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HEARING TO REVIEW FEDERAL NUTRITION PROGRAMS

HEARING

BEFORE THE

SUBCOMMITTEE ON DEPARTMENT OPERATIONS, OVERSIGHT, NUTRITION, AND FORESTRY

OF THE

COMMITTEE ON AGRICULTURE
HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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HEARING TO REVIEW FEDERAL NUTRITION PROGRAMS

MONDAY, JANUARY 25, 2010

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DEPARTMENT OPERATIONS,
OVERSIGHT, NUTRITION, AND FORESTRY
COMMITTEE ON AGRICULTURE,
Colton, CA.

The Subcommittee met, pursuant to call, at 10:00 a.m., at Arrowhead Regional Medical Center, Colton, California, Hon. Joe Baca [Chairman of the Subcommittee] presiding.

Members present: Representatives Baca, Costa, and Fortenberry.

Staff present: Lisa Shelton, Debbie Smith, Pam Miller, and Sangina Wright.

OPENING STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

The CHAIRMAN. The hearing in the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry to review the effectiveness of implementing Federal nutrition programs will come to order. That sounds great, especially here in the Inland Empire. We are making history by having a hearing in the Inland Empire. To my knowledge, the Agriculture Committee has never had any kind of a hearing here. All of you that are here are witnessing history.

I really want to thank two of my colleagues that are here. First of all, without any objections the gentleman from California, Mr. Costa, who is not a Member of the Subcommittee has joined us here today. I have consulted with the Ranking Member and we are pleased to welcome him to join the questioning of the witnesses. I would like to say welcome to Congressman Jim Costa from the Central Valley area.

Then to my left is Congressman Jeff Fortenberry who is the Ranking Subcommittee chair. Welcome each and every one of you. We will officially begin the hearing by welcoming all of you to the 43rd Congressional District. I want to give special thanks to Arrowhead Regional Medical Center for their wonderful hospitality including an opportunity for many of the individuals to give additional input earlier this morning at the reception.

I would like to personally thank some of these individuals for their invaluable help in coordinating and making sure that we had this hearing. I would like to start by thanking Gary Obit, Chairman of the Board of ARMC; Josie Gonzalez who is the Vice Chair of the Board of Supervisors; Dr. Dev, Medical Director; Patrick Petree, CEO; George Valencia, Director of Business Development

and Marketing; Susan Maruna who is the Administrative Assistant. Finally, my good friend Frank Reyes whom I have known for a long time and who is a resident of the Inland Empire and quite active. I want to thank all of them for being here.

By the way, there is no applause in a Congressional hearing, so please hold your applause. We do not want to show favoritism towards one individual or the other, we are just addressing the issues. I want to set the rules. If anybody ends up speaking out of turn or are disruptive, you will be escorted out of the hearing just as we would do in Washington, D.C.

With that, I want to thank all of you and I appreciate your patience. I appreciate all of you coming together for the historic hearing that we are having this morning. I say historic because, as I stated before, the House Agriculture Committee has never held a hearing in the 43rd Congressional District in San Bernardino County.

As we get started I want to thank the leadership for all of their help. I especially want to thank the individuals that are here. I want to thank my two colleagues that are here, Congressman Jim Costa. I saved the Ranking Member from Nebraska, Jeff Fortenberry, for last, to thank him especially because it is coincidental, as you heard me say this morning, is that I happened to watch a movie yesterday, *Extraordinary Measures.*

I do not know if any of you have seen the movie, but it is about a Dr. Stonehill who was from University of Nebraska. I was in Nebraska at a hearing and Congressman Fortenberry happened to take me to the university. As you drove up it says, "University of Nebraska."

There I met my good friend Tom Osborne whom I worked with in the past, an excellent football coach and now the Athletic Director for Nebraska.

Congressman Fortenberry set a high bar for us to follow with his hearing in Lincoln, Nebraska because we actually held the hearing in a health facility.

I figured, "Well, Jeff, you really had it at a nice health facility." Then I said, "We have to have it at a hospital because if you have physical activities you have to tie in hospitals that provide assistance to a lot of our patients." I want to thank Congressman Jeff Fortenberry, for his hospitality in Lincoln, Nebraska and having the hearing there.

I look forward to working with him, not only now, but on a bipartisan basis along with my colleague Jim Costa in trying to make sure that we have related hearings. We not only want to have them in Washington, D.C. but throughout the United States.

I would just like to say that some may have difficulty in seeing the connection between the Federal nutrition program and hospital settings. In fact, there is a very close and important connection. Over the past 4 years the Subcommittee, and the House Agriculture Committee as a whole, has built a record that links the importance of nutrition and health. They go hand in hand.

In 2007, we held a hearing that demonstrated the importance of the food stamp program, called SNAP. We have to get used to the new name of the food stamp program called SNAP. There is the

connotation that people do not want to be identified with food stamps, but would rather be identified with SNAP.

We have a long ways to go to educate our communities about the change. By the way, I was the one that came up with the slogan SNAP to take the stigma away from the name "food stamp." One of the reasons I did that in the farm bill is because I was actually on food stamps. I received food stamps when I was young. It was at a time my wife and I had a child and it was very difficult.

During that period of time I did receive assistance and got food stamps. You know how embarrassing it is for those of us who have received food stamps? It is something you do not want to be dependent upon, but it was something that I needed during that period of time.

I remember going to the grocery stores and people were looking at you as you are counting your food stamps and everybody says, "Well, look at this guy and his wife. They are out here." But I did not look at it from that point of view.

I looked at it as the inability to feed my family, at that time I was a college student who could not afford it and did not have a good job, so I needed assistance. I know what it is like in terms of the stigma and being in line and being there. Now we have the debit card which looks like an American Express card or a Visa, which is nice that we have gotten away from coupons. That is why it is important that we have these kinds of hearings and look at what needs to be done.

In 2008, the farm bill provided a record level of funding for nutrition and safety net programs like SNAP and food banks. We made important changes to promote healthy eating by funding vital programs that encourage consumption of more fruits and vegetables. We expanded the Fresh Fruits and Vegetables Snack Program to the entire nation providing children with access to education about healthy and fresh produce.

In July of 2008, the Subcommittee heard testimony on the economic cost of hunger and nutrition in the United States, and that is one of the areas that we really want to address as we look at the actual cost of nutrition. I do appreciate today's *Sun Telegram*'s story. "Many ignore food stamps or SNAP." But, it is more than just this. I think California has got to look at it from the point of economics.

There is $7 billion in revenue that could come back to this state. I think the paper missed one concept. It is good that we look at half of the people in the United States, or in California, that are not utilizing the SNAP Program. Yet, that means in revenue that would come back to the State of California it is approximately $7 billion, and we are at a $20 billion deficit in the State of California.

We just met with the Governor last week and Jim and I were there from the California Delegation in a bipartisan meeting, and he indicated that he needs $6 billion. Well, if we can get the $7 billion by making sure that we educate individuals about SNAP, it is not only about feeding them but it is also about the revenue that would come back to the State of California.

Also at a Subcommittee hearing the testimony from California advocates demonstrated how the lack of participation in Federal nutrition programs means loss of revenue to California, as I stated

before. In 2009 California's poor participation in the SNAP Program lost $7 billion for the state.

In March the Subcommittee took up the topic of obesity in the U.S.

Experts from the Centers for Disease Control and Prevention testified that both nutrition education, and lack of access to healthy food contributes to obesity costing our nation between $80 to $120 billion.

We have established clear evidence of the link many tie between nutrition and health. Today we will take that conversation one step further. For some years I have wanted to hold a hearing in San Bernardino County and I am glad that we are able to do that now. I appreciate the bipartisan support that we received.

[The prepared statement of Mr. Baca follows:]

PREPARED STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

Good morning and thank you all for being here today in my favorite place, California's 43rd Congressional District.

Special thanks to our hosts today, Arrowhead Regional Medical Center, for their wonderful hospitality. I want to read the names of some of those who have been invaluable:

- Gary Obitt, Chairman of the Board of ARMC;
- Josie Gonzales, Vice Chair of the Board;
- Dr. Dev Gnanadeb, Medical Director;
- Patrick Petree, CEO;
- George Valencia, Director of Business Development and Marketing;
- Susan Maruna, Administrative Assistant;
- And finally, Frank Reyes, who is a long time friend and resident of this area.

I appreciate the effort and patience they have shown in working with the Committee to organize this historic hearing.

I say historic hearing because as far as I know—this is the first House Committee hearing ever to be held here in the 43rd Congressional District and in San Bernardino County.

Before we get started, I want to thank all the great leadership we have here at the local level.

I especially want to recognize the work of the Rialto City Council, Mayor Grace Vargas, and Mayor *Pro-Tem* Joe Baca, Jr.

I also want to say a special thank you to Congressmen Jeff Fortenberry of Nebraska; and Jim Costa from the Central Valley of California—for their willingness to be here.

Jeff, Jim, and I share a strong interest in the connection between nutrition and health.

In fact, it was my pleasure to chair a subcommittee hearing in Jeff's hometown of Lincoln, Nebraska this past August.

That hearing examined the innovative ways and economic benefits to communities and businesses in promoting healthful lifestyles.

Congressman, I appreciate your continued interest in this important topic, and thank you again for your tremendous hospitality in Lincoln.

I hope you enjoy your visit to California's 43rd District as much as I enjoyed being in Nebraska's First District.

Mr. Fortenberry set the bar high for his hearing by holding it in the gymnasium of a beautiful health facility.

So, we have followed his lead by holding this hearing in a health related location.

Some may have difficulty seeing the connection between Federal nutrition programs and a hospital setting.

But in fact, there is a very close and important connection.

Over the past 4 years, this Subcommittee, and the House Agriculture Committee as a whole, has built a record that links the importance of nutrition and health.

In 2007, we held a hearing that demonstrated the importance of the food stamp program (now called SNAP) to the overall health and long term success of children.

Then, in the 2008 Farm Bill, we provided record levels of funding for nutrition for safety net programs like SNAP and food banks.

We also made important changes that promote healthy eating, by funding pilot programs that encourage the consumption of more fruits and vegetables.

And, we expanded the Fresh Fruit and Vegetable Snack program to the entire nation, providing children access to and education about healthy and fresh produce.

In July of 2008, this Subcommittee heard testimony on the economic costs of poor nutrition in the United States.

Researchers detailed that hunger costs our country $90 billion per year in lost work productivity, the need for special education, and other factors.

Also, at that hearing, testimony from California advocates demonstrated how a lack of participation in Federal nutrition programs means lost revenues to California counties, compounding the costs of hunger and poor nutrition to communities.

In 2009—California's poor participation in the SNAP program was estimated to cost our state $3.7 billion in additional Federal funding.

These funds would have led to an additional $6.9 billion in statewide economic activity.

In March of 2009, the Subcommittee took on the topic of obesity in the U.S.

Experts from the Centers for Disease Control and Prevention testified that both nutrition education and a lack of access to healthy foods contribute to the obesity epidemic—which costs our nation anywhere from $80 to $120 billion ever year.

So, we have established a clear body of evidence linking the many ties between nutrition and health.

Today, we take that conversation one step further.

For some years, I have wanted to hold a hearing in San Bernardino County to point out the unique problems of our state's cultural and economic diversity in improving health and nutrition.

Sadly, the recession has only emphasized the problems that we have faced for many years.

So we hold this hearing at one of the most critical times for California and its people.

Why does California struggle with low participation rates in Federal nutrition programs?

What does this mean for the physical and economic health of our communities—especially as it pertains to the obesity epidemic?

We will be looking for the answers to these and other questions from our outstanding witnesses today.

This is a topic of great interest to me as a legislator, of course—but also as a husband, father, grandfather, and community member.

Again—I want to thank everyone at Arrowhead Regional; and thank our witnesses for taking time from their busy schedules to be with us today.

I now yield to our Subcommittee's Ranking Member—my friend, Rep. Fortenberry.

The CHAIRMAN. With that, I would like to welcome and ask the Ranking Member Jeff Fortenberry for his opening statement, then I will call on Congressman Jim Costa for his opening statement.

Congressman Fortenberry.

OPENING STATEMENT OF HON. JEFF FORTENBERRY, A REPRESENTATIVE IN CONGRESS FROM NEBRASKA

Mr. FORTENBERRY. Thank you, Mr. Chairman, for holding this hearing today and for honoring me with the invitation to attend, in your home State of California. Welcome to you all. I must say, coming from Nebraska, I am absolutely fascinated by the fact of seeing palm trees nestled against the backdrop of snow-covered mountains. That is very unique for me. I have, of course, been in California but not in this particular area.

You have a lovely home here and I congratulate all of you for your attentiveness to community life here. It is very clear from our earlier meeting the level of commitment to public service and community input from a variety of areas, not only from the medical community but other leaders out there who are very interested in

these questions: how nutrition relates to families, how nutrition relates to healthcare outcome, so thank you very much.

I would like to let you all know it is a pleasure and an honor to serve alongside with Congressman Baca in the halls of Congress. As I mentioned earlier there can be quite a bit of rancor and divisiveness. There are strong philosophical divides in Washington, but the Agriculture Committee tends to pride itself on attempting to transcend those differences in creating a safe affordable food supply that helps feed this nation and the world.

As you all know, Chairman Baca has served you in Congress since 1999. He is, of course, Chairman of this Committee. I am what is called the Ranking Member. I have admired Chairman Baca, as well, for his service in the U.S. Army, many of you may not know that, as a paratrooper from 1966 to 1968. Following his military service he came back to California and earned a degree in sociology. I understand you served both in the State Assembly as well as the State Senate so, again, thank you for hosting, Mr. Chairman.

As you all are very much aware, we have been engaged in this very important debate about the future of our healthcare system in this country. The debate has been critical to the well being of families and small businesses and all of us throughout our great nation. My priority has been to focus on two essential questions. How do we actually improve healthcare outcomes and reduce cost while protecting vulnerable persons.

I believe one important piece of this solution has been to understand the integral role that nutrition plays in the well being of our children and families. This is because a major driver of our ever-increasing healthcare cost has been the rise of chronic diseases. Many of you are very aware of this and many of which are nutrition related.

For instance, the average American is 23lb overweight. Obesity among young people has tripled since 1980. Obesity is a major factor that leads to the onset of chronic diseases like diabetes, heart disease, some cancers and even strokes. Chronic diseases are driving 75 percent of every healthcare dollar according to some studies.

Consequently it is imperative to me that our healthcare system promote and incentivize healthy nutrition practices and wellness. We must all foster a culture of wellness and reward behaviors that reduce the onset of these diseases. I believe we could potentially save hundreds of billions of dollars if we could delay or reduce the onset of these chronic diseases. As responsible individuals and citizens I hope that we will personally implement wellness and preventative measures so that we all can thereby reduce our risk factors for these conditions.

The food that individuals have access to and select often determines the quality of their overall health. The SNAP Program, the topic of our hearing today, enables persons in vulnerable circumstances to have access to a wide variety of nutrition selections. As we carefully allocate these resources an important topic of consideration should be the quality and health-promoting choices at the dinner table for families.

This principle of healthy food combined with wide stewardship and personal responsibility should guide the goals of this program.

I look forward to learning how these principles are currently being implemented and what recommendations our experts may propose to further this agenda.

Again, Mr. Chairman, it is a great privilege to be here with you in the great State of California. Thank you.

The CHAIRMAN. Welcome to the 43rd Congressional District. I would like to call Congressman Jim Costa.

OPENING STATEMENT OF HON. JIM COSTA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

Mr. COSTA. Thank you very much, Chairman Baca, and all of those who are here this morning, the witnesses on the first panel and the second panel. We applaud and commend your hard work and efforts and we look forward to hearing your testimony.

Chairman Baca, I want to thank you for allowing me to be part of the Subcommittee hearing this morning, but I also want to convey to the constituents of the Inland Empire the tremendous work you do on their behalf in Washington. I know this to be a fact. I have had the honor and privilege to serve with Congressman Baca both in the State Legislature before I had this arctic blond and now in Congress.

