

# IMPROVING CHILD NUTRITION PROGRAMS TO REDUCE CHILDHOOD OBESITY

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## HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTHY  
FAMILIES AND COMMUNITIES

COMMITTEE ON

EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

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HEARING HELD IN WASHINGTON, DC, MAY 14, 2009

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## **IMPROVING CHILD NUTRITION PROGRAMS TO REDUCE CHILDHOOD OBESITY**

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**Thursday, May 14, 2009**

**U.S. House of Representatives**

**Subcommittee on Healthy Families and Communities**

**Committee on Education and Labor**

**Washington, DC**

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The subcommittee met, pursuant to call, at 10:04 a.m., in room 2175, Rayburn House Office Building, Hon. Carolyn McCarthy [chairwoman of the subcommittee] presiding.

Present: Representatives McCarthy, Tonko, Polis, Platts, and Roe.

Staff present: Paulette Acevedo, Legislative Fellow, Education; Tylease Alli, Hearing Clerk; Alejandra Ceja, Senior Budget/Appropriations Analyst; Curtis Ellis, Legislative Fellow, Education; Denise Forte, Director of Education Policy; David Hartzler, Systems Administrator; Fred Jones, Staff Assistant, Education; Jessica Kahanek, Press Assistant; Joe Novotny, Chief Clerk; Kim Zarish-Becknell, Policy Advisor, Subcommittee on Healthy Families and Communities; Stephanie Arras, Minority Legislative Assistant; Cameron Coursen, Minority Assistant Communications Director; Kirsten Duncan, Minority Professional Staff Member; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairwoman MCCARTHY [presiding]. A quorum is present. The hearing of the House Committee on Education and Labor, Subcommittee on Healthy Families and Communities, of “Improving Child Nutrition Programs to Reduce Childhood Obesity” will come to order.

Before we begin, I think I heard one of our young ladies talking about it. Make sure all cells and BlackBerry's are on vibrate or quiet. I appreciate that.

I now recognize myself, followed by Ranking Member, Todd Platts from Pennsylvania, for an opening statement. I would like to welcome our witnesses to this hearing on how we can reduce childhood obesity through the Child Nutrition Reauthorization.

As a nurse for over 30 years, I have seen firsthand the risks of illness that can result from obesity. In the last several months, I have read the studies that one in five 4-year-olds are obese, that kids have the arteries of middle-age adults, and that the number of children who take medication for chronic diseases has jumped dramatically.

In March, a study was released which indicated that proximity to fast food is a factor in student obesity. Some of these reports are shocking and, unfortunately, some are not. Childhood obesity, diabetes and heart disease are all on the rise in the United States, and one of the best tools that we have to combat these illnesses is our ability to provide wholesome and healthy nutrition to children in school.

Childhood obesity is found in all 50 states, in both young children and adolescents, affecting all social and economical levels. Low-income communities tend to have the highest obesity rate due to factors such as lack of access to affordable healthy foods, lack of safe, available venues for physical activity, and a lack of education about nutrition and its benefits. Furthermore, it has been found that minority children are at the greatest risk for obesity.

There is no silver bullet to solve childhood obesity. However, the school breakfast and lunch programs can make a great impact because they provide more than 50 percent of a student's food and nutrition intake on school days. The decisions we are making during reauthorization are very important to a great number of children, and that is why we have assembled such a knowledgeable panel.

We were here today to explore how we can reduce obesity through the Child Nutrition Reauthorization. There is a wealth of information available on the issue of reducing obesity, and, in my mind, it comes down to two things: healthy eating and physical activity. These sound simple, but families all over the nation know it is far from simple.

Given the current harsh financial realities, many families in my district and throughout the nation, schools have an increasingly important role to play in improving with nutritious food during their days at school. I also hear from folks in schools finding it more and more difficult to meet the increased demand of meals with healthy, nutritious and high quality foods without adequate funding.

We also know how critical it is to reach the youngest children and infants as soon as possible. I hear from constituents all the time how important the WIC programs are to help families transition from poor eating habits to healthy habits.

This is particularly important because WIC is working with the youngest of our children. As we will hear about today, the Institute of Medicine has undertaken a study to review and provide recommendations to update the nutrition and meal standards for school nutrition programs.

School meal standards are critical, and I appreciate Dr. Stallings being here to discuss her work. Of course, children aren't just eating school meals when they are at school.

Foods in vending machines and less healthy a la carte items in the cafeteria are readily available. And while in school, many children are subject to junk food advertisements. The students are a captive audience, and advertisers have proven to be remarkably effective at influencing their target customers.

Representative Woolsey has done a lot of work in this area, and I am looking forward to her testimony regarding issues surrounding competitive foods.

Finally, as I mentioned earlier, in addition to healthy foods, physical activity is the other critical element in reducing obesity. We know that change for adults is hard. But if we start to educate our children early enough, we can establish lifelong habits and the values of healthy living and wellness for the future.

We also know that studies show children who are physically active learn better. We will hear testimony today about some terrific and innovative programs schools are using to address obesity.

We have our work cut out for us, but by taking a comprehensive approach to nutrition, our children, families and communities will all be healthier. I want to thank all of you being here, and I look forward to your testimony.

I now recognize the distinguished gentleman from Pennsylvania, Ranking Member Platts, for his opening statement.

[The statement of Mrs. McCarthy follows:]

**Prepared Statement of Hon. Carolyn McCarthy, Chairwoman,  
Subcommittee on Healthy Families and Communities**

I'd like to welcome our witnesses to this hearing on how we can reduce childhood obesity through the child nutrition reauthorization.

As a nurse for over 30 years, I have seen firsthand the risks and illnesses that can result from obesity.

In the last several months, I have read the studies that one in five four-year-olds are obese, that kids have the arteries of middle aged adults, and that the number of children who take medication for chronic diseases has jumped dramatically.

In March, a study was released which indicated that the proximity to fast food is a factor in student obesity.

Some of these reports are shocking, and unfortunately, some are not.

Childhood obesity, diabetes and heart disease are all on the rise in the US and one of the best tools we have to combat these illnesses is our ability to provide wholesome and healthy nutrition to children in school.

Childhood obesity is found in all 50 States, in both young children and adolescents, affecting all social and economic levels.

Low income communities tend to have the highest obesity rates due to factors such as a lack of access to affordable, healthy foods, lack of safe, available venues for physical activity, and a lack of education about nutrition and its benefits.

Furthermore, it has been found that minority children are at the greatest risk for obesity.

There is no silver bullet to solve childhood obesity.

However, the School Breakfast and Lunch programs can make a great impact because they may provide more than 50 percent of a student's food and nutrient intake on school days.

The decisions we make during reauthorization are very important to a great number of children, and that is why we have assembled such a knowledgeable panel.

We are here today to explore how we can reduce obesity through the child nutrition reauthorization.

There is a wealth of information available on the issue of reducing obesity and in my mind it comes down to two things: healthy eating and physical activity.

These sound simple, but families all over the nation know it is far from simple.

Given the current harsh financial realities for many families in my district and throughout the nation, schools have an increasingly important role to play in providing children with nutritious food during their days.

I also hear from folks in schools finding it more and more difficult to meet the increased demand for meals with healthy, nutritious and high-quality foods, without adequate funding.

We also know how critical it is to reach the youngest children and infants as soon as possible.

I hear from constituents all the time how important the WIC programs are to help families transition from poor eating habits to healthy ones.

This is particularly important because WIC is working with the youngest of children.

As we will hear about today, the Institute of Medicine has undertaken a study to review and provide recommendations to update the nutrition and meal standards for school nutrition programs.

School meal standards are critical and I appreciate Dr. Stallings being here to discuss her work.

Of course, children aren't just eating school meals when they are at school.

Foods in vending machines and less healthy a la carte items in the cafeteria are readily available.

And while in school, many children are subjected to junk-food advertising.

The students are a captive audience, and advertisers have proven to be remarkably effective at influencing their target customers. Rep. Woolsey has done a lot of work in this area and I am looking forward to her testimony regarding issues surrounding competitive foods.

Finally, as I mentioned earlier, in addition to healthy food, physical activity is the other critical element in reducing obesity. We know that change for adults is hard, but if we start to educate our kids early enough, we can establish lifelong habits and the values of healthy living and wellness for the future.

We also know that studies show children who are physically active learn better. We will hear testimony today about some terrific innovative programs schools are using to address obesity.

We have our work cut out for us.

But by taking a comprehensive approach to nutrition, our children, families and communities will all be healthier. Thank you all for being here and I look forward to your testimony.

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Mr. PLATTS. Thank you, Madam Chair.

In the interest of time, with knowing we may have votes soon and with two of our colleagues waiting, you well captured the importance of this hearing and the importance of this issue in the broad sense. So I will submit my statement for the record and look forward to the testimony of our colleagues.

[The statement of Mr. Platts follows:]

**Prepared Statement of Hon. Todd Russell Platts, Ranking Member,  
Subcommittee on Healthy Families and Communities**

Good morning. Welcome to our hearing. Today we are here to discuss childhood obesity and child nutrition programs.

Over the last ten years, obesity in the United States has been increasing at a staggering rate. The most recent data from the Centers for Disease Control and Prevention states that more than 72 million adults, or over one-third of the United States adult population, are obese. In addition, 17 percent of children ages 2-19 are considered overweight. Overweight children are more likely to become overweight adults and have a greater risk of developing cardiovascular diseases, diabetes, and certain cancers. Because obese individuals are estimated to live 5-7 years less than their healthier counterparts, it is assumed that our current generation of children will actually have a lower life expectancy than their parents.

A number of initiatives have been created to combat this obesity epidemic. The food industry and trade organizations have joined together to phase-in healthier products and smaller portion sizes. Other groups have been promoting increased physical activity for children and adults alike.

The 2004 reauthorization of the Child Nutrition Act required school districts to implement local wellness policies in all schools. The objective of the local wellness plan is to change students' eating habits while simultaneously encouraging increased activity. To meet this goal, the plan must include nutrition guidelines, nutrition education, physical activity goals, and school based wellness activities. Many schools have incorporated creative ways to meet their wellness plan goals. Today, we will hear from Ms. Susie Byrnes, founder of the Byrnes Health Education Center in my Congressional District. Many of the local schools bring students to the Byrnes Center to teach students about healthy eating practices as part of their local wellness plans.

There are a variety of parties that are responsible for helping to address the issue of childhood obesity. At the federal level, we have a responsibility to ensure that foods provided by the school breakfast and lunch programs are nutritional and healthy. Local school districts also play a role as they make decisions about the activities that take place on their campus. I believe, however, that parents have the



most important role—as the primary caretaker of their child’s well-being—to ensure that their children remain active and consume nutritious meals.

I am pleased we are joined by such a distinguished panel of witnesses and am looking forward to hearing all of the testimony. As we move forward to reauthorize the Child Nutrition Act, we must keep the goal of reducing childhood obesity in mind while remaining conscious of the impacts of new mandates on our local school districts.

Thank you Chairwoman McCarthy.

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Chairwoman MCCARTHY. Pursuant to Rule Committee 7C, any member may submit an opening statement in writing at this time, which will be made part of the permanent record. Without objection, all members will have 14 days to submit additional materials or questions for the hearing record.

I would like to briefly introduce our very distinguished panel of witnesses here with us this morning. The complete bios of the witnesses will be inserted into the record.

Today, we will hear from two panels. On our first panel, we will hear from two members of Congress, my colleagues and fellow members of the Committee in Education and Labor—the Honorable Lynn Woolsey from California, and the Honorable Mike Castle from Delaware.

On the second panel, we will hear from six witnesses—First Lady Michele Paterson of my home state of New York; Dr. Virginia Stallings, an expert on child nutrition issues; Ms. Nancy Copperman, who runs an obesity prevention program on Long Island; Mr. Felton at the National School Boards Association to discuss nutrition and standards; Ms. Susie Byrnes, founder of the Susie P. Byrnes Health Educational Center; and Dr. Ritchie of Dr. Robert C. and Veronica Atkins Center for Weight and Health College on natural resources. I thank you all for being here.

In the interest of time, given the large number of witnesses today, I will make my formal introductions short. First, I would like to introduce our first panel. The Honorable Lynn Woolsey from California and Mike Castle of Delaware have both been in Congress since 1993, and I have served with them on the Committee of Education and Labor since I came to Congress. Ms. Woolsey serves as the chairwoman of the Subcommittee on Public Works Protection.

Mr. PLATTS. Thank you, Madam Chair, and Mr. Castle is the ranking member of the Education and Labor Subcommittee on Childhood, Elementary and Secondary Education. He has a distinguished public service career.

Actually, Mike, I was learning for the first time all the offices you held, and delighted—deputy attorney general, state legislator, lieutenant governor and two-term former governor of the state of Delaware, and makes up the entire House delegation of the state of Delaware here in Congress. So we are delighted to have you and Lynn with us, and look forward to your testimony.

Thank you, Madam Chair.

Chairwoman MCCARTHY. Representative Woolsey and Representative Castle have each used their voices as members of Congress to call for action in areas where they are deeply passionate. They care deeply about the health and wellness of our youth, and I look

forward to hearing their testimony on how to fight childhood obesity.

Obviously, both of the members understand the light system and the 5-minute time limit, so let's get started. I thank you for taking the time out of what is an extremely busy day here in Congress to address this subcommittee.

Ms. Woolsey?

**STATEMENT OF HON. LYNN WOOLSEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA**

Ms. WOOLSEY. Thank you, Madam Chairwoman and Congressman Platts, members of the committee. Thank you for the opportunity to testify before you today on today's hearing on childhood obesity.

Our schools have a very powerful impact on the way our children eat and the lessons they learn about healthy living. With WIC and child nutrition programs set to be reauthorized this year, we have an opportunity to actually take bold steps to reverse these dangerous trends. I commend the subcommittee for holding this important hearing, and I commend you for your continued attention to the health and well-being of our nation's children.

Children spend more than a third of their young lives at school, including before and after school, and oftentimes holidays as well. So it is important that schools provide healthy foods throughout the entire school day. Unfortunately, current nutrition standards for foods sold at school but outside of the school meal programs are inconsistent, and they are often unhealthy.

For example, doughnuts are allowed in vending machines, but lollipops are not. Cookies are fine, but breath mints are banned. These standards don't make any sense. They haven't been updated since my children were in school in the 1970s.

And today, my grandchildren, who are in school, are faced with the same junk food choices that should have been replaced years and years ago. No wonder, Madam Chairwoman, that child obesity is becoming an epidemic.

Today, 23 million children and adolescents are obese or overweight. Obesity rates for children between 6 and 11 years old have more than quadrupled over the last 40 years. Throughout their lives, these children are at greater risk for heart disease, type II diabetes, stroke, cancer, and social and psychological problems.

That is why I have re-introduced H.R. 1324, the Child Nutrition Promotion and School Lunch Protection Act, which will ensure that all foods sold in schools during the entire school day are based on current scientific and sound nutrition standards. In the Senate, Democrat senator Tom Harkins and Republic senator Lisa Murkowski have introduced the companion to this bipartisan bill in the House. And this bill has been endorsed by more than 80 organizations, including a wide range of school health and nutrition advocacy groups.

While critics might expect that schools that switch to selling healthier foods might lose money, it turns out to be just the opposite. According to a study conducted by the U.S. Department of Agriculture and the Center for Disease Control, the majority of schools switching to healthier competitive foods in their vending

machines and a la carte lines actually increased their revenues. The Center for Weight and Health at UC Berkeley in 2007 also found the 65 percent of schools that provided these better meals and better choices had total revenue increases of more than 5 percent after switching, and providing, then, schools with improved nutrition standards and also increased their revenues.

H.R. 1324 would require that nutrition standards for foods sold in vending machines and a la carte lines meet standards for caloric intake, saturated fats, trans fats and refined sugars. The bill would depend on leading scientific experts to make recommendations and would study the relationship between certain foods and obesity.

Additionally, while H.R. 1324 would set strong nationwide minimum standards, states could go above and beyond those standards. It is obviously long past time to bring these schools, Madam Chairwoman, into the 21st century. Unless Congress updates these standards, students will continue to spend money on unhealthy options that undermine their health and their future.

So I look forward to working with the committee to get these changes signed into law. And again, Madam Chairwoman, thank you very much for having me today.

[The statement of Ms. Woolsey follows:]

**Prepared Statement of Hon. Lynn C. Woolsey, a Representative in Congress  
From the State of California**

Chairwoman McCarthy, Congressman Platts, members of the Committee, thank you for the opportunity to testify at today's hearing on childhood obesity. Our schools can have a very powerful impact on the way our children eat and the lessons they learn about healthy living. With WIC and child nutrition programs set to be reauthorized this year, we have an opportunity to take bold steps to reverse these dangerous trends. I commend the Subcommittee for holding this important hearing and its continued attention to the health and well-being of our nation's children.

Children spend more than a third of their young lives at school—including before and after school and often times school holidays. So, it is important that schools provide healthy foods throughout the entire school day. Unfortunately, current nutrition standards for foods sold at school, but outside of the school meal programs, are inconsistent and often unhealthy. For example, doughnuts are allowed in, but lollipops are not. Cookies are fine, but breath mints are banned. These standards don't make any sense. They haven't been updated since my children were in school in the 70's. Today, my grandchildren are in school, with the same junk foods available that should have replaced years ago.

No wonder the childhood obesity is becoming an epidemic. Today, 23 million children and adolescents are obese or overweight. Obesity rates for children between 6 and 11 years old have more than quadrupled over the last 40 years. Throughout their lives, these children are at greater risk for heart disease, Type 2 Diabetes, stroke, cancer, and social and psychological problems.

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While critics might expect that schools that switch to selling healthier foods might lose money, it turns out to be just the opposite! According to a study conducted by the U.S. Department of Agriculture and the Center for Disease Control, the majority of schools switching to healthier competitive foods in their vending machines and a la carte lines actually increased revenues. The Center for Weight and Health at U.C. Berkely in 2007 also found that 65 percent of schools had total revenue increases of more than five percent after switching, proving that schools offering improved nutrition standards can increase their total revenues as well.

H.R. 1324 would require that nutrition standards for foods sold in vending machines and a la carte lines meet standards for caloric intake, saturated fats, trans fats, and refined sugars. The bill would depend on leading scientific experts to make

recommendations, and would study the relationship between certain foods and obesity. Additionally, while H.R. 1324 would set strong nationwide minimum standards, states could go above and beyond those standards. It's obviously long past time to bring these school food standards into the 21st Century.

Unless Congress updates these standards, students will continue to spend money on unhealthy options that undermine their health and their futures. I look forward to working with this Committee to get these changes signed into law.

Again, Madame Chair, thank you for having me.

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Chairwoman McCARTHY. Thank you, Ms. Woolsey, for that information.

Representative Castle?

**STATEMENT OF HON. MIKE CASTLE, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF DELAWARE**

Mr. CASTLE. Thank you, Madam Chairwoman. Thank you, Mr. Platts and other members of the committee. And I thank Lynn Woolsey. We have worked together on this issue almost since we have been in Congress, I think. And hopefully it is at least working to a degree, but I think we can improve it.

As Lynn has very well pointed out, child nutrition programs are a vital significance to the future of the children in our country. We are all aware of the basic facts. Kids are not eating enough fruits and vegetables. They are not getting enough exercise. They are inside too much.

There may be a lot of reasons for this, but the bottom line is there is an overweight issue among our children, and the CDC data shows that approximately 17 percent of children and adolescents are overweight. Our statistics in Delaware are even higher than that. And in just two decades, the number of overweight and obese young Americans has tripled.

And one of the direct effects of this has been diseases and conditions associated with adults are now being associated with children. Type II diabetes, high cholesterol, high blood pressure, which did not used to happen, but happens on a regular basis at this time.

It sort of reminds me. I was just sitting here thinking when Lynn was speaking of the ads you see on TV for people who have lost weight or whatever. I have never seen an ad for people who have gained weight saying what a wonderful thing this is. "I feel so much better," or whatever it may be. I mean, the bottom line is that, just from a social point of view as well as a physical health point of view, and maybe mental health, we need to worry about this particular issue.

The legislation, which we passed in the past in reauthorizing this, and this new legislation is of vital significance. In 2004, we did pass and the president signed the law, the Child Nutrition and WIC Reauthorization Act.

In addition to other steps, the law put in place several comprehensive solutions to address the childhood obesity epidemic, nutritional education, which I think is of vital significance, increased physical activity, efforts to combat hunger and food insecurity. Included was a provision I authored to require school districts to establish local school wellness policies.

I might point out, Madam Chairwoman, also kids often can educate adults, I have learned, in many of these areas, seat belts, for example, and in this area as well, which is not insignificant, either. Under the school wellness policies, the school districts are required to establish policies, include nutritional guidelines, nutrition education, physical activity goals and school-based wellness activities to encourage the development and implementation of programs to promote healthy eating and increased physical activity among children.

School districts were tasked with developing these plans to accommodate a variety of demographics, economic situations and local food preferences. Policies were required to be developed and implemented for 2006-2007 school year by school districts. School districts developed these plans in an attempt to accommodate a variety of different backgrounds. And resulting from these policies, we have nutrition programs offering healthier options, increased visibility of school nutrition programs, changes in behaviors, and more healthy choices being made by students.

So one emphasis I would like to make, and I don't know if we are addressing it in legislation, or if some of the speakers to follow us will address it, but I use the word "options," healthier options. I still go to schools—well, a couple years ago, I went to a school that had all the options. They were serving, broccoli, whatever.

But one of the options was pizza. And I asked the people in the cafeteria about that, and they said, "Well, most of the kids are taking the pizza." It might not be pizza. It may be doughnuts for breakfast or whatever it may be, but the options need to be carefully crafted as well.

You can't just offer them and say, "We have accommodated." You need to make sure that is what the kids are eating. And I think we need to pay a little more attention to what some of the options are.

In Delaware, each of our wellness plans is reflective of the district's policies and views of how to best provide and maintain a healthy and safe learning environment. And all that, of course, is well and good, and they are doing that. And I have seen it, and they are working to promote the integration of nutrition education into all curriculum areas in K through 12.

I think that is important, too, that people understand why these decisions are being made. Limiting portion sizes of snacks and beverages served in school, which is important, and limiting food being used as rewards, which can be difficult for teachers and parents sometimes, but is also important.

In certain of our districts, for example in Laurel Middle School, music is played after lunch to encourage physical activity. And at the Austin D. Baltz elementary school in Wilmington area, Red Clay School District, hip-hop pageant program is put on to encourage physical activity. Many schools are implementing successful policies, but there are challenges.

Strong school leadership is needed. When you find superintendents and principals and teachers who enforce it, it makes a difference. We need a commitment to enhancing school nutrition and wellness policies as implementation continues, and we need the

support and knowledge of communities and families, which is essential to ensure wellness plans extend beyond the school days.

We are fortunate to have the Nemours operation in Delaware working in this area to promote healthy lifestyles in all places that children live, learn, and play. Unfortunately, Nemours, by the will of Mr. duPont, is only in Florida and Delaware, but they make a vast difference in terms of these programs.

As we move forward with reauthorization of child nutrition legislation, we must work at the federal, state and local levels to address this important issue and complex issue. We have to strengthen local wellness policy and legislative language to ensure all schools and students benefit from plans.

We have to target those with greatest risk. We need to support programs under current law that promote nutrition education and physical activity, and we need to meet the financial commitment to see programs through from start to finish.

I appreciate the opportunity of being here, and I look forward to what this committee will be doing.

I yield back.

[The statement of Mr. Castle follows:]

**Prepared Statement of Hon. Michael N. Castle, a Representative in  
Congress From the State of Delaware**

Good morning. Thank you Chairwoman McCarthy for holding today's hearing. As a Member of the Education and Labor Committee and co-chair of the Congressional Diabetes Caucus, I welcome the opportunity to testify before the Healthy Families and Communities Subcommittee.

As debate begins in Congress on how best to reform a crumbling health care system to care for the uninsured and help manage the growing number of people who are living with chronic diseases, we are more aware than ever of the need to foster a national culture that believes in the need for health and wellness. In the context of today's hearing, nutrition and health are both essential for fostering a child's academic success.

We know that kids are not eating enough fruits and vegetables, spend too much time in front of the TV or computer screen, are not up and moving enough, and consume too many sugary beverages. Childhood obesity has become a major health problem in the United States. In fact, recent data from the Centers for Disease Control (CDC) shows that an estimated 17 percent of children and adolescents ages 2-19 years are overweight. In my home state of Delaware, approximately 36 percent of kids and youth are overweight or are at risk of becoming overweight. I believe this is a matter of great concern to us as Members of Congress, to this Committee, and to society in general.

According to a report by the National Institute for Health Care Management (2007), in just two decades, the number of overweight and obese young Americans has tripled, and studies suggest that overweight children are significantly more likely to become overweight or obese adults. As a result, children are increasingly suffering from conditions traditionally associated with adulthood, including Type 2 diabetes, high cholesterol, and high blood pressure.

Parents bear primary responsibility for ensuring that their children eat well and exercise regularly. Schools, however, can and should also play a positive role by giving children access to nutritious meals and snacks, nutrition education, and time to engage in daily physical activity.

In 2004, Congress passed, and the President signed into law, the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act. The Law put in place several comprehensive solutions that incorporate healthy habits, nutritional education, and increased physical activity with ongoing efforts to combat hunger and food insecurity to address the childhood obesity epidemic.

In addition to making certain students have access to fresh fruits and vegetables, and milk; strengthening partnerships between local farms, school gardens, and child nutrition programs; and ensuring food safety by maintaining and strengthening quality and safety standards, the Law included a provision I authored requiring school districts participating in the program to develop and implement a comprehen-

sive wellness policy in their schools. Specifically, school wellness policies include nutrition guidelines, nutrition education, physical activity goals, and school-based wellness activities developed by school districts in an effort to accommodate a variety of demographics, economic situations, and local food preferences. The objectives of these plans are to change students' eating habits while simultaneously encouraging increased activity.

The majority of school districts passed these policies between May and July 2006 to have them in place for the 2006-2007 school year, as required by the Law. As a result, the vast majority of districts established guidelines for food and beverages available in a la carte and vending machines. And about 95% of districts established goals for nutrition education and physical education (USDA, FNS).

