP to the meals and snacks served in child care with CACFP, meals and snacks brought from home had significantly poorer quality than meals and snacks served by CACFP providers. (Children were sent to child care with a wide range of foods including items such as a McDonald's McGriddle with sausage.) Meal quality was higher for the CACFP meals which generally featured more fruits and vegetables, lean meat and milk.

• A study conducted by the Midwest Child Care Research Consortium reported, that "participation in the USDA Food Program was associated with quality. This association held true for family child care providers and for infant/toddler center-based regardless of the provider's education level." In the report, Child Care Characteristics and Quality, researchers recommended using CACFP as a way to expand training and educational opportunities because "the USDA Food Program has been an important way to augment the quality of programs serving low-income children."

• The Families and Work Institute's Study of Children in Family Child Care and Relative Care, cited participation in the Child and Adult Care Food Program as one of the major factors associated with quality care, reporting that 87 percent of the family child care homes considered to be providing good quality child care participated in the Child and Adult Care Food Program.

• The U.S. General Accounting Office's report, Promoting Quality in Family Child Care, cited the effectiveness of the program: "Because of its unique combination of resources, training, and oversight, experts believe the food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide."[i]

APPENDIX B

Improve CACFP's Ability to Reach Low-income Families by Streamlining Program and Paperwork Requirements (No or Very Low Cost Proposals)

• Allow CACFP sponsoring organizations to plan multi-year administrative budgets, the use of carryover funds (similar to WIC) and the option to keep their earned administrative reimbursement using a "homes multiplied by rates" system similar to the new system recently enacted in the Summer Food Service Program. Taking a lesson from the success of these administrative mechanisms in the WIC and Summer Food Service programs, sponsoring organizations should be given the flexibility needed to use their earned reimbursement to provide the best services to child care providers in CACFP. This would allow sponsors to make adjustments to budgets to account for the level of provider participation which is often difficult to predict. Under the current system, if a sponsor saves in an attempt to set aside funding for a future purchase, for example to buy needed equipment instead of paying more through a lease, they are penalized by the reimbursement structure and lose the reimbursement. In addition, sponsoring organizations, which now have to bring their budgets to a full and complete stop at the end of the fiscal year, are sometimes forced to cut back on necessary spending towards the end of the year to insure their costs do not exceed earned reimbursement.

• Direct the Secretary to reduce paperwork by eliminating the ineffective and poorly targeted block claiming requirement. The block claiming requirement has ac-

[i] Improving Children's Health: Strengthening Federal Child Nutrition Programs

complished little except to generate an enormous amount of unnecessary wasted time spent filling out meaningless paperwork, driving around using up expensive gasoline, and alarming child care providers and parents for very little reason. A poorly defined edit check, such as the block claiming requirement, defeats the purpose and can actually be counterproductive as it pulls valuable resources away from legitimate control functions and programmatic objectives. Because the CACFP block claiming lacks specificity it identifies and funnels a large portion of false positives (legitimate claims) into higher intensity oversight, overwhelming other effective system of controls. All indications are that the vast majority of providers identified as block claiming under the rule are not over-claiming but are accurately recording a normal attendance pattern. These normal attendance patterns are reflective of a wide range of legitimate situations including homes with a small number of children.

• Restore the right to advance funds for sponsors and child care centers to cover program costs upfront. Some child care centers find it too expensive to pay all the CACFP food costs up front for several months before the first CACFP payment arrives. Advance funds, when a state chooses to offer them, can help to bridge that initial gap and ease the way for centers serving many low-income children to participate in CACFP. Some sponsoring organizations face similar problems and rely on advance funds. Sponsors regularly wait for up to two months before their claims for reimbursement are paid by the State. PL 104-193 reversed a long standing provision of the law and allowed states the option to eliminate advance funds. The right to advances should be restored to address access problems generated in areas where the funds have been removed.

• Allow CACFP family child care providers to facilitate the return of participating children's family income form. For parents willing to share their forms with their family child care providers this option could make participation in the program much easier. Parents can just hand their CACFP forms with their provider when they bring their child to child care. If the parent forgot to sign the document or failed to include other important information, the provider will be able to tell the parent right away and explain how to remedy it.

• Eliminate a barrier to participation by allowing the use of the last four digits of the social security number. Many parents are concerned about giving their full social security number on CACFP applications because of fears of identity theft. Using just the last four digits, like so many receipts and records these days, will allay parents fear and make them more willing to return the necessary CACFP forms for their children to participate in the program.

• Continue USDA Paperwork Reduction Initiative. We recommend USDA continue to build on the success of its Paperwork Reduction initiative including reconvening the work group.

• Streamline program operations, increase flexibility, and maximize technology and innovation to allow sponsoring organizations and providers to operate most effectively. There are a wide range of possibilities for accomplishing this goal, a number are listed below:

• Allow the use of existing attendance records instead of re-counting heads at meal time and snack time. Detailed attendance records are kept every day at child care programs. These records are sufficient, when coupled with food purchase and meal service counts, to determine consumption of meals and snacks each day.

• Allow total counts of meals and snacks served; stop requiring a name list and check-marks to indicate each individual child ate which meal and snack. Total numbers are sufficient for ensuring accountability of public funds to serve nutritious meals and snacks.

• States should also accept electronic print-outs of daily attendance records. Currently, not all states allow this, and instead require providers to manually prepare an additional list to document attendance for CACFP records separate from the attendance records they keep for the child care center as a whole.

• Establish permanent operating agreements for eligible child care programs with an annual update only if an update is needed to reflect program changes and to ensure continued compliance. If there have been no changes, there should be no update required. This would alleviate one of the many layers of paperwork involved in program participation.

• Require states that require both income eligibility and enrollment forms to combine the forms into one. Parents should not have to complete two nearly duplicative forms.

• On parent information forms, collect only the last four digits of the Social Security number to prevent identify theft and ensure parent participation in the eligibility process.

• Allow states to collect scanned documentation in place of duplicate paper copies. This would cut down on the need to make multiple copies of documentation, and to maintain those copies at the child center (and, for multi-site operators, reduce the duplicate paperwork also kept in the headquarters office). This would also reduce the quantity of paper and help CACFP to "go green."

• Allow two-year contracts with food vendors where possible. Allowing the opportunity to lock in a good rate for a two-year contract would be better than annual reapplications, and would save providers and state and federal agencies valuable time and money.

Chairman MILLER. Ms. Saluja.

STATEMENT OF KIRAN SALUJA, MPH, RD, DEPUTY DIRECTOR, PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

Ms. SALUJA. Good afternoon, Mr. Chairman, Ranking Member Kline, distinguished members of the committee, staff, and thank you so much, Congresswoman Chu, for the very nice introduction.

I am Kiran Saluja. I am here from Los Angeles. I work with this very large organization that Dr. Chu told us about. And I am also here as the voice of the National WIC Association, which essentially is an advocacy voice of over 12,000 service agencies that provide WIC services to over 9.2 million participants throughout the country. Of these 9.2 million, 7 million are infants and children under the age of 5.

And exactly what we are talking about here today, preventing childhood obesity, really needs to start in the WIC program. And I am here to tell you that we have a solution. We can actually start to prevent childhood obesity from the day the child is born, and the way we do it is by ensuring that this child gets exclusively breastfed. Not only does he get exclusively breastfed at birth, but he gets some duration, because, according to the Centers for Disease Control and Prevention, we can prevent 15 to 30 percent of childhood obesity if the child is breastfed. The greatest protection happens when the child gets no formula, no solids, and it goes on to at least 6 months.

Now, this is the magic pill. Why haven't we embraced it? Well, it certainly isn't for lack of effort, because I want to thank all the members of this committee. I want to thank Chairman Miller specifically, and Representative Carolyn McCarthy, the chair of the Healthy Families Subcommittee. Thanks to all of you, the Ag Appropriations Committee bill provided a major expansion. They quadrupled the breastfeeding peer counseling moneys in the last bill. They created a new breastfeeding performance bonus, which is very unusual and was extremely welcomed by WIC agencies and provided new funding for evaluation of program effectiveness.

The WIC food package was like manna from heaven for all the WIC providers. We had been waiting for it to change, and in October of 2009 it did change, and it is a fabulous tool for us to really get out there with good nutrition messages. And, it has a little extra food for the fully breastfeeding mother, which helps us package exclusive breastfeeding.

Now, you might say, well, what is WIC doing with breastfeeding? Well, our rates are increasing but they are increasing very slowly. And we are lagging behind the national data because non-WIC moms do better than WIC moms. And so why is that happening?

Well, I am here to ask you for five things. Everybody is asking you, so I am sorry.

I have five asks. Number one, we would really like you to direct Food and Nutrition Services to restore the $2 increment that the fully breastfeeding moms had when they had that little extra edge. It doesn't sound like a lot, but that $2, you know that WIC staff out in the field can really leverage it when they are working with a mom when she is kind of vacillating: I don't know, what should I do? Well, you know you get extra fruits and vegetables. So, we would really like to see that put back in.

We would like you to make us some time, so we can help mothers where they need the support. And you might say, well, how I am going to do that? I can't create time. Well, yes, you can. You can help us by extending certification for children—that is 40 percent of our participants—to 1 year. We do that for breastfeeding moms. We do that for infants. We should do it for children. That would release precious minutes that breastfeeding mothers need for support.

Now, what about barriers external to WIC, because everybody doesn't live in the WIC world. If they did, trust me, we wouldn't have childhood obesity and we would have everybody breastfeeding because that is how committed your WIC staff is out there. Well, the external barriers to breastfeeding really mean comprehensive policy changes in the institutions that our mothers go to outside of WIC, because we really need to optimize this money that has been put into WIC to do what we should be doing. And I am really speaking specifically of unsupportive infant feeding policies in health care systems. I am speaking of the intense direct marketing of infant formula, and I am speaking of poor community and workplace support.

So what I am asking you all is to really—I hate the cliche, think outside the box, but think outside the box and work with Members of Congress and figure out how can we tackle this problem, how can we pass legislation that says if there are Medicaid births happening in a hospital, that hospital should not sabotage breastfeeding, it should support breastfeeding. And you might say, how does it sabotage breast feeding? Babies get given formula bottles right at birth. Mothers get separated from their babies. It is not that people want to be mean, it is just the policy. It is like an archaic policy that needs to be changed and there are hospitals now that have embraced policies. Outcomes are different.

Oregon has some very wonderful hospitals. Northern California does. Throughout the country we have some very good models. I would love us to have many more of them throughout the country.

What about marketing of infant formula? You might say, well, you know—my time is almost up—moms get very confused with marketing messages. They come to WIC and they say, Can I have that breast milk in a can? And we are like, there is no such thing. And it is because they get free formula when they leave the hospital, they get formula, coupons, and free formula at their doorstep.

This has to stop. We are spinning our wheels in the WIC program. Our mothers are suffering and our babies are getting fatter and none of us really want that. I know my time is up so I will not keep that beautiful quote that I had at the end.

I had two more asks, but they are in my written testimony. Thank you for indulging me. I really appreciate your attention.

Chairman MILLER. Thank you very much.

[The statement of Ms. Saluja follows:]

Prepared Statement of Kiran Saluja, MPH, RD, Deputy Director, PHFE WIC Program

Good morning Chairman Miller, Ranking Member Kline and distinguished Members of the Committee. I am honored by this opportunity to address the Committee and applaud your commitment to WIC and the Child Nutrition Programs.

I am Kiran Saluja, Deputy Director of the non-profit Public Health Foundation Enterprises WIC Program in Irwindale, California. PHFE WIC is the largest local agency WIC Program in the nation serving 326,350 participants every month. In our agency, we enroll 60,000 newborns annually, delivered at over 80 birthing hospitals in the nation's most ethnically and culturally diverse, densely populated counties—Los Angeles and Orange County, California.

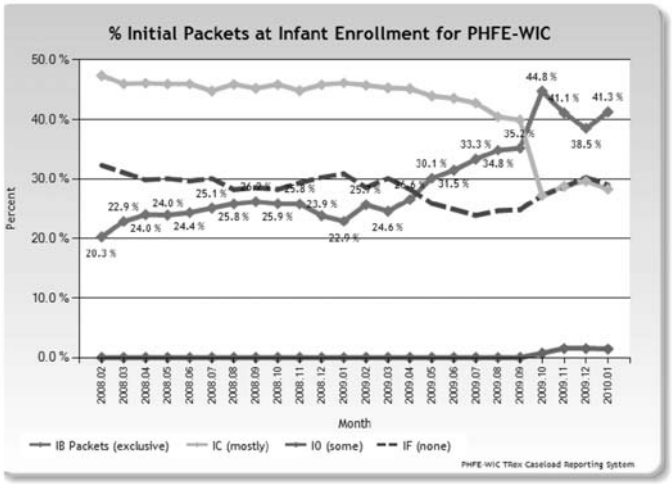
I am testifying today on behalf of the National WIC Association (NWA), the education and advocacy voice of the over 9.2 million participants and 12,200 service agencies of the Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC. A copy of the Association's 2010 WIC Reauthorization recommendations and statement on WIC's Role in Preventing Maternal and Childhood Overweight and Obesity have been attached to my submitted testimony.

I am honored to have this opportunity to share some of our breastfeeding promotion, support and advocacy strategies and our successes.

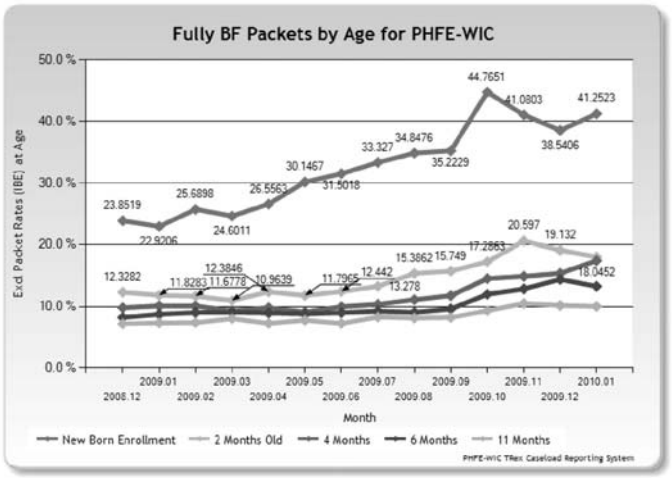
"Breastfeeding is a natural "safety net" against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood) then for the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence. * * * It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born."