I want you to know he is a tenacious advocate on behalf of the people, not only in his Congressional district, but the people of California. He is always passionate and his tireless energy are hallmarks of his leadership. In the 2008 Farm Bill he truly wanted to ensure that the nutrition program was improved. As a result of his hard work and others in the Subcommittee, Congressman Fortenberry and others, I think we made progress in the food stamp program that Joe spoke of.

It is important to note, as Congressman Fortenberry indicated, that the House Agriculture Committee is truly one of the more bipartisan committees that we have in Congress. I wished it were not the exception but the rule.

The 2008 Farm Bill was, I believe, the only major piece of legislation that went through the entire hearing process. It had regular order. Went through the House and the Senate. Went to the Conference Committee. Had bipartisan support in both Houses. Actually was vetoed by the President and we overrode the veto, which really reflects the effort and the way all of you believe that we as your representatives ought to be acting to solve problems in this country.

I think the 2008 Farm Bill, under the leadership of the Members of the Committee, both of them here—of course, I am on the Committee as well. Congressman Fortenberry and I are on the class of 2004. He does a great job on behalf of his constituencies throughout Nebraska. We are pleased that you have come all the way out here, Jeff, to participate in this hearing.

Mr. Chairman, let me give a brief statement about what we are dealing with here because your review of the Federal nutrition programs is timely. It is timely because we enacted the 2008 Farm Bill. It is timely because what has been part of the big discussion and debate over this last year, healthcare. We all know as children our parents taught us a long time ago that an ounce of prevention is worth a pound of cure. A lot of the focus in the healthcare bill

has been on preventive healthcare. It is that ounce of prevention that is worth that pound of cure.

Early childhood eating habits, good eating habits, are a key to ensuring and fostering that we live and eat healthy our entire lives. The nutrition program is an important component of that effort. It ties in the best aspects of America; reaching out to those who are less fortunate, but also taking advantage of our agricultural productivity which is second to none anywhere in the world.

We all know that hunger and food insecurity in parts of our country, and in parts of our state unfortunately, continues to be a problem. One of the most devastating impacts of this economic recession that we have been in is that an increasing number of mothers and fathers find themselves no longer able to put dinner on their family's table.

My district has been especially hard hit. The recession coupled with four horrific droughts and a regulatory water crisis have left many of the hardest working people in this nation, who would normally be working to put food on America's dinner table, in food lines. It is unacceptable in the richest nation in the world.

How ironic it is that the most fertile agricultural regions of the country were forced to rely on food banks and the SNAP Program to feed these families. In my district we grow over 300 crops of which primarily are fruits and vegetable, that good nutrition we are talking about. Still many Valley residents rely on high-calorie fast foods and nutritionally deficient low-cost options because the healthy options are either unavailable or too costly to purchase on a family's meager budget.

Near Bakersfield, in the southern end of my district, we have what we call food deserts. They are not real deserts because we grow all this food, but what I mean is they are only occupied by fast food chains and convenience stores for miles. Almost 60 percent of my population is overweight. Nearly 30 percent of the population in each of these counties is considered obese. That is unconscionable. Nearly 30 percent of the population in some of the major cities I represent like Fresno are at the poverty level. Similarly these statistics are hardly a coincidence.

I want to thank the Chairman. We have made great strides in providing more healthy options for needy families in the 2008 Farm Bill and the SNAP Program that he spoke of. We need to expand the use of farmer's markets, the expansion of Fresh Fruits and Vegetables Snack Program to make a concerted effort to provide more healthy options for our food banks, which is important and through the TEFAP Program. We can and should do better. Mr. Chairman, I am looking forward to the testimony by our first and second panel to figure out how we can do a better job at the local, state, and Federal level. Thank you.

The CHAIRMAN. Thank you very much, Congressman Costa and Congressman Fortenberry for your opening statements. As we indicated before, it is also about not only nutrition but prevention and intervention, as well. We need to look at the overall cost and the ability not only to use nutrition programs but as a cost to the state as well.

I will just mention this because I mentioned the revenue is in terms of what we could potentially get to the State of California.

In San Bernardino alone there is revenue that could be $508,960,781 and that is the amount that we are losing in terms of revenue because of people here in this county that are under-utilizing the nutrition program as well.

That means that people are not putting food on their table and feeding their families, which means additional revenue that could come to this county alone. Then if you take LA County it is about $2 million that they are losing in revenue just in LA County, which is the surrounding county to that.

With that we would like to begin with the panelists to begin to give us their testimony. Each of the panelists will have 5 minutes. There is a light in front of you so those of you who are new to this and have not seen this in Washington, D.C. there is a light that comes on. At first the green light will be on and then the yellow light tells you that you had better cut your statement off or the gavel is going to go off.

The red means you are supposed to be done and your testimony will be heard during that period of time and then also we will take the written testimony. We would like to begin with our first panelist and that is Lisa Pino who is the Deputy Administrator for Food and Nutrition Service, U.S. Department of Agriculture in Washington, D.C.

Ms. Pino.

STATEMENT OF LISA J. PINO, DEPUTY ADMINISTRATOR, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D.C.

Ms. PINO. Good morning, Chairman Baca and distinguished Members of the Committee. I am Lisa Pino, Deputy Administrator of the U.S. Department of Agriculture's Food and Nutrition Service.

I am pleased and honored to join you here today to discuss the SNAP and how we can improve participation rates in SNAP, especially among difficult-to-reach groups and in California.

The Federal food programs are critical components of our nation's safety net for families in need. Our programs promote healthier food choices among the children and families they serve as crucial prevention components of our national public health strategy.

The USDA is committed to making these programs as effective as possible in addressing our top priorities—ending childhood hunger and addressing the obesity epidemic. The setting for this hearing on hospital grounds is historic and reminds us of the vital connection between healthy eating and disease prevention.

While SNAP is the largest food assistance program that FNS administers, it is still only one of our 15 nutrition assistance programs. They are all designed to combat hunger and promote nutrition. Congress is poised to reauthorize the Child Nutrition programs this year and the Obama Administration is committed to supporting ground-breaking improvements in these programs which includes school meals and WIC, a nutrition program especially for women, infants, and children.

During this recession, SNAP proves its inherent value as the nutrition safety net for America each and every day. More than four

million people have joined SNAP in the past 6 months alone. Nearly 38 million Americans receive SNAP benefits, which is a 22 percent increase over just 1 year ago.

While record-high caseloads are an unfortunate indicator of the difficult times and the daily struggles of families across our nation, they are also clear evidence that SNAP is responding effectively, as it was designed to do during the economic downturn.

In the past year, California has experienced a 25 percent increase in caseload from just 1 year ago consistent with national trends. Nearly three million Californians received SNAP benefits as of October 2009. The average California SNAP household received a monthly benefit of $325 or $137 per person in Fiscal Year 2009. Still, California has a low participation rate relative to most states. According to the USDA's annual report on state SNAP participation, California ranks 50 out of 51 state agencies including all states and the District of Columbia.

In 2007, the most recent data available, California served 48 percent of those eligible to participate in SNAP, while the national average is 66 percent. Clearly a low participation rate means less healthy food at home for households in need, especially during such a tough economic time.

But beyond SNAP's nutritional benefit to households, SNAP is an effective economic stimulus. Every $5 in new SNAP benefits generate approximately $9.20 in total economic activity. That is almost double the benefit.

If California were to increase its participation rate by just five percent, from 48 percent to 53 percent, participants would have more than $117 million in benefits to spend on healthy food generating more than $200 million in total economic activity. This is money left on the table that can flow into the state's economy to help California get back on its feet with an influx of additional spending.

We are working with the state to improve participation through three methods: better policies, better practices, and better outreach. We suggest such policies as simplifying client reporting, expanding broad-based categorical eligibility, and eliminating finger-imaging to prevent dual participation.

USDA also offers states an array of policy waivers to increase participation in SNAP while reducing cost and administrative burden. As for better practices, we encourage all states, including California, to consider business process re-engineering, an approach to allow states to more effectively manage increasing caseload.

In the area of better outreach one advantage is crystal clear. Good outreach increases participation in SNAP which brings even more Federal funding to the state and its residents. Currently California is reaching out to new participants through partnerships with food banks and we are working with all states, including California, to improve outreach to the under-served such as Latinos, legal immigrants, seniors, the newly unemployed, and the working poor or the under-employed.

In closing, let me re-emphasize the Administration's commitment to fighting hunger and improving the Federal nutrition programs. FNS has elevated nutrition and nutrition education as a top priority in all its programs. In addition to providing access to nutri-

tious food, FNS also works to empower program participants with knowledge of the link between diet and health.

With our state partners, we look forward to working together to help bring more nutritious meals to those in need. I look forward to answering any questions you have and I thank you for your attention.

[The prepared statement of Ms. Pino follows:]

PREPARED STATEMENT OF LISA J. PINO, DEPUTY ADMINISTRATOR, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D.C.

Good morning, Mr. Chairman. I am Lisa Pino, Deputy Administrator of the U.S. Department of Agriculture's Food and Nutrition Service (FNS).

I am pleased to join you today to discuss the Supplemental Nutrition Assistance Program (SNAP) and how we can improve participation rates in SNAP especially among difficult to reach groups and in California. Before I get into those details, however, I want to step back and outline the U.S. Department of Agriculture's priorities for the Federal nutrition assistance programs managed by FNS.

These programs are critical components of our nation's safety net for families in need. They currently touch more than one out of five Americans each year. Using their breadth and scope to promote healthier food choices among the children and families they serve is a critical prevention component of our national public health strategy. The U.S. Department of Agriculture is committed to making these programs as effective as possible in addressing our top priorities—ending childhood hunger and addressing the obesity epidemic. In support of these big picture outcomes, we are pursuing an ambitious agenda to strengthen program access, modernize operations, improve the effectiveness of nutrition education, and strengthen program integrity. We know that there are great challenges ahead of us, but with the aid of our state and local partners, we are determined to achieve these goals. We can achieve success in ending childhood hunger and improving the nutritional status of participants.

This year Congress will reauthorize the Child Nutrition Programs. The Administration is committed to supporting ground-breaking improvements in these programs, including the school meals programs. In its Fiscal Year 2010 Budget, the Administration proposed a billion dollars each year in new funding for Child Nutrition, focused on priorities in reducing barriers and improving access; and enhancing nutritional quality and the health of the school environment.

One important connection between SNAP and school meals is Direct Certification. This system enables states to utilize data from the SNAP certification process and directly enroll students in SNAP households for free school meals, eliminating the need for application paperwork. This is an excellent way to simplify the administrative costs while improving access to our hunger-fighting programs. A recent report shows that while schools have increased their use of direct certification, some direct certification systems are more effective than others. We will be working to promote and expand best practices in this area.

During this recession, SNAP proves its inherent value as the nutrition safety net for America each and every day. More than four million people have joined SNAP in the past 6 months. Nearly 38 million Americans receive SNAP benefits, which is a 22 percent increase over just 1 year ago. In each month of Fiscal Year 2008, SNAP served approximately 6.3 million households with children, representing just over half (51 percent) of all SNAP households.

While record-high caseloads are an unfortunate indicator of the difficult times and the daily struggles of families across our nation, they are also clear evidence that SNAP is responding effectively, as it was designed to do, to the economic downturn. SNAP participation increases when the need is greater and contracts in better times. While SNAP has been responsive in these difficult times, many eligible individuals remain unserved.

FNS takes seriously its stewardship responsibilities for tax payer dollars through the quality control system and support for payment accuracy initiatives. Even as participation in SNAP continues to grow and benefits increase, FNS remains committed to program integrity, and the results are clear: In Fiscal Year 2008, SNAP achieved a record high payment accuracy rate. It *is* possible to achieve both high participation and high payment accuracy simultaneously.

In the past year, California has experienced a twenty-five percent increase in caseload from just 1 year ago, consistent with national trends. Nearly three million

(2,998,851) Californians received SNAP benefits in October 2009. The average California SNAP household received a monthly benefit of $325, or $137 per person in Fiscal Year 2009. This is up from $259 per household and $105 per people in Fiscal Year 2007.

Still, California has a low participation rate relative to many other states. According to the USDA's annual report on state SNAP participation rates, California's participation rate ranked 50 out of 51 including all the states and the District of Columbia. In 2007, the most recent data available, California served only 48 percent of those eligible to participate in the program. The national average was 66 percent.

California's low participation rate is a serious concern for many reasons.

First, plain and simple, the low participation rate means less healthy food at home for households in need. It means that families lose the ability to stretch their food budgets to purchase more and healthier food. It means they go hungry instead of receiving nutrition benefits to which they are entitled.

Second, SNAP is an effective economic stimulus. Every $5 in new SNAP benefits, if funded through emergency spending, has been estimated to generate as much as $9.20 in total economic activity.[1] If California were to increase its participation rate among those eligible for benefits by just five percentage points, participants would have more than $117 million in benefits to spend on healthy food generating more than $200 million in total economic activity. This is money "left on the table" that could flow into the state's economy and help the economy get back on its feet with an influx of additional spending. Almost all (97%) SNAP benefits are spent for food within 30 days.

Because SNAP is an effective economic stimulus, Congress and the Administration worked together to build on the program's strengths through the American Recovery and Reinvestment Act. The Recovery Act provided additional benefits for SNAP recipients nationwide, $80 for a household of four per month, starting in April 2009. These additional benefits have been very effective in getting food resources to families facing increased need as a result of the slow economy. In conjunction with the Mid-Session update to the President's Fiscal Year 2010 budget, we estimate that over time, the increased benefits will total $48 billion. This figure will be re-estimated with the President's Fiscal Year 2011 budget request and is likely to increase. The increased SNAP benefits were some of the first Recovery Act dollars to reach the wallets of needy people and the neighbors and businesses in their communities and made an immediate impact on the national economic situation.

We recognize the extraordinary budget difficulties states, including California, face in this current economic crisis. To help address the growing strain on existing resources, the Recovery Act provided nearly $300 million in new administrative funds to states—funds that will not require a match—to help them serve the growing number of families seeking assistance. California's share of these funds is $21.7 million. The Defense Appropriations Act recently provided another $400 million to states for this purpose.

USDA has offered all states an array of policy waivers to increase participation in SNAP while reducing cost and administrative burden and helping to more effectively manage the increasing workload.

California has already made some steps in the right direction. For example, California has established broad-based categorical eligibility for families with children. They are doing telephone interviews at certification and recertification in some regions. There are online applications with electronic signature capability in some regions as well as change processing call centers in some regions. One important waiver that California is already using restores eligibility to households terminated for failure to provide reports if those reports are received within 30 days. These efforts represent a significant start towards improving participation.

We are working with California to improve participation through three methods—better policies, better practices and better outreach to those eligible for SNAP.

First, better policies. There are several policies that California can implement to achieve significant savings and help to address its $20 billion budget deficit, while also improving access and service for clients.

Specifically, we recommend the following approaches for California:

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[1] Increases in food stamp (now named SNAP) benefits can stimulate additional economic activity. An increase in benefits raises spending by recipient households, which then stimulates production. Higher production boosts labor demand and household income. Increased household income triggers additional spending. Hanson and Golan (2002) estimate that an additional $500 in food stamp expenditures triggers an increase in total economic activity of $920. See the Economic Research Service website at *http://www.ers.usda.gov/publications/fanrr26/fanrr26-6/fanrr26-6.pdf* (See p. 2.)