Studies have shown that as a result of implementing these policies, school nutrition programs are offering more healthy food options, there has been an increased visibility of school nutrition programs to students and adults, and there have been changes in healthy choices and behaviors of students (School Nutrition Association and School Nutrition Foundation).

In Delaware, each school district's wellness plan is reflective of the district's policies and views of how to best provide and maintain a healthy and safe learning environment for students within the district's care. Overall, however, each wellness policy in the state of Delaware works to promote the integration of nutrition education into all curriculum areas for students in grades k-12, limit portion sizes of snacks and beverages served anywhere on school property during the school day, limit food being used as rewards, and disseminate consistent nutrition messages throughout district schools, classrooms, cafeterias, and Delaware homes and communities.

In Delaware's Laurel School District at the Laurel Middle School, more physical activity has been incorporated into the school's curriculum. After lunch most days, music is played to allow for students to do some large muscle activity. Additionally, in Delaware's Red Clay Consolidated School District at the Austin D. Baltz Elementary School all students have recess after lunch and the school implemented the "Hip Hop Pageant Program" to encourage cardiovascular activity in which students attend a hip hop class leading up to a hip hop pageant.

While many schools are implementing successful policies, there are several challenges to implementing these plans as well. Schools need strong leadership and a commitment to enhancing their nutrition and wellness policies as implementation continues. The support of communities and families is also essential to ensure that the work of the wellness plans extend beyond the school day. In Delaware, great work is being done by Nemours Health and Prevention Services in this area to promote healthy lifestyles in all the places children live, learn, and play, including schools. Finally, I am hopeful this Committee will examine how we may strengthen the Law's language pertaining to local wellness policies to ensure all schools, and ultimately all students benefit from these plans.

As Congress works to reauthorize child nutrition legislation this year to strengthen school nutrition programs, it is clear we must work with state and local school districts to further address the important and complex issue of childhood obesity by supporting programs under current law that promote nutrition education and physical activity at the state and local level; implementing programs with proven results in improving health outcomes; and targeting those children who are at the greatest risk.

I hope that this Committee and Congress will continue to examine this issue very closely. I look forward to working along with my colleagues at the federal level, as well as the state and local level to do our part in the battle against childhood obesity.

Thank you for allowing me to testify today.

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Chairwoman MCCARTHY. I thank my colleagues for their information and taking the time out on an extremely busy day to be here. I hope that when we get this legislation through, which I think we will, maybe we should start working on the members of Congress on the choices of food that we have here. Thank you very much.

All right. The debate that has been up here, apparently we have been notified votes are starting. There are going to be several votes, which unfortunately is going to take an awful lot of time.

But we believe that we should start. So if the witnesses could come and sit at the table, we will start with the introductions.

I want to thank you all for being here, and I now yield to Representative Tonko of New York to introduce the First Lady of New York, Michele Paterson.

Mr. TONKO. Thank you, Madam Chair.

It is my pleasure to introduce our first guest at the second panel. It has been with distinction that our First Lady, Michele Paige Paterson, has served New York state in her current role as first lady since her husband, our governor, David Paterson, assumed office on March 5th of 2008, but she has a long history of work in healthcare and child obesity issues.

Ms. Paterson has an M.S. in Health Services Management from the Milano Graduate School in New York City and a B.A. from Syracuse University. She has worked as the director of community and government affairs at North General Hospital in Harlem and as director of external affairs and corporate contributions for the Health Plan of New York, where she worked with community organizations, agencies and corporations on issues such as healthcare and education. She currently serves as director of integrative wellness at Emblem Health, where she works on healthy living and childhood obesity issues.

In her capacity as our first lady, Ms. Paterson, as in her usual warm and compassionate style, worked with organizations and schools to help raise community awareness of childhood obesity and its consequences. She spearheaded a statewide initiative called Healthy Steps to Albany: First Lady's Challenge. The program challenges middle school students to lead healthy lifestyles through exercise and healthy eating habits. The program encourages students to increase their physical activity by competing in a 6-week fitness competition.

Madam Chair, I join with you, with my colleagues on the committee and my fellow New Yorkers by welcoming our leader in our state, our first lady, Michele Paige Paterson, here today, and I thank her for accepting our invitation.

Chairwoman MCCARTHY. Thank you.

And welcome, Ms. Paterson.

Our next witness is Dr. Stallings. Dr. Stallings is the director of the nutrition center at Children's Hospital of Philadelphia and professor of pediatrics at the University of Pennsylvania School of Medicine. Her research interests include pediatric nutrition, evaluation of dietary intake and energy expenditure and nutrition and related chronic diseases. She joins us today to discuss her work as chair of the National Academy of Sciences Institute of Medicine's Committee on Nutrition Standards for Foods In Schools.

Our next witness is Ms. Nancy Copperman, director of public health initiatives for the North Shore Long Island Jewish Hospital Healthcare System from my area of Long Island. She will discuss her work in an innovative program in my district called Activity Works.

Activity Works is a school-based program which delivers physical activity right in the classroom. Five school districts within my district are using this program, and from the feedback I have gotten from the children, they love it.



Our next witness is Mr. Felton of the National School Boards Association. He will discuss what locals are doing to promote nutrition and also his thoughts on national nutrition standards.

I yield to Ranking Member Platts for the—I am sorry, Ms. Platts isn't in the building, so we will skip over and—I am sorry?

I am sorry, Ms. Byrnes is in the building, and she will be up in a minute.

Our final witness is Dr. Lorraine Ritchie, Director of Dr. Robert C. and Veronica Atkins Center for Weight and Health College of Natural Resources. She has worked for nearly a decade to promote the development of science-based solutions to the obesity epidemic in children and families. She will discuss her impressions of the WIC program and its role in reducing childhood obesity.

I want to welcome all of our witnesses. And when Ms. Byrnes comes, we will stop and have her be introduced.

I know that you all have been told about the—for those that have not testified before Congress, let me explain our lighting system. Everybody will get five minutes, including the members. It is limited to 5 minutes of presentations and questions.

The green light is illuminated when you begin to speak. When you see the yellow light, it means you have 1 minute remaining. When you see the red light, it means your time is expired and you need to conclude your testimony. Please be certain, as you testify, to turn on your—and speak into the microphones in front of you.

We will now hear from our first witness.

Ms. Paterson?

**STATEMENT OF MICHELE PATERSON, FIRST LADY OF THE  
STATE OF NEW YORK**

Ms. PATERSON. Good morning.

Chairwoman MCCARTHY. Morning.

Ms. PATERSON. And thank you, Congressman Tonko, for that warm welcome. I would like to also thank Subcommittee Chairwoman Carolyn McCarthy and Representative Yvette Clarke and Paul Tonko from the great state of New York and the other members of the subcommittee for inviting me here today to present New York's efforts in fighting childhood obesity.

As first lady and in my professional career, I continue to be committed to promoting programs that protect and support the health of New York's children. Governor Paterson and I believe that all of us share a common obligation to ensure that our children have the opportunity to live healthy lives and are given the promise of a healthier future.

But to have that healthier future, we need to address what is perhaps the biggest challenge to the health and well-being of our youth today: the obesity epidemic, which not only adversely affects children's health, but it threatens to shorten their life span.

As all of you know, the obesity epidemic touches all ages, all neighborhoods, and all socioeconomic groups in New York state. One in four children is overweight or obese, and in low-income neighborhoods and neighborhoods of color, that number is as high as one in three.

Even though New York state has a strong requirement for physical education in our schools, the recommended 60 minutes of daily

physical activity is not enough to ensure good health for our youth. The governor has proposed state legislation and programs to improve the nutrition of foods available in schools, reduce the availability of junk foods, and increase the opportunity for physical activity.

He proposed again this year the Healthy Schools Act, which would require the establishment of nutrition standards for all food, school's lunch, school's breakfast and outside food sold or served in schools. The governor also proposed and signed into law this year the Healthy Food, Healthy Communities Initiative which offers a new revolving loan fund to increase the number of healthy food markets in underserved communities.

Additionally, our administration is working with schools, communities and farmers to develop and expand the farm-to-school program to promote the use of local fruits and vegetables in schools and to support edible school gardens. The governor's office collaborated with a wide group of partners and stakeholders in New York, including the YMCA and the Boy's and Girl's Clubs, to set model standards for nutrition, physical activity and television and video game limits in after-school programs.

And we have worked with our healthcare providers and more than 400 child daycare centers to provide nutrition training, education and guidance to staff and parents.

For my part, I created a program called Healthy Steps To Albany: First Lady's Challenge. This challenges teams of middle school students, grades six through eight, are challenged to walk 4 million steps over a 6-week period. Everyday activities, such as biking to school, taking a dance or karate class after school, or going for a family walk after dinner were compiled to help the classes get their steps to Albany.

The Healthy Steps to Albany program is unique because students are asked to think about the many ways they can increase their daily physical activities. With the support of their teachers and friends, students are encouraged to turn off the TV, put down the video game controller, and be physically active.

I chose to focus on middle school students for a number of reasons. It is at this age that many students are uncomfortable with their changing bodies because they are going through puberty. And studies show that children's physical activities levels decline significantly during middle school years.

Today's youth spend an average of 32 hours per week in front of a TV, video game or computer screen. This greatly exceeds the recommended limit of 1 to 2 hours maximum per day.

Although I started Healthy Steps To Albany in Harlem before I became first lady, this spring we expanded the challenge to five large cities upstate New York, in Buffalo, Rochester, Syracuse, Albany and Yonkers. Nearly 270 classes registered, and the students walked more than 1.4 billion steps while mapping their progress across New York state. In addition, students had the opportunity to earn steps by making smart food choices.

All the students benefited, because the 13 classroom teams that walked the farthest earned a number of prizes, including a visit to a local organic farm where they learned how food is grown and prepared. Tomorrow, the governor and I will be in Buffalo to share a

healthy lunch and present awards to the Buffalo and Rochester winners.

When I took the students from Harlem to a farm last year, I realized how far our urban youth are from the sources of their food. One student told me she didn't realize that cheese came from cows. She just thought it came from the grocery store. Another student never made the connection between potatoes and potato chips.

If students do not understand the origins of the food they eat every day, they cannot understand what they are putting into their bodies. Students learn not only in the classroom, but also in the cafeteria, the halls, the gym, the schoolyard and their neighborhoods. They learn from teachers, parents, classmates and neighbors.

They learn what they see. And too often, in too many schools, students see high calorie, low nutrient foods and beverages.

Today, more than 1,000 schools in New York have already implemented comprehensive wellness policies, enhanced nutrition standards and increased the time of physical activity. I believe we can do better. We need federal legislation that raises the nutrition standards of all foods and beverages available in our school.

Many of these standards can be addressed in the 2009 Child Nutrition Act Reauthorization. We strongly support your efforts to request that the USDA strengthen by regulation the nutrition standards governing the federal national school lunch and school breakfast programs, as well as to impose stricter federal standards on competitive foods sold or served in schools.

As you do so, be cognizant of how schools got into selling outside food in the first place. They have to compensate for the deficits caused by insufficient federal funding for the school lunch and breakfast programs.

As you advocate for improving standards for school's food, I ask you to also examine the cost to states to supply healthier foods. I am confident you will find that school food programs are severely underfunded.

Improved federal nutrition standards and reimbursement for school lunch, school breakfast and competitive foods, combined with programs to increase physical activity, will help children and adolescents establish healthy behaviors. In turn, students will be healthier, will have lower obesity rates, obesity-related diseases, and they will have lower healthcare costs. It can also contribute to increased capacity to learn, higher academic achievement, and greater success in school and their careers.

We look forward to working with you on these important goals as the Child Nutrition Act Reauthorization moves forward, and I thank you for your time and attention.

[The statement of Ms. Paterson follows:]

**Prepared Statement of Michelle Paige Paterson, First Lady of the State of New York**

Good Morning.

I would like to thank Subcommittee Chairwoman Carolyn McCarthy, Representatives Yvette Clarke, and Paul Tonko from the great State of New York, and the other members of the Subcommittee for inviting me to present New York efforts in fighting childhood obesity.

I would like to congratulate the Subcommittee for convening this hearing on the Child Nutrition Act reauthorization to address the childhood obesity epidemic and

to discuss initiatives that can and should be taken at the local, state and federal levels.

As First Lady and in my professional career, I continue to be committed to promoting programs that protect and support the health of New York's children.

Governor Paterson and I believe that all of us share a common obligation to ensure that our children have the opportunity to live healthy lives and are given the promise of a healthier future.

But to have that healthier future, we need to address what is perhaps the biggest challenge to the health and well-being of our youth today—the obesity epidemic—which not only adversely affects children's health, but it threatens to shorten their lifespan.

As all of us know, the obesity epidemic touches all age groups, all neighborhoods and all socio-economic groups. The State Department of Health estimates that one in four New Yorkers, including children, is obese. Among low-income populations and communities of color, the prevalence is even higher.

In our own family, we practice what we preach—we exercise regularly and eat healthy foods, including fruits and vegetables from the organic garden at the Governor's mansion.

Even though New York State has a strong requirement for physical education in its schools, the Centers for Disease Control and Prevention recommended 60 minutes of daily physical activity is not enough time to ensure good health for our youth.

The Governor has proposed state legislation and programs to improve the nutrition of foods available in schools, reduce the availability of high calorie, low nutritional food (i.e. junk foods), and to increase the opportunities for physical activity.

He proposed again this year the Healthy Schools Act, which would require the establishment of nutrition standards for all foods—school lunch, school breakfast and competitive foods sold or served in schools.

The Governor also proposed the Healthy Food/Healthy Communities Initiative, which the legislature passed this year. It offers a new revolving loan fund to increase the number of healthy food markets in underserved communities.

Additionally, the New York State Departments of Health and Agriculture & Markets have worked with schools, communities and farmers to develop and expand the Farm to School program. They worked to obtain procurement exemptions that would promote the use of local fruits and vegetables in schools, and to support edible school gardens.

The Governor's office collaborated with a wide group of partners and stakeholders in New York, including the YMCAs of New York State and the New York State Alliance of Boys & Girls Clubs, to set model standards for nutrition, physical activity, and television and video game limits in after-school programs.

With the support of the National Governors Association, we launched the Healthy Kids, Healthy New York After-School Initiative and Governor's Recognition Program, which continues to provide training toolkits and resources. In October, the Governor will recognize after-school programs that have adopted and implemented these model guidelines.

We've also work with more than 400 child day care centers throughout the State to provide training, education and guidance to child day care staff and parents. The goal is to provide supports for healthy eating and physical activity, and to reduce media use.

Additionally, we collaborate with our healthcare providers by offering training, toolkits and guidance for the implementation of expert guidelines to ensure children are being screened for obesity using Body Mass Index (BMI) and that they and their families are being counseled about healthy eating and daily physical activity.

The New York State Office of Health Insurance Programs has launched a 2-year Pediatric Obesity Performance Improvement Project in all Medicaid managed care plans in the State. It ensures guideline-concordant care to screen for, prevent and manage child and adolescent obesity.

While these successes are significant, working with one community, one school, or one childcare provider at a time is not going to end the obesity epidemic. We need federal policies, standards, regulations and commitments that help make the healthy option the easy choice for New Yorkers and all Americans.

To better monitor the epidemic, target high-risk communities and identify successful community and/or school interventions, New York passed legislation that supports a partnership among the state health and education departments and the healthcare community. These groups have developed and implemented a non-duplicative surveillance system that is cost-efficient for BMI screening and determining weight status assessment of school-age youth. The data obtained will provide obesity rates at local, county and state levels by the end of this school year.

For my part, to encourage physical activity among the youth in my home community of Harlem, I created a program called Healthy Steps to Albany: First Lady's Challenge. Teams of middle school students, grades six through eight, were challenged to walk 4 million steps over a 6-week period. Small, everyday activities such as biking to school, taking a dance or karate class after school or going for a family walk after dinner were compiled to help the classes get their 'Steps to Albany.'

The Healthy Steps to Albany program is unique because students are asked to think about the many ways they can increase their daily physical activity. With the support of their teachers and friends, students are encouraged to turn-off the television, put down the video game controller, and be physically active.

I chose to focus on middle school students for a number of reasons. It is at this age that many students are uncomfortable with their changing bodies, and studies show that children's physical activity declines significantly during middle school.

Today's youth watch an average of 32 hours per week at a television, video game, or computer screen. This greatly exceeds the recommended limit of 1-2 hours maximum per day.

Second, having a teenage son, I quickly realized that when he said he was going to play football with his friends, he wasn't always outside being physically active. He was often inside with a video game or watching television.

Although I started Healthy Steps to Albany in Harlem before I became First Lady, this spring we expanded the challenge to five large cities in Upstate New York—Buffalo, Rochester, Syracuse, Albany and Yonkers. Nearly 270 classes registered, and the students walked more than 1.4 billion steps while mapping their progress across New York State. In addition, students had the opportunity to earn steps by making smart food choices.

All the students benefited, but the 13 classroom teams that walked the farthest earned a number of prizes, including a visit to a local organic farm where they learned how food is grown and prepared.

After meeting many of these young people and listening to their experiences, I can tell you this program is a success. Tomorrow, the Governor and I will be in Buffalo to share a healthy lunch and present awards to the Buffalo and Rochester winners.

When I took the students from Harlem to a farm last year, I realized how far our urban youth are from the sources of their food. One student told me she didn't realize that cheese came from cows—she just thought it came from the grocery store. Another student never made the connection between potatoes and potato chips. If students do not understand the origins of the food they eat every day, they cannot understand what they are putting into their bodies.

The good news is that we can get our young people, their teachers and parents excited about walking and being physically active, but we need to help them stay active and to ensure that the school environments and neighborhoods promote healthy behaviors.

Students learn not only in the classroom but also in the cafeteria, the halls, the gym, the school yard and their neighborhoods. They learn from teachers, parents, classmates and neighbors. They learn what they see.

And too often, in too many schools, students see high-calorie, low-nutrient foods and beverages, which is often coupled with aggressive marketing and advertising.

New York State has made a significant investment to improve the school nutrition environment, as well as after-school programs and child daycare settings. Healthcare providers and insurers continue to work with employers, agriculture organizations, farmers and community groups to help prevent childhood obesity.

New York's state and local health departments, partners, parents and concerned citizens continue to work with schools to set nutrition standards and limit the sale of low-nutrient, high-calorie foods and beverages. More than 1,000 schools in New York have already implemented improved comprehensive wellness policies, enhanced nutrition standards for meals and snacks, and increased the time for physical activity.

I believe we can do better. We need federal legislation that raises the nutrition standards of all food and beverages available in our schools. Many of these standards can be addressed in the 2009 Child Nutrition Act reauthorization.

We strongly support your efforts to request that the USDA strengthen, by regulation, the nutrition standards governing the federal National School Lunch and School Breakfast Programs, as well as to impose stricter federal standards on competitive foods sold or served in schools.

As you do so, be cognizant of how schools got into selling competitive foods in the first place: they had to compensate for the deficits caused by insufficient federal funding for the School Lunch and Breakfast programs. As you advocate for improving standards for school foods, I ask you to also examine the costs to states to sup-

ply healthier foods. I am confident you will find that school food programs are severely under-funded.

And as US Secretary of Education, Arne Duncan, seeks to reform education in this country “to provide a complete and competitive education to all children” to improve student performance and make American students competitive in the world, he spoke about increasing the school year and lengthening the school day.

Keep in mind that with a longer school day, a “complete education” needs to incorporate daily time for physical activity, including walking programs, like Healthy Steps to Albany and other types of lifetime activities.

Also, remember that school breakfast is strongly linked to improved academic performance and higher test scores, reduced truancy and absenteeism. However, the breakfast must be high-quality and should demonstrate healthy food options to our children.

Improved federal nutrition standards and reimbursement for school lunch, school breakfast, and competitive foods, combined with programs to increase physical activity, will help children and adolescents establish healthy behaviors. In turn, students will be healthier, have lower obesity rates and obesity-related diseases, and they will have lower health care costs. It also contributes to increased capacity to learn, higher academic achievement, and greater success in school.

Moreover, we strongly support your work on the WIC [Women Infants and Children] program in the reauthorization. WIC provides nutritional information and support outside of our schools. Through the program a number of obesity prevention initiatives were implemented. They include breastfeeding support, Fit WIC physical activity training for parents, patient-centered nutrition education, low-fat milk promotion and the new WIC food package that includes vegetables and fruits, whole grains, and non-fat and low-fat milk. In New York, the WIC program reaches 518,000 low-income women, infants, and children through a network of 100 local agency contractors. These programs are part of a comprehensive approach that is needed to combat childhood obesity.

We look forward to working with you on these important goals as the Child Nutrition Act reauthorization moves forward. I thank you for your time and attention.

#### *New York State Recommendations to Improve School Meals*

Specific recommendations for improvements to school meals, consistent with the Dietary Guidelines for Americans issued jointly by the USDA and the Department of Health and Human Services:

- Increase Whole Grains. At least half of the grain products served in school meals should be whole grains.

- Increase Fruits and Vegetables. At a minimum, two servings of fruits or vegetables per breakfast and three servings of fruits or vegetables per lunch should be served. (Serving sizes will vary with children’s ages and grade levels). Schools should offer, at a minimum, five different fruits and five different non-fried vegetables over the course of a week to help ensure variety. Only one serving of fruits or vegetables per day should be juice.

- Sodium. In order to help students stay within the 2,300 mg per day tolerable upper intake level for sodium recommended in the Dietary Guidelines, we urge the USDA to require that school lunches contain no more than 770 mg of sodium (one-third of the daily limit of sodium) and that school breakfasts contain no more than 575 mg of sodium (one-quarter of the daily limit for sodium).

- Fats. The regulations related to the fat content of school meals should be updated to reflect the Dietary Guidelines. Total fat should contribute 20 to 35 percent of the total calories in school meals. Saturated fat plus trans fat combined should provide no more than 10 percent of total calories.

- Calories. School meal programs are nutrition promotion programs and, as such, should model appropriate portion sizes, calorie levels, and healthy choices from the food groups. The calorie levels for “moderately active” children set forth in the Dietary Guidelines for Americans and Dietary Reference Intakes should apply to school meals to reflect the current activity levels of the majority of American children.

- Added Sugars. By the beginning of the 2009-2010 school year, the USDA should establish a quantitative limit on added sugars for the school lunches and breakfasts.

- Milk. All fluid milk served with school meals should be low-fat (1%-fat) or fat-free.

- Commodities. Efforts to improve the nutritional quality of surplus government commodities offered to schools should continue, funding for the Department of Defense (DoD) Fresh Program which delivers fresh produce to schools should increase, and other programs that connect locally grown produce to schools should be supported.

*New York State Efforts to Improve Nutrition and Physical Activity Environments*

The New York State Department of Health addresses obesity prevention through physical activity and nutrition as part of its Prevention Agenda Toward a Healthier State. The purpose is to prevent health problems before they occur or before they worsen. The things we do, the food we eat, the air, water around us and the design of our communities contribute to the majority of deaths in New York and the nation. To accomplish this, policy, systems and environmental changes are pursued in collaboration with a wide range of organizations and community members across a variety of settings.

*Schools*

Multiple contractors of the state health department have worked with more than 1000 schools (of the over 7600 schools in state) to improve opportunities for physical activity and healthier food choices, including: development and implementation of comprehensive wellness policies; enhanced nutrition standards for meals and snacks; and edible school gardens and Farm-to-School programs. They have eliminated use of food as a reward or punishment and increased time for physical activity during, after and before the school day. Funded interventions in the school setting include Eat Well Play Hard, Healthy Heart Program, Overweight and Obesity Prevention Program, and Diabetes Prevention and Control Program.

*Child Day Care Centers*

Multiple contractors of the state health department have worked with nearly 500 child day care centers throughout the state to promote healthier eating, increased physical activity and reduced media use among children.

Chairwoman MCCARTHY. Thank you, Ms. Paterson.

We are going to have Mr. Platts introduce our witness. We understand you were caught in traffic, so don't worry about it, Ms. Byrnes.

Mr. PLATTS. Thank you, Madam Chair.

I am delighted to give introduction to our final panelist, Susie Byrnes, who is a great community leader in my hometown of York. Susie, welcome. And as those of you who saw her entrance and some of her props, the things she has brought with her, Susie brings an amazing level of energy to all she does.

A registered nurse by training since 1988, she has devoted herself to really trying to prevent the premature deaths caused by unhealthy lifestyle choices by developing the concept of and then following through on the creation of the Susie Byrnes Health Education Center, which officially opened its doors in 1995. After its first decade, the center continues to grow and reach its vision of becoming a leading resource of innovative, high-quality, effective health education.

And I can tell you that I have had the pleasure of being at the center in my official capacity and to partner with the center in any way I can. But what was most informative, I have been there as a parent chaperoning my son's sixth grade class just recently for a wonderful program.

And Susie, we are honored to have you here with us, and know that, when we get to your testimony, you will bring great insights as a leader in the area of health education centers, not just in York but across the country with the national associate. So thanks for being with us.

Chairwoman MCCARTHY. And welcome.

We have a vote going on, and we have to get over to the Capitol now to vote. We are going to have four or five votes, so, unfortunately, we are probably going to be at least 45 minutes. So I think this is a good time for a break, for everybody to stretch their legs,

get something healthy to drink and something healthy to eat, and we will be back.

Thank you.

[Recess.]

Chairwoman MCCARTHY. We were just told that I am able to start, being that there is no one here to object.

So, Dr. Stallings, please?

**STATEMENT OF VIRGINIA A. STALLINGS, M.D., DIRECTOR,  
CHILDREN'S HOSPITAL NUTRITION CENTER**

Dr. STALLINGS. Madam Chair and Mr. Platts, members of the committee, my name is Virginia Stallings. And as you have heard, I serve as chair on the Committee of Nutrition Standards for National School Lunch and Breakfast Programs that are under progression of the Institute Of Medicine.

We have produced a Phase I report on the topic that came out in late 2008. We are currently working on Phase II that will provide recommendations for revisions to the nutrition standards and the menu requirements for the program.

I also served as chair of the committee that prepared the 2007 report on "Foods In Schools: Leading The Way Towards Healthier Youth," that reviewed the scientific evidence and provided nutrition standards for snacks and other foods and beverages provided outside of the federally reimbursable meals and snack programs. These were mentioned this morning by Representatives Woolsey and Castle.