These words by James P Grant, former Executive Director of UNICEF, may well have been written for the millions of infants and children served by the WIC Program. This is because WIC, along with AAP, CDC, WHO and many other health organization, has long understood that breastfeeding offers far-reaching benefits for mothers and babies. These organizations unanimously support exclusive breastfeeding as the preferred, normal and species specific way to feed babies for at least the first six months of a baby's life. Increasing exclusive breastfeeding rates among low-income women is a key strategy for health improvement in general—and particularly for the prevention of childhood obesity.

The collective efforts of WIC Programs across the country at promoting and supporting breastfeeding have resulted in an increase in breastfeeding rates. According to the most recent WIC Participant Characteristics Report, breastfeeding rates are at record highs—58% initiation and 28% at 6 months. It is true however that despite the continued rise in breastfeeding rates overall, these rates are lower than the Healthy People 2010 goal of 75% breastfeeding initiation and 50% at 6 months. At PHFE WIC our comprehensive collective efforts have demonstrated an increase in the numbers of infants breastfed at newborn enrollment. The dramatic effect of the changes to the WIC food package was most apparent in October 2009 when the rate of exclusively breastfed newborns enrolled in the PHFEWIC program jumped to a record high of 44.8%. [see graph on next page]



There is also a slow but definite increase in the DURATION of breastfeeding among PHFEWIC's 60,000 infants as is seen in the graph below. Notice all ages depicted (2, 4, 6, 12 months) show a steady upward trend.



Last year, in the Agriculture Appropriations bill, Congress created huge opportunities for WIC to make quantum improvements in breastfeeding rates, which the WIC community is really excited about. The WIC community is grateful to Representative Carolyn McCarthy, Chair of the Healthy Families and Communities Subcommittee, and to Chairman Miller for their vision and leadership in promoting increased funding for WIC breastfeeding initiatives through legislation extending WIC and the Child Nutrition Programs through September 2010 signed into law last year. The bill provided a major expansion of Breastfeeding Peer Counselor (PC) programs by increasing funding fourfold, as well as supporting (1) creation of a new performance bonus for states that achieve high rates or increased current rates of exclusive breastfeeding and (2) new funding for evaluations of program effectiveness. (Aside from the WIC appropriations, coverage for breastfeeding support, including the use of Peer Counselors, was written into all pending versions of health care reform legislation, since it has been approved and recommended by the US Preventive Services Task Force.)

As you know, the increase in PC funding represents a substantial increase, from $20 million to $80 million this fiscal year, which should enable state and local WIC

agencies to assist many, many more WIC mothers with effective support for increased breastfeeding initiation, duration and exclusivity.

Coupled with the major policies around breastfeeding and infant feeding that were a key component of the WIC food package changes we implemented last October, this incredible boost in breastfeeding investment means that a real opportunity now exists for the WIC community to achieve—and document—increased rates of exclusive breastfeeding in a population that is disproportionately impacted by the poor health outcomes including obesity, diabetes, and other chronic disease, which breastfeeding can help prevent.

Robust and well-designed evaluations of peer counseling and other breastfeeding interventions are critical in assisting state and local WIC agencies determine the most efficient and effective strategies for increasing the rates and duration of exclusive breastfeeding in our diverse population. The new WIC breastfeeding performance bonus can then be used to encourage state and local WIC agencies to adopt breastfeeding promotion and support strategies that really work. The performance bonus is a groundbreaking policy. For the first time in our history, this new provision challenges WIC to go beyond our important core function of serving all the families we can, to actually beginning to work towards concrete and measurable public health outcomes.

In 2005, the Institute of Medicine (IOM) recommended an enhanced breastfeeding food package to encourage and support mothers who choose to fully breastfeed. The USDA Food and Nutrition Service (FNS), in publishing its Interim Final Rule on the WIC Food Packages correctly emphasized the distinction between the fully breastfeeding food package and other food packages for women when it set the fruit and vegetable cash value vouchers for this food package at $2 above the value for other food packages for women. These changes in the WIC Food Package provided WIC staff unprecedented opportunities to market the enhanced food benefits for "fully" (i.e., exclusively) and "mostly" breastfeeding mothers and babies. The fiscal year 2010 Agriculture Appropriations Act directed FNS to increase the fruit and vegetable cash value voucher to the IOM recommended value for all women to $10, eliminating that important distinction.

I urge the Committee to:

A. Maintain the enhanced value of the fully breastfeeding food package, as recommended by the IOM and as proposed by FNS in the Interim Final Rule, and direct FNS to set the breastfeeding fruit and vegetable cash value voucher for the breastfeeding package at $12 vs. $10 for all other women.

B. Maintain funding for robust and strategic evaluations of WIC, including the impact of breastfeeding, and food package changes on participant health behaviors and outcomes.

C. Support the Breastfeeding Performance Bonus and provide $10 million in performance bonus payments (to be treated as program income) to State agencies that demonstrate the highest proportion of breastfed infants, as compared to other State agencies participating in the program; or the greatest improvement in proportion of breastfed infants, as compared to other State agencies. When providing performance bonus payments to State agencies, FNS should consider a State agency's proportion of participating fully breastfed infants.

WIC's breastfeeding education and promotion efforts are well in sync with the enhanced foods of the new WIC food packages for babies as well as mothers. Throughout the nation WIC staff received intensive training in how they would no longer be routinely providing infant formula in the first month, instead offering lots and lots of breastfeeding support. To reach extended duration and have mothers breastfeed fully to one year, the extra foods for babies at six months are expected to prove an added bonus. Staff is spending more time counseling new mothers and at subsequent visits working with mothers to resolve breastfeeding challenges to keep mothers as mostly or fully breastfeeding. All of this takes time. To allow sufficient time for ongoing breastfeeding support we must look at releasing precious minutes from other activities.

Currently states have the option to certify infants and breastfeeding women for one year at a time. However, the current eligibility period for children—who make up nearly two-thirds of those enrolled in WIC—remains every 6 months. This simple change would allow WIC frontline staff to redirect their focus from costly paperwork to the provision of nutrition education, enhanced breastfeeding support and anticipatory guidance.

I urge the Committee to give States the option to certify children for one year.

Peer Counseling Funding

The needs of WIC mothers for breastfeeding support vary greatly with culture, age, education, assimilation, employment, family support or lack thereof, and a host

of other variables. Hospital practices are critical to affect positive or adverse outcomes. At PHFEWIC some of our WIC sites enjoy very high Fully Breastfeeding rates; at some sites over 80% of newborns do not use any infant formula and at two months over a third of the babies are still Fully Breastfed. However, at some of our sites the picture is quite the reverse!

At the sites with very low breastfeeding rates we have found Peer Counselors to be the solution! The additional funding for Peer Counselors was met with roars of approval and has infused WIC programs with the hope that they can really step up the support for our mothers. We, at PFFE WIC, are excited at the prospect of tripling the number of our Breastfeeding Peer Counselors from 7 to 21 of our 54 sites! Peer Counselors are undoubtedly an integral part of a spectrum of breastfeeding support however we must be realistic that we cannot provide their level of services and support out of regular Nutrition Services funding. The WIC community is grateful that this Committee and our partners at USDA recognize that Peer Counseling services are resource and funding intensive and have provide targeted funding for expanding the Peer Counseling program.

The National WIC Association applauds the Committee for its support for Peer Counselors and urges that $83 million be targeted for special nutrition education such as breastfeeding Peer Counselors and other evidence based diversified breastfeeding related activities. We urge Congress to give WIC agencies the flexibility to work collaboratively with health care partners to find the most successful methods for supporting exclusive breastfeeding for six months in each community.

Breastfeeding Broken Hospitals

It is my dream to see that every WIC baby gets a fair start in life through exclusive breastfeeding I want them to get the documented benefits, which include significantly reduced risk for infections and for chronic diseases such as diabetes, asthma, and obesity among children, as well as fewer visits to the doctor's office, fewer days of hospitalization, and fewer medications than children who are formula-fed. Newer studies from Europe have even demonstrated that breastfed children scored significantly higher on cognitive and IQ tests than control group children.

I have spent the past 25 plus years of my life working to realize my dream of seeing every WIC mom and baby breastfeed. WIC is unique in that it is the only federal nutrition program with a mandate, backed by serious funding, to promote and support breastfeeding. WIC breastfeeding education ensures that all enrolled pregnant women learn about the whys and "how to-s" of breastfeeding. They receive individual education, share their experiences in small groups, and get consistent support and encouragement to exclusively breastfeed.

Thanks in large part to the WIC Program's efforts, breastfeeding initiation rates among low-income women have increased in the last decade. However, exclusive breastfeeding rates remain challenged—indicating widespread supplementation of breast milk with formula. Using formula undermines breastfeeding because it interferes with a mother's ability to establish her breastmilk supply. Duration of breastfeeding beyond the first few months is also rare in the WIC population. Data from the CDC reported in 2009 in the Breastfeeding Report Card indicated that only one in three babies in the country were exclusively breastfed at three months and a mere 13.6 percent at 6 months.(1) I can say with a great degree of assurance that WIC babies were a very small fraction of those numbers. In California, only about 18% of WIC mothers are still breastfeeding after the first three months. At my larger agency exclusive breastfeeding drops off rapidly with 41 percent of our mothers breastfeeding in the first month to merely 12 percent breastfeeding exclusively at 6 months.

Why are exclusive breastfeeding rates so low? In the face of intensified marketing of infant formula, inadequate infant-feeding policies in healthcare systems, and poor social supports, attempts to increase breastfeeding among WIC mothers to meet their self expressed goals can only be successful with comprehensive policy change in the institutions serving them. In particular, maternity hospital policies directly influence all future breastfeeding behaviors by either facilitating or undermining them. Sadly, breastfeeding too often starts—and ends—in hospitals during the first few hours of life. While some hospitals throughout the nation work collaboratively with breastfeeding professionals to assure a positive in-hospital breastfeeding experience, far too many are breastfeeding-broken hospitals.

By way of example, I would like to address a situation with which I am most familiar. Los Angeles County has the lowest breastfeeding rates—and the worst disparities—in California. Unless a baby is born in one of four hospitals on the more affluent West side of the county, there is less than a 50% chance that a mother will breastfeed exclusively, especially if that baby's mother is low income and non-white. Nine out of California's 15 maternity hospitals with the worst rates of exclusive

breastfeeding initiation are located in Los Angeles, with Orange County close behind.

WIC mothers who wanted to breastfeed and were confident that they could breastfeed are systematically undermined at every step once they enter breastfeeding-broken hospitals. Where mammals should be kept together with their young, babies are routinely taken away from their mothers at the very moments and hours that the breastfeeding instinct is the strongest and "skin to skin" contact is critical. Instead, babies are bundled into warmers and tucked into plastic bassinets with little bottles of infant formula conveniently placed inside. Mothers "recover" alone and babies are brought to them, often after a formula feed, sated and sleepy. Mothers feel dejected when the newborns nuzzle lazily at the breast, but show no desire to latch on.

This scene is repeated every few hours and the mother is convinced that her baby does not "like her breast". She is unsure of how to hold her baby, hold her breast, may be in pain, and further may not speak the language of the hospital staff or be intimidated by the system. Many nurses, with busy charting demands and perhaps lacking breastfeeding related training, may add to the new mother's self doubts by passing unhelpful comments "Oh, your breast are so big"; "don't you know how to put your baby to the nipple"? Etc. At other times the baby may instinctively start suckling at the breast but, having previously been imprinted by the rubber nipple of the formula bottle which has a very different flow pattern, may not know how to "milk" the breast. The sucking is ineffective, milk flow slow and this of course frustrates the baby; the baby cries and gets off the breast, a caring nurse or relative offers another bottle, the baby guzzles hungrily and the die is cast! And another one bites the dust! One more WIC mother and baby leave the hospital, at best breast and formula feeding or, at worst, fully formula feeding! Their next stop is WIC * * * not for breastfeeding support but for infant formula!

Every day frontline WIC staff experience frustration when they see firsthand how breastfeeding-broken hospital policies and practices sabotage a WIC mothers' desire to breastfeed in the critical first few days of life. These moms—who have previously indicated their desire to breastfeed—return to WIC for their first post-partum appointment already bottle-feeding, with their milk supply already compromised.

Until breastfeeding-broken hospital policies change, WIC breastfeeding educators and mothers will continue to swim upstream. Until we address the wider issue of breastfeeding-broken hospital and healthcare policies and practices through strategic reforms, WIC will not see maximum returns from its huge investment in breastfeeding promotion and support: concrete and measurable health improvements for low-income families. Failure to address the stark differences in breastfeeding rates in the U.S. will exacerbate the deepening health and social inequities we face, and continue to generate increased public costs we cannot afford.

An important place to start to help WIC succeed in its breastfeeding support and promotion efforts would be to fix the breastfeeding—broken hospitals! While I recognize this may be beyond the purview of this Committee, I am compelled to ask you to work collaboratively with your colleagues on the Energy and Commerce Committee and Ways and Means Committee to pass legislation that requires that all hospitals that receive Medicaid funds adhere, at a minimum, to a set of model policies that do not sabotage breastfeeding, and at best initiate steps to become a Baby Friendly Hospital.