- *First, simplify client reporting.* FNS has asked the state to submit a plan by February 2010 to convert from the current quarterly reporting system to a simplified reporting system. Simplified reporting will require less frequent submission of report forms from clients, lead to longer certification periods for some households, and reduce the time and expense of acting on changes.
- *Second, expand eligibility and reduce workload through broad-based categorical eligibility:* Other states have eliminated asset requirements and are making use of higher income limits (up to 200 percent of the Federal poverty line) for all eligible households, not just those with children under 18 as in California. Broad-based categorical eligibility is an effective workload management tool for overburdened states workers and simplifies the application process for clients.
- *Third, consistently offer telephone interviews in lieu of face-to-face interviews.* Many California counties have chosen not to use telephone interviews consistently or limit the criteria for waiving the face-to-face interview. Use of telephone interviews and tailoring interview length and questions to the specific circumstance of the case make the process more efficient and reduce as many burdens possible. Failure to fully utilize these telephone interviews to their fullest extent can make it more difficult for households to navigate the certification process, thereby discouraging participation.
- *Fourth, eliminate finger imaging:* While there is no hard data to establish that finger imaging prevents participation of eligible households, community-based groups have consistently reported that low-income groups (especially low-income legal immigrants) are often fearful of applying for SNAP because of the finger imaging requirement. As states look for ways to provide services in difficult fiscal times, the cost associated with finger imaging should be reconsidered. Most states satisfy the requirement to establish a system to prevent duplicate participation by matching names with Social Security Numbers, which is less costly than finger imaging and is also an effective deterrent. We need to make every dollar count by managing resources in the most efficient and effective manner possible. USDA is in the process of evaluating how finger imaging systems may impact cost and client participation.
- *Fifth, expand call center change reporting and electronic applications.* While these approaches are being used in some regions, participation and access could be enhanced if they were used statewide.

In the area of better practices, we stress the importance of customer service and better business processes. The more user friendly the application and related processes are, the more likely it is that access to the program will improve. We will continue to work further with the state to see where the application process can be improved or "reengineered" and whether there are waivers or other assistance we can provide to help counties move towards more efficient application processes. FNS encourages states to learn from each other and implement models that work.

One critical customer service that must be addressed is application processing timeliness. Timeliness standards are set by law. Applications must be processed within 30 days or within 7 days for expedited cases where applicants have very low income. Despite current challenges, these standards *must* be met. People have a critical need for timely assistance. Every day matters when you're hungry.

Some states have persistent difficulty with timeliness with little improvement. California has experienced decreasing timeliness rates over the past 2 years. In 2008, 79.6 percent of applications were processed in a timely manner in California. The national average is 85.6 percent. Record caseloads are challenging even those states with historically good timeliness rates. Yet there are states successfully maintaining timeliness rates despite rising caseloads. We encourage California to talk with such states and learn more about their business practices.

The negative error rate, which is the rate of incorrect denials, suspensions or termination of benefits, is another critical customer service issue. California has a very high negative error rate. When negative errors occur, access is hampered and households face unnecessary hardship because households are removed from the program unnecessarily. Over the past several months, FNS has done in-depth reviews in the five largest states, including California, to learn why the negative error rate is going up and what we can do to help states reverse the trend. Results of this analysis are expected later this year.

Like all states, California must promote accountability and make improved negative error performance as a priority. Policy, Quality Control (QC), and Corrective Action staff must work closely together on provided resources and tools to local county staff to promote improved performance in this measure.

In the area of better outreach, the advantages are crystal-clear: due to economic multiplier effect I described earlier, increasing the number of eligible individuals participating in SNAP would bring additional Federal funding support to the state and its citizens. California is to be recognized for its statewide outreach plan that includes partnerships with food banks. We are working with many states, including California, to improve access and participation through innovative outreach and community partnerships, especially those designed to reach underserved populations, such as Latinos, the elderly, and the unemployed and under-employed.

Nationwide, more than five million U.S. Latinos participated in SNAP in 2006, but nearly as many were eligible yet did not participate. SNAP served nearly 1.1 million Latinos in California in an average month in 2006 (the latest year with data on race and ethnicity). The participation rate of eligible Latinos is just 56 percent nationwide, and in California is it just 43 percent. This means California is losing millions in federally-funded SNAP benefits to which their residents are entitled.

Latino families are much more likely to live in poverty and experience food insecurity than white non-Latino households. More than ¼ of all people eligible for SNAP benefits but not receiving them are Latino. According to USDA's Economic Research Service, while fifteen percent of households in the U.S. are food insecure in 2008, the rate of food insecurity among Latino families was over 25 percent. This is not just a food security issue—it is a question of equitable program access across USDA's diverse customer base. The Department is making a concerted effort to overcome barriers to program participation in a wide range of programs among Latinos and other traditionally under-served communities. We continue to seek ways to help all states develop strategies that increase participation among such target populations.

Factors impeding Latino SNAP participation include confusion and misinformation about the issue of whether someone is considered a "public charge". In fact, receipt of SNAP benefits does not make one a public charge. Other factors impeding participation are the lack of awareness and understanding of the program and eligibility requirements, and limited delivery of that information in cultural and linguistically appropriate ways.

For many years, the Food and Nutrition Service has worked to eliminate these barriers and reach out to underserved groups to raise awareness of the nutrition benefits of SNAP, including significant efforts to reach the Latino population. Our efforts include:

- Outreach to make sure that eligible clients, outreach providers, and other stakeholders are aware of Department of Homeland Security policy that clearly indicates that participation in SNAP does not make one a public charge.
- Radio advertisements in English and Spanish to promote the nutrition benefits of SNAP and educate non-participating eligible people have aired in multiple states for 6 years. We are in the planning stages for the seventh year. Radio advertisements have aired in California during each year to date.
- A web-based pre-screening tool in English and Spanish. Individuals using the prescreening tool receive estimates of their eligibility and benefit amounts. This tool is online at *http://www.snap-step1.usda.gov*.
- A national toll free number, 1–800–221–5689, provides information about the program in Spanish or English and includes the option to receive a packet of information by mail.
- Educational posters and flyers in English and Spanish which may be ordered for use in local outreach campaigns that can be used in promotional and informational materials. These resources are available at *http://foodstamp.ntis.gov/*
- A comprehensive Latino strategy outreach plan, now under development, to better reach and educate the Latino audience about the nutrition benefits of SNAP.
- A national SNAP Outreach Coalition to bring together national and local organizations working with low-income audiences. Coalition members share effective outreach strategies to educate eligible, non-participating, low-income Latino people about the benefits of SNAP.
- Participation grants for projects that look at ways that state partnerships can improve access, and make the application and intake process more user-friendly. Three of these grants have been awarded to organizations in California during the past 7 years.
- Outreach grants for small organizations to study the effectiveness of strategies to inform eligible low-income people about the program. Neighborhood and faith-based organizations in California have received nine outreach grants since 2001.

Now, I would like to turn my attention for a moment to the role that SNAP plays in promoting healthy eating. Through the nutrition education component called SNAP-Ed, SNAP plays a critical role in helping recipients obtain a healthy diet, engage in physical activity and pursue healthy lifestyles within limited resources. SNAP-Ed nutrition education resources in English and Spanish such as Loving Your Family, Feeding Their Future can reach low-income mothers and motivate them to improve their families' eating and physical activity behaviors. While SNAP-Ed can certainly be improved, it does play a key role in efforts to improve participants' food choices.

The Food Conservation and Energy Act of 2008—the 2008 Farm Bill—authorized $20 million for pilot projects to evaluate health and nutrition promotion in SNAP to determine if incentives provided to SNAP recipients at the point-of-sale increase the purchase of fruits, vegetables or other healthful foods. FNS refers to this effort as the Healthy Incentives Pilot. Through this recently launched pilot program, we released a competitive solicitation to encourage state applicants to test innovative ideas to improve the nutritional choices of SNAP participants. The Healthy Incentive Pilot is only one example of the agency's efforts to provide grants and other incentives in the programs to advance nutrition.

Increasing the number of farmers' market authorized by SNAP is another priority. This effort not only creates access to healthy produce for our clients but it expands the customer base for local farmers. The number of farmers markets in SNAP increased 25 percent in Fiscal Year 2009 over the prior year.

Know Your Farmer, Know Your Food is a new initiative launched by Secretary Vilsack and Deputy Secretary Merrigan to enhance the link between consumers and local producers. By successfully improving the link between consumers and local producers there can be new income opportunities for farmers and wealth can be generated that will stay in rural communities. There also can be a greater focus on sustainable agricultural practices and families can better access healthy, fresh, locally grown food.

In closing, let me reemphasize the Administration's commitment to fighting hunger and improving the Federal nutrition programs. I would like to thank the Committee for the opportunity to join you here to raise awareness, focus attention and motivate action to improve the effectiveness of SNAP and all Federal nutrition programs, both here and across the nation. Working together, we can strengthen our ability to ensure that, no matter what other hardships they experience in the face of economic disruption, low-income people need not experience food insecurity and hunger. I look forward to answering any questions that you may have.

The CHAIRMAN. Thank you very much, Ms. Pino. Thank you very much for sticking within the time limits because your light just went on. Just at the nick of time so thank you very much. I am glad you did not pick any of our habits—Members' habits—I should say.

Next I would like to have Christine Webb-Curtis who is the Chief, Food Stamp Branch for California Department of Social Services out of Sacramento.

STATEMENT OF CHRISTINE WEBB-CURTIS, CHIEF, FOOD STAMP BRANCH, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, SACRAMENTO, CA

Ms. WEBB-CURTIS. Thank you, Chairman Baca and Committee Members. My name is Christine Webb-Curtis and I am the Chief of the Food Stamp Branch—we are saying Food Stamps in California still—at the California Department of Social Services. Currently we have oversight of the Food Stamp Program and the Emergency Food Assistance Program.

California's Food Stamp Program is the second largest in the country, serving about three million persons with about $3 billion in food benefits each year. The most recent USDA report on participation, as Lisa mentioned, for 2007 indicates that we rank among those states with low rates.

Although we have much work to do to increase participation, the data is 2 years old and doesn't reflect the many state and county efforts to improve program access that have occurred over the past few years. Additionally, California's "cash-out" of approximately 1.2 million persons receiving SSI/SSP is a significant factor in our participation rate, as these families are not included in the calculation.

Well before the recent economic slowdown, we had undertaken steps to increase public awareness about the program and improve access to these benefits. Along with our county parties we also pursued policy and operational changes to simplify and streamline the application process and the administration of the program. I would like to highlight some of those.

The expansion of categorical eligibility makes households with minor children no longer subject to the resource test. Full implementation was completed the first of this month. The Governor's budget includes funding to expand this policy to apply to all Food Stamp households, not just families which would add about 45,000 households.

In 2008 we received a Federal waiver to exempt most Food Stamp households from the face-to-face interview requirement. In 2009 we received another waiver to exempt all households from the face-to-face requirement. This was recently implemented and is available at county option. In waiver counties fingerprint imaging can also be postponed for up to 1 year.

Last year we provided instructions to counties to develop a simplified process that ensures that emancipating foster youth, about 4,000 a year, will be given the opportunity to apply for this critical benefit prior to aging out of the Foster Care system.

We are one of only four states to provide Restaurant Meal Allowance Program for homeless, elderly, and disabled Food Stamp recipients who may not have easy access to cooking facilities. This allows access to hot cooked meals at approved locations throughout the five counties which have implemented this option.

A federally-approved restoration of eligibility waiver is about to be implemented to allow discontinued households to have benefits restored easily without the need for a new application if the reason is "cured" in the month following termination.

Finally, we are working with our stakeholders including the California Food Policy Advocates to develop a new program name. We hope that the new name will go a long way toward eliminating some of the stigma associated with the Food Stamp Program, and provide an opportunity to outreach to potentially eligible families through the marketing of the new name.

These efforts have played an important role in increasing participation in California from 2007 to 2009. We saw an increase of 31 percent.

We continue to explore ways to streamline the application process and enhance access to the program. Our phase two with Foster Youth would provide emancipated foster youth with the maximum benefits for their initial certification period. We are currently drafting a demonstration project proposal to be submitted in March to USDA.

We are exploring a pilot for leveraging DMV information to assist in establishing identity, which may help decrease administra-

tive costs and provide a more public-friendly mechanism for detecting duplicate aid. We are one of five states with a biometric system for duplicate aid detection. States with a single automated eligibility system can more easily identify duplicate aid fraud. We have four systems, soon to be three. The Statewide Fingerprint Imaging System is the only statewide system, and having a statewide duplicate aid detection and prevention system is a Federal mandate.

We received more than $22 million under the economic stimulus package and the Governor's budget contains modernization proposals for additional administrative efficiencies and enhancements, including expansion of online applications in all three automation systems. These enhancements will benefit recipients and county welfare departments by expediting the application process and providing quicker handling of the cases.

In 2009 we and the Department of Health Care Services were directed to develop a comprehensive plan for a single eligibility system for our programs. The work of this stakeholder group only recently began. The first meeting was January 21. We have greatly expanded our outreach efforts. For 2010 the outreach project doubled to 82 subcontractors operating in 43 counties with a budget of over $13 million.

I will leave you to read our comments on the Emergency Food Assistance Program and just thank you for the opportunity to be here. California has more to do, but we have a solid basis for moving forward on increasing participation. We welcome ideas and opportunities and we will continue to do what we can.

[The prepared statement of Ms. Webb-Curtis follows:]

PREPARED STATEMENT OF CHRISTINE WEBB-CURTIS, CHIEF, FOOD STAMP BRANCH, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, SACRAMENTO, CA

Chairman Baca and Committee Members,

Thank you for bringing together this panel to discuss Federal nutrition programs in California. My name is Christine Webb-Curtis and I am the Chief of the Food Stamp Branch in the California Department of Social Services (CDSS.)

I will briefly summarize for the Committee, the programs and some of the initiatives undertaken by my department and our county and stakeholder partners to address the food needs of low-income individuals and families in California. Currently, the Federal nutrition programs for which CDSS has oversight responsibilities are the Food Stamp Program (FSP) and the Emergency Food Assistance Program (EFAP).

Food Stamp Program:

The FSP is a Federal entitlement program that provides monthly benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels. The California Food Stamp program is the second largest in the country, serving approximately three million persons and providing about $3 billion in food benefits over the course of a year.

The most recent report on FSP participation, for Federal Fiscal Year 2007, released in November of 2009, by the United States Department of Agriculture, Food and Nutrition Service (FNS) indicates that based on Federal methodology, California still ranks among those states with low program participation rates at 48 percent. Although we acknowledge that we have much work to do to increase participation, the data is 2 years old and doesn't reflect the many state and county efforts to improve program access that have occurred over the past couple of years. Additionally, California's "cash-out" of approximately 1.2 million persons receiving SSI/SSP is a significant factor in our low program participation rate as we are the only such "cash-out" state and these families are not included in the participation rate calculation.

Well before the recent rise in food prices and the economic slowdown, CDSS and the California Office of Systems integration had undertaken steps to increase public

awareness about the FSP and improve the access of eligible individuals and families to these benefits. CDSS and the County Welfare Directors Association (CWDA) also pursued policy and operational changes to simplify and streamline the application process and the administration of the FSP. Recently, CDSS has pursued several changes to enhance access to and participation in this important program with the assistance of our many partners. I'd like to highlight some of these changes.