In 2008, at the request of the USDA, the IOM convened an expert committee to provide recommendations for updating the nutrition standards and meal requirements for the school lunch and breakfast programs. These are the nutrition and health foundations for these programs, and much has happened since the current standards were last updated in 1995.

The school lunch program serves more than 30 million children each day, and the breakfast program serves about 10 million. Thus, improvements to the programs offer tremendous potential to improve the dietary intake and the health of children. Together, the two school meal programs can make a great impact because they may provide as much as 50 percent of a student's food and nutrition intake on school days.

Also, as you know, depending on household income, a child may receive meals at no cost, at reduced cost, or full price. The program, therefore, serves as a safety net for children in need.

The school lunch program was established in 1946 as a measure of national security to safeguard the health and the well-being of the nation's children. Then, most of the nutrition concerns of the United States were centered on deficiencies.

Although many of the overt deficiencies have now been eliminated, other nutrition-related concerns have emerged. And as the chair mentioned, the most notable is the high prevalence of childhood obesity.

Revisions of the current program standards will enable the programs to incorporate current public health recommendations and the newer knowledge about nutritional needs of children and ado-



lescents, and what we now know about the impact of nutrition on health both in childhood and throughout the lifetime.

Among the specific reasons for revising the standards are substantial changes in the dietary guidelines for Americans, which by law the school meal programs are required to follow. We also have major changes in the nutrient intake recommendation.

And again, as mentioned, this is on a background of the increased prevalence of obesity. There are short and long-term health consequences that will follow this epidemic of childhood obesity.

The USDA subsidized the cost through cash reimbursements, and in 2007, this was near \$10 billion. Also, though, the USDA provides about \$1 billion in the commodity foods programs. Commodity foods available to schools have changed dramatically over the years, and now states can choose from a list of more than 180 agricultural commodities, including many more fruits and vegetables.

In Phase I, the committee reviewed the task, formulated working principles, assessed the nutrient intake of schoolchildren, and described our planning model. The report was discussed in a public forum in January, and the committee expects to complete this report with full recommendations for new standards in this fall. I would like to mention the four criteria that have guided this work.

The nutrition standards and meal requirements will be consistent with current dietary guidance and nutrition recommendations to promote health. The ultimate goal is to improve childrens' diets by reducing the prevalence of both inadequate and excess intake of foods, nutrients and calories.

The nutrition standards and meal requirements will be developed based on age and grade groups that are consistent with the age and gender categories that are important to understanding child development and the recommendations. The recommendations will also support menus that offer nutritious foods and beverages that appeal to students. And lastly, the recommendations will be sensitive to cost.

I will highlight several examples, very briefly, just to illustrate how complex this process is going to be. With the 2004 Reauthorization Act of the Child Nutrition and WIC program, schools were required to follow the dietary guidelines, which means increase fruits, vegetables, whole grains and low-fat and fat-free dairy.

However, in this setting, there were not specific enough requirements for schools to implement this. Currently, the USDA has two different programs that allow schools to plan meals, one based on food, one based on nutrients, and the number of servings and the requirements for servings of fruits and vegetables are not the same in both programs.

The definition of whole grain products, which we now know are important to health, will be considered. In the marketplace, most foods that have whole grains represent mixtures. The term "whole grain" and the serving size for whole grain are not yet defined by the FDA.

So schools are in an awkward position of being given recommendations but do not have definitions as to how to follow compliance. Recommendations along these lines will help both industry and the food service community.

Dietary guidelines include recommendations for sodium, cholesterol, fiber, and trans fat. Again, not all of the current recommendations follow the science or the current dietary recommendation intakes.

By law, the dietary guidelines must be reviewed every 5 years. And in fact, this process has just begun, and there will be new guidelines in 2010. We need to have a way that these constant and important updates can be accommodated into ongoing changes in the regulations for school foods at lunch and breakfast.

Incorporating the standards—I think I will skip that in the interest of time. Specifying the issue of age and grade groups is very important. Nutrition and energy needs differ by age, and as children grow older, both by gender and age. The current DRI age groups different from the USDA age groups, so, again, we need to harmonize these things.

This is particularly true when you think about energy levels and calories as we think about issues of obesity. Energy needs differ by age, by physical activity, by body size. And when you think about kindergarten to 12th grade, you can appreciate how vast that range is. It may be appropriate to provide recommendations both for minimum and maximum energy levels in recognition of the concerns about both under-nutrition and obesity in school age children.

In conclusion, the National School Lunch Program and Breakfast Program have a long and impressive history of providing nutritious, low-cost meals to school age children. There have been major developments in diet and health guidance and scientific understanding since the last revisions were made. It is now time to develop new recommendations so that school meals and the programs that they represent can achieve greater benefit for our nation's children.

With the recommendations for competitive and snack foods which came out last year, and the recommendations to revise the WIC food basket, which came out shortly before that, we have the unprecedented opportunity to use evidence-based and public health evidence to directly improve the dietary intake of children and positively impact child health.

Thank you for the opportunity to testify.

[The statement of Dr. Stallings follows:]

**Prepared Statement of Virginia Stallings, M.D., Director of the Nutrition Center, Children's Hospital of Philadelphia**

Good morning, Madame Chair and members of the Committee. My name is Dr. Virginia Stallings. I am a pediatrician, Director of the Nutrition Center at the Children's Hospital of Philadelphia, and Professor of Pediatrics at the University of Pennsylvania, School of Medicine.

I serve as chair of the Committee on Nutrition Standards for National School Lunch and Breakfast Programs of the Institute of Medicine which produced the report, Nutrition Standards and Meal Requirements for National School Lunch and Breakfast Programs: Phase I. Proposed Approach for Recommending Revisions in 2008. We are currently working on Phase II of the project that will provide recommendations for revision of the nutrition standards and Menu Requirements for the School Breakfast Program and the National School Lunch Program. I also served as chair of the committee that prepared the 2007 Institute of Medicine report on Foods in Schools: Leading the Way Toward Healthier Youth that recommended nutrition standards for foods offered in competition with federally reimbursable meals and snacks. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-

based advice to policymakers, health professionals, the private sector, and the public.

In 2008, at the request of the US Department of Agriculture (USDA), the Institute of Medicine convened an expert committee to provide recommendations for updating and revision of the nutrition standards and meal requirements for the school lunch and breakfast programs. Nutrition standards and meal requirements provide the nutrition and health foundation for the National School Lunch Program and the National School Breakfast Program, and much has happened since the current standards were last updated in 1995. The key question is: What changes are needed to make these programs consistent with the current understandings about diet and health as they relate to our nation's children?

The National School Lunch Program serves more than 30 million children per day and the School Breakfast Program serves 10.1 million students daily (FY 2007). Thus, improvements to the programs offer tremendous potential to improve the dietary intake and health of children. Together, the two school meals programs can make a great impact because they may provide more than 50 percent of a student's food and nutrient intake on school days and about half of the food intake in a year. As you know, depending on household income, a child may receive program meals at no cost, reduced cost, or full (but partially subsidized) price. Thus, the programs serve as a safety net for children in need.

When the National School Lunch Program was established in 1946 as a "measure of national security, to safeguard the health and well-being of the nation's children," nutritional concerns in the United States centered on nutrient deficiencies. Although many of the overt nutritional deficiencies in children's diets have largely been eliminated, other nutrition-related concerns have emerged, most notably a high prevalence of childhood obesity. Although program standards were updated in 1980 and 1995, additional updates are needed. Further revision of program standards will enable the programs to incorporate current public health recommendations and newer knowledge about the nutritional needs of children and adolescents and the impact on health in childhood and throughout the lifetime. Among the specific reasons for revising the standards are substantial changes in the Dietary Guidelines for Americans (which, by law, the school meal programs are required to follow), major changes in nutrient reference values and ways to apply them, and the alarming increases in the prevalence of childhood obesity coupled with the short and long term health consequences that will likely follow childhood obesity.

The nutrition standards and meal requirements provide the foundation for the school meals programs. If the meals offered meet the nutrition standards and meal requirements in USDA regulations, the USDA subsidizes the cost through cash reimbursements. In fiscal year 2007 the value of the cash reimbursements were near \$10 billion total for both programs. In that same year, USDA also provided commodity foods to the programs with a value of approximately \$1 billion. Commodity foods available to schools have changed over the years, and states may now choose from a list of more than 180 agricultural commodities including more foods that are encouraged by Dietary Guidelines for Americans, such as fruits and vegetables.

The committee's work has been divided into two phases. I am going to talk about the Phase I report issued in late 2008 that describes the committee's proposed criteria and approach to use in making recommendations for revisions to the nutrition standards and meal requirements of the school meal programs. The report is available electronically at no charge from the National Academies Press ([http://www.nap.edu/catalog.php?record\\_id=12512](http://www.nap.edu/catalog.php?record_id=12512) or <http://iom.edu/schoolmeals>).

During Phase I, the committee identified and reviewed available data and information on the task, formulated working principles and criteria, and reviewed and assessed the food and nutrient intakes of schoolchildren. The committee then described its planning model and analytical methods for developing recommendations. The report was discussed during a public forum in January, the committee is now engaged in Phase II, and expects to complete this report with recommended revisions to the nutrition standards and meal requirements for School Breakfast and Lunch Programs in Fall 2009.

The committee proposed four criteria to guide its work. The proposed criteria are:

1. The nutrition standards and meal requirements will be consistent with current dietary guidance and nutrition recommendations to promote health—as exemplified by the Dietary Guidelines for Americans and the Dietary Reference Intakes from the Institute of Medicine—with the ultimate goal of improving children's diets by reducing the apparent prevalence of inadequate and excessive intakes of food, nutrients, and calories.

2. The nutrition standards and meal requirements will be considered on the basis of age-grade groups that are consistent with the current age-gender categories used for specifying reference values and with widely used school grade configurations.

3. The nutrition standards and meal requirements will result in the simplification of the menu planning and monitoring processes, and they will be compatible with the development of menus that are practical to prepare and serve and that offer nutritious foods and beverages that appeal to students.

4. The nutrition standards and meal requirements will be sensitive to program costs.

Through its discussion of specific topics that must be addressed in order to revise nutrition standards and meal requirements, the Phase I report explains why changes are needed. Perhaps most importantly, the standards and requirements must be updated to be consistent with the current Dietary Guidelines for Americans and the Dietary Reference Intakes. There is also need to identify practical approaches to making revisions, to address cost considerations, to continue providing a safety net to children who are at risk of insufficient food intake without contributing to excessive weight gain, to enable planning of meals that student will eat and enjoy, and to address other factors that affect feasibility of implementing the recommendations. I will highlight the application of Dietary Guidelines for Americans and the Dietary Reference Intakes to the school meals program, by way of illustration of the complexities and the necessity for revisions.

**Fruits, Vegetables Whole Grains, and Low-Fat or Fat-Free Milk Products.** The Child Nutrition and WIC Reauthorization Act of 2004 amended the National School Lunch Act to require increased consumption of foods that are recommended in the most recent Dietary Guidelines. These include fruits, vegetables, whole grains, and low-fat or fat-free milk products. Further, the increased consumption of such foods can be related to the decreased intake of other food groups (for example, meats and refined grains). Addressing these issues requires careful consideration of food-based and nutrient-based planning. Current standards for the two approaches differ with regard to number of servings and serving sizes of fruits and/or vegetables and fluid milk; and neither requires whole grains. While regulations specify that all schools must provide at least two types of milk, they do not restrict the types of milk offered by fat content.

The definition of whole grain products will be considered. In the marketplace, most foods that contain whole grain represent mixtures. The term whole grain is not defined by Food and Drug Administration and that agency has not provided a definition of a whole grain product or a whole grain serving. To assess how well a school is meeting [potential] nutrition standards concerning the inclusion of whole grains in menus, the definition of whole grain in the school setting will need to be clear. This will help industry and the school food service team.

**Sodium, Cholesterol, Fiber, and Trans Fat.** The Dietary Guidelines includes recommendations for sodium, cholesterol, and fiber and recommends limiting the intake of trans fat. Especially with regard to sodium, it may be challenging to obtain prepared foods that the children will find appetizing. Further, not all the recommendations are identical to those in the DRIs. Again, up to date uniform recommendations will likely encourage industry to respond to the nutrition and health needs of school age children.

**Planning for Subsequent Revisions to Dietary Guidelines for Americans.** By law, the Dietary Guidelines must be reviewed every five years. To date, changes have been made every five years. Especially because the next revision to Dietary Guidelines is expected in the year 2010, it may be helpful if revisions for the school meal programs include a way to accommodate ongoing changes to the Dietary Guidelines in a timely way.

**Incorporating Current Dietary Reference Intakes and Related Planning Approaches for School Meals.** The current nutrition standards for school meals reference the older 1989 Recommended Dietary Allowances. These have been replaced and expanded by the Institute of Medicine's new reference values known as the Dietary Reference Intakes (DRI) developed between 1994 and 2004. The standards for school meals have not yet changed in response. The planning task is complex and involves considerations related to program goals, nutritional aspects (such as the selection of target nutrient intake levels), and program implementation. The revisions to the nutrition standards and meal requirements for school meal programs must take these and related considerations into account.

**Specifying Age-Grade Groups.** Nutrient and energy needs differ by age and, in older children, by gender. Currently, the regulations for school meal programs specify a number of age-grade groups (for example, kindergarten through grade three) and make no distinction by gender. DRI age groups differ somewhat from the ages covered by the USDA-specified age-grade groups.

Part of the committee's task is to propose serving sizes and numbers of servings of the required types of foods of the nutrition standards by age-grade group. These amounts would be used in menu planning and in the evaluation of menus.

Recommending Energy Levels. Energy needs differ by age and by physical activity and body size (which vary greatly, especially in grades 7 through 12). Recommendations for energy will need to consider the great diversity of needs of the ages of the children being served. It may be appropriate to provide recommendations for both minimum and maximum energy levels.

Specifying Nutrients to Be Covered by the Nutrition Standards. Currently, regulations specify quantitative requirements for energy, protein, calcium, iron, vitamin A, vitamin C, total fat, and saturated fat. In addition, the nutrition standards encourage program operators to reduce sodium and cholesterol levels and to increase fiber levels in menus with no further specification given. The DRIs include targets for all these nutrients plus many more, and the 2005 Dietary Guidelines identified several nutrients of concern for children. These developments indicate a need to reassess the list of nutrients that are covered in the nutrition standards.

In conclusion, the National School Lunch Program and School Breakfast Program have a long and impressive history of providing nutritious low-cost meals to school-age children. There have been major developments in diet and health guidance and nutrient reference standards and their application to programs since the last major revisions to the nutrition standards and meal requirements. It is now time to develop recommendations for further revisions to the nutrition standards and meal requirements of the school meal programs so that the program can achieve greater benefits for our nation's children. Thank you for the opportunity to testify. I would be happy to address your questions.

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Chairwoman MCCARTHY. Thank you, Dr. Stallings.  
Ms. Copperman?

**STATEMENT OF NANCY COPPERMAN, DIRECTOR, PUBLIC HEALTH INITIATIVES OFFICE OF COMMUNITY HEALTH, NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM**

Ms. COPPERMAN. Chairwoman McCarthy and members of the Subcommittee on Healthy Families and Communities, I am Nancy Copperman, director of public health initiatives of the North Shore LIJ Health System, the 10th largest not-for-profit health system in the nation that serves the 5.4 million residents in the New York metropolitan area. Thank you very much for giving me the opportunity to discuss the importance of implementing and monitoring physical activity goals of the local wellness policy requirements.

I would like to present some data in support of increasing physical activity in schools, the barriers that prevent the implementation of physical activity goals, and discuss a school-based wellness program, Activity Works, that addresses the needs of, and the obstacles to, implementing these policies.

Over 33 percent of U.S. elementary school children are overweight or obese. Increased Body Mass Index in children has been linked to reduced physical activity. Physical activity guidelines state that children should engage in 60 minutes of activity daily. National surveys of activity patterns indicate that less than 50 percent of children meet this goal.

The 2006 School Health Policies And Programs Study indicates that only 3 percent of elementary schools provide a daily physical education or its equivalent, and only 13 percent of elementary schools provide physical education at least 3 days per week. A recent audit of the New York state elementary schools compliance with physical activity regulations found that students in 18 of the 20 sample districts did not meet minimum requirements of daily physical education and a weekly total of 120 minutes.

Students were provided only 48 percent of the required daily classes and 72 percent of the required class time. School districts

cited the following reasons for failing to meet recommendations: increased academic standards, requirements and testing, lack of physical education staff, and inadequate facilities and space.

A local wellness policy includes goals for physical activity that are designed to supplement established physical education programs, but not replace them. School districts have been compliant in formulating physical activity goals.

However, there is very limited data on the implementation and monitoring of these goals. School wellness committees have reported that lack of resources such as staff, programs, facilities impact on the achievement of these goals.

In 2007, the health system partnered with schools to develop the Activity Work program, which focuses on increasing childrens' daily physical activity through an integrated classroom approach to meet the needs of wellness policies and physical education requirements. It is a community benefit program of the health system with additional support from a community building grant from Bank of America and the in-kind resources for the pilot program from five Long Island school districts.

The program was developed using feedback from an eight-month discovery process led by the health system and a work group of parents, educators, administrators, public health and healthcare professionals. The process included a review of best practices and obesity prevention recommendations, as well as group discussions regarding how to develop a successful school-based wellness program.

The stakeholders felt that the initiative should be school-based, measurable, sustainable, scalable and simple. The Activity Works program is unique because it integrates subject matter—math, science, language arts, social studies, health, art and music—with an exercise physiologist designed by permanent exercise protocol.

The CDs and DVDs contain 10-minute segments with original music and activities choreographed to the protocol. The program is easily implemented by a classroom teacher who simply loads the CD or DVD into a player, and the audio and/or video directs the class exercise program. The students learn while they exercise.

The physical education staff supervises its use throughout the academic year. Student calendars and sticker rewards offer positive behavior reinforcement. Parent newsletters bring the program's healthy lifestyle messages home to families.

Five New York school districts, 30 classes and over 1,000 students participate in Activity Works. Program feedback has been extremely positive. Administrator and educator comments include improvement in student attention span, listening skills, behavior, fitness and knowledge.

Students' feedback says the program is fun, interesting, and the music and exercises are cool. Parents and their children feel they are more—parents feel their children are more healthy and active.

The program has been incorporated into the physical education curriculum of three school districts and provides an additional 50 minutes of physical education per week, increasing daily activity without increasing staffing and space needs. It is used as a morning assembly and indoor recess program, along with the parent

newsletters, enables the schools to meet their wellness policy physical activity goals.

An evaluation study is also being conducted to assess the program's effectiveness in obesity prevention, improvement in students' self-concept and physical activity, and ease of classroom implementation. In order for a wellness policy to be effective in promoting healthy lifestyles and prevent obesity, it must address physical activity as well as diet.

However, the support for implementing and monitoring of the physical activity goals has been sparse. Schools encounter barriers of limited space, time, equipment, programs, and trained staff to achieve these goals. Physical activity programs that are designed to be integrated into existing curriculums using existing space and involve community partners, parents and school staff need to be developed and supported. Activity Works is an example of one such innovative program.

Thank you very much.

[The statement of Ms. Copperman follows:]

**Prepared Statement of Nancy Copperman, MS, RD, CDN, Director, Public Health Initiatives, North Shore-LIJ Health System**

Chairwoman McCarthy and members of the Subcommittee on Healthy Families and Communities, I am Nancy Copperman, MS, RD, CDN, Director of Public Health Initiatives, Office of Community Health of the North Shore-LIJ Health System. The Health System is the tenth largest not-for-profit health system in the Nation that serves the 5.4 million residents of Nassau, Suffolk, Queens and Richmond Counties in the New York metropolitan area. Thank you very much for giving me the opportunity to discuss the importance of implementing and monitoring physical activity goals of the Local Wellness Policy requirement as established by the Child Nutrition and WIC Reauthorization Act of 2004. The local wellness policy was designed to promote the health of students and address the growing problem of childhood obesity. I would like to present some data in the support of increasing physical activity in schools, the barriers that prevent the implementation of physical activity goals of the Local Wellness Policies and discuss a school-based wellness program, Activity Works, that addresses the needs of and obstacles to implementing these policies.

The prevalence of pediatric overweight and obesity is increasing in epidemic proportions in the United States. Over 33% of US children ages 6-11, were overweight or obese in 2006 representing a tripling of the prevalence of obese children since 1980. Several environmental factors have been linked to increased Body Mass Index in children. These factors include reduced physical activity and increased leisure time spent viewing television. Current physical activity guidelines from the Expert Committee Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity are in agreement with recommendations from the Centers for Disease Control, the American Academy of Pediatrics and the Institute of Medicine. These physical activity recommendations state that children should engage in 60 minutes of physical activity daily. National surveys of childhood physical activity patterns indicate that less than 50% of children meet this goal. Expanding physical activity programs in elementary schools through the implementation and monitoring of Wellness Policies and Physical Education requirements can play a significant role in containing and even preventing overweight and obesity in children.

National data from the 2006 School Health Policies and Programs Study indicates that only 3% of elementary schools provided daily physical education or its equivalent (150 minutes per week in elementary schools) and only 13% of elementary schools provided physical education at least 3 days per week or its equivalent for the entire school year for students in all grades in the school.

A recent audit of New York State elementary schools compliance with physical education regulations found that students in 18 of the 20 sampled districts did not meet the minimum requirements of daily physical education and a weekly total of the required 120 minutes of physical education. On average, kindergarten through sixth grade students were provided only 48 percent of the required daily classes and 72 percent of the required class time. The audited school districts cited the following major reasons for the difficulty in meeting the minimum physical education requirements:

1. Increased academic standards, requirements and testing fill elementary school schedules which results in limited time for a daily physical education class.

2. Lack of adequate physical education staff to meet frequency and time requirements due to budgetary constraints

3. Inadequate facilities/space to offer additional classes to meet the requirements

A local wellness policy for schools shall, at a minimum include goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness in a manner that the local educational agency determines is appropriate. It is designed to supplement established physical education programs but not replace them. Schools districts have been compliant in formulating these policies with physical activity goals. However, data on the implementation and monitoring of these strategies has not been directly measured and reported at this time. School Wellness Committees have reported that lack of resources such as staff and facilities impact on the implementation of physical activity programs related to their physical activity goals.

In 2007 in an effort to address the childhood obesity epidemic, the North Shore-LIJ Health System partnered with schools to develop the Activity Works Program which focuses on increasing children's daily physical activity through an integrated classroom approach to meet the needs of Wellness Policies and Physical Education requirements. The program is a community benefit program of the North Shore—LIJ Health System with additional support from a Community Building Grant from Bank of America and the in-kind resources for the pilot program from 5 school Long Island school districts. The program was developed using feedback from an eight month discovery process led by community health professionals from the North Shore-LIJ Health System which convened a working group of parents, educators, administrators, public health and health care professionals. The process included a review of best practices and obesity prevention recommendations from expert panels, professional organizations and pediatric obesity experts as well as group discussions regarding the potential strengths, weaknesses, opportunities and threats to developing a school-based wellness program. The stakeholder's consensus was that there is an urgent need for elementary school children to increase their physical activity both in school and at home to meet not only New York State Department of Education requirements but the Center for Disease Control's recommendation of 60 minutes of moderate to vigorous activity per day. The stakeholders felt that in order for the initiative to be successful the following criteria should be met:

School-based—to impact children where they spend a significant portion of their formative years.

Measurable—to demonstrate realistic outcomes throughout the pilot program

Scalable—a viable offering to any child grades 1-5, anywhere.

Sustainable—by cultivating participation, usage and loyalty in all stakeholders.

Simple—ease of adoption and implementation as a critical factor for success.

The goal of the Activity Works Program is to prevent obesity in elementary school children and is addressed by the following program objectives:

1. Increasing children's physical activity both during school hours and outside of school hours through a school-based program.

2. Decreasing the prevalence of overweight and obesity by promoting daily physical activity and healthy nutrition messages.

3. Demonstrating the feasibility and usability and of a classroom based physical activity program by cultivating teacher, administration and PTA support.

4. Increasing the sustainability of the program by integrating it into the Physical Education Curriculum of the school to aid in meeting Physical Education requirements

5. Using the program to implement physical activity goals of School Wellness policies

6. Improving children's scholastic competence (knowledge, listening skills, and attention span), athletic competence (exercise endurance) and behavioral conduct through daily program participation.

The Activity Works Program is a unique elementary school physical activity program that integrates subject matter (math, science, language arts, social studies, health, art, and music) with an exercise physiologist designed beat per minute exercise protocol. The CDs and DVDs contain original music and activities choreographed to the beat per minute protocol. The program was specifically created to be easily implemented by a classroom teacher who simply loads the CD or DVD into a player and the audio and/or video directs the class exercise program. The Physical Education staff in-service the classroom teacher on the program prior to its implementation and supervise its use throughout the academic year.

The themed Activity Works "toolkit" includes facilitator guidelines, activity CDs and DVDs, student calendars, sticker rewards and parent newsletters. The purpose



of the varying monthly themes is to maintain high levels of engagement. Age-appropriate themes include Human Body Tour, Walk through a Book, Visit an Art Museum, and US Tour. The calendars and sticker rewards offer positive behavior reinforcement for daily physical activity. The parent newsletters bring the program's healthy lifestyle nutrition and physical activity messages home to families. The program is currently in 5 New York school districts, 30 classes and reaches over 1000 students.

Superintendent, principal, educator, student and parent feedback has been extremely positive. Administrator and educator comments include improvement in student attention span, listening skills, behavior, fitness and knowledge. Student feedback states that the program is fun, interesting and the music and exercises are cool! Parents feel their children are more active and healthy. The Activity Works Program has been incorporated into the physical education curriculum of 3 school districts. It is used outside the classroom during standard physical education classes, morning assembly and indoor recess. The program has provided an additional 50 minutes of Physical Education /week increasing daily activity and meeting New York State Department of Education Physical Education requirements without increasing staffing and space needs. Its use as a morning assembly and indoor recess program enables schools to meet their Wellness Policy physical activity goals.