Formula Marketing

Families with new babies are in a constant state of learning—feeding, changing, bathing, and soothing the baby. This can be a bewildering experience. New mothers are insecure about their breast milk supply; whether they are producing enough of this elixir that cannot be measured in ounces in a calibrated bottle and which the baby wants at very frequent intervals in the first few days. This in a world where formula feeding defines the normative model for infant behavior; families expect a baby to eat every three hours, sleep in between, and finish 2-3 ounces at a feeding. BUT THAT IS NOT THE BREASTFED BABY NORM! This baby eats a little bit all the time; newborns have teeny tiny stomachs that get filled up quickly. Moreover, mother's milk, being the perfect food, is digested quickly! WIC can promote breastfeeding to our sincerest heart's content, but how do we get breasts and apparently always hungry newborn breastfed babies to compete with the images of the contented cherubic formula fed babies promoted by Madison Avenue?

Advertisements about "comfort proteins"—there is no such thing—in one type of infant formula float around a happy baby on TV, while DHA supplemented formulas claim to be just like "mother's milk in a can" and new "designer formulae" hit the market at regular intervals (Lipil today, Premium tomorrow, Lactofree today and Sensitive tomorrow!). With smart salespersons who regularly stalk hospital nurs-

eries and pediatrician's offices, new formulae find willing peddlers in health care staff who want to "help" mothers with a can of the latest sample! Can mother's milk compete in this market?

Coincidently, just when WIC education about the miracles of colostrum (the first milk) and the innumerable benefits of breast milk begins to resonate with mothers at about two weeks post partum there is an incredibly timed delivery of FREE INFANT FORMULA, or/and coupons for formula at the mother's doorstep. For the family this is like manna from heaven! The formula is given to the baby and the mother's breastmilk, produced by the body in a demand-supply continuum, further diminishes. What chance does breastmilk have in this battle for the baby share? Not a lot, as is evidenced by the billions of dollars spent by WIC on infant formula.

Infant formula companies battle for market share against a unique product: breast milk, a living food that contains hundreds of active biological substances that cannot be manufactured and are not present in infant formula. Truly a "designer" food, breast milk varies from woman to woman, from day to day and from hour to hour in response to the needs of that particular baby who was birthed by the mother. As breastfeeding rates have slowly and steadily increased, particularly among low-income women, the formula industry has grown more aggressive in its attempt to regain market share, particularly by pushing formula supplementation (i.e., combining breastfeeding and formula feeding).

In 1994, the United States signed on to the International Code for Marketing of Breastmilk Substitutes of the World Health Organization, which prohibits direct marketing of infant formula to mothers and health care providers. However, there are increasing reports that U.S. formula companies are violating the WHO Code through a number of means: routine and widespread direct marketing, including saturation advertising to mothers with billboards and magazine ads; detail marketing to healthcare providers; and provision of free formula to new and expectant mothers via discount coupons, direct free shipments of formula, and hospital discharge packs.

A 2006 Government Accountability Office (GAO) report documented marketing practices and how much formula manufacturers spend on them. As the U.S. birth rate levels off, growth in the domestic infant formula market is primarily being driven by price increases, not by the quantity of formula sold. To maintain profitability, formula manufacturers have raised their prices by creating a dizzying array of new product lines and additives that come with attractive—though scientifically questionable—health claims. Examples of claims for more recent formulations tout relief for "fussy babies" or "gas."

Although these products include FDA-approved "designer" ingredients, which have been "generally recognized as safe" according to FDA standards, the direct health benefits of these additives have not been proven. The most disturbing direct advertising for these more expensive "new" formulas subtly undermines the obvious and proven superiority of breastfeeding by positioning formula as more and more equivalent to breast milk, as demonstrated by the following text on a company website: "Closer Than Ever to Breast Milk! * * * The first and only infant formula that has a unique blend of prebiotics, nucleotides, and antioxidants—nutrients naturally found in breast milk. Plus, it has DHA and ARA, ingredients shown to help your baby's brain and eyes." WIC providers report that this kind of marketing is causing confusion among WIC participants using infant formula, who sometimes ask if WIC provides "the breast milk in a can."

Thus another important way to help WIC promote and support breastfeeding, would be for the Committee in collaboration with your partners in Congress to make a determined effort to eliminate or sharply curb the blatant direct marketing of infant formula, which violates the WHO code and targets vulnerable low income women of color.

Breastpump Funding

WIC mothers at 3—4 weeks post partum face a whole new set of obstacles to their breastfeeding goals. The few, the determined, those that WIC staff are able to "rescue" and who are still breastfeeding without formula may have to think about returning to work!

California and twenty-four states, the District of Columbia and Puerto Rico have laws related to breastfeeding in the workplace (Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Maine, Minnesota, Mississippi, Montana, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington and Wyoming).

Many WIC programs advocate for their working breastfeeding mothers and many, thanks to the support of this Committee and Congress, have breastpumps that are loaned free of charge to WIC participants so they can pump breastmilk while at

work. Needless to say, at PHFEWIC, we do not have enough breastpumps to support all our working mothers. Pumps are given preferentially to those women whose babies are in the Neonatal Intensive Care Units (NICUs) with only the remaining pumps going to the WWPP (working women pump program). A study of this program showed that WIC working mothers, who received a pump from the WIC program, exclusively breastfed for 120 days MORE THAN comparable working mothers who were not able to get a breastpump from WIC. (JHL, 2008, Meehan et al).

In 1999, Congress approved a National WIC Association proposal to allow the use of food dollars for the much needed purchase of breast pumps to support working mothers. In 2005-2008, as the nation began to experience a growth in the numbers of women and families in poverty and an increase in the working poor, the Program was forced to turn to contingency funds to support rapidly expanding caseload. USDA placed restrictions on the use of those funds, preventing WIC agencies from purchasing breastpumps with those resources. I urge the Committee to direct USDA to allow use of contingency funds for breast pump purchase to guarantee breastfeeding mothers the critically necessary feeding aids to support their healthy breastfeeding choice in the workplace.

Federal Breastfeeding Support

Appreciating the external challenge we face in the WIC Program, Congress has recognized the importance of WIC breastfeeding promotion and support and has steadily increased the funding available to support this effort. WIC staff has not only embraced, but championed breastfeeding personally and professionally. Within WIC we have clearly established breastfeeding as the expectation and the norm.

Like other WIC agencies across the nation, PHFEWIC has embraced the culture of breastfeeding and assures a breastfeeding—friendly work environment. The 700 or so employees at PHFEWIC give birth to 22 to 28 babies every year and largely due to an effective employee perinatal support program almost all of our staff breastfeeds exclusively in the hospital, at six weeks, and when they return to work. Indeed, we have some very long term breast feeders (beyond 2 years) and even have staff that have tandem breastfed (2 babies, different ages: 2 months and 17 months). Our staff enjoys incredible support from the time they report their pregnancy until they stop breastfeeding. They are better counselors for having had such good personal experiences and working in such supportive environments. Staff support for breastfeeding is a common thread for WIC programs throughout the nation. For staff, WIC is the breastfeeding mecca.

Our participants, however, live in the REAL world! They make forays into the WIC breastfeeding world once a month, but then return to their "formulagenic" world and may access other services and programs—many of them federally funded—that are not breastfeeding friendly. As an example, WIC moms who are TANF recipients are required to attend trainings after they have delivered their babies. They are discouraged to attend with their newborn-3 month old babies; this is NOT a breastfeeding friendly policy. Staff at various assistance programs have been known to ask women to leave the premises if they breastfeed their babies. This, too, is NOT a breastfeeding friendly policy.

The bottom line here is that we must do everything in our power to support WIC in its efforts to make breastfeeding the cultural norm.

On behalf of the National WIC Association, I urge the Committee to:

a. Emphasize "breastfeeding promotion and support" as an integral part of nutrition education and add such language (breastfeeding promotion and support) to each citation related to WIC for nutrition education in the Child Nutrition Act of 1966.

b. Ensure that ALL federal programs serving families, in particular, but not limited to the Supplemental Nutrition Assistance Program and the Child Care and Adult Food Program are breastfeeding friendly and that the employees have, at a minimum, a clear understanding that breastfeeding mothers and babies will be supported.

WIC-led Collaboratives

Slightly more than one out of every two infants born in the US participates in the WIC program. For the PHFEWIC program this translates into 5000 new babies each month. While we can, (and we HAVE) changed WIC policy, procedures, food benefit packages, created special funding for Peer Counselors, and recognized the need to fund the purchase of breast pumps, the reality is that WIC breastfeeding efforts do not exist in a vacuum. Our families live in the REAL world, not the breastfeeding utopia that many WIC sites have become. The best news is that we have willing and eager partners that are hungry to join hands with us and collaborate to effect the environmental changes that will ultimately lead to the optimal duration of exclusive breastfeeding.

WIC Programs across the nation work hard to collaborate with all manner of partners to encourage breastfeeding success. In the Los Angeles area the various local agencies that provide WIC services came together over 15 years ago and partnered with the La Leche League, local lactation professionals, hospital staff and breastfeeding moms to form a coalition: The Breastfeeding Task Force of Greater Los Angeles. Today this Task Force is a respected national entity, sought out by local, state and federal funders to provide a myriad of programs and projects to impact breastfeeding. WIC and the Task Force collaborate on privately funded projects to advocate for WIC participants, to make the workplace more breastfeeding friendly, and to keep up the pressure to move hospitals along the path to becoming Baby Friendly.

Exemplifying collaborative partnerships, NWA is hosting a special Breastfeeding Summit here in Washington D.C. on Tuesday, March 9, 2010 to shine the spotlight on the assortment of successful WIC initiatives throughout the nation and to promote, support and advocate for breastfeeding mothers and babies enrolled in the WIC program. As the nation's premier public health nutrition and prevention program with a clear funded mandate to promote breastfeeding, WIC is staking it's rightful claim as the nation's breastfeeding support and promotion leader and inviting partners to join hands with us.

Full engagement and leadership in local or state collaboration efforts focused on breastfeeding promotion, while desirable and necessary, present challenges for many WIC programs due to resource limitations and staffing constraints. Resources are sorely needed to create WIC—led breastfeeding collaboratives which aim to bring key stakeholders together to ensure seamless breastfeeding support for low income women in their communities.

WIC mothers and babies need the same opportunities and support to breastfeed their babies fully like their wealthier, more educated, mainly white sisters, who are outside of the WIC world. Our challenge is to reduce the chasm between the breastfeeding rates among WIC and non-WIC populations and have good credible sources of data to evaluate our progress. Across the nation, dedicated, creative and indefatigable WIC staff roll up their sleeves everyday and get ready to promote and support breastfeeding.

There is a new enthusiasm in the air, the buzz around the supportive food package, the funding for Peer Counseling, the growing recognition that breastfeeding can play a major role in improving the health and well-being of an entire new generation of citizens. We are pinning our hopes on you. I want to sincerely thank you, members of the Committee, for allowing me to share a bit of my passion with you today.

Chairman MILLER. Ms. Gettman.

STATEMENT OF LUCY GETTMAN, MA, MSW, DIRECTOR OF FEDERAL PROGRAMS, NATIONAL SCHOOL BOARDS ASSOCIATION

Ms. GETTMAN. Chairman Miller, Ranking Member Kline, my name is Lucy Gettman. I am director of Federal programs for the National School Boards Association. As a former child nutrition advocate, and now an advocate for school boards, I thank you for the opportunity to address the committee on this important issue affecting children enrolled in our public schools.

The National School Boards Association represents the Nation's nearly 15,000 local school districts and over 95,000 local school board members by working with and through our State School Boards Associations. At the organizational level, NSBA's School Health Programs Department assists school policymakers and educators to make informed decisions about health issues affecting the academic achievement and healthy development of students and the effective operation of schools.

Services are provided with and through NSBA's member State associations and school boards in partnership with other national organizations such as the National Association of State Boards of

Education, the Alliance for a Healthier Generation, and Action for Healthy Kids.

Additionally, NSBA is very proud of its efforts to promote nutrition in the schools and to prevent childhood obesity through Web-based services, educational programming, and publications. A summary of our efforts is provided as an appendix to our statement.

Without question, local school districts believe that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential. Healthy students learn better. Children and youth who eat nutritious foods and stay active are healthier, perform better in school, and learn behaviors that will keep them healthier throughout their lifetimes.

School boards are acutely aware of the importance of ensuring that children have access to healthy and nutritious food, and many have already taken steps at the local and State level to improve nutrition and healthy eating. One such example is the State of Delaware, where a public/private partnership of education and health stakeholders, including the Delaware School Boards Association, established the Edith P. Vincent Healthy School Awards to recognize the work of public schools championing children's health, including nutrition.

NSBA's Health Programs Department maintains many examples of school district efforts to improve student health and nutrition on its promising district practices database. Healthy nutrition success stories include a district in Kentucky that increased breakfast participation rates to 95 percent; a district in New Jersey that holds monthly coordinated health team meetings to discuss increasing use of fruits and vegetables, coordinating with food services and meeting with the PTA. There is a Pennsylvania district that created its own wellness brand to establish a new culture in the district to promote health. And there is an Arkansas district that implemented a water-only policy for sale in the district's vending machines.

There are many other examples of local initiatives because the commitment to increasing student access to healthy and nutritious food is not unique. What is unique, however, are the circumstances of each school district. What is successful at one won't necessarily work at another. The geography, economy, demographics and resources available in the community vary for each district. The challenges, opportunities, and responses to local circumstances will also vary.

Local decision-makers and stakeholders are in the best position to understand and meet the needs of each district, including child nutrition, with the Federal Government playing an important supportive role. Therefore, I have the following recommendations for strengthening nutrition programs in the child nutrition reauthorization.

Recognize local school district authority and the variance among local circumstances and laws or policy addressing child nutrition.

Next, refrain from imposing additional regulations or mandates on schools outside of the federally subsidized School Lunch and Breakfast Programs, and adequately reimburse schools for the cost of these services.

In addition, support school districts, local communities and States that are assuming greater responsibility for health and nutrition through incentives and grants that enable them to further expand their local commitment.

And finally, ensure that adequate resources are available for school nutrition programs, for the meals and administration, the equipment and facility improvements, training for staff education and other stakeholders, for nutrition education and support of local initiatives.

These recommendations are based on NSBA's resolutions, which are determined by a national 150-member delegate assembly, members of which are selected by their States to collectively establish policy representing the perspective of 95,000 local school board members. The process is annual and ongoing, and the policy development begins in local communities in the States and culminates at NSBA's annual convention each spring.