- *The expansion of categorical eligibility, pursuant to AB 433 in 2008,* makes households with minor children no longer subject to the resource test for purposes of determining FSP eligibility. This option ensures that low-income families are not denied critical food benefits simply because they may have too many assets. Implementation was completed by January 1, 2010, for applicant households. The Governor's Budget proposal, released on January 8, includes funding to expand this policy so it will apply to all Food Stamp households, not just families. This proposal would add an estimated 45,000 households to California's Food Stamp Program.
- In 2008, CDSS received a Federal *waiver* to exempt most Food Stamp households from the *face-to-face interview requirement* at recertification, and for elderly and disabled households at both intake and recertification. These interviews will be conducted by telephone.
- In 2009, just this past year, we received a Federal *waiver* to exempt all households from the *face-to-face interview requirement*. This waiver was recently implemented and is available at county option. In counties where face-to-face waivers are implemented, counties can also postpone the fingerprint imaging requirement for up to 1 year.
- CDSS provided instructions to counties this past year to develop a simplified process that ensures that *emancipating foster youth* will be given the opportunity to apply for the FSP prior to "aging out" of the Foster Care system. Food stamps at exit from Foster Care provide a critical benefit that helps stabilize foster youth at this critical juncture in their lives. Annually, about 4,000 foster youth statewide go through the emancipation process.
- California is one of only four states in the nation that provides counties the option to operate a Food Stamp *Restaurant Meal Allowance Program* for homeless, elderly, and disabled food stamp recipients who may not have easy access to cooking facilities. This option allows these household to have access to hot cooked meals at approved locations throughout the county. Five counties, accounting for 42 percent of caseload, have implemented this option.
- *A federally-approved restoration of eligibility* waiver is in the process of being implemented to allow discontinued households to have benefits restored quickly and easily without the need for a new application and interview if the reason for discontinuance is "cured" at any time in the month following termination.
- The Department collaborates with U.S. Department of Agriculture (USDA) on a regular basis across the spectrum of Food Stamp activities. As an example, CDSS partnered with the USDA Western Region Office and four counties (Los Angeles, San Diego, Fresno, and Tulare Counties) to implement a strategic planning process to increase Food Stamp participation. This plan utilizes a partnership with these counties, local community-based organizations, along with CDSS and USDA, to increase public awareness of the FSP and encourage eligible low-income working families to access FSP benefits.
- Finally, we are working with critical stakeholders, including California Food Policy Advocates (CFPA), the California Department of Public Health, and the counties, to develop a new name for California's FSP. We are very appreciative that CFPA was able to secure funding through The California Endowment to employ research and marketing specialists to assist with development of the new name for the FSP. It is our hope that the new name will go a long way toward eliminating some of the stigma associated with the FSP and will provide a great opportunity to outreach to potentially eligible families through the marketing campaign that will support the launching of the new name.

All these efforts have played an important role in increasing California's Food Stamp participation over the past few years. From Federal Fiscal Year 2007 to 2009, California's program participation has increased 31 percent or four (4) percent higher than the increase nationally.

Future Policy Efforts

In addition to the above efforts, CDSS continues to explore ways to streamline the Food Stamp application process and also enhance access to the program.

- *Our phase two with Foster Youth* would provide emancipated foster youth with FSP eligibility without regard to income or resources for a defined period of time to ensure their stability. Individuals eligible for this program will receive the maximum benefits for their initial certification period (up to 12 months). As a result of enacted state legislation (AB 719), CDSS is currently in the process of drafting a demonstration project proposal to be submitted to FNS no later than March of this year to put this proposal in place.
- CDSS is exploring options through a pilot for leveraging *Department of Motor Vehicle information* to assist in establishing identity for individuals in the food stamp program. This partnership may help to decrease administrative costs with counties and may provide a more public-friendly mechanism for detecting duplicate aid. Most states have a single automated eligibility determination system and can more easily identify duplicate aid fraud. However in California, there are four (soon to be three) automated welfare systems that do not talk to each other. California is one of five states that have a biometric system for duplicate aid detection. While there are several statewide automated systems that support our welfare programs, the Statewide Fingerprint Imaging System (SFIS) is the only ***statewide*** system that detects and prevents duplicate aid within our multiple eligibility systems; and having a statewide duplicate aid detection and prevention system is a Federal mandate. The only other state that has multiple automated welfare systems is New York. New York City requires fingerprint imaging and is on a different automated welfare system from the rest of the state.
- California received more than $22 million in administrative funding for the Food Stamp Program from the Federal FNS under the Economic Stimulus package. The Governor's Budget contains *modernization* proposals for *additional administrative efficiencies and enhancements,* including an expansion/creation of online applications in all three automation systems as well as installation of document imaging capability in one automation system and Interactive Voice Response systems in the other two automation systems. These automation enhancements will benefit recipients and county welfare departments by expediting the application process and providing quicker handling on Food Stamp cases.
- Recent legislation in 2009, AB X4 7, directed the Department and the Department of Health Care Services (DHCS) to develop a comprehensive plan for a *single eligibility process* for the departments' programs—Food Stamps, Medi-Cal, and CalWORKs which is California's Temporary Aid for Needy Families (TANF) program. The stakeholder workgroup includes representatives of advocacy organizations, county employees, county human services agencies, the California State Association of Counties, and legislative staff. The work of the stakeholder group has only recently begun, holding its first full meeting on last Thursday, January 21.
- Additionally, over the last 2 years, we have greatly expanded our outreach efforts in the Food Stamp Program. The Food Stamp Outreach Project involves partnering with the California Association of Food Banks, the Central Valley Health Network and other community-based organizations. These organizations are much closer to those families who are potentially eligible for the Food Stamp Program. They are able to reach out to them, explain the benefits of the program and assist them to apply.
  - For 2010, the FS Outreach Project doubled and includes 82 subcontractors operating in 43 counties with a total budget of over $13 million.

The Emergency Food Assistance Program (EFAP):

- The second food-related program administered by CDSS is the Emergency Food Assistance Program, or EFAP. In FFY 2009, EFAP provided 109.5 million pounds of donated food to 49 local county food banks and over 2,300 distribution sites. The program serves approximately one million needy individuals monthly in low-income households. EFAP also provides a portion of the food used in soup kitchens throughout the state that daily serve thousands of homeless individuals. The food comes from two sources:

  (1) USDA provides the bulk of the food distributed by EFAP. In FFY 2009, USDA allocated $27.7 million in "entitlement" commodities to California (45.8 million pounds). In the same year, USDA also provided California with free bonus food comprised of surplus agricultural commodities valued at approximately $40 million and weighing 49.6 million pounds.

(2) In addition to these Federal commodities, the California Donate/Don't Dump Program was established in 1995 to salvage fresh fruit and vegetables from farmers and growers throughout California and distribute them to needy Californians. EFAP collects and distributes to local county food banks over 14 million pounds of fresh fruits and vegetables annually.

- Over the past several years, food banks have been reporting a steady increase in participation.
  - Food banks are reporting an increase of more than 20 percent in participation rates. The food banks report that many of the new participants have lost their jobs and do not have enough money for food in addition to their bills.
  - Soup kitchens that provide hot meals to the homeless have also cited a 12 percent increase in meals served.
- Fortunately the 2007 Farm Bill increased funding for the EFAP Program. In FFY 2007 EFAP was provided $15.6 million for the purchase of food. In FFY 2009, this was increased to $27.7 million. In addition, that same year, bonus commodities increased from less than $6 million to over $40 million.

EFAP—American Recovery and Reinvestment Act:

- In FFY 2009, the American Recovery and Reinvestment Act, or ARRA, provided approximately $12 million to EFAP for the purchase of food. In addition, ARRA provided approximately $3.1 million for administrative funds in FFY 2009 for California food banks, and California will receive an additional $3.1 million in FFY 2010.

Fresno Drought Disaster Relief:

- During 2009, Governor Schwarzenegger provided approximately $7.8 million to purchase and distribute food to provide relief to victims of the drought disaster in Fresno County. Distribution began in August 2009 and to date EFAP has provided food assistance to over 150,000 individuals and families. Disaster food commodities will continue through February 2010.

Thank you for the opportunity to share some of the many positive things that are happening in California to enhance access to this vital food and nutrition assistance program. California is moving in the right direction and many of the reforms and initiatives I have highlighted today will go a long way toward improving California's Food Stamp participation. We have more to do, but we have a solid basis for moving forward. We are open to other ideas and opportunities, and will continue to do everything possible to ensure California's needy households have access to these critical programs.

Thank you.

The CHAIRMAN. Thank you very much, Ms. Webb-Curtis, for your testimony.

At this time I would like to call on Nancy Swanson, the Director of the Department of Transitional Assistance from San Bernardino.

Nancy.

STATEMENT OF NANCY SWANSON, DIRECTOR, DEPARTMENT OF TRANSITIONAL ASSISTANCE, SAN BERNARDINO COUNTY HUMAN SERVICES SYSTEM, SAN BERNARDINO, CA

Ms. SWANSON. Good morning, Mr. Chairman, and Members of the Committee. Thank you for having me here today. My name is Nancy Swanson and I am the Director of the Transitional Assistance Department for San Bernardino County. Our department administers all the Public Assistance Programs including the Food Stamp Program for the residents of San Bernardino County. Today I would like to share some important information on San Bernardino County's continued efforts to increase public awareness and participation in the Food Stamp Program.

I will be providing some statistical data on our Food Stamp caseload including recent growth and possible contributing factors; how we have worked with many agencies to assist the public with ac-

cessing the Food Stamp Program; different constraints the county faces; and what counties need to increase Food Stamp participation rates.

In 2009 San Bernardino County received 152,624 Food Stamp applications which is an average of 12,719 applications per month. Currently we have 105,044 active Food Stamp cases with a total of 270,468 individuals participating. Of those individuals participating, approximately 58 percent of them are 18 years old or younger. Approximately $38.2 million of benefits were issued per month.

From January 2009 to December 2009 the Food Stamp caseload increased 46.1 percent, which is an average monthly change of about 3.5 percent. The economy is clearly driving the demand for services. A changing applicant is also being noted. Our two-parent family caseload has increased by 67.5 percent. County residents receiving public assistance increased from one in every five residents to one in every four residents. Recession has forced many working families to apply for government help who have never done so in the past.

One avenue used to increase public awareness and streamline program access was to create an online application. This allows customers the flexibility to apply at anytime. In August of 2009, in conjunction with our County's Consortia, C4Yourself was launched. Since inception we have received over 17,000 Food Stamp applications through our website *www.c4yourself.com*.

San Bernardino County continues to reach out to provide important information on Food Stamps and eligibility requirements to community and faith-based organizations, the public, family agencies, and other county departments. We participate in many different outreach efforts including Inland Empire Economic Recovery Corporation Home Foreclosure Prevention Seminars, job fairs, senior events, veteran affairs events, and other health events.

Our participants receive literature on the Food Stamp Program including general eligibility requirements, as well as nutritious food choices; how to choose an active lifestyle; and recipe cards to create healthy meals. At some of these events we have even been able to have staff on-site to take Food Stamp applications.

We recognize our county's geographic area as large and customers living below the Federal poverty level reside in all areas. To assist with program accessibility we continue to collaborate with the community-based organizations. To assist our customers living in remote mountain areas we recently relocated eligibility staff to an out-station office in the Big Bear area. In addition, we have eligibility staff located on-site at several schools to accept program applications and provide customer service.

Last year in conjunction with Congressman Baca's office we provided training to 224 participants from community-based organizations, county departments, and school districts. This training covered general program and eligibility requirements for Food Stamps, the C4Yourself website and how to access it, the online application. Participants were given user guides to assist them when they are helping members of the community.

Many families and individuals do not apply for Food Stamp benefits due to the social stigma associated with receiving assistance.

The public has a perception that benefits are too small to make a difference and the program is not easily accessible. A recent survey completed by the USDA indicates the most common reasons why a person does not apply for Food Stamps is perceiving oneself to be ineligible, avoiding dependency on government assistance, and difficulty of applying for benefits.

I will let you read my further testimony. I would just like to conclude with saying that we continue to think of possibilities and ways of improving access such as improving online application processes, kiosks that could be put in schools and libraries and stores and hospitals so people would have the ability to go into their communities and apply for assistance.

Call centers where people can call in to get general information, not only about the Food Stamp Program but if they are already receiving assistance, to get information about their case. I think that if we continue to work together with our Federal and state partners that we should be able to make some of these changes and streamline the technology with some eligibility processes to improve access to Food Stamps. Thank you.

[The prepared statement of Ms. Swanson follows:]

PREPARED STATEMENT OF NANCY SWANSON, DIRECTOR, DEPARTMENT OF TRANSITIONAL ASSISTANCE, SAN BERNARDINO COUNTY HUMAN SERVICES SYSTEM, SAN BERNARDINO, CA

Good morning, Mr. Chairman, Members of the Committee. I am Nancy Swanson, Director of the Transitional Assistance Department for San Bernardino County. The Transitional Assistance Department administers Public Assistance programs, including the Food Stamp Program, for the residents of San Bernardino County.

Today I would like to share some important information on San Bernardino County's continued efforts to increase public awareness and participation in the Food Stamp program.

I'll be providing statistical data on San Bernardino County's Food Stamp caseload, including recent growth and possible contributing factors, how we've worked with many agencies to assist the public with accessing the Food Stamp program, different constraints the county faces, and what counties need to increase the Food Stamp participation rate.

Last year (2009) San Bernardino County received 152,624 Food Stamp applications, which is an average of 12,719 applications per month. Currently we have 105,044 active Food Stamp cases with a total of 274,468 individuals participating. Approximately $38.2 million of benefits were issued per month.

From January 2009 to December 2009 the Food Stamp caseload increased 46.1% (The average monthly change for this period is 3.5%).

The Economy is clearly driving the demand for services. A changing applicant is also being noted.

- Two-parent family caseload increased by 67.5%.
- County residents receiving public assistance increased from one in every five residents to one in every four residents.
- Recession has forced many working families to apply for government help who have never done so before.

Online Application—"C4Yourself"

One avenue used to increase public awareness and program access was to create an online application. This allows customers the flexibility to apply at anytime. In August 2007, in conjunction with the County's Consortia, C4Yourself was launched. Since inception, we have received over 17,000 Food Stamp applications through *www.c4yourself.com.*

Outreach

San Bernardino County continues to reach out to provide important information on Food Stamps and eligibility requirements to community and faith based organizations, the public, family agencies, and other County departments. We participate

in many different outreach efforts including Inland Empire Economic Recovery Corporation Home Foreclosure Prevention Seminars, job fairs, senior events, and health events. Our participants receive literature on the Food Stamp Program, including general eligibility requirements, as well as nutritious food choices, how to choose an active lifestyle, and recipe cards to create healthy meals.

We recognize our county's geographic area is large and customers living below the Federal poverty level reside in all areas. To assist with program accessibility we continue to collaborate with many community-based organizations. To assist our customers living in the remote mountain areas we recently relocated eligibility staff to an outstation office in Big Bear. In addition we have eligibility staff located on-site at schools to accept program applications and provide customer service.

Last year training was provided to 224 participants from community based organizations, county departments, and schools. This training covered general program and eligibility requirements, the C4Yourself website and how to access. the online application. Participants were given user guides to assist them in helping members of the community.

Many families/individuals do not apply for Food Stamp benefits due to the social stigma associated with receiving assistance from the government. The public has a perception benefits are too small to make a difference and the program is not easily accessible.

A recent survey completed by the USDA Food and Nutrition Services (FNS) indicates the most common reasons why a person does not apply for Food Stamps is perceiving oneself to be ineligible, avoiding dependence on government assistance, and difficulty of applying for benefits.

Changes to the process to make applying for the program less intrusive and simplification of requirements would help to overcome some of these perceived barriers. We believe that our online application process, as well as our outreach efforts, is a step in the right direction in helping to reduce these barriers, as well as streamlining the application process.

With the increasing caseloads salary and benefits costs have increased dramatically. The average employee cost increased by 68% from FY 2001–2002 to 2008–2009. Program Administration funding has stayed relatively flat for the same period. As a result, staffing levels have dropped significantly.

Additional funding is needed to serve our increasing caseloads and assist the families within our communities.

It is important that we continue to collaborate with our state and Federal partners to ensure adequate funding—not only for the administration of the program but also to educate the public and reach out to those that may qualify.

The Transitional Assistance Department is committed to increasing public awareness, accessibility and participation in the Food Stamp program. Working collaboratively with government and community partners, this goal is achievable.

The CHAIRMAN. Thank you very much, Ms. Swanson, for your testimony. I know that it is intimidating to pick up the gavel when someone says, "I've got to finish my statement." We go through that when we are giving the 1 minute spiels on the floor back in Washington, D.C. and sometimes they cut us off immediately when we go beyond our 1 minute. I want to thank each of you for your testimony.

We will begin with questions. I will begin with myself with some questions, I will then call on Congressman Fortenberry, and then I will call on Congressman Costa for questions.

I will start my first question addressed to Lisa Pino, the Deputy Administrator. Ms. Pino, thank you for your testimony and for traveling here to Southern California on a beautiful day that we are now going to remark that you are in Switzerland as Mr. Fortenberry indicated out here.