A North Shore-LIJ Institutional Review Board approved evaluation study is also being conducted in a sub-set of students from schools implementing the Activity Works Program and schools without the program who are acting as control subjects. The purpose of this pilot study is to evaluate the Activity Works Program effectiveness in obesity prevention, improvement of student's self-concept and physical activity and ease of classroom implementation by collecting and analyzing outcome data.

In order for a school Wellness Policy to be effective in promoting healthy lifestyles for students and prevent obesity it must address diet as well as physical activity. A well supported and resourced structure has been created by previous Childhood Nutrition Reauthorization Acts to improve nutrition standards and nutrient quality for school nutrition services including nutrition education components. These supports enable schools to implement the nutrition goals and objectives of their Wellness Policies. However, the support for implementing the Wellness Policy physical activity goals and objectives has been sparse. Schools desiring to increase physical activity encounter barriers of limited space, time, equipment and trained staff to achieve this goal. Physical activity programs that are designed to be integrated into existing curriculums utilize existing space and involve both physical education and classroom school staff need to be developed and supported. By increasing physical activity through the integration of subject matter and prescribed exercise in the classroom in daily 10 minute sessions, schools can address their physical activity wellness policy goals with gradual expansion to after school and home activities. Activity Works is an example of one such innovative program.

Thank you.

Chairwoman MCCARTHY. Thank you very much.  
Mr. Felton?

**STATEMENT OF REGINALD FELTON, FEDERAL RELATIONS  
DIRECTOR, NATIONAL SCHOOL BOARDS ASSOCIATION**

Mr. FELTON. Thank you.

Chairwoman McCarthy, Ranking Member Platts and members of the subcommittee, my name is Reginald Felton, director of federal relations for the National School Boards Association. Representing the nation's nearly 15,000 local school districts and over 95,000 local school board members through our state school board associations, we wish to thank you for the opportunity to address the committee on this important issue affecting children enrolled in our public schools.

Without question, NSBA believes that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential, and that includes efforts to prevent childhood obesity. We believe that improving health requires the commitment of all of us and our communities, including

families, government, employers, and local schools. Therefore, local school boards across the nation continue to actively promote nutrition education, physical education and obesity prevention.

As an organization, we want you to know that, through our school health programs department, we help school policymakers and educators make informed decisions about health issues affecting the academic achievement and healthy development of students and the effective operations of schools. Services are provided with and through NSBA's member state associations 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.

In addition to the work of our own organization, local school boards are engaging their communities, through partnership and coalitions, to ensure that all facets of the community are more informed regarding both the value and cost savings associated with improved nutrition. We are convinced that local communities and states are assuming greater responsibility for the health and well-being of its residents, and very much appreciate the strong support of the federal government through incentives and grants that enable school districts and local communities to further expand their local commitment and energy.

We know that educating children as to the healthy behavior is most important if we are to ensure sustained changes in nutritional habits. As you prepare for the reauthorization of the Child Nutrition Act, we urge you to increase and expand those incentives and grants that will garner solid buy-in and commitment on the part of local communities rather than to establish broader mandates beyond the current federally subsidized food programs.

We appreciate your concern to improve nutrition, but we are very much concerned with the unintended consequences that are beyond the control of our local schools. We remain concerned that the behavioral changes that you desire and expect, through expanded federal mandates and restrictions beyond currently federally subsidized programs, may not be achieved. We believe that there would be significant increases in the purchases beyond the school grounds, particularly where high school students are permitted to leave the campus.

Secondly, we believe that increased regulatory disagreements in schools over what foods and beverages should and should not be sold as new products are developed and marketed using newly developed food substitutes, and thirdly, we believe that there will be increased misunderstandings and complaints from parents regarding the banning of certain foods.

Additionally, local school boards view federal efforts to regulate or codify into the statute the types of foods and beverages that can and cannot be sold at school events, particularly all those school-sponsored activities, as intrusive and burdensome on school districts. Such efforts we believe would dismiss the work of wellness councils and usurp the jurisdiction of local school boards to create

a policy that reflects the values and capabilities of local communities.

Therefore, NSBA urges you to reconsider any efforts to enact expanded legislation. Beyond the concerns over the operational impact of—restrictions, local school boards are also concerned with the potential impact on local budgets and revenue streams beyond the vending machines. As you are aware, the expansion of such federal restrictions on all food and beverages beyond the vending machines substantially reduce revenues that local schools need to support athletic programs and other activities.

As examples, based on the literal interpretation of the language in the proposed bill, local catering businesses desiring to provide financial support to schools would be allowed to provide to students food products not meeting federal standards but would be prohibited from selling those same standards to the same students, or schools sponsoring a field trip out of town could find itself in non-compliance because some of the food products available to the students in their travels might not fully meet federal standards.

As you can see from these two examples, such restrictions could result in enormous challenges for our local school officials. A national vision for child nutrition is indeed needed, but that should not convey, nor equate, to federal mandates.

In closing, we want to reiterate that local school boards are committed to improving child nutrition and preventing obesity, and we clearly view wellness policies as important. We are very committed to changing attitudes and sustaining positive behavior related to nutrition. Therefore, we feel that community-based decisions are much more effective in the long run than mandates from the federal government.

Federal mandates on our public schools should not be the vehicle for changes in society. In our view, federal mandates on what is sold in all school-sponsored activities is far beyond what is needed or should be adopted.

We look forward to working with you as you approach the reauthorization. And again, thank you for the opportunity to come.

[The statement of Mr. Felton follows:]

**Prepared Statement of Reginald M. Felton, Director, Federal Legislation,  
National School Boards Association**

Madam Chairwoman: My name is Reginald M. Felton, director of federal relations at the National School Boards Association (NSBA). Representing the nation's nearly 15,000 local school districts and over 95,000 local school board members through our state school boards associations, we wish to thank you for the opportunity to address the Committee on this important issue affecting children enrolled in our public schools.

*NSBA Position*

Without question, NSBA believes that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential—and that includes efforts to prevent childhood obesity. We believe that improving health requires the commitment of all of us in our communities including families, government, employers and local schools. Therefore, local school boards across the nation continue to actively promote nutrition education, physical education, and obesity prevention.

As an organization, we want you to know that through our School Health Programs department, we 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, 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.

In addition to the work of our own organization, local school boards are engaging their communities through partnerships and coalitions to ensure that all facets of the community are more informed regarding both the value and cost-savings associated with improved nutrition.

We are convinced that local communities and states are assuming greater responsibility for the health and well-being of its residents, and very much appreciate the strong support of the federal government through incentives and grants that enable school districts and local communities to further expand their local commitment and energy. We know that educating children as to healthy behavior is most important if we are to ensure sustained changes in nutritional habits.

As you prepare for the reauthorization of the Child Nutrition Act, we urge you to increase and expand those incentives and grants that will garner solid buy-in and commitment on the part of local communities rather than to establish broader mandates beyond the current federally subsidized food programs. We appreciate your concern to improve child nutrition, but we are very much concerned with the unintended consequences that are beyond the control of our local schools.

We remain concerned that the behavioral changes that you desire and expect through expanded federal mandates and restrictions on foods beyond current federally subsidized programs may not be achieved. From a local school board's perspective, we believe that what is likely to happen is that there would be:

1. Significant increases in purchases beyond the school grounds, particularly where high school students are permitted to leave the campus for lunch;
2. Increased regulatory disagreements in schools over what foods and beverages should and should not be sold as new products are developed and marketed using newly developed food substitutes; and
3. Increased misunderstandings and complaints from parents regarding the banning of certain foods and beverages.

Additionally, local school boards view federal efforts to regulate or codify into statute the types of foods and beverages that can and cannot be sold in schools throughout the entire school day and at school events as overly intrusive and burdensome on school districts. Further, such efforts would dismiss the work of wellness councils and usurp the jurisdiction of local school boards to create a policy that reflects the values and capabilities of local communities.

In our view, these new requirements could also result in additional unintended consequences that could require the redirection of time and resources away from the school's primary responsibilities. Therefore, NSBA urges you to reconsider any efforts to enact expanded legislation.

Beyond the concerns over the operational impact of such expanded restrictions, local school boards are also concerned with the potential impact on local budgets and revenue streams. As you are aware, the primary responsibility of local school boards is to deliver high quality educational programs to ensure that students are career- and college-ready to compete in the global society. The expansion of such federal restrictions on all foods and beverages could substantially reduce revenues that local schools need to support athletic programs and other activities that promote the overall development and well-being of all students.

As examples, based on a literal interpretation of the language in the proposed bill, local catering businesses desiring to provide financial support to a school would be allowed to provide to students food products not meeting the federal standards—but would be prohibited from selling those same products to the same students \* \* \* or a school sponsoring a field trip out of town could find itself in non-compliance because some of the food products available to the students in their travels might not fully meet federal standards. As you can see from these two examples, such restrictions could result in enormous challenges for local school officials.

We do not want local school districts to be caught in a bind between demands to sustain a quality learning environment and concern over potential allegations of non-compliance because of the complexity in operations of such proposed legislation. Therefore, NSBA urges Congress to refrain from enacting legislation that would further restrict local authority and create additional operational barriers.

### *A New Federal Role*

A national vision for child nutrition is needed but that vision should not convey nor equate to federal mandates. A national vision for child nutrition should reflect the understanding of current authority and Constitutional responsibilities of states and local communities, and re-define the role of the federal government so that it promotes national policies within the framework that supports states and local communities. Beyond child nutrition, the federal government should acknowledge more broadly that the efforts over the previous decade to employ a “top-down approach” have not worked. The federal role should be one of partnership and support to the states and local communities. In a paper entitled *A New Era in Education: Redefining the Federal Role for the 21st Century*, NSBA suggests a potential theme for the new federal role might be “facilitate, don’t dictate.”

### *Local School Board Commitment*

As you are aware, the Child Nutrition and Women, Children, and Infants Reauthorization Act, passed by Congress in 2004, requires every school district participating in the federal school meals program to enact a wellness policy by the 2006-2007 school year. These policies now address:

- Goals for nutrition education;
- Goals for physical activity;
- Nutrition guidelines for all foods available at school;
- Goals for other school-based activities designed to promote student wellness;
- Assurances that school meal guidelines are not less restrictive than federal requirements; and
- Plans for evaluating implementation of the policy.

To illustrate the success of the current law, a study conducted by the Pennsylvania State University on Local Wellness Program (LWP) implementation among Pennsylvania local school districts indicates that:

- 84 percent of the districts have written implementation or action plans developed for some of their goals.
- 91 percent of the school districts have functioning wellness committees.

With respect to nutrition education:

- 50.3 percent of the school districts reported that their students receive more minutes of nutrition education now than they did prior to the establishment of local wellness policies.
- 58.2 percent of the school districts reported that their students are receiving higher quality nutrition education now than they were prior to the establishment of local wellness policies.

This data suggests that a majority of local school boards across the nation are actively engaging their communities, as they should, to create policies and local requirements that have the full support of the people in their local communities.

### *Summary*

In closing, we want to reiterate that local school boards are committed to improving child nutrition and preventing obesity, and we clearly view wellness policy as important. We believe that as these local school board actions increase, positive changes in behavior will take place reflecting the will of the local communities. We are very committed to changing attitudes and sustaining positive behavior related to nutrition. Therefore, we feel that community-based decisions are much more effective in the long run than mandates from the federal government.

Federal mandates on our public schools should not be the vehicle for changes in society. In our view, federal mandates on what is sold in our schools and what cannot be sold in our schools beyond federally subsidized food programs should not be adopted.

We believe that significant improvements in child nutrition and health will not be achieved through the expanded authority of the Secretary of Agriculture. Rather, it will be through the active engagement of local communities that hold strongly to the belief that those at the local level should best make such determinations.

Thank you again for the opportunity to share our views.

### *National School Boards Association’s Efforts to Support Child Nutrition*

Web-based Services through NSBA’s School Health Programs: [www.nsba.org/SchoolHealth](http://www.nsba.org/SchoolHealth)

- “101” packets on Wellness, Nutrition, Physical Activity and Coordinated School Health to provide the data, background information, research and sample policies to support local school board decision making.
- “Promising District Practices” website that provides the “stories” of how school districts have acted to address healthy eating and physical activity.

- “Updates and Special Announcements” that alert school officials to new research and reports on a wide range of health topics, including childhood obesity, to inform decision making. Users can sign up to obtain the “Updates” via an RSS feed.
- Searchable database of research, information and sample policies.

*Educational Programming*

- At NSBA’s annual conference, several sessions in partnership with such organizations as the Alliance for a Healthier Generation, Action for Healthy Kids, and the School Nutrition Association.
- Symposium on Childhood Obesity (July 2008, Little Rock, AR) for 12 state teams that include members of state boards of education and local school board members to drive initiatives/policy change in states based on state conditions, needs and capacity. Follow-up technical assistance provided to state teams. This activity is supported by Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation.

*Publications*

- Special report in American School Board Journal (February 2009) on “Health and Leadership” focusing on childhood obesity. This report was produced with support from Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation.
- Articles on nutrition, physical activity, health and wellness are frequently published in American School Board Journal.
- Participation in the development of Action Strategies for Healthy Communities, 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).

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Chairwoman MCCARTHY. Thank you.

Ms. Byrnes, I am sorry that you had to wear whatever you are wearing all this time. Hope you are going to demonstrate what that is.

**STATEMENT OF SUSAN P. BYRNES, FOUNDER, SUSAN P. BYRNES HEALTH EDUCATION CENTER**

Ms. BYRNES. I will demonstrate. And thank you very much for inviting me here. I am thrilled to finally find where everyone was.

First of all, I wanted to share with everyone that no goal in life is possible without one’s health. In 1988, I quit my job as an emergency department nurse. Professionally and personally, I had witnessed physical and emotional suffering of patients and families due to unhealthy lifestyle choices. I made a new life goal: to keep people well.

In 1989, with support from hundreds of dedicated business professionals, healthcare providers, educators, parents and organizations that sustain our communities every day, the Central PA Health Education Center was incorporated as a 501(c)3. In 1995, after 6 years of planning and preparation, the bright red doors of the newly dedicated and renamed Susan P. Byrnes Health Education Center were open to the children and citizens of central Pennsylvania and northern Maryland.

What began as two teaching theaters in a refurbished downtown historic car dealership site has blossomed into today’s 20,000 square foot home with five teaching theaters, over \$1.5 million of interactive exhibits, and over 50 specialized educational offerings that include regional outreach programs to children and students and teachers in seven counties.

In addition to this, children and teachers throughout the United States, and indeed internationally, over 168 countries, log onto our

e-learning site. We have 95,000 international members that log on to learn about health on our Web site.

All 50 programs at the Byrnes Health Education Center meet state and national guidelines. Our nutrition and fitness programs are offered as an integrated series that empower students to adopt healthier lifestyles.

For pre-K and kindergarten students, we offer, “The Inside Story;” grade two, “Fueling My Special Body;” grade three, “Let’s Get Physical;” grade four, “Just Fueling Around;” grade five, “Healthy Hearts;” grade six, “Fat: What is Up With That,” and I will get to that; and grade eight, “Extreme Makeover.”

How do schools come to the Byrnes Health Education Center? If you were a fifth grade teacher, you would look at our program guide. We have over 50 programs listed here.

You would look and you would see what you are teaching in your classroom. You would come for one or two programs. You would get on your school bus and you would come to the Byrnes Health Education Center.

If you couldn’t afford to do that, we have outreach programs. And if you couldn’t afford to do that, that is where we have our free Web site called [learntobehealthy.org](http://learntobehealthy.org).

What we have in our teaching theaters, if you would come to our theaters, we have enthusiastic educators that teach with our larger-than-life interactive exhibits. They incorporate the wow factor and the fun factor into health education. We believe that students learn by seeing, hearing and doing, and the students are involved in the educational activities.

What I would like to do is demonstrate. This is one of our least expensive exhibits. This is 20 to 25 to 30 pounds of fat. We are not sure.

But why I brought this is, for every pound of fat that we put on our bodies, our bodies have to produce 200 miles of blood vessels to nourish that fat. That is what these little red things are. Those are the blood vessels that nourish fat.

So if you put on 20 extra pounds, you are putting on 4,000 miles of blood vessels that your little heart that weighs less than a pound has to now pump through. And if those vessels become filled with fat, imagine what happens to this little heart that has to pump through—normally we have 60,000 miles of blood vessels.

The kids actually put this on, and then we ask them to run and/or to do jumping jacks. And what we are trying to show them is we are trying to give them information so that they will continue to make healthy choices.

When Dr. Oz came to our health education center this past October, he was teaching a heartbeat—a heart-healthy program with our little ones. And he looked at me and he said, “Why doesn’t every community have a health education center?” And I said, “Well, in fact, 34 communities in this nation have health education centers in 22 states,” and we reach 10,000 school districts. And every year, 3.7 million students are educated in health education centers.

However, the National Coalition of Healthcare says that, in 2009, the United States is going to spend \$2.9 trillion on disease. So it

is time to turn the corner. And I am here, thanks to Todd, to say to you that every community can have a health education center.

Thank you.

[The statement of Ms. Byrnes follows:]

**Prepared Statement of Susan P. Byrnes, R.N., Susan P. Byrnes Health Education Center**

In 1988, I quit my job as an Emergency Department R.N. Professionally and personally I had witnessed physical and emotional suffering of patients and their families due to unhealthy lifestyle choices. I made a new life goal: keeping people WELL.

In 1989, with support from hundreds of dedicated business professionals, healthcare providers, educators, parents and organizations that sustain our communities every day, the Central PA Health Education Center was incorporated as 501(3)c.

In 1995, after six years of planning and preparation, the bright red doors of the newly dedicated and renamed, Susan P. Byrnes Health Education Center, were opened to the children and citizens of Central PA and Northern MD.

What began as two teaching theaters in a refurbished, downtown, historic car dealership site has blossomed into today's 20,000 sq. ft home with five teaching theaters, over 1.5 million dollars of interactive exhibits and over fifty specialized educational offerings that include regional outreach programs to seven counties. Children throughout the U. S. and over 168 countries around the world now utilize our health educational tools through our e-learning programs. The business community provides customized, educational programs to employees and their families through our corporate wellness works division.

All 50 Programs of the Byrnes Health Education Center meet state and national health education guidelines. Our Nutrition and Fitness programs are offered as an integrated series that empower students to adopt healthier lifestyles:

- Pre-K/K: Inside Story
- Grade 2: Fueling My Special Body
- Grade 3: Let's Get Physical
- Grade 4: Just Fueling Around
- Grade 5: Healthy Hearts
- Grade 6: Fat: What's Up With That
- Grade 8: Extreme Makeover

Our enthusiastic educators teach using our dramatic, larger than life, interactive exhibits. They incorporate the WOW and FUN factors into every program. We believe that students learn by seeing, hearing and doing and they are very hands-on with our health education lessons. (demonstration of fat vest with Todd Platts)

When Dr. Oz participated in our heart healthy program with special after school scholars in Oct. '07, he asked: "Why doesn't every community have a health education center?"

There are 34 health education centers in 22 states that reach 10,000 schools and 3.7 million students every year!

We are organized as the National Association of Health Education Centers. [www.nahec.com](http://www.nahec.com)

Our collective VISION as a national organization is that empowered children and adults building healthier communities result in decreased healthcare costs.

In 2009, the U. S. spent 2.9 trillion dollars on treatment of disease.

It is time to spend billions on health education and prevention.

Thank you for the opportunity to speak with you today.

Chairwoman MCCARTHY. Thank you.  
Dr. Ritchie?

**STATEMENT OF LORRENE DAVIS RITCHIE, PH.D., RD, DIRECTOR OF RESEARCH, ATKINS CENTER FOR WEIGHT AND HEALTH**

Ms. RITCHIE. Good afternoon, Madam Chair, Congressman Platts, and members of the committee. My name is Lorrene Ritchie, and I am the director of research at UC Berkeley's Dr. Robert C. and Veronica Atkins Center for Weight and Health.



The Center for Weight and Health is one of the only obesity prevention research centers in the nation to focus primarily on environmental and policy solutions to preventing pediatric overweight. Thank you for the opportunity to provide input on the reauthorization of the special supplemental nutrition program for women, infants and children, particularly in regards to preventing child obesity.

The WIC program offers us an unparalleled opportunity to prevent the development of nutrition-related health problems at the most critical stages of life—during pregnancy, post-partum, breastfeeding, and in early childhood and infancy.

As you have heard today, it is critical, too, because child obesity oftentimes begins very early in life. Obesity prevention strategies must therefore begin at a very, very young age.

We have a golden opportunity here to position federal child nutrition programs to prevent obesity. And if we do not, this generation of children may be the first in our nation's history to live a shorter life than their parents.

I offer the following four suggestions for strengthening WIC's nutrition services to better address child obesity. My first recommendation is to increase time for nutrition education in WIC. Making healthful choices for one's family requires a knowledge base, yet many parents have minimal or no education in nutrition. I myself had to go to graduate school before I learned what to eat.

Optimal nutrition education requires sufficient time at WIC appointments. How can this be achieved? First, ensure that there is adequate funding for the nutrition services and administration portion of the WIC appropriation.

Second, redirect time from time-consuming processes like certification activities to education. Currently, states have the option to certify infants and breastfeeding women for 1 year at a time.

However, the eligibility period for children, who make up one-half to two-thirds of those enrolled in WIC, remains every 6 months. Allowing annual certification for children would allow WIC staff to redirect their focus from paperwork to the provision of much-needed guidance on obesity prevention.

My second recommendation is to increase targeted funding for breastfeeding promotion. The values of breastfeeding are numerous and well documented in the scientific literature. Breastfeeding not only reduces infectious disease and chronic disease, but it also helps reduce the risk of obesity.

WIC is a proven national leader in breastfeeding promotion. In California, for example, rates of breastfeeding have increased by as much as 11 percent in WIC agencies that have implemented the breastfeeding peer counseling program with special funds appropriated by Congress.

Evaluation of this peer counseling is important so that we can identify ways to adapt it to different populations and different settings, yet funds are currently not allocated for evaluation purposes. Moreover, current funding for peer counseling is not adequate to ensure that all WIC mothers who need it, get it.

My third recommendation is to coordinate nutrition messaging across federal nutrition assistance programs. Among the child nutrition programs, WIC is the leader in nutrition education. A key

way to strengthen WIC is to align the nutrition messages in all federal food programs, particularly the supplemental nutrition assistance program and the childcare food program, which serves similar populations.

Without this, WIC messages are more likely to get diluted and lost in what you know is a daily barrage of alternative messages we more oftentimes hear for less nutritious foods.

My fourth and final recommendation is to increase funding to support WIC evaluation and outcomes research. To ensure that WIC continues to provide the most nutritious packages of foods possible within its budgetary constraints, Congress should protect the scientific integrity of the new food packages and require periodic reassessment. The WIC food packages should be re-evaluated at a minimum of every 10 years to reflect important changes in what we know about science and nutrition and updates in the national nutrition guidelines.

Lastly, I urge you to increase funding for evaluations that will help us build the evidence base for cost-effective and transferable WIC best practices that demonstrate promise in preventing obesity. We need to discard what isn't working and strive to optimize the return from WIC's proven investment in nutrition services for the millions of at-risk families with young children who participate in WIC.

Thank you for the opportunity to share with you these comments on strategies to strengthen the invaluable WIC program.

[The statement of Ms. Ritchie follows:]

**Prepared Statement of Lorrene Ritchie, Ph.D., RD, Director and Adjunct Professor, Dr. Robert C. and Veronica Atkins Center for Weight and Health, University of California**

My name is Lorrene Ritchie, and I am the Director of Research at UC Berkeley's Dr. Robert C. and Veronica Atkins Center for Weight and Health. The Center is an obesity prevention research center, the only one in the nation focusing on primarily environmental and policy approaches to prevent pediatric obesity. I am a co-author on the book *Obesity: Dietary and Developmental Influences*. I have also been an Evidence Analyst for the American Dietetic Association (ADA), co-authored the ADA's Position Paper on Pediatric Weight Management and was a member of the ADA's Pediatric Weight Management Workgroup to formulate evidence-based practice guidelines for dietetic professionals.

Thank you for the opportunity to provide input on the reauthorization of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) particularly regarding approaches to reducing the epidemic of childhood obesity. The WIC program offers an unparalleled opportunity to prevent the development of nutrition-related health problems at the most critical stages of life—pregnancy, infancy, and young childhood. Additionally, the program reaches a population in the U.S. with the highest risk for obesity and its related health challenges, while at the same time having the least access to resources for prevention. This is an unprecedented time for WIC, because across the country WIC is beginning to implement the new Food Packages. We applaud the USDA's decision to contract with the Institute of Medicine to conduct a study of the WIC foods and to adopt the resulting recommendations into the Final Food Package Rule. The changes to the WIC Food Packages represent an extraordinary step in improving this federal nutrition program to address child obesity. In addition to the food package changes, WIC's impact can be strengthened by enhancing the nutrition services provided as identified in the five recommendations I will outline.

The statistics on child obesity are staggering and unprecedented. Obesity rates among children in the United States have more than tripled in the last 30 years (Ogden, 2002, 2008). Of most concern, obesity is increasingly affecting our nation's youngest children. Before beginning school, nearly one out of every 5 preschool-age child is already obese (Anderson, 2009). Obese preschoolers are more likely to grow into obese adolescents and obese adults (Nader, 2006; Gardner, 2009). Increasing

numbers of children are developing type 2 diabetes, early signs of clogged arteries, and sleep and breathing difficulties—side-effects of poor nutrition and excess weight gain (Dietz, 1998; Messiah, 2009). Obesity in youth is contributing to escalating health care costs (Trasande, 2009). Poor nutrition is also related to reduced concentration and behavioral problems, which in turn, can impact a children's ability to succeed in school (Florence, 2008). A growing body of research further suggests that a child's dietary and health habits form at a young age—prior to entering elementary school (Patrick, 2005). The link between early behaviors and obesity later in life leads to the conclusion that successful obesity prevention strategies must begin at a very young age. In fact, they should begin prenatally and in the first hour of life. If we do not take bold steps now to improve nutrition and prevent obesity, the present generation of young children will likely be the first in our nation's history to live a shorter life than their parents.