In conclusion, reauthorization of the Child Nutrition Act is an opportunity to celebrate the progress made since the 2004 reauthorization and to envision an even healthier future for our children. Improving the quality of and expanding access to school meals is important to our children and our Nation. School districts are vital partners in the effort to assure a healthy and positive learning environment for children to achieve their full potential. The Child Nutrition Act reauthorization is an opportunity to acknowledge and support this local leadership and authority.

Thank you again for the opportunity to comment. NSBA looks forward to a continuing conversation and collaboration about this critical issue. Thank you.

Chairman MILLER. Thank you.

[The statement of Ms. Gettman follows:]

Prepared Statement of Lucy Gettman, Director of Federal Programs, National School Boards Association

Mr. Chairman: My name is Lucy Gettman, director of federal programs for the National School Boards Association (NSBA). As a former child nutrition advocate and now an advocate for NSBA, I thank you for the opportunity to address the Committee on this important issue affecting children enrolled in our public schools. The National School Boards Association represents the nation's nearly 15,000 local school districts and over 95,000 local school board members by working with and through our state school boards associations.

At the organizational level, NSBA's School Health Programs department assists school policymakers and educators to make informed decisions about health issues affecting the academic achievement and healthy development of students and the effective operation of schools. Services are provided with and through NSBA's member state associations of school boards, in partnership with other national organizations, such as the National Association of State Boards of Education, Alliance for a Healthier Generation, and Action for Healthy Kids.

Additionally, NSBA is very proud of its efforts to promote nutrition in the schools and to prevent childhood obesity through web-based services, educational programming, and publications. A summary of our efforts is provided as an appendix to our statement.

Without question, local school districts believe that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential. Healthy students learn better. Children and youth who eat nutritious foods and are active stay healthier, perform better in school and learn behaviors that will keep them healthier throughout their lifetimes.

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stakeholders including the Delaware School Boards Association established the Edith P. Vincent Healthy School Awards to recognize the work of public schools championing children's health, including nutrition.

NSBA's School Health Programs maintains many examples of school district efforts to improve student health and nutrition on its Promising District Practices database. Healthy nutrition success stories include:

• A district in Kentucky that increased breakfast participation rates to 95 percent.

• A district in New Jersey that holds monthly coordinated health team meetings to discuss increasing use of fruits and vegetables, coordinate with food services, and meet with the PTA.

• A Pennsylvania district that created its own "wellness brand" to establish a new culture in the district to promote health.

• An Arkansas district that implemented a water-only policy for sale in the district's vending machines.

There are many other examples of local initiatives, because the commitment to increasing student access to healthy and nutritious food is not unique. What is unique; however, are the circumstances of each school district. What is successful at one won't necessarily work at another district. The geography, economy, demographics, and resources available in the community vary for each district. The challenges, opportunities and responses to local circumstances will also vary. Local decision makers and stakeholders are in the best position to understand and meet the needs of each district, including child nutrition, with the federal government playing an important supportive role.

Therefore, I have the following recommendations for strengthening nutrition programs in the child nutrition reauthorization:

• Recognize local school district authority and the variance among local circumstances in laws or policy addressing childhood nutrition.

• Refrain from imposing additional regulations or mandates on schools outside of the federally subsidized school lunch and breakfast programs and adequately reimburse school districts for the cost of those services.

• Support school districts, local communities and states that are assuming greater responsibility for health and nutrition through incentives and grants that enable them to further expand their local commitment.

• Ensure that adequate resources are available for school nutrition programs, for meals and administration, equipment and facility improvements, training for staff, educators and other stakeholders, nutrition education and support for local initiatives.

These recommendations are based on NSBA's Resolutions, which are determined by a national 150-member Delegate Assembly, members of which are selected by their states to collectively establish policy representing perspectives of 95,000 local school board members. The process is annual and on-going in that the process of policy development begins in the states and culminates at NSBA's annual convention each spring.

Conclusion: Reauthorization of the Child Nutrition Act is an opportunity to celebrate the progress made since the 2004 reauthorization and to envision an even healthier future for our children. Improving the quality of and expanding access to school meals is important to our children and our nation. School districts are vital partners in the effort to assure a healthy and positive learning environment for children to achieve their full potential. The Child Nutrition Act reauthorization is an opportunity to acknowledge and support this local leadership and authority.

Thank you again for the opportunity to comment. NSBA looks forward to a continuing conversation about this critical issue.

APPENDIX

Efforts to Improve Child Nutrition

March 2010

The National School Boards Association (NSBA), through its School Health Programs department, supports NSBA's commitment to help school policymakers and educators make informed decisions about health issues affecting the academic achievement and healthy development of students and the effective operation of schools. Services are provided with and through NSBA's member state associations of school boards, and in partnership with other national organizations such as the National Association of State Boards of Education, Alliance for a Healthier Generation, and Action for Healthy Kids. NSBA receives funding from the Centers for Disease Control and Prevention (CDC) to support much of its work on health issues.

Web-based services through NSBA's School Health Programs webpage (*www.nsba.org/SchoolHealth*)

• "101" Packets on school health topics such as Wellness, Childhood Obesity, Nutrition, and Physical Activity provide the data, background information, research and sample policies to support local school board decision making. "Promising District Practices" website provides the "stories" of how school districts have acted to address healthy eating and physical activity.

• A Childhood Obesity web page launched in January 2010 provides easy access to data, research, and tools for making policy and environmental change.

• "Updates and Special Announcements" alert school officials to new research and reports on a wide range of health topics, including nutrition, to inform decision making. Users can sign up to obtain the "Updates" via an RSS feed.

• Searchable database of research, information and sample policies provides essential information on a wide variety of school health topics including nutrition.

Educational Programming

• NSBA's annual conference (April 4-7, 2009, San Diego, CA): several sessions focused on school nutrition and wellness were presented in partnership with such organizations as the Alliance for a Healthier Generation, Action for Healthy Kids, and the School Nutrition Association. The 2010 conference (April 10-12) in Chicago also will have multiple sessions on school nutrition and related health issues, including a session provided by the California School Boards Association on collaborative leadership for addressing health issues.

• Symposium on Childhood Obesity (July 2008, Little Rock, AR): 12 state teams that included members of state boards of education and local school board members convened to develop action plans to drive childhood obesity initiatives/policy change in their states. Follow-up technical assistance was provided to these state teams.

• Webcast: On December 1, 2009, in partnership with the Missouri School Boards Association's Education Solutions Global Network (www.esgn.tv), NSBA hosted a webcast on strategies for addressing childhood obesity, which targeted school board members and other state and local elected and appointed policymakers.

Publications

• Content in the American School Board Journal, including a special report focusing on "Health and Leadership" in addressing childhood obesity (February 2009—access online at www.asbj.com).

• Participation in the development of Leadership for Healthy Communities Action Strategies Toolkit, a new toolkit for state and local policymakers to develop policy measures addressing issues around childhood obesity, including nutrition in schools (in partnership with Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation).

Chairman MILLER. Thank you very much to all of you for your testimony.

Ms. Morrison, can you just—I only have 5 minutes, so I need a better explanation—not better, but a more expansive explanation than you have in your paper of what happened. Why did these agencies in Los Angeles decide they could no longer participate?

Ms. MORRISON. The program was being sponsored by an organization, a multiservice organization, and the CACFP administrative compensation for the program did not—it was not financially viable for the organization to continue supporting that program. There is not enough money for the administrative reimbursement to support the program and to be able to accomplish the requirements.

Chairman MILLER. And that is separate from the food package.

Ms. MORRISON. That is separate from the food, meals, yes.

Chairman MILLER. So your understanding is that it is a question of the cost of administration.

Ms. MORRISON. That is true. It is the cost of administration of the program that is causing sponsors to discontinue sponsoring the program.

Chairman MILLER. And you would attribute that to what? I mean why has that changed all of a sudden?

Ms. MORRISON. Well, one of the things that happened in the last year is the reimbursement for administration was reduced because of the tie to the Consumer Price Index, which went down. That caused the reimbursement rate for certain level of homes to go down. Also, the administrative burdens of paperwork, and the additional block claiming that has become a requirement, caused programs to close because it requires more visits and it can't be accomplished without increasing the reimbursement for the administration.

Chairman MILLER. All right. Thank you for that.

Ms. Rivas, you make two recommendations with respect to the dietary guidelines. And one is that it is no longer sufficient to simply try to meet the goals—that it is sufficient that you are attempting to meet the goals of the dietary guidelines. You think that dietary guidelines in and of themselves have to be met. Is that a fair statement?

Ms. RIVAS. Well, currently, we have national guidelines that follow the dietary goals. Recently, USDA contracted with the Institute of Medicine to further look into the dietary guidelines in order to look at the overall problem of reducing childhood obesity.

And so, currently, what we want to be able to do is increase our reimbursement so that we can go ahead and meet those guidelines. But we need the Secretary of Agriculture to be given the authority to be able to define those guidelines so we can consistently apply the same specific guidelines.

Chairman MILLER. You need him to define how they apply to the school nutrition programs.

Ms. RIVAS. Pardon?

Chairman MILLER. You need the Secretary to have the authority on how they apply to the school nutrition program and how there would be compliance.

Ms. RIVAS. How the guidelines for the Institute of Medicine's new recommendations are going to be applied consistently throughout the country.

Chairman MILLER. And you have landed that on the Secretary of—and you think that is the place.

Ms. RIVAS. Well, we currently have meal patterns. But we have new recommendations from the Institute of Medicine that have been offered through the Institute of Medicine, and we are needing some additional guidance to be able to implement those guidelines nationally so that they are consistent. Currently, many States and local districts are making changes to their local standards, and that increases costs because there are different versions that are being applied nationally. Being able to apply them consistently and have the Secretary of Agriculture define what those guidelines are will make our programs more consistent and reduce the overall cost of our programs.

Chairman MILLER. Thank you. I am delighted when I read in your testimony that, you know, you have joined up with First Lady Michelle Obama in this campaign for healthy eating and healthy meals, and trying to use, as she explained it to us, trying to use these programs as teachable moments, as part of the classroom, as

she would say; whether it is the school garden or the Lunch or Breakfast Program, to do this.

And I was discussing diabetes with some people yesterday, and when you think that 23 million children and adults in the United States have diabetes—the number of children under the age of 20, it is 186,000 individuals. And so it would seem to me that as we talk about obesity and diabetes and diet, that there is a moment here to really do an education; that if you are going to have this explosion of diabetes in the adult population, some kind of work with the children while you have these moments around the school nutrition programs could conceivably, if well structured and properly delivered, could conceivably have a lifetime of benefits for those individuals. And I don't know how you are thinking about this but——

Ms. RIVAS. Absolutely. We see—the School Nutrition Association sees this as a wonderful opportunity to utilize the school cafeterias as a learning laboratory for healthy eating so that we can improve the eating habits of our children. We support coordinated school health programs so that we can work together with the total school community to be able to promote the School Lunch Program. We have healthy meals that provide healthy entrees, more fresh fruits and vegetables, more whole grains, and they model what the healthy meal is. And if our students participate in their program they are able to take that message home.

And so in partnership with the total school community, I think that we can work toward having healthier students and then reducing all of the chronic illnesses that result from unhealthy eating.

Chairman MILLER. Thank you. Mr. Kline.

Mr. KLINE. Thank you Mr. Chairman. And again, thanks to the witnesses for your testimony, for being here today.

I was struck that it seems every one of you, you do have something in common out there, that every program does seem to need more money. We have heard calls for adequate resources, enhanced meal reimbursements, covering the cost of transportation and delivery and so forth. So I do—we have got that message.

We don't actually have the money, but we do have the message that there is more money required. We have some difference of opinion, it seems to me, here about the role of the Federal Government, how much it is going to be, how much it is going to be dictated by the Secretary of Agriculture.

I think, Ms. Rivas, it was your position there ought to be greater input at that level. And I think, Ms. Gettman, you were emphasizing, representing the National School Boards Association, that there ought to be more local control and that the Federal Government ought to be careful about how it intrudes in that.

It does seem to me that the child nutrition initiatives at the school or school district, local level, allow for more input and support from parents, which I think we all would agree is very helpful. The more parents are involved in education in general, the better we are. And not just on nutrition.

Could you address that, involving parents and how that would relate to how much the Federal Government dictates in this process? Ms. Gettman, to you.

Ms. GETTMAN. Thank you. Mr. Chairman, members of the committee, parents absolutely play an absolutely critical role in the success of all of our collective efforts. And to maximize and capture the collaborative potential between local school districts, families, and communities is absolutely paramount. One thing to keep in mind is that local school board members are either appointed by or elected by and from their communities. Many of them are parents. Many of them are educators or providers or business leaders in the community. And they are the perfect leverage point to optimize the collaborative potential with communities.

Another dimension that we reflect on with regard to the role of parents is that the teachable moments that were brought up earlier in this hearing can be maximized at the local school district level, either through professional development with in-school staff or through PTA, basically the role of local school districts as hubs of their communities. Local school district initiatives can absolutely magnify parent education, parent engagement, parent involvement, ultimately resulting in improved child nutrition.

Mr. KLINE. Thank you. I know that one thing about the local school board is that you can reach out and touch it. I think my daughter has been involved in such a battle here lately, as a mother of two children in the public schools.

I just want a clarification here. I am trying to think, Ms. Rivas, whether it was you or not, but I am going to turn to you because I think it falls into the realm that you were discussing. I want to talk just for a second or have you address the issue of the so-called competitive foods, you know, where you have—so often you have the athletic organizations of the school and organizations who have bake sales and they cook the famous brownies and banana bread and that sort of thing.

Is it your position, or the position of your organization, that this should fall into these same guidelines that the Secretary would promulgate?

Ms. RIVAS. That is correct. We support local policy and menu planning, but with sound science. However, you know, our role as food service directors is to teach children, you know, good basic nutrition. As they go through the cafeteria line, we try to teach them what a good balanced meal is. And I think when we are talking about, you know, meals served outside of the classroom, very often they do not support that same message.