Mr. COSTA. Jeff, everyday is like that.

The CHAIRMAN. During the summers it is like this. You just have to look beyond the smog. Thank you very much for coming here.

Ms. Pino, given the audit in Texas, New York, and California casting doubt on the cost effectiveness of fingerprinting for food stamp applications to deter and detect fraud, given significant evi-

dence that fingerprinting deters and discourages eligible applicants, why does the USDA permit states to use Federal food stamp funds to operate fingerprinting imaging systems?

Ms. PINO. We are currently evaluating the efficacy of finger-imaging, and actually states have the flexibility of choosing the structure of that option. That is why there are four localities in the country that do institute finger-imaging. However, we do take a strong stand and believe that finger-imaging is not the most cost-effective means for detecting dual participation. It is very expensive to operate.

We also have heard from many constituent groups and community-based organizations that it does act as a deterrent from participation among Hispanics, especially in immigrant communities. We think that there are alternative fashions of just doing a simple data match of name and Social Security Number. Finger-imaging isn't very effective in terms of the cost and the investment needed, so we encourage California to consider suspending finger-imaging, possibly eliminating it altogether.

The CHAIRMAN. The next question I have is: Can you explain to the Subcommittee USDA's current plan for marketing and outreach for Federal nutrition programs like SNAP.

Ms. PINO. Absolutely. I would be delighted to answer that question for you, Mr. Chairman. First, a little bit about marketing and outreach just to explain how it works for the benefit of all at the hearing. We do a 50/50 match with outreach initiatives, so whatever the state invests up front, we provide a 50/50 match. At this time, we have about 40 state outreach plans all together. States aren't obligated to conduct outreach, but most of them do.

In addition to state-level outreach, we also have national campaigns. We have a campaign of media involving radio and television. We have public service announcements. We do see a spike of activity and calls when those announcements are played. We have an 800 number and a call center. We also have an 800 number available to Spanish speakers. We have a lot of information in the form of educational materials that are available for download on the website in both English and Spanish.

We also have an extensive national partnership network. Organizations such as the Catholic Charities are one among many of our partners. This is an area that we have dedicated serious attention to. With the new Administration, we are also working very hard to take the marketing and outreach plans that we do have, and more effectively coordinate a bigger more strategic plan so that we can better identify issues. One of the issues, as you have noted, Mr. Chairman, is that while caseload is increasing so quickly, we will need to bridge the gap with certain under-served communities such as Latinos, such as seniors, and most notably with the recession, the working poor. That involves an additional level of strategy and we look forward to working with California, as we look forward to working with many states during this time of crisis.

I have also brought for your benefit some materials today. I have an oven mitt for you, Chairman Baca, for the next time you make a casserole at home.

The CHAIRMAN. My wife would love that. She would love to get me to cook.

Ms. PINO. Let give you one little example of how we are working hard to help states spread the good word of SNAP because, again, we cannot emphasize enough the economic value of this program. Traditionally, our retailers used to have a sign saying, "We accept SNAP benefits." We are now encouraging them to advertise, "We welcome SNAP benefits." That might seem like one little change, but to us and to retailers, it is paramount because it is taking SNAP out of the old perception, the old stigma and stereotype, and positioning it as nutrition assistance and inviting a new, fresh attitude that shows that SNAP is something that is a benefit to help people at a time of need. It is not anything that they should be ashamed of.

The CHAIRMAN. Thank you. I know that my time is past. What we are going to do is we are going to have another go-around, but I am going to ask one final question.

I think all of us agree that better education and nutritious foods and healthy lifestyles are essential to fight obesity. I understand that the SNAP-Ed Program plays a critical role in education. What does USDA plan to do in moving forward to improve the SNAP-Ed Program? You talked a little bit about that. Does the Department have any current plans to expand the program's outreach?

Someone mentioned that we used to have homemaking classes. Is that what needs to be done in terms of curriculum and our educational system so that our children understand the value of healthy food and living longer? We have cut back a lot of the physical education programs. Could you elaborate a little bit on that? Then I will turn it over to Mr. Fortenberry to ask the next question.

Ms. PINO. Absolutely. My pleasure. First, let me say that we view the role of SNAP-Ed, not only in the context of SNAP, but also in the context of all of our 15 food programs. What is amazing about our programs is that they literally can span a person's lifetime from birth to senior age. In the context of SNAP-Ed, we have legislation that authorizes us to use those funds for what is termed as "SNAP-eligible communities." We understand that SNAP-Ed has to have somewhat of a focus in terms of targeting those who could be eligible for the program who are not aware of the program and who can benefit from learning about healthy eating and other good eating behaviors.

Now, what is tricky about this question, and we are currently evaluating how we can expand SNAP-Ed, is that the more that you broaden the scope of that initiative, the more difficult it becomes to account for how you are going to track the outcome. How do you know that a specific initiative actually led to someone either enrolling in the program or changing their behavior? So, it's not to say that we aren't considering it. We are, but we are just currently evaluating it because it is very challenging.

As you know, SNAP-Ed involves about $300 million. California is by far the largest player and has over $118 million, so we want to very carefully weigh the balance between using it as an effective tool and engaging education, promoting these early eating behaviors, while at the same time, trying to be very committed to the fiscal responsibility of ensuring that those monies are also leading to direct results.

The CHAIRMAN. Thank you.

Now I recognize the gentleman from Nebraska, Mr. Fortenberry, for 5 minutes. Please stay to 5 minutes.

Mr. FORTENBERRY. With flexibility determined by the Chairman. Thank you, Mr. Chairman.

Again, thank you all for your insightful testimony. I want to turn to you first, Ms. Pino, as well. You stated that low participation rates means less healthy food at home. I assume you mean that there is evidence that those who are benefiting from the SNAP Program are selecting healthy choices at the grocery store.

Now, it is also my understanding that there is no evidence to suggest that obesity rates among children in the SNAP Program are lower than the population at large. Can you unpack what seems to be a conflict there.

Ms. PINO. SNAP is termed the Supplemental Nutrition Assistance Program because, as you noted, it is a supplement. It is not meant to account for a household's entire food budget. We do not see any link between SNAP participants and a higher rate or incidence of obesity. We are often asked why doesn't SNAP restrict food purchases? How do you account for that these dollars are spent for healthy eating?

The way we approach this conundrum is that we don't view obesity or the lack of healthy eating at home as just an issue that pertains to low-income households. We see this as a broad cultural epidemic affecting the entire country, and we see it as something that is pretty analogous to smoking. It took decades of repeated messages and repeated work for smoking to become a rare instance, as it is today, and that really is a generational change.

However, we very much believe in vehicles like SNAP-Ed to teach households not only about making healthy purchases but also about engaging physical in activity, about making purchases that are affordable. We want to use this vehicle in a constructive, positive light. We are very excited about our Healthy Incentives Pilot Program. We received $20 million, authorized by Congress, for this pilot which is to launch this year. We are in the request-for-proposal mode right now.

The Healthy Incentives Pilot Program is to examine whether you can incentivize healthy purchases at the point of sale—if people buy more fruits and vegetables and if they receive a greater economic benefit for doing so, if incentives are going to change behavior because that really becomes the hardest connection to make. It is one thing to provide that education and to provide that option, but actually tracking whether it has really made a long-lasting impact in changing behavior is the most difficult obstacle to prove. But, it is one way of looking at it from a more constructive incentive than going down the road of restricting behavior and making people feel isolated for their purchases.

Mr. FORTENBERRY. One of the inherent conflicts here is, and Chairman Baca alluded to this earlier, that in the initial formative stages of these programs the intent was to increase caloric intake. So, what we are all trying to do is change that culture. The difficulty of that, though, is foods high in caloric intake are less expensive, potentially, than the foods that would necessarily improve health outcomes. This is the tradeoff and dilemma.

Ms. PINO. Just to add to that, Mr. Congressman, that is one reason why we are expanding our farmer's markets and we are so excited about it, especially here in California. We want to also incentivize people to buy fresh fruits and vegetables. We also have other initiatives like Know Your Farmer, Know Your Food that talks about the important economic and health connection of buying locally.

You are right that hunger and obesity do coexist. It is a paradox, but that is why we are more committed than ever to looking at how we can improve healthy eating patterns for families in all our programs.

Mr. FORTENBERRY. Let me segue from what you said. This may be a little bit beyond your realm of expertise but if you and the panel want to comment on this as well. The Fresh Fruits and Vegetables Snack program was greatly expanded in the last farm bill to provide more low-income students with access. Can you comment as to how this program is working in California?

Ms. PINO. I will just say very quickly, and I will let my colleagues answer, that the Fresh Fruits and Vegetables Snack program did begin in California as I understand it. We have about $5 million apportioned for that. It has been, from my knowledge, very successful. What is great is that about 90 percent of the schools in the program are those that offer free and reduced-price meals, so that is very exciting to us.

Ms. WEBB-CURTIS. I would not want to pretend that I can speak to it but I would be glad to get you information about it however.

Mr. FORTENBERRY. Thank you.

Ms. SWANSON. In San Bernardino County, it has just recently started up in the desert at a few local farmer's markets.

Mr. FORTENBERRY. I am finished for now.

The CHAIRMAN. Thank you very much. It is a good question and one that we need to address. I know that we have school board members here changing their philosophy and looking at policies in using fresh fruits and vegetables.

Now I would like to turn to the gentleman from the Central Valley, Congressman Jim Costa.

Mr. COSTA. Thank you very much, Mr. Chairman. To both the Federal and state witnesses, I spoke of the challenges this last summer with the large unemployment and the food lines that I witnessed and participated in to help provide food in the areas where the droughts occurred.

Since we have both the USDA and state witnesses here I would like to talk about the coordination of food banks. The food banks in a number of our areas indicated that they had come close, and we tried to be helpful, to the end of their food and administrating fund supply. During that period last fall we inquired to the USDA whether or not they were following up on this. They indicated they had purchased more than adequate supplies of food and supplied the state with administrative funds.

Our food banks at the time were unclear and very fearful that there was going to be an end of that availability. Could you talk about how the USDA and State Department of Social Services determines what and when and how much food and administrative

funds are provided? If you cannot provide the answers, I would like you to get back to me on those points.

Ms. PINO. I do have some specific information about the amounts. I don't know if you want me to actually go through all of the fiscal amounts right now. I can.

Mr. COSTA. For the sake of brevity why don't you provide that in a written statement because I have some other questions I want to ask.

Ms. PINO. I will provide that later. Okay.

Mr. COSTA. Ms. Webb-Curtis, you care to add anything to that?

Ms. WEBB-CURTIS. I also have information about amounts but I can't speak to that.

Mr. COSTA. Also, because I worked with the Schwarzenegger Administration and folks, in some of these food lines, sadly in the most productive agricultural region in the world, I noticed that there were canned vegetables that were purchased from China. I mean, talk about nonsensical. While you have the option the preference is to buy American food products and they said they were going to correct that. Would you please let us know about that?

Ms. WEBB-CURTIS. I will look into that.

Mr. COSTA. Number two, it was spoken earlier by Congressman Fortenberry about the importance of fruits and vegetables and obviously we want to encourage that. We know they are more costly under the SNAP program than, say, potato chips. Do you believe it is worthwhile providing additional incentives to purchase more healthy food options like fruits and vegetables? You talked about some of the things that you were doing when he asked you the question earlier. What are some of the logistical barriers to providing the system? Like Safeway provides bonuses in their purchasing. Can you comment, please?

Ms. PINO. Well, I think that overall, and I would like to actually make a quick note about food banks as well, but overall the tricky part is the coordination from the local level, the state level, and the Federal level. At the same time, more than ever, we need to be engaging partners whether they are community-based organizations, faith-based organizations. We are here at a hospital today. We have to more effectively engage the health and medical community because they really serve as vital links to that coordination.

Mr. COSTA. I want to get to that point but if you could——

Ms. PINO. I would just say, for instance, food banks serve as a front line.

Mr. COSTA. Right.

Ms. PINO. The more that we can have those front lines distributing information, building awareness, engaging partners. For instance, with our farmer's markets and some localities there are additional incentives so that when people buy fruits and vegetables, they also can receive an additional incentive so those fruits and vegetables become more affordable.

Mr. COSTA. Some of our areas have been innovative, and it gets back to the point that the Chairman was raising a moment ago in terms of access and taking advantage of all those who potentially can qualify. Some of our areas have been innovative and they have one-stop-shops that include nutrition assistance for health, where health clinics also provide funding for WIC, Women and Infant

Children, as well as SNAP depots. What are you folks doing to further incentivize or encourage that collaboration, one-stop shopping?

Ms. WEBB-CURTIS. I am not sure whether you are directing that at me.

Mr. COSTA. To you, please, Ms. Webb-Curtis.

Ms. WEBB-CURTIS. I cannot speak to the one-stop shopping. I can tell you that there is a lot of enthusiasm in California for the incentive program. We don't have it up and running but there are people——

Mr. COSTA. Is the state providing any funding for clinics to colocate some of the sign-up process?

Ms. WEBB-CURTIS. Not to my knowledge but that may be the case and certainly I will find out.

Mr. COSTA. Why don't we look at that? It seems to be that would be helpful because I have one county, Kern County, that does that, it is very innovative. I have another county, Fresno County, that doesn't. The differential between those that sign up and those that don't in the two counties is distinct.

My time has expired. Thank you very much.

Ms. SWANSON. Congressman Costa, could I just share with you that in San Bernardino County we are working on an integrated health initiative that includes our Behavioral Health Department, our Public Health Department. I also have eligibility staff that will work at these clinics to ensure that Medi-Cal applications and Food Stamp applications are taken at the time people come in for services. We are really very excited about it. I think it is going to be a very promising venture.

Mr. COSTA. Good for you. Congratulations.

Ms. Webb-Curtis, that other aspect with regards to where you are purchasing your food from, I do want to stay on top of that.

Ms. WEBB-CURTIS. Oh, yes. I have made a note.

Mr. COSTA. That is an embarrassment. Thank you.

The CHAIRMAN. Thank you very much, Mr. Costa, for your statement and your question, especially as it pertains to the one area. I think both the Minority Ranking Member and I are very much interested in looking at what we might do from a national perspective in terms of policy to make sure that we do buy products that are made right here in the United States for a multitude of different reasons. A lot of the products that come from another country do not have the food safety requirements that are required here in the State of California, especially as it pertains to pesticides, and the impact it could have on children, and other individuals.

We will begin a second round of questions and I will begin the first one. I will ask Ms. Webb-Curtis first. The Committee recognizes that California has increased enrollment in Food Stamps for SNAP in recent years. As we all know the current economic downturn is the primary reason for this. What efforts has CDSS undertaken to identify the level of needs in our states, Number one? Number two, how does CDSS adjust policies and practices to respond to the increased need during difficult times like these?

Ms. WEBB-CURTIS. I think I will answer your second question first and that has to do with adjusting policies. We have worked very closely with many of the partners in this room including the counties, California Food Policy Advocates, and other community-

based organizations to look at how we can do things better to address the needs of those whose nutrition needs to be improved.

In addition, we work with our partners in public health to manage the outreach program and the nutrition education programs. I think I might have explained our increase in outreach efforts over the last year which were considerable. I have tried to communicate that we have really done a lot of work in areas that I think you and your Committee Members would be happy about, in terms of our modified category for eligibility. For example, to allow individuals to apply and not be subject to the resource test. It is something that we work at all the time. We are bound by certain state statutory requirements, and we work with our legislative partners as well, to make changes that are beneficial to this population.

The CHAIRMAN. Thank you. The next question I have is how much does finger imaging cost the state? Do you believe this is cost effective? In today's article there is a constituent in the area that says finger imaging has deterred a lot of individuals from even going and applying.

Also, what type of information is gathered. I stated at the beginning that we had problems in privatizing collection of some information in Texas and in Indiana. A lot of people are very much concerned when you look at all of the data and information, especially now, as you look at identity theft.