What is contributing to this excess weight gain? On the surface, this problem seems deceptively simple—too many calories consumed and too few calories burned. However, the forces that lead to this energy imbalance on a population level are numerous and pervasive. Healthy food and beverage options generally require more time, money, energy and effort to consume than less healthy options. In particular, low-income families face numerous challenges including excessive weight gain in pregnancy, low initiation and duration of breastfeeding, overfeeding of formula, and inaccessibility to healthful foods. It is essential to position federal child nutrition programs so that we can begin to address these issues.

Fortunately, there are several changes to WIC to consider that could continue to make WIC an even more effective public health nutrition program. I offer the following suggestions for strengthening the nutrition services components of the WIC Program to address child obesity.

**Recommendation #1:** Maintain and increase time for nutrition education in WIC.

Making healthful choices for one's family requires a knowledge base. Many young parents have had minimal or no nutrition education and as they begin their family they are charged with the most important preventive health decisions for their families. Our WIC studies show that WIC education can be effective. Optimal nutrition education requires sufficient time at WIC appointments to talk with WIC families about their nutrition-related concerns and assist them with overcoming the many barriers to healthy choices. One way to address the need for additional staff time with WIC participants is to ensure that there is adequate funding for the Nutrition Services Administration portion of the WIC appropriation. Another way is to reduce time spent on time-consuming administrative activities.

Precious minutes with WIC families can be saved by extending the "certification period" (how often a child has to be assessed for eligibility for WIC) for children. Currently states have the option to certify infants and breastfeeding women for 1 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 paperwork to the provision of timely and preventive anticipatory guidance for a vulnerable population.

**Recommendation #2:** Congress should ask the USDA to commission a comprehensive scientific review of WIC biochemical assessment and testing regulations.

There is no question that WIC has a role to play in screening for and educating about prevention of iron-deficiency. But it is time to ask: what is the suitable WIC role, and what level of screening is appropriate, given the current public health challenges facing our population? Given the reduction in iron deficiency anemia concurrent with the dramatic rise in childhood obesity (Sherry, 2001; Polhamus, 2009), an evaluation of the relevance of the WIC blood test requirements is warranted in much the same way that an evaluation of the relevance of the WIC Food Packages was conducted (CWA, 2009). The substantial cost of WIC anemia screening takes precious Nutrition Services funds from focusing on obesity prevention. These funds could be better used by local programs to harness the WIC program's full capacity to address the obesity epidemic.

**Recommendation #3:** Increase targeted funding for breastfeeding promotion.

The values of breastfeeding are numerous and well known. WIC can be extremely successful in this arena. Breastfeeding is a low-cost way to promote health in children—it reduces infectious disease and chronic disease as well as reduces risk of obesity (Ip, 2007). Targeted funding for breastfeeding promotion and support activities, including the Breastfeeding Peer Counseling Program funding, is critical for WIC to continue its efforts to increase the rates and duration of exclusive breastfeeding. In California, breastfeeding rates have increased by as much as 11% in WIC agencies that have implemented the Breastfeeding Peer Counseling Program with special funds appropriated by Congress (Public Health Foundation Enterprises

WIC, 2009). Careful evaluation of the Breastfeeding Peer Counseling Program is important so we can understand which interventions are most effective and why. However, none of the funding for the program can be used for evaluation. Moreover, current funding for the Breastfeeding Peer Counseling Program is not adequate to ensure that all WIC mothers who need it have access to peer counseling.

Recommendation #4: Coordinate nutrition messaging across federal nutrition assistance programs.

Studies show that nutrition education can be effective in influencing knowledge, attitudes and behaviors. A key way to strengthen WIC is to strengthen and align the nutrition messages in the other federal food programs. Otherwise the WIC messages get diluted and lost. It is critical to improve coordination of nutrition messaging and health education efforts between WIC and other nutrition assistance programs serving the same population, in particular the Supplemental Nutrition Assistance Program (SNAP—the new name for federal Food Stamp Program) and the Child and Adult Care Food Program (CACFP—which is the school meal program equivalent in the child care setting).

Federal nutrition education messages need to be targeted and cohesive, strategic, providing families with young children with coordinated, culturally appropriate messages that encourage and support healthy food and activity choices and promote breastfeeding. Unfortunately, federal nutrition education efforts are the David to private industry's Goliath in terms of resources spent, thus making the need for strong, consistent federal messaging even more important until food marketing to young children is eliminated.

Recommendation #5: Increase funding to support WIC evaluation and outcomes research.

Lastly, I urge you to increase funding for additional large-scale and robust evaluations that will help us build the evidence-base for cost-effective and transferable WIC-based best practices, special interventions and service delivery innovations that can demonstrate promise in preventing obesity, its precursors, and its consequences. I am not suggesting we invest more money to prove once again that WIC achieves its overall goals to improve participant nutrition and health—numerous studies have repeatedly demonstrated that WIC improves diet, birth outcomes, infant feeding practices, cognitive development in children, immunization rate, and savings in health care costs (USDA, 2009). Instead, I emphasize the critical need for a closer examination and comparison of the costs and benefits of multiple strategies used in nutrition services delivery, nutrition education, breastfeeding promotion and direct service activities so that we build upon what works, discard what isn't working and continue to get the most return from WIC's unique investment in these nutrition services to millions of families.

For example, as a result of the FitWIC obesity prevention initiative, we learned that investing in staff wellness was important in increasing staff's effectiveness in engaging participants in obesity prevention behaviors (Crawford, 2004). Based on these findings and other studies, California WIC has supplemented implementation of the new WIC Food Packages to include employee wellness training, enabling staff to counsel more effectively while supporting them to adopt healthy behaviors in their own lives (California Dept. of Public Health, 2009). In our WIC studies, we have noted a great deal of variation in outcomes across WIC agencies. Systemically examining the factors that contribute to these variations between agencies is another example of how evaluation could lead to program improvements.

Recommendation #6: Finally, to ensure that the WIC Food Package is responsive to changes in nutritional needs of women, infants and children and in the food supply, we urge periodic assessments of the Food Package.

While, we are thrilled with the Final Food Package Rule and greatly appreciate the leadership demonstrated by USDA in making significant changes to the Food Packages, we want to be sure that there is opportunity for timely future revisions. To ensure that WIC continues to provide healthy food that complements the most current nutrition education and information provided to families by WIC staff, we strongly urge that the Child Nutrition Act be strengthened to require that the WIC Food Packages be re-evaluated at a minimum of every ten years to reflect current national nutrition guidelines, thus coinciding with the updates to the Dietary Guidelines.

Thank you for the opportunity to share with you these comments on strategies to continually strengthen and update the invaluable WIC program.

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Chairwoman MCCARTHY. Thank you very much for that insight. We appreciate that, and we heard a few recommendations that you wanted.

We are going to start our round of questionings. My first question will go to Ms. Copperman.

I wanted to commend you for the work that you have been doing, especially in my district. I understand you have an Activity Works program in several of the schools. Roosevelt, Westbury, those are part of my district. I have seen a number of the letters from the children that have been sent to me, and how they are thrilled with the Activity Works program.

For example, one student named Ramona Robinson says, "This school year, our class began a new exercise program called Activity Works. It is a quick, fun way for us to get up and move. We are exercising, but it doesn't feel like it."

I have about 10 student letters and would like unanimous consent to submit these letters for the record. Hearing no objection, so ordered.

[The information follows:]

Manuel Abreu  
Centennial Ave school  
May 5, 2004  
Class: 2nd  
1st period

Honorable Chairwoman: McCarthy,

My name is Manuel Abreu. I go to Centennial Avenue School in Rossmore. My second grade class participates in Activity Works.

I like all Activity Works because I can learn more about things that I do not know. It is fun to do Activity Works because I can do something new that I never did. On Monday-Friday we do it. We can exercise and we get healthy and we get strong.

The one that I like best is the Math Moves because math is my favorite subject. I like Activity Works so much that I have my own. When I do it, it reminds me about school.

We like when we get rewards/prizes for our good time to be absent. We get a new CD or a new CD-ROM. We also get a new CD-ROM.

To do Activity Works so everyone  
Can exercise and get healthy.

Sincerely,

Manuel Abreu

May 6, 2009  
Dear Honorable Chairwoman McCarthy,

Hello, My name is Eddie Torres and I am a third grade student at Centennial Avenue School. We have been doing Activity Works since December 08. The soundtrack that I like the best is the Sports one because I like to play Sports. I like the basketball part when we have to shoot the ball. We shoot the ball ten times and I know I can make ten baskets in a row.



M. McCarthy  
Eddie Torres



May 6, 2009

Dear Mrs. McCarthy,

My name is Jaymy Pereira. I am a third grader at Centenary Avenue School in Roosevelt, New York.

Our class does a program called Activity Works every day. I like it because it helps me learn and exercise at the same time. My classmates and I enjoy our 10 minutes workouts. I love learning new information!

My favorite CD is called "Healthy Snacks." Not only get to move my body, I get ideas about some healthy snacks I can make on my own at home. I can also learn about making healthier food choices.

Activity Works really does work! Children in other schools should do it too! Then we can have a world full of healthy and smart kids!

Sincerely,  
Jaymy Pereira

May 5, 2009

Dear Mrs. McCarthy

My name is Kamrona Robinson. I am a third grader at Centennial Avenue School in Roosevelt, New York. This school year, our class began a new exercise program called Activity Works. It is a quick fun way for us to get up and move. We are exercising but it doesn't feel like it! We are learning new things while we are marching, jumping and stretching.

My favorite Activity Works CD is the "United States Tour." I learned interesting facts about the Liberty Bell, Mount Rushmore, and the Washington Monument. Its so exciting discussing the facts with my classmates.

I recently read that recess helps kids do better in their work in school. Activity Works is similar to recess for us. I think it would be wonderful if kids all over Long Island joined us in being fit and becoming better students too.

Sincerely,  
Kamrona Robinson

Ablina Alisha  
 Commack Ave school

May 5, 2004  
 Class 2-201

May 5, 2004

Honorablechari woman McCarthy,

My name Ablina Alisha, I go to Commack Avenue School in Commack, N.Y. My second grade class participates in all but/ worse.

I like Activity Weeks so much that I do my own Activity Weeks at home. I have covered a few one. It is called push up court. I do Activity Weeks in the after noon and sometime I sweat so much that my under shirt gets wet.

I like the prizes that you have in the big big white box that you give to I am happy that it is in my size of because when my hand hurts from doing a little of my work Mrs. Tiguli give me Activity Weeks. My favorite part of it is when we do sports challenges. Thank you for all of your hard work.

I like when you come to our school for Activity Weeks and I thank you again for the Activity Weeks. What I like about Activity Weeks is that it makes me have fun in school. I am glad that you are here in my class.

I like the Acting Movie on the screen and  
 the Fun is so much fun. Finally, I like  
 when we do the monkey bars. Thank you for  
 everything!

Sincerely,

Absai Astor

Chairwoman MCCARTHY. As I understand it, the program is used by children in first, second and third grade. What made you target that age group?

Ms. COPPERMAN. We started with that age group as a pilot study because we felt that kindergarten children had special needs that were very different than one through three or one through four as far as the curriculum and the physical activity that they could accomplish in the classroom.

So we decided to target that age group because we could reach more children, and we knew that these children were not meeting their physical education requirements, as well as the physical activity goals of their wellness policy.

Chairwoman MCCARTHY. With some of the issues that Mr. Felton brought up, the concern that it might cost the school money, time-wise and everything else, how would you answer those questions?

Ms. COPPERMAN. Well, one of the things that we did is we talked to the schools and worked with them in designing this within the budgetary constraints that they had. So that is how we came up with a program that would be delivered by the classroom teacher and supervised by the physical education teacher so that the schools would not need to devote space or extra staff. And the program itself basically costs about \$16 per child per year, so it is fairly cost-effective for the amount of activity as well as regulations that it fits.

So that was one of the reasons why we developed the program in the way we did and pilot it to show that it can be integrated into a curriculum and that it is feasible before we went out and then said, "Here is a program that is available to schools."

Chairwoman MCCARTHY. You said that Bank of America basically was involved in working with you on the program. Was that developing the program, or was that helping possibly at the schools?

Ms. COPPERMAN. We applied for a community-building grant from Bank of America, and that helped us with the production costs of the DVDs and CDs so that we would have a product that was appropriate for children and that captured their interest, because our students now are very sophisticated by the type of videos that they watch, so we wanted something—and audios they hear. We wanted something that was of equal caliber so that it would pique their interest and would be successful, and that is how Bank of America helped us.

Chairwoman MCCARTHY. Just one final question to you, is that with the data that you are collecting, what kind of results are you seeing? Do you have any hard data?

Ms. COPPERMAN. Okay.

We started collecting the data in the beginning of the school year. And currently, now, we are collecting the follow up. The data that I do have that is hard is that the teachers are using this program four to five times a week on their own, so that is number one, and kids are getting daily physical activity. The teachers and the educators report that their classes are more active, are more interested in learning, and are doing better as they see from a subjective point of view.

The things that we are collecting are BMIs. We want to look at prevalence. We don't expect to see a decrease in necessarily obesity rates, but what we hope to see is a prevalence leveling. This is just one component of a program. I think that you also have to look at comprehensive other measures, as policies and environmental changes.

The other thing that we are looking at is self-concept, the idea of how kids look at themselves and how they feel about themselves, and is that improved by this type of program. And as I said before, three out of the five school districts so far have integrated this into their curriculum, which shows sustainability, which was a major factor that the schools were worried about and were hopefully working with other school districts in New York state. And we would like nationally to show this as a solution to meet their physical education requirements and prevent obesity by daily physical

activity and meet the CDC goal of 60 minutes of physical activity per day.

Chairwoman MCCARTHY. You know, obviously I am very interested in this type of program, and we are probably going to need a little bit more data as it goes on. So certainly we would appreciate any data as you go down further in the testing and everything.

Ms. COPPERMAN. Yes. I will send it.

Chairwoman MCCARTHY. One of the questions that I wanted to ask Dr. Virginia—I have time—Stallings, you recommended specific nutrients to be covered within the nutrition standards. Can you give us some specific areas that you want to go into?

Dr. STALLINGS. Well, as you know, the committee is still actively deliberating, so I am limited about what I can talk about, but those will be part of the recommendations this fall. The nutrients that I did mention are the ones that are on the old recommendation.

And then, as we go to the dietary guidelines and the review of the nutrient intake requirements, comparing that with what children are eating today from our most recent data, what we find is the younger children are doing pretty well with getting enough nutrients. And actually, elementary school children—and all this is in the Phase I report—are doing better with not getting too many calories. As you go to middle school and high school, you see physical activity go down and energy requirements thus go down, and the food intake is not going down with that.

Lastly, the thing we learned, as we go into high school, and particularly for the adolescent females, many micronutrients are being consumed at rates that would be considered inadequate, so as you look across the board, the vitamin E, the vitamin A, certainly fiber. So we are able to use that as our background. But it is very important, and that is part of the work of this committee, is to look across the different ages, because there is a lot of change in both developmentally and food intake patterns as you go from being kindergartener to a high schooler.

The other part of this is looking at things that there are too much of, and that, from the evidence we have now, is saturated fat and calories as the primary pieces to that, and sodium. Should mention sodium. So those will be nutrients of special consideration in the follow-up report.

Chairwoman MCCARTHY. Thank you.

Mr. Platts?

Mr. PLATTS. Thank you, Madam Chair.

I want to thank all of our witnesses here today for taking time. And I know the chairwoman and I both share our regrets in the amount of time you have had to spend. And that is just Murphy's Law with the vote schedule around here, and especially here where we had the motion recommit, which adds about a half-hour to that last series.

So your patience is greatly appreciated, and your focus on this issue, both as elected officials who are the spouse, first lady of the state of New York. My wife is from outside of Buffalo. My father-in-law has now passed on, but my mother-in-law is still in the town of Williamsville, and so New York is kind of my second home now as we are back and forth regularly.

And to all of our witnesses, your input—I look at this issue as a member of Congress, but again as a dad of a sixth grader and fourth grader. I am regularly in my childrens' schools, and the most regular visit I make is to have lunch at their schools, from when they were in kindergarten to—my sixth grader in middle school still invites me to come in, which is—yes. How long that will last, I don't know.

And it is interesting that I sit in lunch, and we have the card system where we can regulate, as a parent, what they are allowed to buy in addition to the main meal, which is a very good empowerment for parents so that you can have some say in what your children are eating. And we do have a responsibility, so, as a parent, I am grateful for what each of you are doing in your respective lines of work on this issue.

Susie, I am going to start with you, because your story in York is just such a wonderful one. And I think one of the successes of the center has been the ability that you have reached out, and all the staff at the center, in partnering with our local schools.

Do you want to touch on how that came to be and the buy-in that you have had, which has been so important to the number of students that you have been able to reach?

Ms. BYRNES. Well, I learned very early on you want to start from the top, which are the superintendents, but also with the teachers and the parents, as well—and the school boards, as well.

But from the very beginning, we got the superintendents and the teachers on our Board of Directors, if you will, and then we just kept them very close to us. We have also involved them in our curriculum. And as I stated, all of our programs are tied to state and national health education guidelines.

The other thing we did is I just visited—we are a regional center, so we are in seven counties. But we went out and we visited with all the superintendents in our county, which happened to be 16, and they all just were singing the praises that came up from their teachers after they have been to programs at the health education center. So, really, the programs and the curriculum really does sell itself.

But the thing that makes the health education center so unique are our educators. And with the exhibits, with the \$1.5 million worth of exhibits and our educators, we make learning about the body fun and exciting for both students, the parents that are visiting, and then also, of course the teachers. So we keep that ongoing dialogue with the schools. And believe me, the only reason that more schools aren't coming—we see about 60,000 kids a year—is due to money.

Mr. PLATTS. Yes. Well, I can vouch for your educators. The last program I attended with my sixth grader was diversity education, which was outstanding, and then the drug prevention, and the educators in both were really wonderful. The kids and the adults all left thinking, "Wow," you know, it was great.

And we want you to keep up that great job for our local community and have that emulated elsewhere, certainly as we referenced, just 22 states. We have a few more to go.

Ms. BYRNES. A few more.

Mr. PLATTS. Dr. Ritchie, I wanted to touch on—you hit on something that I really appreciate in the WIC program, the issue of breastfeeding. I am blessed with an incredible wife who, with both of our children, breastfed both of them, even to the point where when she went back to work at about 10 months—when our first son was 10 months old, for about 8 months or so before coming home, she would pump at work and bag the milk for later use.

And when T.J. would go with me to the state capital—I was in the State House—I would take frozen milk with me so that his diet was breast milk. I got a lot of looks when I was in the men's room thawing out breast milk. But through Leslie, I learned the extreme importance of this.

You reference in your testimony about the peer counseling program and how there are so many not able to participate. Do you have any data of what percentage—you talk about the importance of additional funding for this program, of how many we are reaching as a percentage. And so, how big is the challenge from a funding standpoint?

Ms. RITCHIE. Yes. I am afraid I can't answer that question completely, but what I do know is that only a small minority of women have access to the peer counseling program.

So what that means is that this very effective and proven program is not getting to many of the women who could use it. And what we see instead is that a lot of women, for example, when they have their baby in the hospital, they are sent home with coupons. They are sent home with a bag full of formula. There are a lot of things that set them up to fail in breastfeeding.

And yet, if they can reach out and be engaged with somebody who they can relate to who has had those same experiences like your wife and has gone through pumping and storing and all of the things that go into nursing, they can be empowered to overcome the other obstacles that they have in their life.

So I can't give you the exact statistics on how many WIC sites participate in the breastfeeding peer counseling program, but what I can tell you is that it is highly effective and that we need to do more to get other women that program.

Mr. PLATTS. Yes. I see it in a similar way with—we have such data with brain development zero to three, and 85 percent of brain neurons and stimulation of the brain. This is—if we can make that investment at the very beginning, the first hours and beyond with breastfeeding, the immunity system and everything is so much healthier for the rest of their lives.

Ms. RITCHIE. Yes. It is the perfect nutritious food, plus the added benefit of the fact that the scientific literature supports that it reduces risk of obesity later in life, not even during when the child is—

Mr. PLATTS. Yes. I appreciate your highlighting that, something that we definitely take a look at as part of the reauthorization.

Ms. RITCHIE. Thank you.

Mr. PLATTS. Thank you, Madam Chair.

Chairwoman MCCARTHY. Thank you for that.

Kim, who is here on the committee, worked with me in my office on educational issues. And she had triplets, and then—not triplets.

Voice. Twins.



Chairwoman McCARTHY. Twins.

Voice. And then a baby.

Chairwoman McCARTHY. And then another baby soon after that.

But anyway, we actually had started here in Congress where we are going to have a nursing room, because so many of the members of Congress, believe it or not, are having babies—we just had a friend of ours, a colleague, have a baby yesterday—and most of them all breastfeeding. And I would like to think, because of this committee, we have educated more and more people that breastfeeding is an important feature.

Mr. Tonko?

Mr. TONKO. Thank you, Madam Chair. I have to say, I have been sitting here trying to calculate how many additional miles of blood vessels I might have created in my activities.

My first question would be to First Lady Paterson about the Healthy Steps To Albany campaign. Can you just discuss, maybe develop further for us, please, Michele, the success that has been driven by this whole effort?

Ms. PATERSON. Well, when I started the program about 2 years ago in Harlem, and we had some of the winners come to the mansion for the healthy lunch, the kids got up and they talked about their experience in the contest, and they talked about how they now walk home from school instead of taking the bus, how they got their parents involved. They told their parents they need to be buying more fresh fruits and vegetables, and how their parents even started buying pedometers and got involved in the contest.

And at the end of the 6 weeks, many of the kids talked about how they lost weight, and the parents talked about how they lost weight as well. Even though that wasn't the focus of the contest, that was one of the initiatives.

And this week tomorrow, as I mentioned, we will be going to Buffalo, and then following on Monday to Albany to congratulate the winners. So I haven't really had a chance to talk to them personally about their experiences, but I am hearing that many of the teachers who were involved in the contest as well, with the kids encouraging them, got a team together and rallied around this initiative and are eating healthy and exercising more as well.

Mr. TONKO. Do you see this as a program that perhaps could be replicated across more cities in the state, or beyond the state, to include in the country somehow?

Ms. PATERSON. Most definitely. Actually, this is a 2-year program, start with upstate this year. Next year we are focusing on the five Boroughs—Long Island, Westchester, Orange County.

And I also would like to get the Department of Health involved with this initiative to help us maybe track some of the results, and it is something that I would like to talk to some of the other first ladies around the country about doing in their states.

Mr. TONKO. In your testimony, you also spoke of the partnership in New York with the Health and Education Departments and the healthcare community, referencing that to the Body Mass Index calculations that are done, the measurements that are done.

That screening obviously is helpful in getting results. Can you cite any discrepancies or disparities that might have been por-

trayed by that screening? Were there areas of target that you think would—

Ms. PATERSON. Well, I am not really aware of right now. I know we have a lot of community schools that have nurses in their schools and a health center in their schools, and we are trying to get them involved more with the BMI testing. But that is something that we will have to work on with the Department of Health.

Mr. TONKO. And Dr. Stallings, you made mention of the simplification of the menu planning and monitoring processes. Can you just elaborate a bit on that, especially with the monitoring program, and what you think needs to be improved upon?

Dr. STALLINGS. Well, again, as I mentioned, what I can speak to is in our Phase I report. We have taken a great deal of time to try to understand the challenges at the food service director's level and in the schools.

And there are a number of opportunities, I think, to make this more simple. As I said, right now, there are two different approaches, and really two and a half approaches to putting your menu plan out and getting it monitored. Those could be simplified and allow then the food service people to focus on things, planning that will result in the kind of nutrient and food patterns we want.

We have also heard through testimony and looking at the reports from the USDA that, currently, the monitoring and the goals of the program aren't completely synchronized. And again, it is partly because this has been updated intermittently since the late 1940s.

And what we have the opportunity to do with our committee is to look at this thoroughly. We have a number of committee members who serve on the ground level, and I can attest that they are very appropriately vocal to make sure we keep thinking about both the rules being simple, easy to understand, what kind of labels we might need to make that work, not being dependent on high skill sets in every setting across the country.

That is not necessarily the work environment, and then the issues of how we take those, and also continue to understand what children want to eat and will eat and turn those, if you will, our cultural food patterns for children into more healthful diets. And we believe we have got a committee together that can address all those operational issues and ultimately work with industry.

As we have been told, both when I was working on the WIC program and this, from an industry point of view, if we can provide well substantiated recommendations that the government would endorse, that helps them actually to produce new and helpful products for the school setting.

It is a really big market. I think we have a really great opportunity to engage them around some of these issues. So they want a level playing field. They want to know what they should aim for.

Mr. TONKO. It seems to me that it was, like, a three-E repetition here today, the exercise, the eating right, and the education. That kind of equals the soundness of an outcome.

Across the board, I would ask you, which of those three Es do you think is the weakest link that perhaps needs the most addressing?

Dr. STALLINGS. Well, thank you. That is an incredibly important question. And not to diminish the importance of any of the three of those, because I agree they are all absolutely critical.

But we know from, if you will, the energy balance, literature and experience, that we have to deal with the food side of it first because you can easily—it is very hard to exercise enough to overcome overeating. It is very easy to overeat, and just the calories per intake an hour of activity.

So there are very important things to the physical activity, including fitness, as well as burning calories, and the evidence supports that some kids learn better in that environment.

Education is very important, but we also know from extensive experience that education does not always change behavior, and what we have to do is keep working towards that. And I will step back now.

As a pediatrician and a community member, the opportunity to make the school a very special place for food—I mean, it is a special place for learning, but the idea of making it a special place for what food is available in that environment, which does represent about 50 percent of eating opportunities, is I think the keystone. That is not to detract from the importance of physical activity, which has been well demonstrated, and absolutely nutrition continues to need to be a part of the curriculum.

But we can't rely on those other two pieces to be effective against, really, overeating and obesity, and we know that from studies in children and adults of all ages.

Mr. TONKO. Thank you.

Anyone else want to comment on that one?