And so we are urging Congress to eliminate the time-and-place rule, because what messages we are trying to send in the cafeteria in promoting the recommended dietary guidelines and the Institute of Medicine recommendations, they need to be consistent messages throughout the whole campus.

Mr. KLINE. Okay. So you——

Ms. RIVAS. And so we——

Mr. KLINE. You do want to regulate the bake sale.

Ms. RIVAS. We want to have the Secretary to determine what those guidelines should be so that we are consistent, both in the cafeteria and outside of the cafeteria, because what we are trying to do is have the students participate in the program. And when students are tempted to go outside of the cafeteria, they are not drinking their milk, which is a very, you know—which is a real

critical part of their growth and development. We want to encourage healthy eating.

Mr. KLINE. My time has long since expired, so thank you. I think I have got the answer. We want to regulate the bake sale, and that is what I was trying to get at. And I do believe I understand your position now so I will yield back. I know there are others who have questions.

Chairman MILLER. Thank you. Congresswoman McCarthy.

Mrs. MCCARTHY. Thank you. And I want to thank Chairman Miller for having this hearing today. This is something that the committee and the subcommittee have been working on for several years now. And I want to thank the panel, for bringing the information to a wider audience. I think that, you know, when we start looking at—and obviously with Mrs. Obama speaking about this constantly, it has finally moved up the radar, which a lot of you have already known for a long time that we need to change these things. We have worked here in a pretty hard way on issues that we are ready for ourselves, for the child nutrition reauthorization. The benefits of breastfeeding are well-recognized, as we discussed today.

And just thinking back, I spent over 30 years as a nurse and a lot of times I had to work on the OB-GYN floor. And it is there that we need to make sure that our nurses and our doctors are trained in this, giving the benefits of what the child could go through by breastfeeding.

That is why last year I worked hard to get the $5 million in the Ag appropriations for breastfeeding performance bonuses awards, and why I introduced legislation addressing this issue. Aside from the bonuses, I am also looking at how we can utilize volunteers such as those in the National Service AmeriCorps Programs to assist with meeting the goals of child nutrition programs, especially for WIC.

I guess the question that I would ask is what are the greatest hurdles that we are facing on breastfeeding success with the WIC mothers? And beyond peer counseling funding, what additional resources would support WIC in its efforts to promote breastfeeding? Would additional human resources, possibly through volunteers, be helpful in the cause that you are looking at? Ms. Saluja.

Ms. SALUJA. Thank you for your question. It kind of puts it back to where—I mean, I hate for you all to think I am going to keep digging up that old tree or barking up the old tree. But the reality is we can put a lot of effort into promoting breastfeeding. We can put a lot of human resources into supporting it. But until we fix the institutions that don't make it happen right, it is just going to be more—throwing more money at the problem and hoping it goes away.

So the way I really, I want to really acknowledge that the peer counseling money is phenomenal because that is really what helps. You know, the peer-to-peer support, friends working with friends, people who look like you, understand your situation. Moms, when they go to deliver, though, when they—you know, the human-made issue that happens when they get confused by the messaging, when they don't have—when the baby is crying and doesn't take their breast, that becomes very difficult for them.

So perhaps there is a place for some help that happens, but at a community task force collaborative level where we could really bring a million people marching the streets saying, Hospitals, you need to change. Everybody needs to sing the same tune.

You know, the other programs that our moms access, for example, the SNAP program where they go to apply for food stamps or the Child Care Food Program where they might be leaving their children, all these programs need to be in sync that we have the same message: We are here to support exclusive breastfeeding and long-term breastfeeding as a vehicle to prevent childhood obesity—and all the other fabulous things that come along with it.

Volunteers, there is definitely a place for volunteers. I would leave it to local programs to figure out how best they can use them. We can never have enough human resources, but what we really need is systems change. Perhaps these could be the detail people. You know, we know that formula companies have detail people. They change the name of a formula, they get to the doctor's office and boom, there is a new thing on the horizon. We don't have breastfeeding detail people. Maybe the volunteers could become the breastfeeding detail that go out and do these, you know, luncheons with docs.

I think there is a way to do this. We have to kind of think through this; locally and collaboratively working together. But we have got to get rid of the problems that have been created by the external environment, so that our moms and babies don't suffer needlessly. And WIC doesn't have to, you know, do conniption fits to make this happen.

Mrs. MCCARTHY. One of the things—and quickly, because my time is almost up. We have a couple of programs working in my district in the underserved schools where we have brought child nutrition back in with an exercise program, working together. One of the things that I didn't hear anybody talk about was the data that we have so far for 3 years that this program is in place, is that the marks all went up. The children actually started getting higher grades across the board. And I think that we are overlooking that on nutrition. Exercise, actually increases marks for the children. And let's face it, our young women and boys, at that age, they need to move around a little bit more. And we have constrained them in so many ways. So I am not saying, you know, a free-for-all. I don't believe in that. But I know 2 or 3 minutes of exercise in between classes or whatever, or subjects, has helped them quite a bit.

Thank you for your testimony.

Chairman MILLER. Thank you. Mr. Roe.

Mr. ROE. Thank you Mr. Chairman. I want to, since this is an Education and Labor meeting I want to give you all an A. Since I have been here, you are the best panel we have had at staying within 5 minutes. Mr. Chairman, thank you for selecting these excellent witnesses today.

And I want to start at birth, because that is what I did for a living was birth babies. And one of the things that, I totally agree with you, I think several things I ran across. We worked in a birthing center. And one of the issues you run across for the mother is work, going back to work and breastfeeding. I think that is a huge issue, basically your education level and cultural issues. But we

really emphasized that in our practice, and we delivered about 1,200 babies a year. And so we emphasized that and had a very high percent that breastfed. The problem with it is that many moms work now, and it is difficult in the workplace, unless it is an unusual work environment, for them to be able to do it. So I pitch that out with no solutions, just a point that I think that is a problem.

But, absolutely, what you say is true. And also how we grow up. And I think it is extremely important to start in the schools. And we, as Congresswoman Slaughter did, we started a program in our city in Johnson City, Tennessee, called Up and At 'Em, and we weighed all the children in elementary school and found that 39 percent were overweight or at risk, and 1 percent were underweight. And we began a program called Up and At 'Em where we introduced exercise as you were talking about, in the elementary school level. And hopefully that will be a lifestyle; because growing up, my mother didn't allow me to stay in the house. I mean you had to be outside playing. You had to go out. And we only ate when we ate. There weren't any restaurants. And I was in a very rural county, so there were no fast food restaurants where I lived. So we ate vegetables and fruits, and that is how we grew up, and that is how I continue to eat today. So we are what we eat. And I think that is a situation where that is got to begin at birth.

One of the problems I have with the program, I guess, is that when you are—it is $2.68 we pay for a meal and it costs the schools $3.03, or approximately that, in our area to produce a meal. So they are in the hole already.

I think you brought that point up, Ms. Rivas, and I certainly am sensitive to that. You can't continue to do that.

The other thing, where school cafeterias have, I guess, expense back to the lunch program, where you are paying for a lot of things that don't have anything to do with food.

The other thing, I would recommend that you look at what we did in our local community, which was very helpful in saving money, was we did an energy audit for all our buildings. And we found out that one of the biggest energy consumers that we had were the old ovens and stuff that you prepared the food with, and we were able to go in with a company that actually found enough energy savings to replace all of that more modern equipment at no cost. So I would look at those opportunities out there.

The other thing I think, Ms. Morrison, you brought up that was interesting, I would like to hear your comment. We did this on the VA Committee where we budget now for 2 years, is to budget—can purchase over a 2-year period of time. That makes good sense if you can use best practices like that.

And any comments that any of you have about what I have said. Ms. Morrison, you are—yes, Ms. Saluja.

Ms. SALUJA. If I could begin at the birth piece, I really appreciated your comments. I congratulate you on your practice. The thing that you mentioned, though, it is a very common misconception that people hold, that well, yeah, you want to breastfeed but you are going back to work. The reality is that there again, working women, women of color, lower-income moms, are disproportionately affected by that, and it is seen as a hindrance. It really isn't.

And again, WIC comes into play there. We have money for breast pumps. The WIC program—I will speak personally. From my experience for the last 10 years, we have been putting pumps out in work sites. We have actually legislation in 36 States, I believe—it is in my testimony, I may have the number wrong—that actually provide lactation accommodation at the work site.

And in Los Angeles, I am so proud to tell you we have never had an employer turn us down. We are the advocates. The mother comes to us and says, WIC, I am ready to go back to work. There are certain conditions. She is exclusively breastfeeding. She is going back to work. We call the employer, we tell them about the California law. They welcome them with open arms. We have a place, we give the pump for free. They give it back to us when they are done. And in fact I want to tell you that this working woman pump program in Los Angeles, we have actually done a study on it, it gives us 120 extra days of exclusive breastfeeding, just because the mother had the support and the location was provided for her at the work site. Having said that, I would really urge that we look to see that USDA allows us to use contingency funds if needed to buy additional pumps, because that is going to be our next challenge, as you so well pointed out.

And I also want to recognize that Representatives Caroline Maloney and Carolyn McCarthy have introduced legislation to provide tax credits for workplaces offering lactation facilities. We do need to make this a recommendation that breastfeeding and working are not incompatible but should be encouraged, because, as I just told you all, and I am sure you knew, it is the duration of exclusive breastfeeding that is going to help us put the first line of defense against childhood obesity. Thank you.

Chairman MILLER. Did you also ask for Ms. Morrison to respond? If there is no objection, just let her.

Ms. MORRISON. Do you want me to go ahead and answer the question? Okay. Thank you for the question. What we are proposing is that we are allowed to have—well, Business 101, you don't plan a budget without having contingency funds or to try to have carryover. And with the Child Adult Care Food Program regulations we aren't allowed to have carryover. It is very difficult. Is that enough of an answer for you?

Mr. ROE. Thank you, Mr. Chairman.

Chairman MILLER. Thank you. Mr. Scott.

Mr. SCOTT. Thank you, Mr. Chairman. Have any of the panelists, are any of the panelists aware of any successful Farm to School Programs, where you work with local farmers to sell food to the local school system?

Ms. RIVAS. I know that across the country we have a number of successful Farm to School Programs, and we work through the United States Department of Agriculture through the Commodity Program to direct Farm to Schools to our school district in Dallas.

But there are a number of them across the country.

Mr. SCOTT. And are they helpful? Should they be encouraged?

Ms. RIVAS. Absolutely. We are able to get a greater variety of fruits and vegetables that students have not been exposed to, and so it is a very successful program, and we would be glad to provide you with a list of some successful programs.

Mr. SCOTT. Thank you.

Mr. HOLT. Would the gentleman yield?

Mr. SCOTT. Yes.

Mr. HOLT. Representing the Garden State, I would just like to bring to the gentleman's attention H.R. 4710, introduced by myself, Mr. Sestak, Mr. Boyd, Mr. Blumenauer, Mr. Ellison, and Mr. Davis, to amend the School Lunch Program for Improving Farm to School Programs.

Mr. SCOTT. Good.

Chairman MILLER. And I think Mr. Scott wants to be on that bill.

Mr. HOLT. That was my question.

Mr. SCOTT. I think so. I think so. I thought I was already on it, as a matter of fact.

Ms. Rivas, is it any more expensive to provide healthy meals than unhealthy meals?

Ms. RIVAS. Yes. We currently provide healthy meals, and so I kind of want to start with that. Because we currently meet the dietary guidelines and provide no more than——

Mr. SCOTT. It is more expensive to provide——

Ms. RIVAS. It is significantly more to offer more whole grains and more fresh fruits and vegetables.

Mr. SCOTT. One of the curiosities about this program, as I understand it, is the reimbursement rate is the same all over the country. Low-cost areas and high-cost areas, where the cost of food and personnel may be vastly different, the reimbursement rate for the school meals is exactly the same. Is that right?

Ms. RIVAS. That is correct.

Mr. SCOTT. Does that make sense?

Ms. RIVAS. Does that make sense?

We all have different challenges, and school food service directors struggle with that. We all do have varying labor costs, food costs, and fuel costs, but I think the overall problem is that it is currently totally underfunded. So all of us are struggling with a tight budget and need increased reimbursement, and we are urging Congress for 35 cents more across the board both for breakfast and for lunch. We are wanting to meet the Institute of Medicine's new recommendations of offering more fresh fruits and vegetables, and in order to do that, we need higher reimbursement.

Mr. SCOTT. How much of your budget, Ms. Rivas, is used up in administration and trying to find out who is eligible and who is not eligible? It seems to me in many schools where virtually everybody is already eligible, it makes no sense to waste money. You could serve everybody for the cost of fooling with the eligibility standards.

Ms. RIVAS. And that is one of our recommendations. You do reach a certain threshold where at a certain point when you have certain districts that have certain levels of free and reduced lunch participation it is more cost effective to be able to eliminate the process of applications.

Mr. SCOTT. In Virginia, we have a tough budget situation, and there is consideration being given to dispensing with school breakfast. Can someone say how important the School Breakfast Program is?

Ms. RIVAS. I can certainly do that. I have been involved in a number of districts where we have had programs that we have expanded breakfast through grab and go breakfast, breakfast in the classroom, and our teachers are our best advocates for it because what they see is that their students are more attentive in the classroom, there are less students going to the nurse's office because they are hungry, and there is research to show that especially when it comes to analytical skills and math and science they are able to mentally be able to accept all those concepts a lot easier when they have had breakfast.

Mr. SCOTT. Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Ms. Fudge.

Ms. FUDGE. I thank you, Mr. Chairman, and thank all of you for your testimony today.

Ms. Rivas, the U.S. health care costs due to obesity is estimated to be about $150 billion a year, half of which is paid through Medicaid and Medicare. With nearly $1 of every $6 of our economy spent on health care, we cannot afford to continue to sell junk food in schools. Too many children in my district which I represent, one of the poorest districts in the country, depend on food served in schools, most of them. Now I am talking about Cleveland, Ohio, which is a part of my district. And I am certainly not willing to gamble with their heath. Getting unhealthy food out of schools is a no-cost way to address the high cost of obesity.