Or individuals may say in filling out the application, "They are asking for too much information and a lot of that is available. I don't want the IRS to find out I didn't pay my $10 payment at Target." I was going to mention another store but I better not mention that one. This presents a problem. Can you elaborate on that, please?

Ms. WEBB-CURTIS. Well, first, let me tell you that I cannot tell you how much the fingerprint imaging cost the state, but I can certainly provide that information to you.

The CHAIRMAN. Thank you.

Ms. WEBB-CURTIS. As Ms. Pino mentioned, the information that we have available to us through a study indicated that one of the most important reasons that individuals do not apply for the program is that they don't know that they qualify, and that they are afraid of the administrative burdens. The fingerprint imaging didn't appear to be an issue in that particular study.

Be that as it may, California does have a system of determining eligibility that is done through four automation systems, soon to be three, that essentially don't talk to each other at the moment. In other states that have a single eligibility system, of course there are other ways of detecting duplicate aid that would be simpler. In California it is not so simple. That is where we are on the fingerprint imaging.

The CHAIRMAN. Okay. Ms. Swanson, given your experience, what are the most serious barriers to better SNAP participation that we face here in San Bernardino County?

Ms. SWANSON. I think a lot of those barrier are things that we talked about, the perceptions or misperceptions people have about the program. People don't necessarily want to go to the Welfare Department. They don't necessarily see Food Stamps as a nutrition

program. They kind of lump it in as an entitlement program with the CalWORKs benefits.

I also think from comments that we have heard from our community, members that come in and do apply, that the finger imaging is indeed a concern for many of them. At times that is one of the first questions that they do ask. Sometimes we take an initial application and then when we explain they are going to have to wait to be finger imaged they leave our offices. That is why I really think that our online application process and going to the phone interviews is really going to improve access in San Bernardino County.

The CHAIRMAN. Thank you.

Mr. Fortenberry.

Mr. FORTENBERRY. Yes, Mr. Chairman. I do want to return to my earlier question and further unpack this issue as to seeing if there is any evidence of a change of buying patterns yet. As you know, the farm bill provides significant resources and is attempting to institutionalize cultural changes towards more healthy choices in this program, as well as your outreach efforts.

The stimulus program dumped huge amounts of new resources into the SNAP program. Has that provided evidence of any change of buying patterns toward more healthy food selections?

Ms. PINO. I think the Healthy Incentives Pilot really will serve as the first paramount in-depth examination of that query. It will probably take a couple of years to really accumulate all that information, which doesn't seem like too long of a time—in the world of research that is a pretty reasonable time.

It cost $20 million which sounds like a lot of money, but because we are going to do such in-depth research and comparing shopping patterns "before" *versus* "after," I think that examination will really give some specific information about what the potential impact is, the connection between changing food pattern consumption, how that links to better health, how that can also lead to increased physical activity and promote better health in the realm of disease prevention and promotion. I think the HIP Pilot really will serve to do this.

Mr. FORTENBERRY. I think you understand what I am driving at given my earlier testimony in the opening statement as is related to healthcare outcomes, as well as prudence around governmental budgeting. Because, we will pay to fix or cut or prescribe in the healthcare system but not incentivize prevention and wellness and this is one of the cost drivers in our system that is leading to chronic diseases. There is linkage between nutritional outcomes.

In that regard I appreciate your commentary on local farmer's markets, Know Your Farmer, Know Your Food. Reconnecting the urban and the rural, the farmer to the family is not only a growing trend because, given the fragmentation in our society, people are looking for that sense of connectedness from a sociological perspective but it has real potential power to improve healthcare outcomes as we move better nutritional selections directly to the table. But, it also creates local economies, the revival of local economies.

There are a multitude of opportunities here. It is a bit ironic that this is the way we used to do things. This is not new. We are returning to something traditional. My family was engaged heavily

in the Cooperative Extension Service. My grandfather was a county agent, my mother an extension educator, 4–H agents they used to be called. I loved looking at the old pamphlets that aren't that old. Many of you may remember growing up with them. Congressman Costa had mentioned he was in 4–H and so was I. Were you in 4–H? You missed that chapter of life.

This was a part of the USDA's effort to acculturate through the land-grant system in the classrooms directly, as well as in family education, this common sense essential aspect of balancing healthy lifestyles by focusing primarily on nutrition. We are trying to recapture something that is old. I would go dust off all of those old extension pamphlets if I was you that are a bit anachronistic.

Ms. PINO. No, it's funny that you say that because actually my colleagues and I——

Mr. FORTENBERRY. They are very interesting.

Ms. PINO. Yes, absolutely. We were recently at the Smithsonian in Washington. They just opened a gallery of food stamp artifacts and we were looking at the old food stamp coupon books. The back of those books, even if they were 10 or 20 or 30 years old, they still had the same information that we are preaching today, like portion size and fruits and vegetables and take 15 minutes to exercise. It really is nothing new.

On your point, Mr. Congressman, about the connection of localism, as you noted aside from the amazing economic impact, because when you purchase something that has been grown locally it has such a higher magnitude of economic stimulus. What is really exciting in the Know Your Farmer, Know Your Food initiative is to see the impact on children. Today, children think food comes from the supermarket.

When you ask them where does food come from, they think it comes from plastic-wrapped containers. They really don't know enough about how food is grown. It is exciting to encourage that respect and understanding because the more that you do that, what is amazing is you will see how children will start changing their behavior and then they act as ambassadors at home. I visited a school in Vermont not that long ago and it was amazing to see that the food prepared and distributed at the school was grown in a garden that used to be a desolate lot. How the kids loved going to the garden.

They are so excited to eat fruits and vegetables now because they have met the farmer who grew them. They have seen how they are grown. They have nurtured those plants. Having that emotional connection, especially with children at such a young age, we think that is a very significant and empowering means of helping to develop adults with good eating behaviors for life.

The CHAIRMAN. Thank you. I would like to thank each of the panelists for being here. I would like to call the next panel, panel two, to the table. I would like to just state that originally when the farm bill was done there were 38 million people who were going hungry and that is before we went into the big depression that we are in, so it is even higher than that in terms of hunger in the United States.

We still have a lot of work ahead of us in marketing and reaching out to assure that not only do we reach needy individuals, but

at the same time look at it from a cost effectiveness view. With that we would like to thank each of the panelists for being here. We would like to call our next panelists to the table. While they are coming up, I will have at the very beginning Congressman Jim Costa introduce a constituent, an individual from his area, and then I will introduce the other panelists.

We will begin if we can have your attention, please. If you would be silent so we can begin the second panel. I would like to welcome the panel up here. I will introduce a couple of the individuals right now. Dr. Guillermo Valenzuela who is one of our panelists. We have Dr. Webster Wong from Arrowhead Medical Center here in Colton, California. We have Matthew Sharp, Senior Advocate, California Food Policy Advocates from California. We have Matthew Marsom, Director of Public Health Policy and Advocacy from Public Health Institute in Oakland, California. Then we have Ms. Claudia Page, Co-Director of The Center to Promote HealthCare Access to Oakland, California.

I will let the gentleman from Central Valley, Mr. Costa, introduce one of his constituents.

Mr. COSTA. Thank you very much, Mr. Chairman, and thank all of you. This second panel is very exciting and I appreciate the expertise that all of you provide for us. Unfortunately the Chairman has been very kind to me. Not that that is unfortunate. I appreciate that but unfortunately I have to leave. I won't be able to stay for the entirety of the second panel because I have another hearing at 1:00 in downtown Los Angeles.

Edie Jessup is the Central Valley Regional Obesity Prevention Program Director. She has a wealth of experience. She is a pistol as you will find out in her testimony. She grew up in Porterville in Tulare County and has been working in a host of efforts in advocacy and direct service work with neighbors that happen to be poor and, thereby, hungry, homeless and some without access to healthcare.

She has focused on advocating there with the State University of Fresno. Go Bull Dogs. Go Dogs. We appreciate her good work with Fresno Metro Ministry, Girl Scouts, the youth county homeless shelters and the Sanford Public Library for Adult Literacy Programs. Mr. Chairman, you have a good panel here, the second panel, and I am really pleased to hear. I won't be able to hear all of you but I have your statements and I have read them and I will have some questions if I am not able to remain and submit them after the testimony.

The CHAIRMAN. Thank you very much, Mr. Costa, for the introduction.

At this time we would like to begin with Dr. Valenzuela. Please begin. You have 5 minutes.

STATEMENT OF GUILLERMO J. VALENZUELA, M.D., M.B.A., ASSOCIATE MEDICAL DIRECTOR AND CHAIRMAN, DEPARTMENT OF WOMEN'S HEALTH, ARROWHEAD REGIONAL MEDICAL CENTER, COLTON, CA

Dr. VALENZUELA. Mr. Chairman, thank you for inviting me to talk. Since you have my statement I will just talk a little bit about what I consider important in this area of obesity in general. You

know, if you have ever seen a Chihuahua date a German Shepherd you realize that if the female is a Chihuahua that she cannot use the gene that come from the German Shepherd or huge dogs. The mother controls the size of the baby *in utero* and in that way she is able to have puppies. They will grow really rapidly thereafter using the genes of the father. The important part of this is that *in utero* we determine a lot of what will happen given the rest of our life.

For instance, if the mother is overweight and eats a lot, or the mother is underweight and the baby weighs very little, 50 years later or way before we have myocardial infarction, diabetes, hypertension. Because of the mother's environment regardless of your genes it can make things a lot worse.

I think that in order for us to deal with the problem of obesity or undernutrition we are going to have to look at a lot of other factors, not just telling children to eat this or eat that. I think this is great what you guys are doing with the SNAP program and so on. However, I personally feel that many times a child is told at school to do this or do that. They go home and they get Cheetos and they get cheese and they get a big hamburger or whatever depending on the socioeconomic factors and that is what they will eat.

So recently here we started a program trying to intensively teach pregnant women how to eat right apart from what the state is doing and to see how big the problem is. For instance, we have 80 women that we were trying to do intensive counseling, a group of 40 and another we work with. We do so much counseling. The BMI of these pregnant women was 40 or there about. We had a pregnant woman who weighed 680lb. We had multiple pregnant women with severe problems.

If you think of those children, they are condemned for life because it is already going to start with insulin resistance at birth. They will have a much higher chance of being obese. If the parents are obese, there is a much higher chance for them to be obese. The problem I think that we are going to have, and we are trying, is to face it from a cultural point of view.

For instance, here in the capital Mr. Petree have set up Find the Feet that people come and walk around, go up and down stairs. They have a running competition.

Dr. Wong is working in another area with children. What we are trying to do in pregnancy is try to get these women support during pregnancy, and when they go back to their community to try to work with community-based organizations so we can provide support. Diet and exercise program success is very limited, for 2 years.

In every place that they have done any studies they have shown that after 2 years everything goes back to normal, it is only when you change the whole culture of a group. Right now there are studies showing that children are watching 7 hours a day between video games, the TV or whatever. You have any type of food, even a pretty healthy food, and you eat a lot of pretty healthy food and you don't do anything you are going to get fat anyway.

Personally I like the theory of pregnancy because I blame my parents on my 23 pounds that I am overweight. But the point is that I think the city needs to design places where children can

safely run and play and teach the parents the same thing. This is what we are starting to do here.

First we start with the pregnant women and then we are trying to get back into the community with the help of Supervisor Gonzalez to try to see if we can interact with community-based organizations in order to provide support to these women and trying also with the schools and children in other areas. This is what we are trying to do here. I think it is important that we take this program to multiple places from exercise and education, not only to the children but the parents and affecting the expecting mother. That is what I would like to say.

[The prepared statement of Dr. Valenzuela follows:]

PREPARED STATEMENT OF GUILLERMO J. VALENZUELA, M.D., M.B.A., ASSOCIATE MEDICAL DIRECTOR AND CHAIRMAN, DEPARTMENT OF WOMEN'S HEALTH, ARROWHEAD REGIONAL MEDICAL CENTER, COLTON, CA

The relevance of addressing obesity as a major health problem is the projected $147 billion in costs related to healthcare.

The causes for obesity are multi-factorial. The process begins *in utero.* We know that if a baby is born whom weighs less or more than he should for the gestational age he is born at, a higher rate of insulin resistance is more likely. Barker in England demonstrated the relationship between birthweight and diabetes, heart disease, insulin resistance and obesity. Later, other investigators have added the metabolic syndrome. If the mother undergoes gastric bypass surgery, children born after the surgery tend to have a lower prevalence of obesity.

Animal studies show that a mother's weight and health influence her child's birthweight and size. Generally, if one of the parents in the household is obese, the child is two to three times more likely to become so.

Evidence also points to ethnicity as a factor. For example, childhood obesity is more common amongst American Indians, non-Hispanic blacks and Mexican Americans than in non-Hispanic whites. Clearly, there are socioeconomic factors as obesity is more common amongst low-income populations.

Public perception of criminality, drugs, urban violence, *etc.* in residential areas are a factor. They have made neighborhoods unsafe for children to play and traverse (walking, running, bicycle); therefore, decreasing considerable "public space" and limiting outdoor physical activities.

Gender also affects obesity. 80% of teenage girls that were obese as children, remain obese, *versus* only 30% of males under the same circumstances. Furthermore, in recent years there is a decrease in physical activities both at home and at school, increase in usage of video games, increase in time spend watching TV (up to 7 hours/day), high-caloric snacks (very popular with younger teen); all of these factors are associated with increase incidence in obesity.

Complicating the solution, is that choices confronting care-givers, schools, *etc.* are defined also by cost-effectiveness in the food selection. The cost of food with good nutritional value is higher, while food with high-calorie and fat content is subsidized and thus cheaper and very abundant.

Many studies examine obesity in adults and children and evaluate the treatments of diet, exercise and use of medication and surgery. This research shows that treatment of obesity successes are very limited in the long-term (2 years), except for surgery. As for the last option, even though the risks of surgery have been decreasing significantly with time, there are still major obstacles. These include financial cost and the risk of morbidity/mortality to treat a significant portion of the society.

Any solution will require an integrated system, utilizing portions of prenatal care, to be sure that women gain a healthy amount of weight during pregnancy. It will require a community effort to address multiple causes such as awareness of the impact of a mother's weight on her child's, opportunity and encouragement for exercise for children and adults and access to adequate nutrition at schools. The bottom line is to positively influence a change in obesity trends and work together on multiple levels to address the problem.

The CHAIRMAN. Thank you very much, Dr. Valenzuela.

Next we have Dr. Wong.

STATEMENT OF WEBSTER A. WONG, M.D., M.B.A., CHIEF OF PEDIATRICS, ARROWHEAD REGIONAL MEDICAL CENTER, COLTON, CA

Dr. WONG. Thank you very much, Congressman Baca, distinguished guests, Congressmen. My name is Dr. Webster Wong. I am Pediatric Chair of Arrowhead Regional Medical Center. What we are looking at is calculated by some experts to be a $147 billion price tag per year that America spends on obesity and obesity-related illnesses. Some experts will also say that price tag will go up to $1 trillion by 2030.

For kids, Medicaid kids who are obese cost at least $6,700 per year for obesity-related issues and across the nation, even here in San Bernardino, upwards of 18 to 25 percent of all adolescents and children are obese or are overweight. Seventy percent of those kids will be obese adults.

Not only are issues of obesity-related diseases affecting kids but also other issues such as school performance. Upwards of four times the number of school problems occur in obese kids and upwards of 30 percent of kids will have more thoughts of suicide, depression, and feelings of hopelessness. There are many reasons for issues of obesity, namely socioeconomic problems, the urbanization of America. Kids are more concerned about safety rather than going to their playgrounds or their local parks.

The technology factor that Dr. Valenzuela alluded to: there is more TV time. There are more computers and more video games to deflect and defray the kids away from physical activity. Also, the family unit is a bit affected. There are more single-parent families. Also there is a de-emphasis on family mealtime, too.