Mr. FELTON. Well, sir, I guess our concern is that, while schools provide a great opportunity for partnerships, that we all recognize that, again, it is the education—it is the commitment of families and communities to support that so that—we, too, believe that nutrition has to be part of our school day, and improved nutrition is very, very important. We want to be sure that whatever happens in the day is also accompanied and supported by the total life and lifestyle of our children, or else it just simply will not work.

Mr. TONKO. Were you going to say something else, Doctor?

Dr. STALLINGS. Just to follow up on that, again recognizing that it is a complex environment, but there are virtually no other opportunities where we could impact helpful eating at that level. And that doesn't in any—50 percent of the food or the eating opportunity.

And that doesn't in any way limit the other opportunities outside the school environment where the parents are really often at the child's side or making decisions about what to bring into the house or the food eating. So, again, as a pediatrician and an advocate, I would say that we have a more unique opportunity in school, but it is meant no ways to limit the freedom and the opportunities for families to make other decisions in other settings.

Families are not aware often of what their children are eating in schools. They are often not aware of what is in the vending machines or the snack bar. And if you go to the evidence that was prepared in that first report about competitive foods, I think that walks through the behavioral issues you brought up, that this is

an opportunity, but it is in no way meant to take away the authority of the parents or those many, many other opportunities at nights and on weekends and holidays.

Thank you.

Mr. TONKO. If I could just toss a final question out there in terms of how all of this relates to agriculture, I know there have been some programs—I have assisted some in the state of New York—where we take perhaps damaged produce that may not be marketable, but it is certainly edible.

Is there a way to stretch the opportunities here to reach our schools with locally produced so that we are addressing the energy delta, the energy input that is so important these days because of the energy it takes to import or ship in from other regions of the country our food sources? Is there a way to stretch the opportunity with our Ag community to provide wholesome nutrition for our children?

Dr. STALLINGS. Well, I will be happy to start on that.

One of the things that, again, our committee has learned a lot about is the commodity foods programs and the Department of Defense fruits and vegetable program, and I would like to compliment our public servants. In most of what we thought of as the commodity foods program when all of us were growing up is substantially different.

And I believe that we have partners there that can address some of the very things you are talking about, because their purchasing power and their transportation opportunities are really vast. So as we have gone about collecting information, I believe that is an opportunity as well, that the USDA, and particularly the commodities group, are very interested in being a part of the success.

The other issues that you bring up are ones from a nutrition science point of view, not so much the ecology and the energy, transportation energy. What we have been learning is, yes, local and fresh and involvement with the community is a wonderful part of it, but most of us live where that would really severe—when things are in season, those are great partnerships.

But I also want to mention the strength of the—if you will, the whole agricultural industry now, that the fruits and vegetables that are picked at prime time and frozen and canned that then are in compliance with USDA regulations to be a part of the school breakfast and lunch program are really very high quality products.

And so, if you had asked some of us nutritionists, again, 20 years ago, we would have said, “Oh, fresh fruits and vegetables sitting out on the stand are always the most nutritious.” We have come to understand that is not always the case.

So I would like for the committee to bear in mind these other opportunities and purchases and money-saving opportunities are all potentially part of the solution, as well. And the quality of the foods served in school is and should be, again with this backdrop of specifications for purchase, should be as high a quality as we would have in our homes than in any other setting, which is what we would want for schools.

Mr. TONKO. Thank you.

Mr. FELTON. I agree generally with that statement. Again, our concern is we would not want a one-size-fits-all approach, because,

again, in our rural communities and some of our suburban communities, it may be an appropriate way to do that, which may be inconsistent with some of our larger school districts that provide—that do central food preparation.

But I think the point is we should all be concerned with the quality of food and ensure that there are options to local school districts and local schools in terms of how they are able to secure those products.

Chairwoman MCCARTHY. Mr. Polis?

Mr. TONKO. I think the first lady was going to say something.

Chairwoman MCCARTHY. Oh, I am sorry.

Ms. PATERSON. I just wanted to mention that, at the executive mansion in Albany, New York, we are going to start inviting school kids to come to the mansion and have the executive chef there teach them how to make some healthy meals. We also have a garden at the mansion where, every year, we invite children to come in and help us plant fruits and vegetables and herbs at the mansion.

Chairwoman MCCARTHY. Speaking as a gardener, I will tell you, if you get kids involved in gardening and growing their vegetables, it is a lot easier to get them to eat them.

Mr. TONKO. Yes. I think, Madam Chair, too, if I might just conclude with this, it is important for us to not deal just in silos, because we are dealing with wonderful dynamics here for our children and across-the-board nutrition, but there is that energy quotient that is involved, too.

And if we can begin to do smarter things as energy consumers by buying locally and buying fresh, we can incorporate several dynamics of policy into one package. And that big-picture view I think is so critically important to progressive policy development.

Chairwoman MCCARTHY. And we are probably going to go on to a second round, so what I am—because we were so late in staying, we understand time restraints and everything else. We are very used to that, and especially for the first lady.

If you need to leave, or anyone needs to leave, we understand that. You are not insulting us at all. But we do have more questions, and if you would like to stay, we would love to ask them.

Mr. Polis?

Mr. POLIS. Thank you, Madam Chair.

I represent the state of Colorado, which has some of the lowest obesity rates in the country. But like a lot of other states, it is heading in the wrong direction.

Today, more than one in 10 Colorado children is obese. And this not only affects their health, but very important to us as a committee and our Congress, it affects their achievement and their education. A study of fifth graders found that those with a poor diet, too much fat and refined sugar and not enough fruits, vegetables and whole grains, were from 26 to 41 percent more likely to fail standardized reading and writing tests than their peers who consumed healthier diets.

Healthy habits start early in life, and the public overwhelmingly supports immediate action to reverse the obesity trend. According to a poll of people in Colorado by the Colorado Health Foundation, 86 percent of Coloradans support requiring 30 minutes of physical

education each day in our schools even if it takes time away from other subjects, and 82 percent support efforts to remove snacks of low nutritional value from snack vending machines, an issue that I worked on while I was on the state Board of Education in Colorado, and replacing them with healthy snacks.

My first question is for Ms. Copperman. What are some of the challenges that you found in creating and implementing strong wellness policies throughout the United States? What are some of the biggest challenges to both creating those policies as well as successfully implementing them?

Ms. COPPERMAN. Okay. I can speak to the New York state experience in conjunction with the audit that was done by the state controller, looking at physical education, now nutrition, is that there seems to be a lack of monitoring and evaluation, and that is what came out of the physical education requirements, that the requirements were there, but that the monitoring wasn't there to kind of look and see that the legislation that was already enacted was actually being followed.

And I think with the wellness policies, it tends to be the same thing, is that if schools aren't meeting their physical education, then when you go to the wellness policies, they have these policies, and they sat down and they have developed them, but there has really not been a way of looking at the implementation and the monitoring of the goals and whether these goals are actually being successful in what they are doing.

And I can say that when we went to the school districts and asked them what would you like to do to prevent obesity in schools, we gave them a choice. And they felt that there was a support somewhat for nutrition. They felt that there could be more education support and, again, monitoring and following.

But they felt that the physical activity goals were completely unsupported because they weren't meeting the physical education requirements. And that is why they asked us to focus on physical activity.

One of the things we did is that we understand that physical activity—and as a registered dietician by training, physical activity goes hand-in-hand with nutrition. So what we tried to do was to kind of take nutrition ideas and integrate them with physical activity with curriculum subjects. And what found is, by doing that, that is what helped us overcome the barrier of getting it going and implement it in the classroom, which was the major problem that the schools had.

Mr. POLIS. And that kind of leads into my second question. With all the interest to improve the school food environment, clearly nutrition education is part of that, to really integrate nutrition education into the classroom and the entire campus, whether it is in the cafeteria or the history class or wherever appropriate.

And it seems to me that this should be part of the education reform movement, more broadly, and I am wondering what ideas you might have about how we can approach and impress others with the merits of nutrition education from a broader lens in these systemic reform discussions.

Ms. COPPERMAN. Yes. I think several things are important.

Number one, the school environment is a place where children spend 10 months out of the year, so all their formative years are basically spent more time in school than at home. So I think it offers us a wonderful opportunity to provide education.

I think what winds up happening is that it becomes not coordinated, that there aren't the resources or the national support that enabled the schools to take a program that has best practices and shown its been successful and actually implement it into the classrooms and into the cafeteria and into the physical education classes and into the PTA and into the whole environment of the school.

So I think what is needed is really looking at best practices and offering the schools programs that work, because there are a lot of programs that are out there and that have been proposed by different groups, but when you go to evaluate what is needed—and I think that is the second part of it, is that there needs to be some sort of support that allows the schools the awareness to the program and the implementation that is within budget.

We would all like to see the Cadillacs and very expensive programs come in, but the schools really cannot afford that. So I think it needs to be what we found in Activity Works—targeted, simple, economical and utilizing what the schools have. So I think those are the nutrition education programs that would be effective.

Mr. POLIS. Thank you.

I have one more question, Madam Chair, if I may, for Mr. Felton.

According to the Colorado Children's Campaign survey, which is a nonprofit focused on education policy in Colorado, our current lieutenant governor is former executive director of that organization, they did a survey of 22 of our largest school districts in Colorado. Only three of them require nutritional standards for all school snacks for children.

So given that reality in my state, and also the reality nationally, why do you think school districts will remove junk foods from schools without federal or state legislation requiring that they meet nutritional standards?

Mr. FELTON. Well, I think our concern is that, as communities are more engaged and understand the value of nutrition, that they are certainly willing to move toward that direction. And it is not that any school district or school wants to say they don't want their children to be knowledgeable about nutrition or that they want to have healthy foods within that school day.

But I think that if we look at schools, its primary role, of course as we know, is to deliver quality education. But there is a business aspect of schools, and they need to be sure that they can balance all of these requirements.

If we look at, for example, how we evaluate school performance, we are looking primarily at our students doing well in three areas. When schools and school districts have very limited budgets, that is where they focus their attention.

So I don't think it is an issue of not wanting to meet standards. The question is, is it realistic in every situation. And again, our concern is that, if there is a federal law that provides for some mandated standards, that there is at least some relief out so that we understand, in some cases where it doesn't work, there is an-

other approach without now being labeled as not in compliance and, therefore, a poor school.

Mr. POLIS. Yes. And I would just submit that not only in Colorado but in other states, it simply hasn't happened at the district level, which I think is why there is a very legitimate discussion about these kinds of guidelines at the federal level and, indeed, in many states as well.

Thank you, Madam Chair.

Chairwoman MCCARTHY. Mr. Platts?

Mr. PLATTS. Thank you, Madam Chair.

Mr. Felton, I would maybe pick up there a little bit. In your testimony, you talked about the concern that School Board Association has about restrictions could reduce revenues to schools that help pay for activities, extracurricular activities.

In our colleague's testimony at the beginning, she talked about a study done by the CDC and Department of Agriculture that showed that revenues actually went up as schools engaged in providing healthier opportunities as opposed to losing revenues. Have you, the School Board Association, looked at that study? Are you familiar with it and have a response regarding the findings of that study?

Mr. FELTON. Yes, sir. We are familiar with the study.

For the most part, the focus has been on do schools lose money in terms of their vending machines, and there has been enough data, mixed reporting, but certainly there isn't the significant loss in revenues in vending machines. Our concern is that the proposed legislation would seek to restrict all foods sold on any related school activity.

So, for example, if we think about as—as I said earlier, the local field trip to New York and the community is able to get a sponsor who will provide boxed lunches for those students. If those boxed lunches aren't in compliance with the new standards of foods served and sold during the school day, then local school districts, for example, could find themselves potentially in litigation because they have not complied. Or for example—

Mr. PLATTS. But there would be nothing prohibiting the school from saying, "Hey, we appreciate that support. Here are the guidelines, if you can work with us."

Mr. FELTON. Oh, certainly. Certainly.

Mr. PLATTS. Right. And I would say, I am not convinced—and I haven't taken a position on Lynn's legislation because I am torn between local control school districts and elected school Board members in Pennsylvania having a say versus me telling them what to have to do on this issue.

But there do seem to be some ways you could address that concern and still comply with the law if it was adopted.

Mr. FELTON. Oh, certainly. And again, many states voluntarily are moving toward establishing their own standards that are very, very strong because they have the commitment of local communities that are willing to say, "Not only are we committed to stronger nutrition policies, we are willing to pay for whatever is necessary to ensure that," as we heard earlier, "it is properly implemented and evaluated." And where communities have that kind of support, it works.



What our fear is that, if it simply becomes another federal mandate without fully understanding all the operational aspects within a local community and school district, then we could find ourselves having some unintended consequences.

Ms. RITCHIE. If I may add just a minute, I am from the Center for Weight and Health who did one of those studies that was mentioned earlier. And what we actually found—and we didn't look at field trips—but foods sold not only in vending but in all other aspects besides the school meal and the school breakfast, so that could include a la carte foods—

Mr. PLATTS. Would that include, like, football game sales, that type of thing, too?

Ms. RITCHIE. It did not include football game sales, because those are outside of the school day. But anything sold within the school day, including vending but not exclusively of vending, what we found is that, when you limit those what we call competitive foods, the worry was that then there would be a lot less money coming into the school and into food service and into the clubs, et cetera, that use those foods for fundraising.

What they found was that the bottom line in terms of the school was actually a net positive because more kids participated in the school meal. And when more kids participate in the school meal, the revenues go up. So, like I said, we didn't look at fundraising in terms of outside of the school day, and we didn't look at field trips and that sort of thing.

But in the school day, the net result is that schools are not losing money, at least in our study, that they are staying in the red. In fact, they are getting more in the red because of the increase in the school meal participation.

Mr. PLATTS. Yes. I think one of the—if children and adults, if we provide healthy alternatives, it is all the more likely we will embrace them.

I am a perfect example. I am a sweet tooth fanatic, and my wife this morning when I left the house, said about 10 of 5 to be down here early for a school group. I made a point of grabbing some celery that she had soaking in water to give it a little crisper that I ate on my drive down here.

I commute from my district in Pennsylvania each day, and so I was eating some delicious celery because my wife made it available and right there waiting. So I opened that fridge, I saw it—and crunchy, yes.

Ms. RITCHIE. She makes you eat celery, and she breastfeeds. What a perfect wife.

Mr. PLATTS. Oh, my wife puts me to shame, as my staff will tell you, when it comes to fitness and healthy eating.

Ms. RITCHIE. I was also going to add, and I am happy to share this with the committee at a later date, but we have at the Center for Weight and Health done a very comprehensive review of what works best across all different sectors, so not only in the school, not only in programs like WIC, but at worksites, at community-based interventions, looking at the real science as opposed to what people think or hypothesizing might happen.

And while, of course, I am a researcher, so I always say we need more studies to base our conclusions upon, what we did come to

conclude, as a base of, again, looking at all of these different sectors, was that it is the marriage between the education and the policy and environmental supports that really make the difference.

So as Nancy Copperman was saying, when you integrate the education with the policy and environmental supports is when you really see change. So you were asking whether it is the education or the PE or the nutrition.

It is really both, intertwined, integrated and coordinated so that a child can go to class and hear the message, "I need to eat more fruits and vegetables," and then go to the cafeteria and see a fresh salad bar with lots of fruits and vegetables.

When those messages aren't coordinated is when we get into trouble, and then the nutrition education by itself doesn't work. The policy isn't so helpful. But when they are combined is—

Mr. PLATTS. Yes. I saw that—and I will wrap up here quickly—I represent a lot of the apple orchards, and promoting apples as a healthy snack. And there is an annual apple promotion week where, in schools, they do the Great Apple Crunch program, I think is what it is called.

I guest served in the cafeteria that week, and one of the options was fresh apple slices. And it was wonderful to see the kids enjoying them, and like, "I will take his if he doesn't want them." It is promoting and tying in—they did a program in school tied into the product being offered, so it was education along with the opportunity for the kids to have that as part of lunch.

Ms. RITCHIE. Right. Kids really learn by experiential opportunities. And I was going to add, we also have a reviewed—not that we did this one, but one that I have that shows a farm-to-school movement. And again, we don't have a lot of studies on it, but it is showing that it does increase childrens' fruits and vegetables intake, and that combination of being exposed to local produce plus having the experience with it is probably what is contributing to that success.

And I am very excited about the new WIC food package and the new alignment with the education, because that is exactly what we are talking about, providing fresh fruits and vegetables, whole grains, all of the things that we know people should be eating, along with the educational part. So we are really excited about evaluating that in the upcoming year and years.

Mr. PLATTS. And if I could, Madam Chair, one final comment about the importance of this issue, because our focus has been about kids. But one of my colleagues I think earlier—it might have been Mr. Castle—mentioned about how kids end up teaching adults, and he used the seat belt example.

I am a perfect example that—me learning from my kids, because one of the things my children do get snacks, but thanks to my wife, healthier more so than my eating habits of the past. But one thing they still don't have at age 10 and 12 is they still don't get soda at all, and never have. And I used to drink about a case of soda a week. And sitting at the dinner table, with all my commuting, I was always drinking the caffeine, and not good soda—or not that there is necessarily good or bad.

But sitting at the dinner table, I had a glass of soda. And my then-4½, 5-year-old, said, "Well, Dad, if it is bad for us, why do you

drink so much?" That was about 4½, 5 years ago—well, no, almost 6 years now, and I went cold turkey that week. And so my kids taught me, by them being healthy, they ended up influencing me.

So what you are doing won't just benefit the children, as we know from seat belts. It will ultimately benefit the parents, too, because the kids developing those healthy eating habits can help their parents complement what they are doing with their children. So all the more how important your work is, and thank you for all of your testimonies and work, day in and day out.

Thank you, Madam Chair.

Ms. RITCHIE. May I also point out, you could see the opposite happen. So no, we no longer have soda in California schools, but I have talked to many, many parents who said, "Well, my kids get soda at school, so it must be good for you." So that is an example of how the school can set a tone for both positive and not-so-positive education around foods.

Mr. FELTON. And again, from our perspective, we agree that schools provide that opportunity. Our concern is that we must look at not only the school environment, but the work environment and what happens in the community. And together, we can address this issue.

Mr. PLATTS. I have already used up my time.

Chairwoman MCCARTHY. Well, no. We are actually very lucky on this committee because we both tend to agree that we would like to expand, if possible, among just the usual 5 minutes. I feel bad when people travel from all over the country to sit down in front of us for 5 minutes, and then it is over.

So, being that no one here seems to be complaining about leaving—we are going to shut it up soon, though, because we are going to have votes again.

What I would like to—and I know my colleague wants to ask another question—I happen to believe very strongly that, when I think about what has been mandated in some states or whatever, children wearing helmets when they ride bicycles or roller skating, teaching children not to smoke, let me tell you, they have the most powerful effect on adults.

If I get on a bicycle with my grandchildren, "Where is your helmet?" Now, I never wore a helmet in my life. I had to go out and buy a helmet, mainly because they were right.

And I think it is going to be the same with nutrition. If we can bring good nutrition into the schools—and I don't particularly like any kind of unfunded mandate to go down to anywhere. I believe in—I am looking at this as a nurse—we need to look at our schoolchildren, which unfortunately, across this nation, they are overweight.

This has become a country—and our life differences—they are different. When we were young, you were out of the house at 9:00 a.m., and your mom said, "Be back by dinner."

Now, it was different days. I agree with that. But we are competing now with kids watching TV, kids being on their computers, the games that they are on, so they are spending a lot of time inside.

And I think that that is not the best and healthiest thing in the world to do. So what we are trying to do, on a number of ways,

is educate the children on nutrition, get them more active, into physical activity, and that brings me up to a question, and I will throw it out there.

We have been talking about a lot of the children, but no one is talking about those children with special needs, those children that are in a wheelchair. They can do exercise, but they also need good nutrition. So if you have any data on any of the work that you have done with children with special needs, I think that the committee needs to hear about that also.

Dr. STALLINGS. Well, let me speak to that a little bit. In fact, one of the areas that I have worked on for years is children with cerebral palsy. And across the spectrum, from mildly affected to quite severely affected for ambulation and cognitive issues.

And I think you are correct, in the issues in those children, because they are not running around and riding their bike and that sort of thing, there is a decrease in total energy needs. And the milder the defect, probably the more we will see that difference.

In children who are severely affected, the interesting thing is they are—feeding those children is so difficult that some of the most striking examples of malnutrition and under-nutrition are children with cerebral palsy who have spastic quadriplegia and that sort of thing. So part of the challenge in a school setting is now often you have a very big spectrum of children with special needs.

I think the schools, again, with some of the recommendations, because there will be a section on children with special needs, the focus, as you mentioned, really is around calories. Most of the other nutritional needs don't change very much as long as you adjust them for body size. So if they are overweight, we know a bit about that, but certainly if they are underweight.

Many of the other children with special needs in a school setting are children with medical problems that aren't the same as the visible disabilities. And for those children in the current environment, the system of having them known by the school and by the food service people is part of the program. Now, whether they are able to meet their needs as well with the current recommendations, I don't think we have any evidence for.

So, in summary, the energy issue is a big deal, and the physical activity component, like you said, we have learned from both children and from the elderly the kind of physical activity you can do from sitting and that sort of thing. Those are all areas we can improve.

But I think within the food, school lunch and breakfast program, in the professional oversight that is there and the commitment of the teams you have already got on the ground, as long as we have good clarity about what the conditions are, it should go more directly to the amount of food, which is calories, and then the texture or special feedings. And as long as we make the commitment that those children will be educated in those school buildings, the issue around food and physical activity should be paired with that.

Ms. COPPERMAN. I would just like to add a couple of comments.

In our work with Activity Works, it wasn't designed specifically for children with special needs, but it has been used in classrooms with children with severe learning disabilities. And it was quite in-

interesting to see that the teacher's feedback felt that the kids were moving, exercising and learning, and it increased their listening skills. And the repetition—they used it differently—was very helpful, and they felt it would work.

I do have, in one of my schools, a child who is in a wheelchair. And this child had a mat set up in the back of the class. And when Activity Works comes on, he goes down on the mat and he does all the exercises that the kids are doing from the upper body, and it is just accepted and something that they do. And in the audits for New York state physical education requirements, they found that the one thing that they were meeting was really providing physical education for this population.

In my practice as a clinical nutritionist dealing with overweight and obese children for 20 years, I can tell you that my interaction with schools dealing with children that were overweight and obese and educating the schools on what is appropriate was very successful in helping those children do well in school, change the nutrition that they were receiving in school.

Many times when you have a child with special needs, the idea is that food is love and that over-feeding is doing the children a favor. And that was one of the things that I was able to do, was to educate and work with teachers and looking at foods as rewards in special needs schools and changing things and actually making the kids healthier and actually functioning better and being able to do the activity.

Another case would be children that have psychological issues that are required to be on medications that can make them gain 20 to 30 pounds in a year. and they need these medications, otherwise they can't function. So what do we do with this population, which is increasing? And again, working with the families and using nutrition and physical education strategies to help change and work with the school.

So I think that it is a partnership of using nutrition professionals and using physical therapist and bringing the team together to deal with this in setting up program and awareness in the schools that they can help. And I have seen that been successful in my career and in working with Activity Works and seeing how they are increasing their activity.

Mr. FELTON. We think that, obviously, schools have come a long way in terms of both the academic preparation for students with disabilities and providing free appropriate education, as well as dealing with other kinds of services like nutrition.

So I don't think it is an issue of, "Well, we will not deal with these students because we aren't aware." I think as Ms. Copperman has pointed out, there is the opportunity to collaborate on what is needed for each child. And even for those students that aren't formally identified as being disabled, there is a wide, broad range of skill sets and learning that takes place.

So as we all know, it is a very, very complex issue. The key for us is that the political will, both at the community level, state and federal level to do that and to—the resources and the appropriate development for teachers and other staff officials so that it works as a total program and not viewed as add-on.

Chairwoman MCCARTHY. Mr. Tonko?

Mr. TONKO. (OFF MIKE)

Chairwoman McCARTHY. Oh, I am sorry. Did someone else want to answer?

Ms. BYRNES. I just wanted—since I haven't spoken for a while, I just—but I just wanted to reiterate what you were saying about the children. And part of being a nurse as well, I realize that we have to start with the children, and then they take that information home to their parents. And we also do adult wellness in businesses.

So we have to complete the circle, but never underestimate the power of a child and how they can influence parents and grandparents.

Mr. TONKO. Madam Chair, if I might, the craze of late is high-energy drinks loaded with caffeine, loaded with sugar, and they sound good. They sound harmless. Sound like they are going to build up your opportunity to perform.

What do we need to do? Because so much of this is being ingested by the young crowd because they think it is the cool thing to do, or a good thing to do. How do we deal with this?

Dr. STALLINGS. If I may start, in the report on the competitive foods, there is a whole section that looked at beverages very systematically. And in that evidence review, if you look at caffeine, there—and as, of course, we all know, caffeine is a drug. It has physiological impact with heart rate, with changes in metabolism, including glucose metabolism. And yes, it is performance enhancing. It is a performance-enhancing drug.

So I know that in a military setting, they have gone through this and found opportunities to use this. And maybe we might want our airline pilot to have his caffeine.

But if you read through the report, I think you will come away, after looking at the evidence, that this is a drug. It is not appropriate in a school setting. And as the committee described, having a performance-enhancing drug in the school setting, again, goes against everything we are trying to provide there.

So in that setting, what this committee came out with is the beverages that are appropriate in school would not have caffeine, would not have any other special enhancements, including adding vitamins and minerals, because the committee recommended that the focus be on food, and healthful foods and beverages, not the idea that you put a vitamin in a sport drink or something like that.

The one other issue about sports drinks being a little different from the high-energy, which are really highly caffeinated, the evidence, again, supports that, except in very special situations where kids are in team sport-type training settings in hot environments or very humid environments, there is no evidence to support the need for rehydration fluids in the school setting in the noncompetitive setting.

So the idea that you might have sport drinks for the varsity teams during practice and performance comes within the idea of safety and in the domain of the coach and looking at the whole environment.

The idea of having those beverages in the school during the normal day, or in the gym after you have had PE class, again, the committee did a lot of work to provide the evidence that does not

support the necessity of those in that setting. They are high in sodium, high in calories, high in caffeine, depending on which ones you are looking at. So they may have a place in other settings, but the committee would suggest that is not the school.