My question is, from the perspective of the School Nutrition Association, do you think that a minimum nutrition standard for food sold outside of school meals Nationwide is needed to protect the integrity of the School Lunch Program and the health of all of our children in all States?

Ms. RIVAS. Absolutely. The School Nutrition Association totally urges Congress to eliminate the time and place rule. Because we absolutely believe that the health of our student—that we are investing in the future of our country when we have well-nourished, healthy students; and being able to teach that same message of healthy meals both inside and outside of the cafeteria is critical to them developing healthy eating habits in the future and eliminating chronic illnesses as well.

Ms. FUDGE. So there should be a minimum standard?

Ms. RIVAS. Absolutely. We are recommending that the standards be set by the Secretary of Agriculture following the recommended dietary allowances or guidelines for Americans.

Ms. FUDGE. Thank you.

Ms. Morrison, in your testimony, you recommend that Congress reduce the Child and Adult Care Food Program area eligibility test from 50 percent to 40 percent to streamline access to healthy meals. While this reduction will have a positive affect on all rural and suburban communities, will it also have a positive effect on urban areas? And, if so, how?

Ms. MORRISON. Certainly. The percentage of low-income children or families in urban areas is no different than in the rural areas. If you have a district that has 50 percent, in fact, it is going to impact them more in the urban areas because you will have more children concentrated in an urban area that would be impacted by

reducing that eligibility to 40 percent than you would in a rural area. So the answer to your question is it would have a greater impact in an urban area.

Ms. FUDGE. Ms. Gettman, Nationwide, 30 percent of school districts prohibit the sale of unhealthy food in school vending machines. Two-thirds of States have weak or no nutrition standards for food sold outside of meals. One of your recommendations is that Congress refrain from imposing additional regulations or mandates on schools outside of the Federally subsidized school lunch and breakfast programs. If Congress adopts your recommendation and does not work to create Nationwide nutrition standards for food outside of meals, how will we ensure that our children are only offered the healthiest food?

Ms. GETTMAN. Thank you.

A couple responses that come to mind include that schools and school districts are moving in the right direction. As the information you just shared demonstrates, a fairly significant, although certainly not all school districts, are already moving in the direction of making that local determination of what is appropriate for students to have access to in their schools.

I think one thing that we haven't talked about too much is that, in light of the direction that many school districts and States are going to with regard to implementing standards for school nutrition, that I am not sure we have asked the question whether national standards would necessarily improve over those which already exist in some States and schools. I think sometimes the flip side of uniformity is maybe we haven't reached quite as high as we would like to.

I think it is also important to honor the fact that long-term solutions are more effective when they are locally initiated and there is local engagement and the innovation is coming from the local level. And so that is where I think we would recommend some attention and resources being devoted.

I would also give some thought to any unintended consequences to having national standards, and I already mentioned, it is possible that national standards could be weaker than those that already exist in some States or in some school districts.

And, also, as Mr. Kline brought up, we want to make sure that our approach deals with all the environments and climates and contacts that children have. So it is not just in school, but it is also at home and in the community. So that students who do not have access to low-nutrition foods in vending machines, for example, aren't just bringing them in or buying them elsewhere or eating differently at home than they do in school.

So I think it is important to take as comprehensive an approach as possible and to recognize that successful solutions to these issues need to have strong engagement from the local level.

Ms. FUDGE. Thank you very much.

Thank you, Mr. Chairman. I yield back.

Mr. KILDEE [presiding]. Mr. Polis.

Mr. POLIS. Thank you, Mr. Chairman.

I couldn't agree more that nutritional education is essential for our country to tackle the obesity epidemic.

My first question is for Ms. Rivas.

Numerous scientific studies have shown the benefit of low-fat, high-fiber, plant-based options for adults and children; and several organizations have promoted vegetarian or meals with a reduced meat as important options for chronic disease prevention.

For example, the American Heart Association, American Diabetes Association, the American Institute for Cancer Research promote plant-based foods for chronic disease prevention; and the American Medical Association and the American Public Health Association have called on Federal food assistance programs to emphasize vegetables, fruits, legumes, grains, and nondairy vegetarian foods.

Based on the scientific research, it seems that we could be making tremendous progress in improving our children's health and bringing down health care costs by expanding access to healthy vegetarian choices and reducing children's intake of fat, saturated fat, and cholesterol.

Many students also prefer such options for moral, religious, allergic, or other reasons. For instance, many children are allergic to milk, are lactose intolerant, as I happen to be, or choose not to drink milk for other reasons. But they miss out on vital nutrients because they don't have access to nondairy milk substitutes.

So my question is two-fold. Should we encourage healthful vegetarian menu items in the national school lunch and breakfast programs by making them more affordable and providing incentives for schools, especially low-income schools to provide them; and, secondly, do you believe that schools should offer nondairy milk alternatives that meet nutritional stands established by USDA for school lunches for kids that can't drink milk or won't drink milk?

Ms. RIVAS. Currently, and we can make an operations—the School Nutrition Association did an operations report on trends in menu planning in the last year, and the majority of school districts are currently offering vegetarian options as a choice in their menu planning. In many cases, some of the vegetarian options, because they are not very popular, are more expensive. When we have special diets for our students, some of those substitutions are also higher, and so they are more expensive and all the more reason why that additional reimbursement is very helpful in being able to expand those menu options.

Mr. POLIS. The second part with regard to the milk?

Ms. RIVAS. Currently, we offer a variety of milk, and school districts can choose to offer, as well, milk alternate substitutions. The cost of a comparable milk substitute is probably about four or five times the price of an 8-ounce carton of milk. And so, again, it is more expensive to be able to do that, but many school districts are absorbing the costs.

Mr. POLIS. What can be done to bring down those prices of, let's say, soy milk or almond milk or other milk products.

Ms. RIVAS. I think most students accepting that choice. Because when we put the soy milk option on the line, a milk carton might cost us 20 cents. A soy alternate is about 75 cents. And so when we put that on the line, very few students take that choice. I am not really sure how to get industry to be able to reduce those costs, but, obviously, the more students that are exposed to it and learn to accept that, then that also lowers that cost. But, it is basically

because it is not a high-volume item that it is going to cost us more.

Mr. POLIS. Finally, can you share with us your recommendation on how we can strengthen nutrition education and in particular what role the TEAM Nutrition Network can play to promote and support healthy eating and physical activity by children?

Ms. RIVAS. A number of years ago, there used to be funds that were designated for nutrition education at the rate of about 50 cents per student; and those funds were eliminated. Certainly more funding for nutrition education would be necessary to be able to expand nutrition education. We are also working with the coordinated school health programs in the school to work on incorporating nutrition education into the classroom curriculum.

Mr. POLIS. You mentioned earlier a majority of schools have vegetarian options. By majority, did you mean perhaps a slight majority, 50, 60, 70 percent, or do you mean the vast majority?

Ms. RIVAS. I think it is closer to the 90 percent. I don't know the exact figure, but from what I recall it was between 90 and 96 percent.

Mr. POLIS. Thank you. Yield back.

Chairman MILLER [presiding]. Ms. Chu. Congresswoman Chu.

Ms. CHU. Thank you, Mr. Chairman.

Ms. Rivas, I understand that school districts bear significant administrative costs in administering the Federal School Lunch Program, and one of those costs has to do with what they pay the school district itself for the cost of just being there. And I understand that there isn't any standardization with regard to what the school district can charge. One of my school districts just told me about an example where they are charged for the full cost of using the multi-purpose room all day long, when, in reality, the children only use it half an hour each day. So what can be done about this? I know that you talk about eliminating the administrative costs entirely, but could there be some standardization that can be done across States?

Ms. RIVAS. Well, USDA currently allows some costs to producing—or indirect costs that go to producing the meal as an allowable cost. But currently there are no specific guidelines to be able to determine what those indirect costs are. So we urge you to have the Secretary of Agriculture define those guidelines more clearly so that nationally we are able to have more consistent guidance in what districts are able to charge school districts. So to prevent some of the school districts for charging, like the example that you used, for the multi-purpose room that is only used minimally.

Ms. CHU. Should it be done by the Secretary? Should it be done State by State? I am wondering what the best way to go about doing this is.

Ms. RIVAS. The most consistent way is to be able to set some general guidelines. But from—this is a national program. It is funded nationally. The guidelines for the menu planning all come from the Secretary of Agriculture; and they, I think, would be the best body to be able to determine what those guidelines—because they know what those expectations are for producing that meal. They established the guidelines for producing that meal. So what would be al-

lowable I think would be best determined by the Secretary of Agriculture.

Ms. CHU. And there are also the administrative costs of verification. I know that you talked about one way of streamlining would be to have to whole communities qualify for free lunch programs, but not all communities would be able to qualify in that manner. So what are other ways that there could be to streamline the verification?

Ms. RIVAS. I am not familiar with all of the variety of the ways that that can be done. But I know that there is a certain threshold that a school district begins to achieve that after a certain level of percentage of free and reduced or it gets to where it is more cost effective to eliminate the whole application process. There is a big amount of expense that goes to processing applications and verification.

So there is a threshold, and we just urge you to consider that. Because it would be a more cost-effective way for those communities to be able to reduce the cost to the students as well as to expand participation.

I had experience with a Provision 2 program where we had about 84 percent free and reduced, and when we went to that program we were able to eliminate the stigma that students had about the program, and we were able to increase breakfast from 30 percent to 50 percent. We were able to increase middle school and high schools over 10 to 15 to 20 percent at varying schools. So it is a very good option, especially in those communities that have—where the threshold is to where it costs, you are putting more money into file cabinets as opposed to on the plate of children.

Ms. CHU. And there are relatively high percentage rates of fully subsidized students and fully paying students, but I understand there is a shockingly low rate of students that are at the subsidized level. In my district, we are saying it is only 7 percent versus those who are subsidized being from 60 to 90 percent. What would be the cost and benefits of allowing students at the reduced lunch level to be fully subsidized?

Ms. RIVAS. That is another area that—or recommendation priority that the School Nutrition Association has. Sometimes there is a very small percent of students at that reduced category that are having to pay 40 cents. And, frankly, when you get some of those students and you have families of four or five children in that household, it gets very unaffordable for families. And very often our own cafeteria supervisors, even though many of them are struggling with their own personal budgets, take money out of their own pockets to be able to make sure that the children have a meal.

So our recommendation is that over time we have that scale adjusted to where we begin incorporating the guidelines to include the reduced student and expand to where they eventually are also fully subsidized like the free students are.

Ms. CHU. Thank you. I yield back.

Chairman MILLER. Thank you.

Mr. Kildee.

Mr. KILDEE. Thank you, Mr. Chairman.

Ms. Rivas, several years ago, Bill Goodling and I put a program in for fresh fruits and vegetables being made available throughout the day in the classroom, various places. I visited one of the programs in my district. It was very, very successful, very popular with the teachers and the students. Could you comment on that program?

Ms. RIVAS. That is a wonderful program, and I personally have that experience with the Dallas School District. We have over 20 or 30 programs right now where we receive funding for fresh fruits and vegetables. And we have volunteers, they come in, they help distribute a variety of fresh fruits and vegetables.

Again, many of these children are not exposed to some of these fresh fruits and vegetables. They have never seen a kiwi fruit or star fruit or watermelon because they can't afford it at home. And so our staff, along with parent volunteers, deliver it to the classroom for a midmorning or midafternoon snack; and it is a very successful program.

Mr. KILDEE. Well, what I noticed in two or three schools I visited, that cuts across the socioeconomic lines.

Ms. RIVAS. Absolutely. It is available to all students, and so it is part of a nutrition education program. And part of that program requires that you provide nutrition education as part of that program.

Mr. KILDEE. I remember I went to a rather wealthy—probably the wealthiest school district in my district, and nothing was being wasted, very little. You could see very little waste. It was an extremely popular program. So we had a study in a poverty area and a study in an area that was not—the opposite of poverty.

Let me ask you this question, too. I started the first School Breakfast Program when I was a teacher in Flint Central High School in Flint for a small number of students. Does the School Breakfast Program have any affect upon attendance at the school?

Ms. RIVAS. As I was mentioning the benefits of the breakfast program, attendance was one that I forgot to mention, along with improved attention in the classroom, behavior in the classroom, being able to learn certain math and analytical skills, attendance, going less often to the nurse's office, all of these are great benefits of the breakfast program.

Mr. KILDEE. Especially among the poor. Very often, they left home in the morning without any breakfast, so quite anxious to get to school to get their breakfast. And generally, once they got there, they stayed there, not always, but they stayed there. So you do see an affect on——

Ms. RIVAS. I have had some students having been involved with the breakfast program where I had breakfast in the classroom at one school and the student happened to be rezoned to another school where they did not have breakfast in the classroom, and he wanted to go back to the other school because they had breakfast in the classroom there because they really needed that breakfast in the morning.

Mr. KILDEE. Thank you very much. I thank all of you very much.

Chairman MILLER. Thank you.

Mr. Holt.

Mr. HOLT. Thank you, Chairman Miller; and I wanted to acknowledge the subcommittee Chair, Carolyn McCarthy, for working on the Child Nutrition Program. It is really more important now than ever. I am finding in schools in my district in these tough economic times the number of children who need the lunches and the breakfasts are—the number is greater than ever.

As you may have gathered from my interchange with Mr. Scott, I have a real interest in the Farm to School Programs. You probably know it is a key priority of Agriculture Secretary Vilsack, and First Lady Michelle Obama has planted a garden and so forth. And it not only—this program not only provides the fresh—fresher food, but it also has an important educational component that I think lasts into adulthood.

So I am pleased that some of us have introduced the Farm to School Improvements Act, which provides competitive grant and technical assistance for the use of local foods. That improves the relationship between schools and the local providers and provides mandatory funding each year for the program. So it does provide local economic benefit. But I think—and it provides an important educational component, as I say.