Obesity disease states, when it comes to pediatrics, include many things and with long-standing consequences. Namely, type 2 diabetes. Back 20 years ago this was named adult onset diabetes, but we are seeing patients who are 7, 8, 9 years of age who qualify for diabetes. That along the lines will contribute to issues of heart disease, atherosclerosis, stroke, and also asthma and certain cancers. Depression is also an issue with regards to these obese kids.

Certainly this affects their productivity not only from a school standpoint but from a worker standpoint as they get into the workforce. Obesity has caused some issues with discrimination. Obese people earn less and undergo a lot of discriminatory actions against them.

The SNAP program is a valuable program, as we all know. However, studies show that moms who are primary food buyers and food preparers really don't like to engage in certain behaviors that increase cleanup time. Certainly they are not always around their kids when mealtime occurs. So, therefore, kids have poor role models. Many families are struck with obesity not only with their kids but with parents, too.

Serving-size issues and, again, no family mealtime leading to increased TV time all contribute to obesity.

Studies also show that lower-income families, kids, 70 percent eat less grains, 50 percent eat less fruit and there is certainly a lower amount of vitamin E, zinc, and calcium levels in those diets, too. Everyone has a face to obesity. My face is a 14 year-old Hispanic female by the name of Gabriella, one of the 24,000 visits that

we see here at Arrowhead Regional Medical Center Pediatric Clinic per year.

She is 300 pounds and 5′4″ and she has a debilitating hip issue called SCFE, slipped capital femoral epiphysis, which limits her ability to move and that increases her downward spiral of hypertension, of obesity, of depression. She really doesn't have the ability to get herself out of this spiral affect.

Her mother is obese and both of them, although they understand the message, lack the motivation to be able to get her to lose weight. As a provider we are all overwhelmed with access issues, and we all have issues in trying to get a concerted message out to try to fight obesity through adequate nutrition.

At Arrowhead, we are poised to deliver that concerted message. We have three mobile clinics. We already have existing relationships with schools and we are able to see patients right there in schools. We have our FHCs, our family health clinics, and pediatric specialists. Ultimately we look forward to being part of the solution and we look to our leaders to show us the way so that we can address this pervasive problem. Thank you very much.

[The prepared statement of Dr. Wong follows:]

PREPARED STATEMENT OF WEBSTER A. WONG, M.D., M.B.A., CHIEF OF PEDIATRICS, ARROWHEAD REGIONAL MEDICAL CENTER, COLTON, CA

Pediatric obesity and its related conditions are serious consequences to an increasingly unhealthy lifestyle in the United States. Poor awareness, cultural and socioeconomic factors, genetic predisposition and educational deficiencies contribute to this widespread problem.

Obesity is measured by a Body Mass Index (BMI) of over the 95th percentile. Overweight children are defined by a BMI between the 85th and 95th percentile.

Obesity in children has a direct causal effect on the development of various disease states: diabetes, cardiovascular compromise, hypertension, musculoskeletal ailments and cancer. Recent studies show that American children are fatter, more sedentary and prone to lifelong illnesses than international children. Statistics bear out these observations: The percentage of overweight and obese children has tripled since the 1975. More than 10% of infants and toddlers and nearly 18% of adolescents are obese.[1] More than 70% of them will be obese adults. Furthermore, ⅓ of U.S. children eat fast food every day. Those that do stand to gain about 6 pounds each year. In addition, Hispanic and African American teens are more at risk than other ethnicities.

The annual cost of obesity related problems has been estimated at $147 billion. If unchecked, experts calculate that the yearly expenditures will top $1 trillion by 2030.[2] The cost for healthcare for an obese child is three times that of an average child. Mean annual healthcare costs for an obese child are $3,700 for insured and $6,700 for Medicaid plans.[3] More than 300,000 deaths each year are attributed to obesity.[4]

Psychosocial issues as a result of obesity influence mental health, employment, and school performance. Obese children and adolescents plan or contemplate suicide 32% more often and are 20% more likely to have thoughts of hopelessness than healthy adolescents. Roehling described that overweight workers were stereotyped with negative traits and as socially/emotionally handicapped, which resulted in

[1] Cynthia L. Ogden; Margaret D. Carroll; Lester R. Curtin; Molly M. Lamb; Katherine M. Flegal. **Prevalence of High Body Mass Index in U.S. Children and Adolescents,** 2007–2008. *JAMA*, 2010; 0 (2010): 2009. 2012.

[2] Benchener M. **Obamacare's Impact On Obesity, Liberty, And Cost.** 2009. *The Philadelphia Bulletin.* Available at: *http://www.thebulletin.us/articles/2009/08/10/commentary/op-eds/doc4a8064c80fd5f937691673.txt.* Accessed August 2009.

[3] *Ibid.*

[4] *American Academy of Child and Adolescent Psychiatry,* May 2008, Number 79.

lower wages and benefits. School performance is negatively affected four times greater than healthy-weight students.[5]

Culturally, widespread obesity can be linked to America's societal evolution over the past 3 decades. As a whole, Americans have embraced a culture of fast, poorly nutritious food, increasing divorce rates, urbanization, sedentary activities, and skyrocketing medical costs. Fast food is more accessible and easier to prepare compared to cooking at home. The rates of children raised in broken and dysfunctional homes are steadily rising, leading to a de-emphasis on healthy eating. More children are unable to exercise in cities where parks and playgrounds are unsafe or unavailable. In exchange, kids are adopting non-active lifestyles filled with video games, television and computers.

These factors are felt no more acutely than in poor, working class communities. Parents struggle with maintaining income causing their parenting skills to suffer. Nutrition education seems to be a distant priority and obesity envelopes the family unit. Medical costs are too high and access is too limited to halt the long term consequences of obesity. The downward spiral of these communities continues.

Many possible solutions are being considered to reverse these staggering statistics. Successful programs must rely on changing the culture of obesity by involving the family unit, community resources, education, healthcare and government. Children and their families should benefit from a comprehensive effort to guide and to re-educate dietary and exercise choices, with continued contact with healthcare providers.

By combining a comprehensive medical program utilizing measurable outcomes and a socioeconomic, culturally based educational component to drive home specific methods to combat obesity, a program can answer many questions. "How can we facilitate better recognition of obesity before problems arise?" "What is needed for a basic pediatric obesity work-up that will demonstrate health improvements over time?" "How can we involve the whole family unit to combat this pervasive problem?" With specific answers to these complex issues, a recipe for dealing with one of the most dangerous epidemics of our time can be created.

As stated, the road to obesity is multi-factorial. Aside from genetic proclivities, many of the key elements to develop an obese child can be addressed effectively, yielding to a suspension and perhaps reversal of the devastating results from obesity.

The CHAIRMAN. Thank you very much, Dr. Wong.

Mr. Sharp.

STATEMENT OF MATTHEW SHARP, SENIOR ADVOCATE, CALIFORNIA FOOD POLICY ADVOCATES, LOS ANGELES, CA

Mr. SHARP. Good morning, Chairman Baca, Ranking Member Fortenberry, Representative Costa. My name is Matthew Sharp. I work with California Food Policy Advocates. We are a statewide nonprofit organization whose mission is to improve the health and well being of low-income Californians by increasing their access to nutritious and affordable food.

Since the mid-1990s I have had the privilege of working with this organization to try and make various changes in both policies and programs in California communities, I work in Los Angeles primarily, to improve health and well being.

We are focused on the Federal food programs, both food stamps as a recession fighter and an anti-hunger tool, and the broad range of Federal food programs as tools to help prevent childhood obesity.

I'll talk extensively about some of the strategies that might assist with reducing the obesity epidemic, but today I was invited to present just a few brief remarks on steps that might improve participation in the food stamp program.

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[5] Schwimmer, Jeffrey B., Tasha M. Murminkle and James W. Varni, "**Health-Related Quality of Life in Severely Obese Children and Adolescents,**" *Journal of the American Medical Association,* vol. 298, No. 14, April 9, 2003.

First a few numbers to help set the context. Unemployment in California has increased over 140 percent in the last 24 months. That is an astronomical increase in need among households, among families. Here in San Bernardino County nearly 14 percent is the official unemployment rate.

According to UCLA there are possibly 3.1 million California adults that are suffering food insecurity and several million additional children in those households. The suffering is real. The increase in households seeking emergency food assistance and help from a variety of charitable sources has skyrocketed remarkably during the course of the recession.

As you've just heard from the two distinguished doctors here at the hospital, the rate of childhood obesity has increased dramatically. We do a lot of work in the school setting. Forty percent of the 9th graders in the low-income schools are overweight and unfit, so we have an enormous and complex problem to solve.

What I wanted to do was to highlight for you a couple numbers about food stamps and a couple of things that you might do about it. From this report that Chairman Baca quoted earlier; *Lost Dollars, Empty Plates* we analyze a number of data sources and estimate that nearly 2.9 million Californians are likely eligible for food stamps but not participating. Today that has translated to about $3.5 million of lost Federal benefits.

As the Chairman pointed out, this is nearly $7 billion in lost economic activity but the number you haven't heard yet is that it is also analyzed that there is $150 million in lost state and local sales tax revenue due to the lost economic activity that might be in these communities if benefits were more fully utilized. So, there are a number of ways that food stamps will contribute to a recovery from the recession, and to mitigate the nutrition and food insecurity problems that too many households face.

A few quick highlights of some changes that will make a difference. First of all, Congress and USDA should ensure adequate funding for benefits preserving the increase in the amount of food stamps allotted that was enacted as part of the Recovery Act in the winter. There needs to be an increase, a better formula for the administration of the program because of the local hiring freezes at the state level in the other states. In California it is a county-level problem.

There is a difficulty in ensuring the local governments can respond to the increased demand in terms of resources. Additionally, of significant concern this winter is the Governor's proposal for the 2010 budget which proposes to eliminate 35,000 persons who are legal permanent residents paid for by the state. Illegal immigrants are supposed to be cut off from the program. Certainly we are talking about various forms of Federal fiscal relief and this would be a population that would be reasonable for USDA and Congress to take on to the Federal roles in light of the state budget crisis.

A couple more: California ought to move quickly to 6 month reporting which is basically the way of keeping people on the program by obligating them to send in fewer forms to the county to retain their benefits. All the other states have moved to this system. California has been asked by USDA to do so and ought to be expected to move very quickly to 6 month reporting.

Couple of other ones that I think you will find intriguing. California and USDA could do a better job of connecting health insurance to Food Stamps by combining the application processes and the reporting processes. There are one million children in California that receive public health insurance but do not receive Food Stamps. Their households were willing to fill out forms, fill out paperwork, go through the system but they have not been imported into the Food Stamp Program despite their probable eligibility for nutrition benefits, which is obviously a key way to integrate the nutrition message into the delivery of healthcare.

The states and the counties need to work together much better to ensure that local operations are similar in all 58 counties. The way the system works today there are a number of different operations, different computer systems. Options have been made available to do fewer in-person interviews. There are options to do activities online to optimize customer services practices. All this ought to be the same for applicants in each county and to establish those will improve participation.

Last, it is important that you get more data. As Representative Fortenberry asked earlier about what do we know about food stamps and nutrition. It is a good question. We ought to talk a little more about it. We have very little information about those who applied for benefits and have not succeeded in the application process. We need more data about your customer population. Thank you.

[The prepared statement of Mr. Sharp follows:]

PREPARED STATEMENT OF MATTHEW SHARP, SENIOR ADVOCATE, CALIFORNIA FOOD POLICY ADVOCATES, LOS ANGELES, CA

Introduction. Good morning. My name is Matthew Sharp. I work for California Food Policy Advocates, in the Los Angeles Office. CFPA is a statewide nonprofit organization whose mission is to increase low-income Californians' access to nutritious, affordable food. Since the 1990s, I have worked with CFPA to increase the use of Federal nutrition programs, particularly food stamps given its tremendous potential, by pursuing state and Federal legislation, as well as local policy changes. I've also coordinated food stamps advocacy and outreach with a dozen Los Angeles-area community partners to increase awareness and ease accessibility to these valuable nutrition benefits. This winter we are focused on blunting the impact of the severe state budget crisis on low-income Californians and on ensuring Congress invests new resources for Child Nutrition and WIC Reauthorization.

This morning I will share with you the progress we've made in California to strengthen food stamps policy and accessibility. I will identify the key data points indicating that more changes are needed to expand participation further and I will provide a few recommendations for action.

Background. Food stamps and the child nutrition programs have offered a nutrition safety net for millions of needy families and children since the day they started. The nation's deep recession makes these programs more important than ever. With childhood food insecurity and obesity escalating at rates that reflect steeply increased unemployment and poverty, the healthy meals and snacks that the programs provide, the measurable gain in students' academic performance, and the savings that strapped families can realize with five less breakfasts and lunches to supply each school week are among the many extremely valuable benefits that the child nutrition programs can deliver.

The food stamp program, the nation's most important anti-hunger program, helps very low-income Americans to afford a nutritionally adequate diet. Unlike most means-tested benefit programs, which are restricted to particular categories of low-income individuals, the food stamp program is broadly available to almost all households with very low incomes, making it an important resource for families with limited income. More than 75 percent of all food stamp participants are in families with children; nearly ⅓ of participants are elderly people or people with disabilities. The

Federal Government pays the full cost of food stamp benefits and splits the cost of administering the program with the states, which operate the program. Food stamp eligibility rules and benefit levels are, for the most part, uniform across the nation, but states have flexibility in the procedures and requirements that low-income families face for application and ongoing receipt of benefits, as long as states meet certain Federal service-delivery standards.

Food stamp households receive their benefits on electronic benefit transfer (EBT) cards, which can be used only to purchase food. The average household received about $133 a month (or $4 a day) for each household member in the second half of Fiscal Year 2009. The food stamp benefit formula targets benefits according to need. Very poor households receive more food stamps than households closer to the poverty line since they need more help affording an adequate diet. In Fiscal Year 2008, ninety-five percent of food stamp benefits went to households with income below the Federal poverty level, and more than half went to households with income below *half* of the Federal poverty level.

The share of households that receive food stamps and have no other income is on the rise, from about eight percent in 2000 to almost 16 percent in 2008, and likely a higher level currently because of the economic downturn.[1] This trend is the result of two factors: first, many low-wage unemployed workers cannot qualify for Unemployment Insurance, and second, the cash assistance available to unemployed workers through TANF and state general assistance programs has eroded over time. As a result, food stamps may be the only federally funded safety net program available to many families who have lost jobs during this recession.

Current Data. Unfortunately, despite increased enrollment in recent years, the Food Stamp Program misses an unsettling number of eligible, needy Californians. This underutilization is neither acceptable nor necessary. The numbers are sobering. Three million Californians received food stamp benefits worth $5.4 billion during 2009—only half those who are eligible. While this reflects an increase of 35% more persons receiving benefits since 2007, the increase in need has been far greater.

- Unemployment in California has increased by 140% since 2007, reaching nearly 13% statewide.
- Demand at food banks and emergency shelters has increased 46%
- According *UCLA's Center for Health Policy Research* (*http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=225*), among the 3.1 m adults struggling with food insecurity, 77% do **not** receive food stamps.
- According to *USDA's Program Access Index* (*http://www.fns.usda.gov/OANE/menu/Published/SNAP/FILES/Participation/Reaching2007Summary.pdf*), only 46% of eligible Californians participated in 2007.

Low participation means *lost dollars* (*http://cfpa.net/ldep/ldep2009.pdf*) for all. Because, as USDA says, each dollar of food stamp benefits generate $1.84 in economic activity, low participation adversely impacts not only hungry families but a variety of sectors of the California business community. If all eligible Californians participated, California would receive $3.7 billion in additional nutrition benefits, generating $6.9 billion in statewide economic activity and $153 million in state and local sales tax revenue. Increasing food stamps participation will help California families put food on their table—and it also will help California rebound from the recession.

Improvements. A few recent changes represent significant progress since the 2008 Farm Bill reauthorized (and re-named) the food stamp program.