Mr. TONKO. Well, we are promoting these drinks, and the young mentality is just consuming to them.

Dr. STALLINGS. Right. And again——

Mr. TONKO. At a dangerous level.

Dr. STALLINGS. But the evidence that has come out with the impact of the media and being able to influence food and beverage decisions in children as young as 5 and 6 is very, very compelling. And so, we know that if kids are exposed to that kind of media attention, then it is effective, and they do begin to make decisions based on that.

Ms. RITCHIE. Oh, I am sorry. I was just going to add that one of the reasons for our recommendation to coordinate the nutrition education messages across the federal food programs is because of some of what you just brought up, that kids are bombarded with messages that tell them to do the opposite thing of eating healthy and being physically active.

The average child sees 5,000 commercials on television a day, 90-plus percent of which are for unhealthy foods. We have to find ways to counteract that. And I would also add, in regards to your discussion about sweetened beverages, that we published a book, our center, called "Obesity: Dietary And Developmental Influences," which examines all the evidence on a lot of dietary factors in terms of which are contributing to obesity and which may not be. And sweetened beverages came up right at the very top of the list.

Mr. TONKO. And we are also dealing with the struggle that many districts have, where there are enticements to put in machines that are selling high sugar in liquid formats through drinks, unhealthy snack food, and getting lights on a field, bleachers put on a field, athletic fields paid for, and everybody is saying, "Well, it is the resource we get, and we need to keep"—what is the cost of doing that into the future, when we are growing unhealthy kids? The price tag to society is far beyond the benefit, I think, that comes at the beginning. So how do we address that?

Mr. FELTON. Well, I think it goes, again, back to what is the political will, and——

Mr. TONKO. Well, political will versus consequences, though.

Mr. FELTON. That is true. But 20 years ago, certainly 20 years ago, we may not have envisioned a smoke-free environment, and yet we have in many states now smoke-free environments because there was, one, not only the support for incentives to move in that direction, but again, the commitment and engagement of people who said, "This is the right thing to do."

I mean, if you look at—, you look 40 years ago when people were throwing trash out the windows on highways, I mean, we create a model and we create a value in this country which will then drive this behavior. I just think we have to be very, very careful.

Sure, the feds want to push this thing, and it is very, very important, but just keep in mind that many local communities are working with that to the extent that the feds can provide leverage so

that states and local communities can move at a much more accelerated pace, I think it is very important and should not be discounted.

Mr. TONKO. I hear you, but I think at the same time the enticements are pushing us backward—can push us backwards rather than move us forward, or even hold us where we are at.

Ms. BYRNES. I would think this would be a wonderful opportunity for school boards to really look at their school districts and say exactly what you were saying, is what is more important, putting lights on our field or having a third of our children being obese?

And I will tell you, if you put soda in—they wanted to put a soda machine in the Health Education Center, and I said absolutely not. Absolutely not. So we have water. We have a water machine. But unfortunately, it says “Coke.” You know, the machine says, “Coke.” But sometimes you just have to take a tough stance.

Mr. FELTON. Well, I think, again, it is ensuring that the values of a community are well respected and are influenced so that we can have sustained programs, not just the point of the Friday night games. At some of our communities, Friday night football is a major part of that core society. Now, it is easy for us to say, “Get rid of the Friday night games because we don’t have bleachers.” I think that that local community ultimately will make that choice about what is best for their kids, and they should.

Chairwoman McCARTHY. I am sorry, but I have to call this to an end. We have a vote.

I just want to say that last year, after we had a hearing, one of our first hearings on nutrition, we heard from a lot of the manufacturers, and they understood that they needed to step up to the plate a little bit more.

Now, with that being said, are they there yet? No. But do you notice more of the snacks are now in smaller bags, 100 calories? So we are getting there.

It is an education not only of the schools, not only of the general public, but also the manufacturers. Hopefully we will continue to work with the manufacturing companies. They are putting in water into the machines. Airports are carrying more and more water.

Now we have just got to figure out how we are going to drink all that water without, unfortunately, too many bottles all over the place. New York is going to probably start charging 5 cents even now for the water bottles.

So we have a long way to go, but you know what? We will get there.

I want to thank everybody here for their testimony. We do have our work cut out for us. I am going to bypass my closing statement, if nobody minds.

As previously sorted, members will have 14 days to submit additional materials for the hearing record. Any member who wishes to submit follow-up questions in writing to the witness should coordinate with the majority staff within the requested time.

Without objection, this hearing is adjourned.

[Additional submissions of Mrs. McCarthy follow:]



**Prepared Statement of Laurie A. Westley, Senior Vice President of Public Policy, Advocacy, and the Research Institute, Girl Scouts of the USA**

Girl Scouts of the USA respectfully submits this testimony to the Subcommittee on Healthy Families and Communities of the House Education and Labor Committee.

*Girl Scouts and Healthy Living*

Girl Scouts is the world's preeminent organization dedicated to the leadership development of girls, serving nearly 3 million girl members in every corner of the United States, Puerto Rico, the Virgin Islands, and almost 100 countries worldwide. Throughout our 97-year history, Girl Scouts has had a long standing commitment to the well-being of girls and continues to be an authority on their healthy growth and development. From our healthy living programming and a historic emphasis on health in the Girl Scout experience, girls are educated and empowered to take action to strengthen their physical and emotional well-being and positively impact their communities and the world. Girl Scouts is deeply invested in improving the health of our country's children and adds a unique voice and proven solutions for Congress to consider while forming policies to address childhood obesity and improve our youth's physical and emotional health.

The Girl Scout Research Institute's original research report, *The New Normal? What Girls Say About Healthy Living*, provides what is too often missing from the dialogue surrounding nutrition and childhood obesity: the voices of girls and youth who are directly affected by this health crisis. This research offers insight into how America's girls view their own health and healthy living. We found that girls believe being healthy combines good nutrition and physical fitness with emotional and social well-being. Most importantly, we found that without including emotional wellness in exercise and nutrition programs, these programs will not work well for girls.

*Incorporating Girls' Voices Into Policy*

*The New Normal? What Girls Say About Healthy Living*, sheds light on the childhood obesity crisis by asking girls directly how they define health and what motivates them to lead healthier lifestyles. The report combined focus group research with surveys of more than 2,000 eight- to seventeen-year-old girls. Girls expressed that their emotional and social wellness is equally important to their physical health. For girls, being healthy is more than just eating right and exercising; it is also includes feeling good about oneself, being supported by friends and family, and appearing "normal." The study found that girls define health holistically, and our nation needs to take a comprehensive approach to healthy living programs and policies if we want them to resonate well with girls.

Emotional wellness, which includes self-esteem and a girl's body image, plays a critical role in girls' attitudes about diet and exercise. According to *The New Normal? What Girls Say About Healthy Living*, for girls, being healthy has more to do with appearing "normal" and feeling accepted rather than maintaining good diet and exercise habits.<sup>1</sup> Moreover, physical appearance is of greater concern to girls than their nutrition or how much they exercise.<sup>2</sup> If our country wants to end the childhood obesity crisis, we should form policies and programs that not only encourage good physical health, but emotional well-being as well. Girl Scouts has learned that comprehensive approaches are the most effective with helping girls develop healthy nutrition and exercise habits. We recommend that nutrition programs should include a focus on emotional wellness that empowers girls and all youth to develop self-esteem, a positive body image, healthy eating and exercise habits, and an overall healthier lifestyle.

For girls, health is also about being supported by their peers and family. Relationships are crucial to girls' physical and emotional health. The Girl Scout Research Institute's original research report, *Feeling Safe: What Girls Say*, found that emotional safety is a top concern for girls. Girls feel the safest and most confident when they have strong relationships with their peers who they can trust.<sup>3</sup> Relational aggression, or emotional bullying, damages girls' emotional and physical health and safety. Efforts to improve girls' health should include the prevention of relational aggression, since healthy relationships are crucial to girls' physical and emotional well-being.

*The New Normal? What Girls Say About Healthy Living* also highlights the important role that adults, in particular mothers, play in shaping girls' self-esteem and their nutrition and exercise habits. Girls cite their mothers not only as role models but also as leading sources of nutritional information and emotional reinforcement. A mother's weight, body image, and health habits are strong indicators of whether or not her daughter is overweight, physically active, satisfied with her body, and

looks to her mother for advice on health living.<sup>4</sup> In general, having obese parents significantly increases a child's risk of being obese. One study suggests that children of obese mothers are fifteen times more likely to be obese by age six than children with normal weight mothers.<sup>5</sup> This strong correlation between a daughter's health and her mother's health habits indicates the powerful influence mothers have over their daughters' emotional and physical health. Efforts to inspire and motivate girls to make healthier choices should focus on educating parents, teachers, and adult volunteers on how to encourage youth to develop healthier lifestyles, as well as teach adults that their choices model behaviors for how to live a healthy life.

Finally, our original research shows that the most effective policies and programs give health social relevance, which requires framing healthy living in terms that are socially significant to girls of different ages, ethnicities, and backgrounds. Hispanic, African American, and Native American children are disproportionately affected by obesity when compared to the general population. The highest prevalence of obesity among girls is found among African American and Latina girls.<sup>6</sup> Children from low-income backgrounds are also at a higher risk for becoming obese; for girls of all ages, obesity is highest at the lowest income levels and drops precipitously at the highest income levels.<sup>7</sup> Policy solutions should be culturally competent and built upon the different needs of children from all backgrounds if we truly want to improve all children's health.

### *Conclusions*

Any reframing or redefining of health needs, including nutrition and physical activity policies, will be most effective if the policies focus on the positive emotional outcomes, such as forming healthy relationships, building strong self-esteem, and developing a positive body image, that are likely to result from comprehensive, healthy behavior, rather than strictly focusing on maintaining normal weight and eating nourishing food. According to *The New Normal? What Girls Say About Healthy Living*, a strict focus on physical health does not resonate with girls. Policies that acknowledge the importance of emotional wellness and incorporate emotional health in nutrition and exercise programs will be the most successful among girls and all youth.

Girl Scouts strongly supports H.R. 2276, The Improved Nutrition and Physical Activity Act or IMPACT Act, because it meets a critical need for a comprehensive approach to obesity and eating disorder prevention and improving children's emotional and physical health. This legislation is taking groundbreaking steps by recognizing that youth, especially girls, view health holistically. It also promotes cross-sector collaboration among schools, health professionals, and youth-serving organizations, such as the Girl Scouts. We greatly encourage the members of the Subcommittee to partner with Representatives Nita Lowey and Mary Bono Mack to support this legislation that will provide invaluable resources for communities to work together to improve children's nutrition, physical activity, and emotional wellness.

Girl Scouts has a crucial role to play in ensuring the needs of girls are addressed in policy solutions. We are a powerful community-building tool, and our research and programming offer proven solutions towards promoting healthy living. As such, we seek to partner with the Subcommittee in the future as you develop policies that will build a generation of healthy girls and youth. Listening to the voices of girls and what they have to say about healthy living can inform the programs, policies, and messages that touch their lives. Only by engaging girls in the process do we ensure that today's girls will grow into tomorrow's healthy women. Girl Scouts thanks the Subcommittee for its leadership in examining this important issue and including our statement in the record.

### ENDNOTES

<sup>1</sup>Judy Schoenberg, Kimberlee Salmund, and Paula Fleshman, *The New Normal? What Girls Say About Healthy Living*, Girl Scout Research Institute (New York, NY: Girl Scouts of the USA, 2006).

<sup>2</sup>"Health Status—Adolescents." Child Health USA 2003. 2003 HRSA Maternal and Child Health Bureau. Accessed 13 June 2005. <http://www.mchb.hrsa.gov/chusa03/pages/status-adolescents.htm>

<sup>3</sup>Judy Schoenberg, Toija Riggins, and Kimberlee Salmund, *Feeling Safe: What Girls Say*, Girl Scout Research Institute (New York, NY: Girl Scouts of the USA, 2003).

<sup>4</sup>Judy Schoenberg, Kimberlee Salmund, and Paula Fleshman, *The New Normal? What Girls Say About Healthy Living*, Girl Scout Research Institute (New York, NY: Girl Scouts of the USA, 2006).

<sup>5</sup>Whitaker, R. et al. "Predicting Obesity in Young Adulthood from Childhood and Parental Obesity," *New England Journal of Medicine*, vol. 337, No. 13, September 25, 1997. Berkowitz, R. "Growth of Children at High Risk of Obesity during the First Six Years of Life: Implications for Prevention," *American Journal of Clinical Nutrition*, vol. 81, No. 1, January 2005.

<sup>6</sup>Judy Schoenberg, Kimberlee Salmond, and Paula Fleshman, *Weighing In: Helping Girls Be Healthy Today, Healthy Tomorrow*. Girl Scout Research Institute (New York, NY: Girl Scouts of the USA, 2004).

<sup>7</sup>Girl Scout Research Institute. *What Girls Say: Healthy Living Inside and Out, Integrated Report of Qualitative and Quantitative Findings*. (New York, NY: Girl Scouts of the USA, November 2005).

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[The statement of Mr. Braley follows:]

**Prepared Statement of Hon. Bruce L. Braley, a Representative in Congress  
From the State of Iowa**

Chairwoman McCarthy, I rise today to discuss and urge support for a bill that I recently introduced, House Resolution 2322, the Healthy Food Choices for Kids Act. I strongly urge the Education and Labor Committee to consider including my legislation within the reauthorization of the Child Nutrition Programs and the National School Lunch Act. My bill would set up a Pilot Program that would be available to 100 schools (10 schools in each of 10 states). These schools would receive funding in order to meet three requirements:

1. The schools would be required to post nutritional information on the food items served in their school cafeterias.
2. The schools would be required to develop and implement a school nutrition awareness program to teach children how to make healthy food choices.
3. The schools would be required to consult with a Registered Dietitian, Nutritionist, or School Nutrition Specialist at least once a year.

My legislation would also include an evaluation which would be reported to the House Education and Labor Committee. The evaluation would report on the successes and challenges of the program. I believe my legislation would be an excellent opportunity to test the idea of labeling the foods served in schools with nutritional information.

I also believe that Iowa would be a perfect state to test this idea. There are at least 3 schools in Iowa that are already doing some form of nutritional labeling of the foods they serve in their schools. With this statement I have included two examples of current school food labeling already being done in Iowa. One example comes from Dubuque, Iowa and the other comes from Cedar Falls, Iowa. My bill requires that at least 3 schools in each state must already be providing nutritional content information for the foods served in the school cafeteria. This would make Iowa an excellent choice as one of the 10 states to receive this Pilot as they already fulfill this requirement.

In addition, my legislation would require that the Secretary of Agriculture choose states for this pilot program with a sufficient number of rural schools. As a mostly rural state, Iowa would fit this criteria well. By implementing this pilot program in a state like Iowa, the Secretary will have the opportunity to thoroughly evaluate how this program works in both rural and urban schools, which could provide useful information towards our goal of increasing children's nutrition awareness nationwide.

I urge the Education and Labor Committee to consider including H.R. 2322, the Healthy Food Choices for Kids Act in the upcoming reauthorization of the School Lunch Act. This legislation will create a new opportunity in the continuing effort to fight childhood obesity.

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[Additional submissions of Mr. Braley follow:]

**Dubuque Community School District**  
**Feb 1, 2009 thru Feb 28, 2009 Spreadsheet - Portion Values - ACTUAL ANALYSIS**  
**Elementary Lunch K-5**  
**All Sites**  
**Jan 26, 2009**

Mon - 02/02/2009	Portion Size	Actual Qty	Calcs	mg Cholst	mg Sodm	mg Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g T-Fat	g S-Fat	g Tr-Fat	
Elementary Lunch K-5	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emerald Juice	2 oz	0	320	26	1378	2.67	2.51	74.5	789	789	1.02	15.55	39.30	11.09	2.65	0.00	
Sweetened Hi-C	1 can	0	179	24	795	1.28	2.26	104.5	19	34	3.23	13.68	24.39	2.94	0.69	0.00	
Deft Turkey Sandwich	12 gm	0	86	7	68	0.00	0.06	2.2	34	34	0.00	0.13	0.32	9.53	1.03	0.00	
Mayo packet	3/8 CUP	0	44	0	24	0.00	0.56	17.1	2919	292	2.18	1.95	8.93	0.10	0.02	0.00	
MIXED VEGETABLES:frozen,boiled	4 Wedges	0	45	0	0	2.30	0.10	38.4	216	20	51.07	0.90	11.28	0.12	0.02	0.00	
BAKED BEANS	3/8 CUP	0	132	4	430	4.35	1.62	51.0	166	166	1.87	6.09	27.99	0.97	0.27	0.00	
Bread Sliced Wheat	Each	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00	
Milk Chocolate 1%	8 oz	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00	
Milk White 1%	8 oz	0	160	10	125	0.00	0.00	300.0	500	500	2.40	8.00	11.00	2.50	1.50	0.00	
1% Strawberry Milk	HALF PINT	0	160	10	115	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00	
Weighted Daily Average	8 oz	0	160	10	115	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00	
% of Calories		0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.0%	0.0%	0.0%	0.0%	0.0%	

Tue - 02/03/2009	Portion Size	Actual Qty	Calcs	mg Cholst	mg Sodm	mg Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g T-Fat	g S-Fat	g Tr-Fat
Elementary Lunch K-5	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chicken Nuggets	5 pieces	0	248	47	355	0.00	1.20	2.8	98	20	1.00	15.00	12.00	15.50	2.50	0.00
Peanut Butter & Jelly	1 sandwich	0	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00
Mozzarella String Cheese	3/8 cup	0	68	0	299	1.33	0.24	0.0	0	0	3.18	1.33	13.27	1.00	0.00	0.00
Mashed Potatoes:flakes,milk-but	3/8 cup	0	10	0	12	0.00	0.49	13.2	173	35	2.96	0.61	12.20	1.05	0.01	0.00
Green Beans: canned,cooked	3/8 cup	0	5	0	5	1.25	0.92	26.3	333	333	2.96	0.42	20.66	0.42	0.00	0.00
Wheat Rolls: Scratch	1.5 each	0	145	0	187	1.00	1.06	26.3	0	0	0.13	3.63	20.66	5.24	1.18	0.00
Margarine Pat Lite	1 each	0	80	0	115	0.00	0.00	0.0	500	100	0.00	0.00	0.00	0.00	2.00	0.00
Milk Chocolate 1%	8 oz	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk White 1%	8 oz	0	160	10	125	0.00	0.00	300.0	500	500	2.40	8.00	11.00	2.50	1.50	0.00
1% Strawberry 1%	HALF PINT	0	160	10	115	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00
Weighted Daily Average	1/2 Pint	0	160	10	115	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00
% of Calories		0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.0%	0.0%	0.0%	0.0%	0.0%

Wed - 02/04/2009	Portion Size	Actual Qty	Calcs	mg Cholst	mg Sodm	mg Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g T-Fat	g S-Fat	g Tr-Fat
Elementary Lunch K-5	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emerald Juice	1 each	0	378	22	879	1.16	2.13	397.9	664	133	0.55	17.14	29.88	21.27	7.08	0.00
Emerald Hi-C	Slice	0	315	24	662	2.47	2.44	189.7	1368	274	0	0.00	13.68	42.64	10.57	4.84
Domino's Cheese Pizza	1 sandwich	0	178	28	908	1.00	2.24	102.0	0	0	0.00	12.00	22.00	4.00	0.90	0.00
Deft Ham Sandwich	12 gm	0	86	7	68	0.00	0.05	2.2	34	34	0.00	0.13	0.32	9.53	1.03	0.00
Mayo packet	3/8 cup	0	20	2	19	0.40	0.10	5.5	997	156	0.89	0.24	1.36	1.68	0.47	0.00
Garden Salad	2 TBSP	0	146	0	125	0.10	0.06	2.0	105	105	2.20	0.16	2.84	15.37	2.14	0.00
FRENCH DRESSING	3/8 cup	0	49	0	1	0.76	0.37	13.2	36	36	7.09	0.34	12.71	0.11	0.01	0.00
Pineapple Chunks:canned,fl syr	1 Each	0	120	0	115	1.00	0.72	100.0	0	0	0.00	2.00	20.00	4.00	3.00	0.00
Scooby Doo Graham Snacks	Each	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Bread Sliced Wheat	8 oz	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk Chocolate 1%	HALF PINT	0	160	10	125	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00
Milk White 1%		0	160	10	125	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00
Weighted Daily Average		0	160	10	125	0.00	0.00	300.0	500	500	1.20	0.00	31.00	2.50	0.50	0.00
% of Calories		0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.0%	0.0%	0.0%	0.0%	0.0%

**Dubuque Community School District**  
**Feb 1, 2009 thru Feb 28, 2009 Spreadsheet - Portion Values - ACTUAL ANALYSIS**  
**Elementary Lunch K-5**  
**All Sites**  
**Jan 26, 2009**

Weighted Daily Average % of Calories	Portion Size	Actual Qty	Cells	mg Cholest	mg Sodm	g Fiber	mg Iron	mg Calcim	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g Ti-Fat	g S-Fat	g Ti-Fat	g Tr-Fat	
																		0
Thu - 02/05/2009																		
Elementary Lunch K-5	Total	0	0	285	28	729	2.42	245.4	374	374	1.52	17.43	31.65	9.74	3.57	0.00	0.00	
Italian Grinder Sandwich	1 SANDW	0	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00	0.00	
Peanut Butter & Jelly	1 EACH	0	90	20	95	0.00	0.00	250.0	270	270	0.00	7.00	0.00	7.00	5.00	0.00	0.00	
Mozzarella String Cheese	4 oz.	0	28	0	84	2.44	0.60	38.1	8043	8043	3.02	0.71	6.16	0.16	0.03	0.00	0.00	
Fresh Baby Carrots & Celery	3/8 Cup	0	250	493	2	1.56	0.96	7.0	28	28	0.13	0.20	15.51	0.27	20.00	0.07	0.00	
Beef Ranch Dressing	1 cookie	0	179	5	120	0.82	0.81	10.0	189	45	0.43	1.68	21.44	10.22	2.48	0.00	0.00	
Beef Ranch Dressing	Each	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00	0.00	
Bread Sliced Wheat	8 oz.	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00	0.00	
Milk Chocolate 1%	HALF PINT	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	11.00	2.50	1.50	0.00	0.00	
Milk White 1%		0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Weighted Daily Average																		
% of Calories																		
Fri - 02/06/2009																		
Elementary Lunch K-5	Total	0	0	350	15	880	3.00	286.0	430	430	0.00	15.00	36.00	16.00	4.50	0.00	0.00	
Pasta Quesadilla	1 Each	0	8	0	170	0.45	0.13	7.7	83	17	0.54	0.44	1.77	0.05	0.01	0.00	0.00	
Salsa	1 OZ.	0	179	24	795	1.28	2.26	104.5	19	19	3.23	13.68	24.39	2.94	0.69	0.00	0.00	
Delli Turkey Sandwich	3/8 cup	0	47	0	43	3.30	0.91	14.4	1260	40	5.94	3.09	8.56	0.16	0.03	0.00	0.00	
Peas	GRAPES Fresh	0	23	0	1	0.31	0.10	4.8	35	3	1.38	0.22	5.92	0.12	0.04	0.00	0.00	
Ernies Safari Animal Crackers	1 Each	0	100	0	105	0.00	0.72	0.0	0	0	0.00	1.00	16.00	3.00	0.50	0.00	0.00	
Bread Sliced Wheat	Each	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00	0.00	
Milk Chocolate 1%	8 oz.	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00	0.00	
Milk White 1%	1/2 Pint	0	180	10	115	0.00	0.00	300.0	500	500	1.20	5.00	31.00	2.50	1.50	0.00	0.00	
Milk Strawberry Milk		0	95	11	100	0.00	0.07	269.9	445	445	0.00	0.64	11.32	2.20	1.44	0.00	0.00	
Weighted Daily Average																		
% of Calories																		

**Dubuque Community School District**  
**Feb 1, 2009 thru Feb 28, 2009 Spreadsheet - Portion Values - ACTUAL ANALYSIS**  
**Elementary Lunch K-5**  
**All Sites**  
**Jan 26, 2009**

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g Tr-Fat	g S-Fat	g Tr-Fat
<b>Total</b>	<b>0</b>	<b>239</b>	<b>51</b>	<b>521</b>	<b>1.00</b>	<b>1.61</b>	<b>102.1</b>	<b>10</b>	<b>10</b>	<b>1.56</b>	<b>21.34</b>	<b>23.09</b>	<b>6.57</b>	<b>1.95</b>	<b>0.00</b>
Elementary Lunch K-5															
Grilled Chicken on a Bun	1 sandwich	179	24	795	1.28	2.26	104.5	19	19	3.23	13.68	24.39	2.94	0.69	0.00
Del's Turkey Sandwich	1 EACH	0	7	68	0.00	0.06	2.2	34	34	0.00	0.13	0.32	9.53	1.03	0.00
Mayo packet	3/8 cup	0	0	32	1.81	0.29	19.2	9268	969	1.28	0.32	4.23	0.37	0.07	0.00
Carrots frozen, boiled	3/8 cup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beans: canned, light syrup	1/2 cup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spinach	1/2 cup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sandwich	1 EACH	0	4	95	1.49	0.63	4.7	135	30	0.62	1.22	2.08	6.53	0.92	0.00
Bread Sliced Wheat	1 EACH	0	0	140	0.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Milk Chocolate 1%	8 oz	0	160	10	220	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk White 1%	1/2 PINT	0	100	10	125	0.00	300.0	500	500	2.40	8.00	11.00	2.50	1.50	0.00
Milk Strawberry 1%	1/2 PINT	0	180	10	115	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
Weighted Daily Average															
% of Calories															