Ms. Rivas, as President of the School Nutrition Association, I would like to ask you about a couple of things.

First, starting with the breakfast program. You recommend providing commodity foods for breakfast, which can be used if you already have them for the lunch program but that are not available there. What about Farm to School? Did you see a role for that in the breakfast programs?

Ms. RIVAS. We are urging Congress to consider five additional cents for commodity and the Farm to School Program, and that value would certainly be a wonderful thing to have. And you are absolutely right about the vegetable gardens and providing the nutrition education aspect to the students' knowledge. Because once they see and are exposed to those fruits and vegetables and they see it growing in the neighborhood garden or their school garden, they are able to see that it isn't something that you just pick up at the grocery store but they can grow it at home, and they take those messages home to their parents.

But any financial assistance for the breakfast program, the Institute of Medicine guidelines have increased the requirements in the breakfast category to expand more fresh fruits and vegetables as well, and so that funding is very critical to meeting those guidelines as well.

Mr. HOLT. Despite being authorized, the existing Federal Farm to School Program hasn't been funded. So what would you say about making the funding mandatory?

Ms. RIVAS. Absolutely.

Mr. HOLT. That is it. That is a softball question.

Chairman MILLER. I thought it was a trick question.

Ms. RIVAS. Any funding you can make mandatory we will graciously accept.

Mr. HOLT. Not a trick question. A key pillar of the First Lady's Let's Move! campaign to solve the problem of obesity is to serve healthier foods. She is encouraging or actually working toward the goal of doubling the number of schools that participate in the

HealthierUS School Challenge. What does it take to become a HealthierUS school? How can we help more schools get there? Is doubling a reasonable goal?

Ms. RIVAS. I think it is a reasonable goal, and we at the School Nutrition Association have been working closely with USDA. They are looking at some of the paperwork criteria to make it easier for school districts to be able to apply to it. Because when we used to see an application that we had to fill out, it made it more complicated. But the benefits of the HealthierUS schools is that not only does it have requirements in the menu planning, which is very key to the HealthierUS schools requirements, but it also has a component for physical activity.

In the First Lady's Let's Move! campaign, one of the pillars is school meals, but one of the other pillars is physical activity. So the HealthierUS schools is a wonderful recognition that school districts can achieve that promotes both nutrition and nutrition education, and physical activity.

So it is a wonderful program, and the School Nutrition Association is going to be really encouraging more of our members to participate. We are going to be promoting it at our meetings and conferences and publications and everywhere we can to help school districts.

Mr. HOLT. Thank you, Ms. Rivas.

And I thank the other witnesses, and I am sorry time doesn't allow for discussion with those excellent witnesses now, too.

Thank you.

Chairman MILLER. Thank you.

Congresswoman Shea-Porter.

Ms. SHEA-PORTER. Thank you.

Thank you all for being here.

Better nutrition creates better health, greater productivity, and lowers health care costs; and, right now, we are talking about that quite a bit on the Hill. So the work that you do actually makes a big difference in the lives of these children and these adults, and I want to thank you for that.

We had a recent report by the Carsey Institute, which is out of the University of New Hampshire, which happens to be my alma mater. But it had a disturbing note. It said that 55 percent of income-eligible rural households with children did not participate in the National School Lunch Program. Can you identify any barriers to that?

Ms. RIVAS. I am not familiar with that community, but I know that one of the barriers is that there very often is a social stigma related to the application. And so more funding to be able to have technology, make applications online and easier to access and reduce that stigma that students might have regarding making meals available to them would be helpful.

But I think in a community where there is a high poverty area, the community eligible type of program or community eligibility would be very helpful. Because, in that case then, students wouldn't have to fill out an application; and, that would reduce the cost of the application process to the school district.

Ms. SHEA-PORTER. Clearly, it has to be addressed; and, Mr. Chairman, I would ask that we submit a copy of the report for the committee.

Chairman MILLER. No objection.

Ms. SHEA-PORTER. I didn't think you would mind.

[The information follows:]

CARSEY INSTITUTE

ISSUE BRIEF NO. 11

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Federal Child Nutrition Programs are Important to Rural Households

BARBARA WAUCHOPE AND ANNE SHATTUCK

Four government nutrition programs are so vital to children's well-being that one-third of federal expenditures on food assistance for children are devoted to them.[1] They are the National School Lunch Program; the School Breakfast Program; the Women, Infants, and Children (WIC) program; and the Child and Adult Care Food Program. With the country in severe recession and families relying on these programs more than ever, Congress is scheduled to reauthorize their funding legislation, the Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004. The reauthorization process provides the opportunity to consider the programs again, particularly whom they are serving and the benefits they provide.

In this brief, we use data from the U.S. Census Bureau's December 2007 Current Population Survey, the most recent population data available on all four programs, to look specifically at participation by one segment of the population: rural households. Families in rural America could be overlooked in discussions of the child nutrition programs because the largest numbers of low-income families eligible for the programs live in urban areas; however, the *proportion* of families who are income-eligible is higher in rural areas.[2]

Key findings:

- **Of the estimated 6.2 million rural households with children in the United States, approximately 29 percent participate in at least one of the four major federal child nutrition programs.**
- **Although about 2.8 million rural households with children are income-eligible for the child nutrition programs, roughly 43 percent of those eligible do not participate in any of the four programs.**
- **Rural household participation rates in the South are higher than the rates nationally for all four programs.**

Rural Households Rely on Child Nutrition Programs

Rural America is home to approximately 6.2 million households with children. Of these households, an estimated 29 percent participate in at least one of the four child nutrition programs; about 20 percent participate in two or more. Rates of participation are higher among rural than suburban households and similar to central cities. When suburban and central city rates are combined into a metro area average, participation in the School Breakfast Program and WIC is almost 50 percent higher in rural than in metro areas (see Table 1). Rates for the Child and Adult Care Food Program and National School Lunch Program are about 31 percent and 37 percent higher, respectively. These differences are similar to those in the federal Supplemental Nutrition Assistance Program (Food Stamp Program).[3]

Many more children are eligible but do not use the services. Out of the estimated 2.8 million income-eligible rural households with children,[4] about 43 percent do not participate in any of the four child nutrition programs. Nonparticipation ranges from approximately 1.5 million for the National School Lunch Program (55 percent of those eligible) to 2.6 million (92 percent) for the Child and Adult Care Food Program (see Figure 1).

The low rates of participation in the Child and Adult Care Food Program and WIC owe in part to categorical requirements.[5] For example, child care providers choose to participate in the Child and Adult Care Food Program, which reimburses them for meals and snacks served to children. However, children can access this food only by enrolling in a participating child care program. Rural children are more likely to be cared for in relatives' homes than in the centers and family child care homes where the Child and Adult Care Food Program is available.[6] Families may be excluded from participating in the WIC program because of narrower eligibility criteria than the other nutrition programs. WIC requires that an eligible household have a mother who is either pregnant or has a child under age 5.[7]

Table 1. Participation in four federal child nutrition programs in the United States: Rural and metropolitan households with children 18 and under[a]

	Total	Rural	Suburban	Central city
Total number of households with children 18 or under (in millions)	41.5[b]	6.2	18.2	11.2
National School Lunch Program				
Number of households with children participating (in millions)	7.1	1.4	2.2	2.5
Percent of households with children participating	17.2%	22.4%	12.0%	22.7%
School Breakfast Program				
Households with children participating (in millions)	5.5	1.1	1.6	2
Percent of households with children participating	13.2%	18.3%	8.7%	17.9%
Women, Infants and Children				
Households with a mother or child participating (in millions)	2.8	0.6	0.8	1
Percent of households with a mother or child participating	6.8%	9.4%	4.3%	9.2%
Child and Adult Care Food Program				
Households with children receiving food at day care or Head Start[c] (in millions)	1.2	0.2	0.4	0.4
Percent of households with children receiving food at day care or Head Start	3.0%	3.8%	2.0%	4.0%

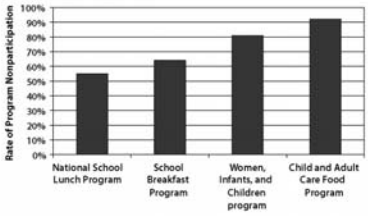
Source: U.S. Census Bureau, December 2007 Current Population Survey

a. No statistically significant differences were found between numbers of rural and central city participants for any of the four programs. Rural and suburban household participation is statistically significant for all four programs at p<.001.

b. The total of 41.5 million households with children under 18 includes a group that resides in unidentified metropolitan areas, for example, either suburban or central city, that are not included in this table. They represent 14 percent of the 41.5 million total.

c. Current Population Survey respondents are not asked if their children participate in the Child and Adult Care Food Program but instead if they receive food from their day care or Head Start program. Respondents are unlikely to know the name of the program funding their children's food. Because all the respondents that participated are in low-income households, it is highly probable that the child care and Head Start programs they attend participate in the Child and Adult Care Food Program.

Figure 1. Nonparticipation in child nutrition programs among income-eligible rural households with children 18 and under



Participation Rates are Highest in the South

Most of the rural households that participate in these child nutrition programs live in the South and Midwest, the most rural regions of the country (see Table 2). Rural poverty is highest in the South, where nearly one in three children under six are poor.[8] Rural families there are more likely to be income-eligible than in any other region. There are roughly 1.4 million eligible rural households in the South, which is about one-half of all rural southern households with children. Consequently, participation rates in the South are higher than the rates nationally for all four programs. More than one-quarter of all rural households with children in the South, for example, participate in the National School Lunch Program, and about 23 percent participate in the School Breakfast Program.

Table 2. Participation in four federal child nutrition programs in the United States by region:[a] Percentage of all rural households with a child 18 and under

	U.S.	Northeast	Midwest	South	West
National School Lunch Program	22	20	18	27	20
School Breakfast Program	18	15	13	23	16
Child and Adult Care Food Program	4	1	3	5	3
Women, Infants and Children (WIC) program	9	11	9	10	9

Source: U.S. Census Bureau, December 2007 Current Population Survey

a. Statistical differences between the South and the other regions are significant (p<.05) for the two school meals programs: National School Lunch Program and School Breakfast Program. For the Child and Adult Care Food Program, differences were significant only between the South and the Northeast. There were no statistically significant differences between the regions for the Women, Infants and Children program.

Rural children and families who use the child nutrition programs resemble the profile of households in poverty across the country. Across all four programs, participating households are likely to be headed by a single, non-white female with less than a high school education. Only a small percentage of non-U.S. citizens participate, ranging from about 5 percent of rural households each for the National School Lunch, School Breakfast, and Child and Adult Care Food programs to 8 percent for WIC.

Conclusion

For many rural households across the country, particularly in the South, federal child nutrition programs are helping poor children meet their basic needs for nutritious meals and snacks. The disproportionate rates of participation by rural American households reflect the higher rates of poverty and food insecurity found in rural areas.[9] They also reflect unique challenges poor rural families face in locating affordable food. Both the quantity and quality of food available to rural families can be limited by living in food deserts—communities with access to few grocery stores.[10] The food in rural grocery stores is often more costly because of families' distance from major food distribution centers and lack of competition.[11] Traveling to more affordable stores, food pantries, and soup kitchens is constrained by limited transportation options.[12] Federal food assistance, particularly in schools and child care programs, provides important access to nutritious food for children.

Yet many rural children are not taking advantage of these programs. There are several barriers unique to rural areas that might affect participation. Rural areas lack public transportation; schools serving poor communities sometimes fail to meet the 50 percent eligibility requirement of some programs because they have large catchment areas that include communities where poverty is lower; and program operating costs can be higher for small rural schools and child care programs. These factors may explain the failure of the programs to reach the rural children who need them.[13]

With the economic recession and associated unemployment hitting rural areas particularly hard,[14] the population of rural households eligible for child nutrition programs is likely to expand beyond the poor children that traditionally participate in the program. Although there are signs that participation is beginning to increase, need continues to outpace participation.[15] Among rural families experiencing poverty for the first time, the problems of stigma and lack of program awareness may make expanding participation rates particularly challenging. As Congress takes up reauthorization of the child nutrition bill, it is important to recognize both the need for and the benefit of the programs in rural America and to examine the barriers to participation and effective delivery of the programs in rural communities.

Data Used

Data used for this brief are from the U.S. Bureau of the Census's Current Population Survey, including the Food Security Supplement (December 2007). The set of items analyzed asks households indirectly about their child or family's participation in several child nutrition programs during the last 30 days. These items ask if "(your child/any children in the household) receive free or reduced-cost lunches at school" from the National School Lunch Program; if "(your child/any children in the household) receive free or reduced cost breakfasts at school" from the School Breakfast Program; if "(your child/any children in the household) receive free or reduced-cost food at a day-care or Head Start program" from the Child and Adult Care Food Program; and if "any (women/women or children/children) in this household get food through the WIC program."

Endnotes

1. U.S. Department of Agriculture Economic Research Service, "Federal Nutrition Assistance At a Glance," *The Food Assistance Landscape: FY 2008 Annual Report*, Economic Information Bulletin no. 6-6 (April 2009). Analysis does not include adult day care programs.

2. According to the December 2007 U.S. Census Bureau Food Security Supplement of the Current Population Survey, there are 14.2 million households that are income-eligible for these programs, with incomes less than 185 percent of the federal poverty threshold, and 11.4 million of these live in urban or suburban (metropolitan) areas. This represents 32 percent of metropolitan households with children. However, in rural areas, 45 percent of households with children are eligible.

3. Kristin Smith and Sarah Savage, "Food Stamp and School Lunch Programs Alleviate Food Insecurity in Rural America." Fact Sheet No. 5 (Durham, NH: Carsey Institute, University of New Hampshire, 2007), 1.

4. Income eligibility is based only on household income. Counting households with incomes less than 185 percent of the federal poverty threshold as a measure of program eligibility captures both the households that are eligible for reduced-price meals (if income is between 130 percent and 185 percent of the threshold) and households eligible for free meals (if income is less than 130 percent). However, it produces only a rough estimate of households that are eligible. Other program requirements may limit participation by otherwise eligible households.