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g Tr-Fat	g S-Fat	g Tr-Fat
<b>Total</b>	<b>0</b>	<b>246</b>	<b>59</b>	<b>502</b>	<b>2.23</b>	<b>3.02</b>	<b>44.9</b>	<b>651</b>	<b>651</b>	<b>10.02</b>	<b>19.66</b>	<b>17.65</b>	<b>10.85</b>	<b>4.16</b>	<b>0.00</b>
Elementary Lunch K-5															
Spaghetti	7/8 cup	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00
Peanut Butter & Jelly	1 sandwich	0	90	95	0.00	0.00	250.0	270	270	0.00	7.00	0.00	7.00	5.00	0.00
Mozzarella String Cheese	1 EACH	0	86	0	168	1.00	1.76	78.9	84	84	0.95	5.92	2.62	0.35	0.00
Green Beans: canned cooked	3/8 cup	0	10	127	0.96	0.46	13.2	177	35	2.18	0.61	2.28	0.05	0.01	0.00
Mandarin Oranges	3/8 cup	0	27	0	4	0.85	0.19	8.5	186	24.03	0.53	6.67	0.03	0.00	0.00
Cinnamon Bear Grahams	1 EACH	0	132	0	116	0.00	1.09	101.2	0	0.00	2.03	20.25	4.05	0.00	0.00
Bread Sliced Wheat	8 oz	0	70	0	140	0.00	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Milk Chocolate 1%	8 oz	0	160	10	220	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk White 1%	1/2 PINT	0	100	10	125	0.00	300.0	500	500	1.20	8.00	11.00	2.50	1.50	0.00
Milk Strawberry 1%	9 oz	0	180	10	115	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
Weighted Daily Average															
% of Calories															

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb	g Tr-Fat	g S-Fat	g Tr-Fat
<b>Total</b>	<b>0</b>	<b>250</b>	<b>40</b>	<b>640</b>	<b>2.00</b>	<b>3.24</b>	<b>100.0</b>	<b>100</b>	<b>100</b>	<b>0.00</b>	<b>18.00</b>	<b>28.00</b>	<b>8.50</b>	<b>2.50</b>	<b>0.00</b>
Elementary Lunch K-5															
Hamburger on a Bun	1 SERVING	178	26	908	1.00	2.24	102.0	0	0	0.00	12.00	22.00	4.00	0.90	0.00
Del's Ham Sandwich	1 EACH	0	1	61	0.08	0.03	2.9	13	2	0.06	0.04	0.18	0.01	0.00	0.00
Pickles, Dill	12 gms	0	7	99	0.05	2.2	34	34	34	0.00	0.13	0.32	9.53	1.03	0.00
Mayo packet	2	0	23	0	0	0	0	0	0	0	0	0	0	0	0
Relish	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Milk Chocolate 1%	3/8 CUP	0	44	0	24	3.00	65.0	171	2919	292	2.18	1.95	8.93	0.10	0.02
MIXED VEGETABLES frozen, boiled	3 oz	0	48	0	5	1.28	20.5	60	272	54	1.60	0.41	12.80	0.09	0.01
Dolphins & Friends Crackers	9oz bag	0	110	0	220	1.00	0.72	40.0	0	0	2.00	16.00	4.50	1.50	0.00
Bread Sliced Wheat	8 oz	0	70	0	140	0.00	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Milk Chocolate 1%	8 oz	0	160	10	220	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk White 1%	HALF PINT	0	100	10	125	0.00	300.0	500	500	1.20	8.00	11.00	2.50	1.50	0.00
Weighted Daily Average															
% of Calories															









**Dubuque Community School District**  
**Feb 1, 2009 thru Feb 28, 2009 Spreadsheet - Portion Values - ACTUAL ANALYSIS**  
**Elementary Lunch K-5**  
**All Sites**  
**Jan 26, 2009**

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protn	g Carb	g T.Fat	g S.Fat	g Tr.Fat
<b>Total</b>	<b>0</b>	<b>360</b>	<b>35</b>	<b>920</b>	<b>0.00</b>	<b>1.08</b>	<b>350.0</b>	<b>500</b>	<b>100</b>	<b>1.20</b>	<b>19.00</b>	<b>28.00</b>	<b>19.00</b>	<b>8.00</b>	<b>0.00</b>
Elementary Lunch K-5	0	360	35	920	0.00	1.08	350.0	500	100	1.20	19.00	28.00	19.00	8.00	0.00
Pizzatas	0	40	0	456	0.00	0.18	29.8	497	497	5.97	0.00	5.97	1.49	0.00	0.00
Marinara Sauce	0	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00
Peanut Butter & Jelly	0	90	20	95	0.00	0.00	250.0	270	270	0.00	7.00	0.00	0.00	5.00	0.00
Mozzarella String Cheese	0	50	0	1	1.48	0.29	1.8	122	122	2.15	1.57	11.87	0.41	0.66	0.00
Corn, frozen, yellow	0	48	0	1	0.76	0.37	13.2	36	36	7.09	0.34	12.71	0.11	0.01	0.00
Pineapple Chunks canned II syr	0	120	0	15	2.00	0.00	0.0	0	0	0.00	0.00	30.00	0.50	0.00	0.00
Cinnamon Applesauce Cup	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Bread Sliced Wheat	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk Chocolate 1%	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	31.00	2.50	1.50	0.00
Milk White 1%	0	180	10	115	0.00	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
1% Strawberry Milk	0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Weighted Daily Average											0.0%	0.0%	0.0%	0.0%	0.0%
% of Calories											0.0%	0.0%	0.0%	0.0%	0.0%

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protn	g Carb	g T.Fat	g S.Fat	g Tr.Fat
<b>Total</b>	<b>0</b>	<b>346</b>	<b>51</b>	<b>869</b>	<b>1.95</b>	<b>1.43</b>	<b>443.1</b>	<b>801</b>	<b>801</b>	<b>0.14</b>	<b>19.43</b>	<b>25.92</b>	<b>18.30</b>	<b>11.25</b>	<b>0.00</b>
Elementary Lunch K-5	0	346	51	869	1.95	1.43	443.1	801	801	0.14	19.43	25.92	18.30	11.25	0.00
Mac and Cheese DCSD	0	178	26	908	1.00	2.24	102.0	0	0	0.00	12.00	22.00	4.00	0.90	0.00
Deli Ham Sandwich	0	86	7	68	0.00	0.06	2.2	34	34	0.00	0.13	0.32	9.53	1.03	0.00
Mayo packet	0	20	0	34	1.76	0.20	17.6	9964	1436	2.11	0.44	4.81	0.11	0.02	0.00
CARROTS: fresh, boiled	0	51	0	5	1.22	0.34	2.8	333	333	2.26	0.42	13.70	0.03	0.00	0.00
Peaches: canned/light syrup	0	113	0	593	0.67	0.99	0.0	0	0	0.00	2.00	22.64	1.00	0.00	0.00
Pretzels Rold Gold/Fat Free	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Bread Sliced Wheat	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk Chocolate 1%	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	31.00	2.50	1.50	0.00
Milk White 1%	0	180	10	115	0.00	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
Weighted Daily Average											0.0%	0.0%	0.0%	0.0%	0.0%
% of Calories											0.0%	0.0%	0.0%	0.0%	0.0%

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protn	g Carb	g T.Fat	g S.Fat	g Tr.Fat
<b>Total</b>	<b>0</b>	<b>301</b>	<b>20</b>	<b>672</b>	<b>4.01</b>	<b>3.25</b>	<b>140.1</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>17.05</b>	<b>36.05</b>	<b>10.03</b>	<b>2.01</b>	<b>0.00</b>
Elementary Lunch K-5	0	301	20	672	4.01	3.25	140.1	0	0	0.00	17.05	36.05	10.03	2.01	0.00
Chicken Patty WG on a Bun	0	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00
Peanut Butter & Jelly	0	90	20	95	0.00	0.00	250.0	270	270	0.00	7.00	0.00	0.00	5.00	0.00
Mozzarella String Cheese	0	50	0	1	1.48	0.29	1.8	122	122	2.15	1.57	11.87	0.41	0.66	0.00
Corn, frozen, yellow	0	48	0	1	0.76	0.37	13.2	36	36	7.09	0.34	12.71	0.11	0.01	0.00
Pineapple Chunks canned II syr	0	120	0	15	2.00	0.00	0.0	0	0	0.00	0.00	30.00	0.50	0.00	0.00
Cinnamon Applesauce Cup	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Bread Sliced Wheat	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk Chocolate 1%	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	31.00	2.50	1.50	0.00
Milk White 1%	0	180	10	115	0.00	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
Weighted Daily Average											0.0%	0.0%	0.0%	0.0%	0.0%
% of Calories											0.0%	0.0%	0.0%	0.0%	0.0%

Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calcem	IU Vit-A	RE Vit-A	mg Vit-C	g Protn	g Carb	g T.Fat	g S.Fat	g Tr.Fat
<b>Total</b>	<b>0</b>	<b>301</b>	<b>20</b>	<b>672</b>	<b>4.01</b>	<b>3.25</b>	<b>140.1</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>17.05</b>	<b>36.05</b>	<b>10.03</b>	<b>2.01</b>	<b>0.00</b>
Elementary Lunch K-5	0	301	20	672	4.01	3.25	140.1	0	0	0.00	17.05	36.05	10.03	2.01	0.00
Chicken Patty WG on a Bun	0	357	0	422	2.77	2.72	80.0	0	0	0.00	11.09	41.20	15.17	2.66	0.00
Peanut Butter & Jelly	0	90	20	95	0.00	0.00	250.0	270	270	0.00	7.00	0.00	0.00	5.00	0.00
Mozzarella String Cheese	0	50	0	1	1.48	0.29	1.8	122	122	2.15	1.57	11.87	0.41	0.66	0.00
Corn, frozen, yellow	0	48	0	1	0.76	0.37	13.2	36	36	7.09	0.34	12.71	0.11	0.01	0.00
Pineapple Chunks canned II syr	0	120	0	15	2.00	0.00	0.0	0	0	0.00	0.00	30.00	0.50	0.00	0.00
Cinnamon Applesauce Cup	0	70	0	140	1.00	0.72	40.0	0	0	0.00	2.00	13.00	0.50	0.00	0.00
Bread Sliced Wheat	0	160	10	220	0.00	0.00	300.0	500	500	2.40	8.00	26.00	2.50	1.50	0.00
Milk Chocolate 1%	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	31.00	2.50	1.50	0.00
Milk White 1%	0	180	10	115	0.00	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
Weighted Daily Average											0.0%	0.0%	0.0%	0.0%	0.0%
% of Calories											0.0%	0.0%	0.0%	0.0%	0.0%

**Dubuque Community School District**  
**Feb 1, 2009 thru Feb 28, 2009 Spreadsheet - Portion Values - ACTUAL ANALYSIS**  
 Elementary Lunch K-5  
 All Sites  
 Jan 26, 2009

Weighted Daily Average	Portion Size	Actual Qty	Cals	mg Cholst	mg Sodm	g Fiber	mg Iron	mg Calom	IU Vit-A	RE Vit-A	mg Vit-C	g Protin	g Carb.	g T-Fat	g S-Fat	g Tr-Fat
% of Calories			0	0	0	0	0.00	0.0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Fit_02/27/2009																
Elementary Lunch K-5	Total	0	330	15	860	1.00	1.08	450.0	1000	200	0.00	16.00	30.00	16.00	4.00	0.00
Crust Tony's Cheese Breadsticks	2 Each	0	80	0	915	0.00	0.36	59.7	995	995	11.94	0.00	11.94	2.98	0.00	0.00
Maianna Sauce	2 oz	0	179	24	795	1.28	2.26	104.5	19	19	3.23	13.68	24.39	2.94	0.69	0.00
Deli Turkey Sandwich	1 sand.	0	86	7	68	0.00	0.06	2.2	34	34	0.00	0.13	0.32	9.53	1.03	0.00
Mayo packet	12 gm.	0	12	0	13	1.04	0.24	14.1	130	130	27.68	0.98	2.44	0.10	0.01	0.00
Fresh Broccoli, Caul.	3/8 Cup	0	253	493	0	0.00	0.00	0.0	0	0	0.00	1.33	2.67	26.67	20.00	2.67
Heinz Ranch Dressing	2 oz	0	45	0	0	0.00	0.00	0.0	0	0	0.00	0.00	11.28	0.12	0.02	0.00
Orange Wedges	4 Wedges	0	176	14	96	1.01	0.64	13.6	124	30	0.01	2.34	25.88	7.35	1.89	0.00
Oatmeal Chocolate Chip Cookie	1 COOKIE	0	70	0	40	0.00	0.72	30.0	0	0	0.00	8.00	3.00	0.00	0.00	0.00
Bread Sliced Wheat	1 each	0	16	0	22	0.00	0.00	30.0	500	500	2.40	8.00	20.00	2.50	1.50	0.00
1% Cheddar Cheese	1/2 Cup	0	100	10	125	0.00	0.00	300.0	500	500	2.40	8.00	11.00	2.50	1.50	0.00
Milk White 1%	HALF PINT	0	180	10	115	0.00	0.00	300.0	500	500	1.20	8.00	31.00	2.50	1.50	0.00
1% Strawberry Milk	8 oz.	0	0	0	0	0.00	0.00	0.0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Weighted Daily Average			0	0	0	0.00	0.00	0.0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
% of Calories																
Weighted Average			0	0	0	0.00	0.00	0.0	0	0	0.00	0.00	0.00	0.00	0.00	0.00

Nutrient	Menu AVG	% of Cals	Target	% of Target	Miss Data	Shortfall	Error Messages (if any)
Cholesterol (mg)	0	0	0	0			
Sodium (mg)	0	0	0	0			
Fiber (g)	0.00	0.00	0.00	0.00	Missing		
Iron (mg)	0.00	0.00	0.00	0.00	Missing		
Calcium (mg)	0.0	0.0	0.0	0.0	Missing		
Vitamin A (IU)	0	0	0	0	Missing		
Vitamin A (RE)	0.00	0.00	0.00	0.00	Missing		
Vitamin C (mg)	0.00	0.00	0.00	0.00	Missing		
Protein (g)	0.00	0.00	0.00	0.00			
Total Fat (g)	0.00	0.00	<30.00				
Saturated Fat (g)	0.00	0.00	<10.00				
Trans Fat (g)	0.00	0.00					




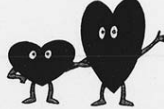
**Spaghetti w/Meat Sauce**

Calories 322	Cholesterol Mg 126	Sodium Mg 312
Total Fat G 10.71	Saturated Fat G 4.39	Protein G 21.23
Carbohydrates G 34.22	Dietary Fiber G 2.98	Iron Mg 3.94
Calcium Mg 42.16	Vitamin A IU 6	Vitamin C Mg 5.36

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**Bacon Cheeseburger**

Calories 592	Cholesterol Mg 95	Sodium Mg 1365
Total Fat G 33.77	Saturated Fat G 16.13	Vitamin C Mg 0.01
Calcium Mg 229.25	Protein G 32.52	Vitamin A IU 340
Carbohydrates G 27.55	Dietary Fiber G 2.28	Iron Mg 3.63

Menus have been analyzed for nutritional content to meet federal guidelines. These include less than 30% of calories from fat and less than 10% from saturated fat.

All requirements for vitamins and minerals are met to account for 1/3 RDA.

**School Lunch Menus**

Menus subject to change.

All meals include 1/2 pint of milk. Elementary February 2009

<p>Did you know you can make your meal payments online?</p> <p>Email <a href="mailto:nutrition@cedar-falls.k12.ia.us">nutrition@cedar-falls.k12.ia.us</a> for more information.</p> <p>USDA is an equal opportunity provider and employer.</p>				
MONDAY 2-2	TUESDAY 2-3	WEDNESDAY 2-4	THURSDAY 2-5	FRIDAY 2-6
<p><b>Main Dish:</b>  <b>Mini Corn Dogs</b>                      313 cal/31.3 CHO gr/17.1 fat  <b>Veg/Salad:</b>  <b>Green Beans</b>                      15 cal/3.4 CHO gr/.1 fat  <b>Fruit:</b>  <b>Peaches</b>                      68 cal/18.3 CHO gr/.04 fat  <b>Dessert:</b>  <b>Cookie</b>                      102 cal/17.5 CHO gr/2.8 fat  <b>Bread:</b>  <b>Slice Whole Wheat Bread</b>                      67 cal/11.2 CHO gr/1.1 fat</p>	<p><b>Main Dish:</b>  <b>Sloppy Joe</b>                      178 cal/2.4 CHO gr/11.7 fat  <b>Veg/Salad:</b>  <b>Baked Beans</b>                      161 cal/35.7 CHO gr/.8 fat  <b>Fruit:</b>  <b>Apple Quarters</b>                      39 cal/10.3 CHO gr/.1 fat  <b>Dessert:</b>  <b>Frozen Yogurt</b>                      90 cal/20 CHO gr/0 fat  <b>Bread:</b>  <b>Bun</b>                      140 cal/25 CHO gr/2 fat</p>	<p><b>Main Dish:</b>  <b>Turkey Roast</b>                      104 cal/2.1 CHO gr/3.9 fat  <b>Veg/Salad:</b>  <b>Mashed Potatoes</b>                      15 cal/2.9 CHO gr/.2 fat  <b>Gravy</b>                      29 cal/4.1 CHO gr/1.04 fat  <b>Peas</b>                      74 cal/13.6 CHO gr/.3 fat  <b>Fruit:</b>  <b>Pumpkin Custard</b>                      167 cal/35.02CHO gr/2 fat  <b>Bread:</b>  <b>Whole Wheat Dinner Roll</b>                      110 cal/21 CHO gr/1.5 fat</p>	<p><b>Main Dish:</b>  <b>Breaded Cheese Sticks</b>                      447 cal/34.5 CHO gr/26.4 fat  <b>Veg/Salad:</b>  <b>Tossed Salad</b>                      8 cal/1.6 CHO gr/.1 fat  <b>Spaghetti Sauce</b>                      68 cal/5.2 CHO gr/1.3 fat  <b>Fruit:</b>  <b>Pears</b>                      78 cal/20.7 CHO gr/.04 fat  <b>Dessert:</b>  <b>Cookie</b>                      102 cal/17.5 CHO gr/2.8 fat  <b>Hansen</b>  <b>Main Dish:</b>  <b>PJ Cheese Pizza</b>                      352 cal/40.3 CHO gr/15.04 fat  <b>Bread:</b>  <b>Slice Whole Wheat Bread</b></p>	<p><b>Main Dish:</b>  <b>Baked Chicken Patty</b>                      235 cal/9.6 CHO gr/15.7 fat  <b>Veg/Salad:</b>  <b>Broccoli w/Cheese</b>                      53 cal/6.1 CHO gr/2.3 fat  <b>Baked Potato Wedges</b>                      91 cal/20.5 CHO gr/.2 fat  <b>Dessert:</b>  <b>Banana Cake</b>                      229 cal/34.2 CHO gr/9.5 fat  <b>Bread:</b>  <b>Bun</b>                      140 cal/25 CHO gr/2 fat</p>

MONDAY 2-9	TUESDAY 2-10	WEDNESDAY 2-11	THURSDAY 2-12	FRIDAY
<p><b>Main Dish:</b> Twister Hot Dog (P) 180 cal/1 CHO gr/16 fat</p> <p><b>Veg/Salad:</b> Corn 72 cal/17.1 CHO gr/6.6 fat</p> <p><b>Fruit:</b> Applesauce 97 cal/29.4 CHO gr/23 fat</p> <p><b>Juice</b> 65 cal/15 CHO gr/2 fat</p> <p><b>Dessert:</b> Cookie 102 cal/17.5 CHO gr/2.8 fat</p> <p><b>Bread:</b> Bun 100 cal/18 CHO gr/1 fat</p>	<p><b>Main Dish:</b> Beef Nachos 198 cal/1.3 CHO gr/15.02 fat</p> <p><b>Veg/Salad:</b> Green Beans 15 cal/3.4 CHO gr/1 fat</p> <p><b>Fruit:</b> Fruit Turnover 301 cal/53.6 CHO gr/9 fat</p> <p><b>Bread:</b> Bag of Tostito Chips 144 cal/18.4 CHO gr/7.9 fat</p> <p><b>Slice Whole Wheat Bread</b> 67 cal/11.2 CHO gr/1.1 fat</p>	<p><b>Main Dish:</b> Baked Chicken Nuggets 236 cal/9.5 CHO gr/15.8 fat</p> <p><b>Veg/Salad:</b> Mashed Potatoes 15 cal/2.9 CHO gr/2 fat</p> <p><b>Gravy</b> 28 cal/4.01 CHO gr/1.01 fat</p> <p><b>Carrots</b> 10 cal/2.3 CHO gr/1 fat</p> <p><b>Fruit:</b> Fruit Crisp 189 cal/35.6 CHO gr/5.5 fat</p> <p><b>Bread:</b> Whole Wheat Dinner Roll 110 cal/21 CHO gr/1.5 fat</p>	<p><b>Main Dish:</b> Pizzatas (P) 360 cal/28 CHO gr/19 fat</p> <p><b>Veg/Salad:</b> Tossed Salad 8 cal/1.6 CHO gr/1 fat</p> <p><b>Fruit:</b> Mixed Fruit 73 cal/19.1 CHO gr/1 fat</p> <p><b>Dessert:</b> Chocolate Pudding 190 cal/35 CHO gr/6.5 fat</p>	<p>NO SCHOOL</p> <p>STAFF</p> <p>DEVELOPMENT</p> <p>DAY</p>
MONDAY 2-16	TUESDAY 2-17	WEDNESDAY 2-18	THURSDAY 2-19	FRIDAY 2-20
<p><b>Main Dish:</b> Rotini with Spaghetti Sauce 331 cal/29.2 CHO gr/14.1 fat</p> <p><b>Veg/Salad:</b> Tossed Salad 8 cal/1.6 CHO gr/1 fat</p> <p><b>Fruit:</b> Fruit Turnover 288 cal/50.2 CHO gr/9.2 fat</p> <p><b>Bread:</b> French Bread 68 cal/13.1 CHO gr/7.7 fat</p>	<p><b>Main Dish:</b> Ham Wrap (P) 214 cal/23.6 CHO gr/6 fat</p> <p><b>Veg/Salad:</b> Lettuce Cup 4 cal/82 CHO gr/1 fat</p> <p><b>Baby Carrots</b> 16 cal/3.7 CHO gr/1 fat</p> <p><b>Baked Tator Tots</b> 86 cal/12.6 CHO gr/3.9 fat</p> <p><b>Fruit:</b> Grapes 31 cal/7.9 CHO gr/2 fat</p> <p><b>Dessert:</b> Cookie 102 cal/17.5 CHO gr/2.8 fat</p>	<p><b>Main Dish:</b> Salisbury Steak 167 ca/3.7 CHO gr/9.6 fat</p> <p><b>Veg/Salad:</b> Mashed Potatoes 15 cal/2.9 CHO gr/2 fat</p> <p><b>Gravy</b> 27 cal/4.2 CHO gr/9 fat</p> <p><b>Peas</b> 74 cal/13.6 CHO gr/3 fat</p> <p><b>Fruit:</b> Upside Down Cake 191 cal/30.03 CHO gr/6.7 fat</p> <p><b>Bread:</b> Whole Wheat Dinner Roll 110 cal/21 CHO gr/1.5 fat</p>	<p>No School</p> <p>Conferences</p>	<p>No School</p> <p>Conferences</p>
MONDAY 2-23	TUESDAY 2-24	WEDNESDAY 2-25	THURSDAY 2-26	FRIDAY 2-27
<p><b>Main Dish:</b> Baked French Toast Sticks 159 cal/24.9 CHO gr/3.9 fat</p> <p><b>Sausage Patty Link (P)</b> 75 cal/0 CHO gr/4.2 fat</p> <p><b>Veg/Salad:</b> Baked Potato Wedges 1 cal/20.5 CHO gr/2 fat</p> <p><b>Fruit:</b> Spiced Apples 1 cal/26.2 CHO gr/5 fat</p> <p><b>Juice</b> 60 cal/15 CHO gr/0 fat</p> <p><b>Bread:</b> Syrup Cup 1 cal/30.3 CHO gr/0.4 fat</p>	<p><b>Main Dish:</b> Pizza Dippers (P) 320 cal/29 CHO gr/14 fat</p> <p><b>Veg/Salad:</b> Corn 72 cal/17.1 CHO gr/6 fat</p> <p><b>Spaghetti Sauce</b> 68 cal/5.2 CHO gr/1.3 fat</p> <p><b>Fruit:</b> Mixed Fruit 73 cal/19.1 CHO gr/1 fat</p> <p><b>Dessert:</b> Cookie 102 cal/17.5 CHO gr/2.8 fat</p>	<p><b>Main Dish:</b> Fish Sticks 240 cal/18.7 CHO gr/12 fat</p> <p><b>Veg/Salad:</b> Mashed Potatoes 15 cal/2.9 CHO gr/2 fat</p> <p><b>Broccoli</b> 13 cal/2.5 CHO gr/1 fat</p> <p><b>Fruit:</b> Pumpkin Custard 167 cal/35.02 CHO gr/2 fat</p> <p><b>Bread:</b> Whole Wheat Dinner Roll 110 cal/21 CHO gr/1.5 fat</p>	<p><b>Main Dish:</b> Sausage Pizza (P) 240 ca/28 CHO gr/10 fat</p> <p><b>Veg/Salad:</b> Tossed Salad 8 cal/1.6 CHO gr/1 fat</p> <p><b>Fruit:</b> Peaches 68 cal/18.3 CHO gr/0.4 fat</p> <p><b>Bread:</b> French Bread 68 cal/13.1 CHO gr/7 fat</p> <p><b>North Cedar</b> Main Dish: Papa Johns Sausage Pizza (P) 395 cal/37.8 CHO gr/21.4 fat</p> <p><b>Bread:</b> Slice Whole Wheat Bread 67 cal/11.2 CHO gr/1.1 fat</p>	<p><b>Main Dish:</b> Grilled Cheese Sand 316 cal/34 CHO gr/14 fat</p> <p><b>Veg/Salad:</b> Vegetable Soup 71 cal/14.2 CHO gr/8 fat</p> <p><b>Fruit:</b> Grapes 31 cal/7.9 CHO gr/2 fat</p> <p><b>Dessert:</b> Brownie 197 cal/33.1 CHO gr/7.3 fat</p> <p><b>Bread:</b> Crackers 41 cal/6.7 CHO gr/1.2 fat</p>

[Whereupon, at 1:47 p.m., the subcommittee was adjourned.]