5. Low rates of participation for the Child and Adult Care Food Program may also be due to the lack of awareness by parents participating in the survey that their children were attending a participating program.

6. Kendall Swenson, "Child Care Arrangements in Rural and Urban Areas" (Washington, DC: Office of the Assistance Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2008), available at http://aspe.hhs.gov/hsp/08/cc-urban-rural.

7. USDA Food and Nutrition Service, "How to Apply: WIC Eligibility Requirements," available at http://www.fns.usda.gov/wic/howtoapply/eligibilityrequirements.htm.

8. Marybeth J. Mattingly, "Regional Young Child Poverty in 2008: Rural Midwest Sees Increased Poverty, While Urban Northeast Rates Decrease," Issue Brief No. 6 (Durham, NH: Carsey Institute, University of New Hampshire, 2009).

9. U.S. Bureau of the Census, Current Population Survey, Annual Social and Economic Supplements (2007), available at http://www.census.gov/hhes/www/poverty/histpov/hstpov8.xls; U.S. Department of Agriculture, *Household Food Security in the United States*. Economic Research Report, No. 11 (2004), No. 29 (2005), No. 49 (2006), and No. 66 (2007) (Washington, DC: USDA, Economic Research Service)

10. Troy Blanchard and Thomas Lyson, "Access to Low Cost Groceries in Nonmetropolitan Counties: Large Retailers and the Creation of Food Deserts," paper presented at the Measuring Rural Diversity Conference, Washington, DC, 2006. Available at http://srdc.msstate.edu/measuring/blanchard.pdf.

11. Julie N. Zimmerman, Sunny (Seonok) Ham, and Sarah Michelle Frank, "Is it Just Food? Geographic Differences in the Cost of Living" (Starkville, MS: Southern Rural Development Center, Mississippi State University, 2006), available at http://www.ers.usda.gov/Briefing/FoodNutritionAssistance/Funding/RIDGEprojectSummary.asp?Summary_ID=149.

12. Dennis M. Brown, "Public Transportation on the Move in Rural America" (Washington, DC: USDA National Agricultural Library, 2008), available at http://www.nal.usda.gov/ric/ricpubs/publictrans.htm.

13. Food Research and Action Center, "Meeting the Child Nutrition Challenges Facing Rural Areas" Child Nutrition Policy Brief 2 (Washington, DC: Food Research and Action Center), available at http://www.frac.org/pdf/ruralpolicybrief.pdf.

14. U.S. Department of Agriculture Economic Research Service, "Rural America at a Glance, 2009 Edition," Economic Information Bulletin No. EIB-59, September 2009.

15. School Nutrition Association, "Saved by the Lunch Bell: As Economy Sinks, School Nutrition Program Participation Rises. An Analysis of School Nutrition Program Participation During the 2008/09 School Year" (National Harbor, MD: School Nutrition Association, 2008), available at http://www.schoolnutrition.org/uploadedFiles/School_Nutrition/101_News/MediaCenter/PressReleases/Press_Release_Articles/Press_Releases/SavedbytheLunchBell.pdf.

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Ms. SHEA-PORTER. The other thing I wanted to ask is that I know that the President's wife is going to put this terrific program into place, and I know that she has shown great commitment for children and for nutrition and obesity. And the issue, obviously, of obesity and then diabetes, et cetera, is enormous. And Mrs. Obama has talked about these pillars.

I can remember—I think it was last year, when we had Richard Simmons here and he was talking about the necessity for exercise

and how children just weren't getting enough exercise, and I was remembering when my own kids were in school the punishment would be, if a child was hyperactive or needed to move around, was they weren't allowed to move around. They had to sit in their seat. If they couldn't stay still, they would miss recess, and they would have to sit in their seat. So it seemed like it was the exact opposite of what we hoped the result would be.

So my question is, while we start to integrate these programs and we bring in more people, will you all be part of a team if you are in a school and in such a setting, a day care setting or wherever, where you will actually be included in some of the decisions that are made by principals and teachers as part of the education process to say that not only is it about food and good food so that children don't have too much sugar and too much whatever it is in the food, too many carbohydrates, but that we also make sure that the policies in the classrooms and on the playground make sense? Because what Mr. Simmons was talking about was a very real problem, that the kids aren't exercising enough. So will your voices be heard? Will you be part of that integrated approach?

Ms. RIVAS. Yes. And I would suggest that you go to the schoolnutrition.org Web site. Because in there we have the press release where one of our initiatives in partnering with the First Lady was to include working to make coordinated school health a concept that is one that more of our members embrace.

I think very often what we have found is that, when you work in partnership with a total school community, we are more successful in improving the total school environment not only from the menu planning aspect but to the physical activity as well as even the vending programs at the school, because we are all supporting each other toward that same effort of reducing childhood obesity and improving the health of our students.

Ms. SHEA-PORTER. Let me indicate that I have great sympathy for a principal that is exasperated enough to say, what other tools do we have? But it does seem to be counterproductive for what we are trying to do here.

I would suggest that even school boards and others who are involved in budgetary decisions about physical exercise need to be part of that. So that it is not just nutrition, it is not just one component, but it is looking at the whole child and all of the different issues to really, really change the direction that we have been heading in.

Thank you and thank you all for being here.

Chairman MILLER. Thank you all so very much for your testimony.

I would ask—and Mr. Kline may have an additional question—but, Ms. Saluja, you made a recommendation I think I can follow up on, and that is I was stunned by your description of the "breastfeeding broken" hospitals. And I will take your suggestion to talk to Mr. Waxman and Mr. Rangel about this.

It is just not acceptable that in the year in which—over a year now we have spent discussing how to drive down long-term health care costs that the recommendations from the Institute of Medicine on breastfeeding would not be incorporated into the birth of those

children with the mothers in those programs. So I appreciate very much that recommendation.

Thank you all. We look forward to this reauthorization. I think you have all made a lot of very good recommendations, some of which we have discussed with you previously and some which we have yet to follow up on. Be assured they will get the full attention of the committee.

Mr. Kline, do you have anything further than that?

Mr. KLINE. Again, just thank the witnesses.

Chairman MILLER. Thank you so much; and, without objection, members will have 14 days to submit additional materials or questions for the hearing record.

Without objection, the hearing is adjourned. Thank you.

[Questions submitted to Ms. Rivas and their responses follow:]

[VIA FACSIMILE],
U.S. CONGRESS,
Washington, DC, March 16, 2010.

Ms. DORA RIVAS, MS, RD, SNS, *Executive Director,*
Food and Child Nutrition Services, Dallas Independent School District, Dallas, TX.

DEAR MS. RIVAS: Thank you for testifying at the Committee on Education and Labor's hearing on, "Improving Children's Health: Strengthening Federal Child Nutrition Programs," on March 2, 2010.

Representative Dave Loebsack (D- IA) has asked that you respond in writing to the following questions:

1. You mention a number of ways that the existing child nutrition programs could be improved to increase access. Drawing from your experience, could you give us a sense of what it would mean for students and even school administrators if schools in Dallas that serve predominantly low-income children could offer free meals to all their students?

2. You also mention a number of ways that the existing child nutrition programs could be improved to increase access and streamline administration for schools. In your experience, can you discuss how well direct certification has worked and in more detail, expand upon what you see as the benefits to expanding the type of income data used to directly certify kids?

Representative Jared Polis (D-CO) has asked that you respond in writing to the following questions:

In your response to my question during the hearing, you mentioned that 90%-95% of schools offered a vegetarian option in the school lunch menu. However, according to the School Nutrition Association 2009 Operations Report:

- About 64% offered a vegetarian option in at least one school in the district.
- About 20% offered a vegan option in at least one school (9% offered it to elementary students, 12% to middle schools, and 20% to high schools).
- About 14% of schools offered soy or rice milk in at least one school in the district.

First, I would like to know if you could comment on whether the above more accurately reflect the availability of vegetarian options in our public schools. Second, I'm interested in the availability of healthful (low-fat, high-fiber) plant-based options and not in the options such as cheese pizza that might count under the "vegetarian" definition, but are nevertheless high in fat, saturated fat, and cholesterol. Thus, I would like to reframe the following questions and would appreciate your response:

1. Do you think that we should educate students about the benefits of low-fat, high-fiber, plant-based (vegan) options?

2. Should we encourage such options in the National School Lunch and Breakfast Programs by making them more affordable and providing incentives for schools, especially high-poverty schools, to provide them?

3. Do you believe that schools should offer nondairy milk alternatives that meet nutritional standards established by USDA (be eligible for reimbursement under the National School Lunch and Breakfast Programs) with school lunches for those kids that don't want to or can't drink milk?

Please send an electronic version of your written response to the questions to the Committee by close of business on March 25, 2010. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER,
Chairman.

3700 ROSS AVE.,
Dallas, TX, April 14, 2010.

Committee on Education and Labor, 2181 Rayburn House Office Building, Washington, DC 20515.

Thank you for the opportunity to respond to additional questions following my appearance at the March 2, 2010 hearing before the Committee on Education and Labor—"Improving Children's Health: Strengthening Federal Child Nutrition Programs." I appreciate the opportunity and would be pleased to offer any further clarification on these responses, or to respond to any other school nutrition issues the Committee members may have.

Questions from Rep. Dave Loebsack (D-IA)

1. Providing universal free school meals to Dallas schools with a high percentage of students from low-income families would dramatically increase access to school meals, reduce the stigma of participation in the National School Lunch and Breakfast Programs and relieve pressure on the school district's Child Nutrition Services Department.

Due to current economic conditions, an increasing number of America's children are going without school meals because their families cannot afford the reduced price meal charge of 40 cents per child. According to an October 2009 School Nutrition Association survey, 45 percent of school nutrition directors reported an "increase" in the number of unpaid student meal charges in the 2008-2009 school year, with 15 percent noting a "strong increase."

Some families are unaware that they are eligible for reduced price meals or are embarrassed that they cannot afford the full price for school meals and avoid going through the application process. This trend of some students going hungry and not participating in the program or not being able to pay for their meals is placing a financial burden on school nutrition programs nationwide, reducing their resources to make further nutritional enhancements to the meals or even meet operational costs.

If Dallas ISD had the opportunity to eliminate the application process, the significant savings in paperwork reduction would result in more students having access to healthy schools meals, eliminate social stigma and redirect efforts to increasing productivity, and increasing focus on improving quality school meals through more staff training on food safety, quality meal production and being able to use the cafeteria as a learning laboratory for nutrition education.

Universal school meals would ensure no child in an eligible school would miss a school meal, would eliminate unpaid meal charges and would lift the substantial burden of processing applications for the free and reduced price program.

2. Eligibility for free meals shares income guidelines with other federal assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and other programs offered by other federal agencies.

Multiple applications for programs with similar eligibility standards takes time unnecessarily, demands resources, and increases the potential for mistakes. Direct certification takes advantage of income verification work that has already been done, reduces errors, speeds the provision of benefits to eligible children, and helps local school food service personnel by reducing paperwork, allowing them to focus on serving quality meals. Direct certification may also help qualify children for free meals that right now may be unwilling to apply because of the perceived stigma of participation in the program discussed in response to your prior question.

There are several examples of direct certification being used throughout the country, while schools and states anxiously await the opportunity to submit applications for the $22 million in direct certification grants included in the FY 2010 Appropriations Act. I believe that direct certification has been a positive experience for USDA, for the schools using direct certification, and, most importantly, for the children receiving the meals.

Questions from Rep. Jared Polis (D-CO)

Thank you for your inquiry on vegetarian options in school meals. When I testified before the committee I did not have a copy of School Nutrition Association's 2009 Operations Report on hand, and I apologize for misstating the findings on vegetarian options. You are correct that the study found that about 64 percent of school districts reported offering a vegetarian option. Let me also assure you that this percentage is growing.

In my initial response to you, I believe I was confusing the percentage of districts offering the following:

Fresh fruits/vegetables—98.8%

Whole grain items—96.3%

Salad bar/pre-packaged salads—91.1%

As you know, school meals must meet federal nutrition standards limiting fat. No more than 30 percent of the meal's calories can come from fat and less than 10 percent from saturated fat. Vegetarian options being served in schools must meet these requirements, which is why many schools are making their cheese pizza and other entrees with low-fat cheeses.

In response to your specific questions:

1. School Nutrition Association (SNA) strongly supports efforts to promote nutrition education. The Association's 2010 Legislative Issue Paper calls on Congress to "address childhood obesity by establishing an effective nutrition education curriculum and increasing the consumption of fruits, vegetables and whole grains." Nutrition education is a critical step in addressing childhood obesity is teaching children the basics of healthy eating. The school cafeteria should be a classroom in this regard, and school nutrition programs can be a partner in developing effective nutrition education curriculum.

2. School nutrition programs do need financial assistance to offer additional servings of fruits, vegetables, whole grains and legumes and to meet the Institute of Medicine's recommendations for updating national nutrition standards for school meals. In fact, SNA called on Congress to increase the per meal reimbursement for all meals in order to keep pace with rising costs and implementation of the Dietary Guidelines for Americans. Restoring equipment assistance is vital to helping schools develop the capability to serve these very desirable foods. Offering more plant-based options means that schools will need greater refrigeration capacity and more steamers for healthy preparation of these items. SNA appreciates the equipment assistance provided as part of the American Recovery and Reinvestment Act. The applications from schools far outpaced available funding, demonstrating that the need for this assistance is significant. It is for this reason that SNA has requested that Congress re-establish entitlement funding for equipment assistance in all schools to meet this need.

3. As you noted, some schools are already offering students nondairy milk alternatives, with about 14 percent of school districts serving soy or rice milk, according to SNA's 2009 Operations Report. In fact, federal regulations require schools to offer a milk alternative to students with special dietary needs. However, as schools determine whether to offer nondairy milk alternatives they must also balance the additional cost, student demand for the product, as well as product waste on perishable food items.

Sincerely,

DORA RIVAS.

[Whereupon, at 4:15 p.m., the committee was adjourned.]