- More money. As part of the American Recovery and Reinvestment Act, Congress provided a 13.6 percent temporary boost in the maximum food stamp benefit in Federal Fiscal Year 2009. This provision was included as a fast and effective economic stimulus measure that could help to push against the tide of economic hardship that low-income individuals are facing. Additionally, ARRA provided $300 million in additional administrative funds to states to handle larger caseloads. The 2010 appropriations bill provided an additional $400 million for food stamps administration.Q02
- More application options. Through local partnerships with community organizations, health clinics and WIC centers, as well as recent state policy changes to eliminate in-person interview requirements (and, hopefully, office visits), Californians will have more convenient opportunities to apply for food stamps closer

[1] Based on CBPP analysis of food stamp quality control administrative data, available at: *http://www.fns.usda.gov/ora/menu/Published/SNAP/SNAPPartHH.htm.*

to their home or workplace or to manage their benefits by phone—and maybe even someday, online.

- More flexible rules. State legislation eliminated the asset test. When fully implemented in 2010, this will allow families to seek nutrition help before spending down their entire savings.
- Rebranding. State legislation triggered a market research project to gather information from non-participants about potential names and logos that might reposition food stamps as an attractive program. Terms like "fresh" and "modern" will be considered as the state selects a new name this winter.

Action Steps. While numerous changes are needed at a Federal, state, county and community level to respond to the myriad reasons why hungry families do not receive food stamp benefits, I wanted to draw your attention to the top policy changes that may make the most difference to non-participants. You will hear today about technological innovations, outreach initiatives and important connections between food stamps and healthier eating. We support all those endeavors. Here are our recommended priorities:

Ensure adequate funding for nutrition benefits and administration.

- *Congress should ensure sufficient funding for food stamps by preserving the 13.6% increase in benefits enacted in the American Recovery and Reinvestment Act of 2009 and establish a mechanism to increase administrative funding more nimbly to respond to the state and local budget cuts and hiring freezes.*

Modernize the program by moving to simplified (6 month) reporting. USDA denied California's request (*http://www.cfpa.net/USDAltr6month.pdf*) to continue quarterly reporting for 4 more years, but the state and counties have not yet implemented this important change.

- *California should quickly transition to simplified reporting.*

Provide benefits to needy Californians who are fully eligible but for the repressive welfare restrictions enacted in the 1990s. Many legal immigrants do not receive Federal food stamp benefits, many unemployed adults without children are subject to outdated work requirements and SSI recipients are not eligible to participate in California. Federal legislative changes are needed to provide benefits to each of these populations (USDA *and* Department of Homeland Security changes are needed to enroll immigrants), with state changes needed to carve out SSI recipients that would benefit from food stamps. In order to close the state's budget deficit for 2010–2011, the Governor proposes to eliminate the California Food Assistance Program, which provides food stamp benefits to legal immigrants with state funds—a good example of where Federal fiscal relief is needed, since these are immigrants who were once eligible for Federal food stamps.

- *Congress and USDA should pursue legislative changes to ensure all needy populations are eligible for valuable food stamp benefits. Congress should expand the pool of legal permanent residents eligible for food stamp benefits.*

Connect food stamps and health insurance. Approximately one million MediCAL recipients—already means-tested and certified eligible for Federal health benefits—do not participate in food stamps.

- *California should implement policy and technological changes to ensure that low-income households receive nutrition insurance alongside health insurance.*

Eliminate fingerprinting. Nine years since California implemented its biometric system to detect multiple-aid fraud, *two state audits* (*http://www.bsa.ca.gov/reports/summary/2001-015*) and the fraud detection systems of 46 other states have demonstrated that the system is not cost-effective for the state and counties—and that it is ineffective at detecting multiple benefits, the system's supposed purpose. Fingerprinting also discourages applicants by adding stigma and an obligatory trip to the welfare office—undermining out-of-the-office enrollment efforts.

- *USDA should prevent states from using fingerprinting systems as a condition of eligibility or issuance of benefits. USDA should cease co-funding California's fingerprint imaging system.*

Strengthen local operations. With 58 counties administering food stamps across California, applicants in some counties benefit from the availability of office visit waivers (*http://www.cfpa.net/PhoneInterviewsCalifornia.html*), speedy processing of benefits and limited paperwork requirements. However, other applicants in other counties are not as fortunate, as demonstrated by several pending lawsuits regard-

ing failure to provide timely benefits and excessive requests for verification of application documents, as well as wide variations in enrollment rates.

- USDA and California should improve monitoring of local customer service practices and timely issuance of benefits to ensure best practices become the norm.

Significantly more resources are available at *www.cfpa.net*.
I am happy to answer any questions you might have.

The CHAIRMAN. Thank you very much, Mr. Sharp.

STATEMENT OF EDITH C. "EDIE" JESSUP, PROGRAM DEVELOPMENT SPECIALIST, CENTRAL CALIFORNIA REGIONAL OBESITY PREVENTION PROGRAM, CALIFORNIA STATE UNIVERSITY FRESNO DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTRAL CALIFORNIA CENTER FOR HEALTH AND HUMAN SERVICES, FRESNO, CA

Ms. JESSUP. Thank you for this opportunity to speak to you. My name is Edie Jessup. For the last 10 years I worked with a nonprofit agency on a hunger and nutrition project in Fresno, California. That included monthly meetings with the county Food Stamp Director and staff and over 25 community-based organizations who work with low-income residents needing food.

I now work regionally with the Central California Regional Obesity Prevention Program on food access and policy issues. I am also co-chair of the Roots of Change working on a sustainable food system for California by 2030.

I see the Federal nutrition programs as health programs, as violence prevention programs, and I see food as a human right. There is no scarcity of food. However, there is a political decision not to feed people in the United States. I am witnessing the great unraveling in my fragile community. The nation expects affordable fruits and vegetables from the Valley where people are hungry and food giveaways run out of food.

In any other day or time these people in line would be considered good hardworking people. The number one agriculture producing county in the United States, Fresno, is also the Congressional district with the highest poverty in the United States.

Full Food Stamp enrollments by eligible families linked to other U.S. nutrition programs is the quickest program and economic stimulus for my community. Food stamp enrollment would solve institutionalized poor diet for poor people that has created racist outcomes in poor health by diet. Prior to 1996 there was enough food on the shelf in the United States to feed our country for a year. We have disinvested in Federal purchase of surplus food and the consequences are seen in the emergency nature of incompetent food provision and disasters.

Charity is not sufficient to supply and distribute food to the increasing poor and under-employed. This leads to the ever-unmentionable food system issue of what the Federal Government subsidizes. The USDA needs to subsidize food and farming that is healthy for all people. You must lead states and local governments, from the health and environmental perspective, in making healthy food access a high priority through integrated and linked Federal programs.

Full Food Stamp enrollment by all eligible would benefit my neighbors so hungry families could purchase food, but it is not hap-

pening. The fed, states, and counties blame each other and in 10 years of my community identifying major barriers to Food Stamp enrollment again and again leadership to solve the issue has not happened.

In addition to the recommendations of my colleagues, I advise the following to overcome the 50 percent under-enrollment in Food Stamps in California and nationally. Number one, on the issue of immigration and fair public charge: I call on your to request ICE and USDA to jointly sign a clarifying directive to states, counties, and the public that immigrant families will not be denied a change in their legal status because of accessing food programs for which they are eligible.

Number two, customer service. Simplify enrollment and link Federal food programs. I have to report that the county's cultural competence is poor. People are treated poorly and do not feel welcome at Food Stamp offices. People I have surveyed feel their treatment is racially and class motivated. The USDA and Congress must require better service practices.

Number three, privatization and inefficiencies. Each state should engage one computer system for food stamps, not the four non-integrated systems as allowed in California. The administrative reimbursement for counties should be based on caseload to encourage enrollment. USDA should monitor, track, and publicly report the cost of having banks run the Food Stamp system compared to federally run programs.

EBT help centers should be located in the state administering food stamps, not overseas.

What if we fed people? The Federal nutrition programs can and should be made available to all who qualify. There is plenty of food and we can assure through food stamps and other programs that all those eligible are enrolled. Thank you.

[The prepared statement of Ms. Jessup follows:]

PREPARED STATEMENT OF EDITH C. "EDIE" JESSUP, PROGRAM DEVELOPMENT SPECIALIST, CENTRAL CALIFORNIA REGIONAL OBESITY PREVENTION PROGRAM, CALIFORNIA STATE UNIVERSITY FRESNO DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTRAL CALIFORNIA CENTER FOR HEALTH AND HUMAN SERVICES, FRESNO, CA

Food Stamp Participation and Outreach in the Central Valley of California

Thank you for the opportunity to testify on the condition in the San Joaquin Valley of California, and the need for full enrollment in the Federal nutrition programs by more than a majority of residents, in a dignified, equitable, and sustainable way—very quickly. I see this as urgent, not something that we need to analyze more. If Food Stamps are to fulfill their intended outcome of a healthy population ready to work and learn, you need to make Food Stamps work at once.

I will set the stage, with short comments on need for Federal nutrition programs, and then provide you with seven specific issues that the Federal Government can and should address to assure full Food Stamp/SNAP participation from constituents in the Valley.

My name is Edie Jessup. For the last 10 years I worked with a nonprofit agency on a Hunger and Nutrition Project in Fresno, Ca. I am now working regionally with the Central California Regional Obesity Prevention Program as a Program Development Specialist. I am also co-chair of Roots of Change, working on a sustainable food system for California by 2030.

I see the Federal nutrition programs as health programs, as violence prevention programs, and I see food as a human right. There is no scarcity of food. I also appreciate that agriculture is the meeting point tying health outcomes, access to healthy food, and, a revived agricultural economy in the Central Valley.

However, there is a political decision not to feed people in the United States.

I negotiated a meeting where the state and Federal Partnership on the San Joaquin Valley were willing to make Food Stamps their priority last year, and encourage businesses and other state and Federal agencies to promote and support enrollment in Food Stamps. The county, state, and Federal offices started squabbling, and the offer to work to increase enrollment by the business community was taken off the table. The Chair said "Clearly you people (county, state, Federal) do not want people eligible to be enrolled in food stamps for the betterment of their health, and the health of our local economy. There is no point in my sitting through any more of this, and wasting my time." Advocates tried to link up rural municipalities in places like Tranquility, and San Joaquin with the county Food Stamp office, to take applications at the city offices via computer. The County would not accommodate that because of fear they could not manage new cases of food stamp applicants if people were not in their office in Fresno, 80 miles away, in person. People do not have transportation, nor can they take a day off work to come into the county center. But they are hungry, and do qualify for food stamps.

I understand that prior to 1996; there was enough food 'on the shelf' in the U.S. to feed our country for a year. We have disinvested in storing for hard times and emergencies, and the consequence is seen in obesity and malnutrition in the Central Valley, and is seen in the 'emergency' nature of incompetent food provision in disasters (Katrina, the California Central Valley drought, or Hati). Charity is not sufficient to supply the need for food by the chronically under wage households in California. It is apparent in the Central Valley the poor quality and safety of food provided for our school food programs, the fact that accessing the Child Care Food Program is nearly impossible for child care providers, and is inadequate.

I am witnessing the 'great unraveling' in my community. For the last 10 years I have worked with Ca. Food Policy Advocates statewide, and with my county Department of Employment and Temporary Assistance, and the local school district to raise SNAP enrollment from the 50 % eligible but not enrolled low income families and individuals. The story in the Valley is the same. Low income wages at best, agricultural seasonal work, immigration raids and splitting families by deportation of our labor force. We know the eligibility is there because in the Fresno School District 83% of all children are eligible for free lunch, and most rural towns have Provision two schools—where all children are at least getting lunch. They report school lunch as the one meal daily they can count on during the week. Breakfast needs to be the first lesson of the day for every child in every school, and School Districts should be required to do this so that that Breakfast is truly accessible to kids. Their learning will improve. And Summer Lunch, a righteous program to provide food during time off from school, needs to be required by all school districts who serve over 50% free/reduced during the school year. The problems of summer lunch need to be solved by funding community based organizations to serve summer lunch, and schools should be required to provide and transport summer lunches to where kids are—whether neighborhood schools, or parks, or apartment building complexes, or churches in neighborhoods.

The population in the San Joaquin Valley is fragile. The conservative power structure's "blame the victim" mentality results in institutionalized racism that determines who eats, and results in poor health outcomes.

That attitude of scarcity preserve the poverty and ill health of the very people assuring the rest of the nation access to healthy food. I currently work with the Central Valley Regional Obesity Prevention Program, directly working on environmental change and policy change to give people access to healthier food and safe physical activity. In Mendota, where so much public attention has been drawn to the drought's impact on a town, nearly completely unemployed, 37 of 80 Head Start children are obese as a direct result of diet. The local store carries junk food and poor parents take food bank commodities or donated top-ramen as the primary food on their table. Their health will be on our Hospital doorstep, and the chronic treatment for diabetes in these children will lead to impaired lives, and is now creating poor learning in our schools. We have created this monster of a human problem. Our Public Health Officer in Fresno County says that he can tell how many generations an individual has been here by the decline in health status; the biggest public health issues in Fresno County are asthma, obesity, and diabetes. Chronic disease by diet, and our food system practices.

Federal nutrition programs would bring in over $170 million yearly in Food Stamp benefits to my county if all were enrolled. That is to purchase food, our number one business in Fresno and the Valley. But it is not happening. The feds blame the state, the state blames the feds, and in 10 years of the major barriers to enrollment being identified again and again, no one cares to do anything. The USDA Western Regional Office wants to assist, the state would like to turn this around,

the counties in the Valley, because of reimbursement formulas that do not support the administration of food stamps try to do what they can, while struggling with caseloads of 500 families/worker, and feel under the gun by USDA for sanctions if they make an error.

Most concerning to me is the institutionalization of poor diet, the lack of fresh, healthy food in neighborhoods, and because of deep poverty, and the fact that unhealthy food is the cheapest, large numbers of folks truly have no access to healthy food. Taking on the industry of food has to happen, and the Federal Government must engage (from the health and environmental perspective) states and local governments in making food access a high priority in zoning, ordinances, and assuring equitable access to affordable food. Grocery Stores decide to pull out of low income neighborhoods, leaving food deserts, and populations at risk in ill health.

This leads to the ever unmentionable issue of who and what the Federal Government subsidies in the food system. It is your watch. Painfully we need to subsidize food that is healthy for all people. We must cease subsidizing farmers not to farm. We must undergird small farmers who are raising our food in sustainable ways.

We must subsidize and favor food that is not polluted with corn syrup, fat, and salt, because we are producing unhealthy generations who will not be able to live without extreme and long term medical support. Or, they will die from diet that leads to diabetes, heart disease, cancer.

Meanwhile, the economy has created devastation in towns throughout the Valley, and drought that has displaced farm workers, and local businesses.

The nation expects fruits and vegetables to feed the nation from this very place where people are hungry. It is a fragile place at best, filled with what in any other day or time would be considered good, hardworking people.

These are the seven recommendations that would create increased enrollment in Food Stamps.

1. In the Valley, families need linked enrollment, without repeated applications for Food Stamps, WIC, School and Child Care food programs, and USDA Commodities. If poor families cobble together all these programs they might have enough to eat for a month. The programs could be linked and tiered so when times were better, or income improved, individual programs could be dropped as a benefit. None of these Federal food programs, by themselves, is adequate for hungry families.

2. I call on you to require ICE and USDA to jointly sign a clarifying letter that acknowledges that immigrant families will not be denied a change in their legal status because of accessing food programs for which they are eligible.

We have mixed immigrant families from all over the world in Fresno, over 100 languages spoken in our school district, afraid to apply for Food Stamps, and afraid that if they allow their children to eat school lunch or summer lunch, for which their citizen children are eligible, their family will be split by deportation, or, that they will be ineligible for legal status or citizenship. Both Immigration and Customs Enforcement (ICE) and USDA say that there is no Public Charge issue, but they refuse to sign a joint letter and directive that clarifies this.

3. Families are definitely afraid to apply for food stamps given that even though parts of their family are eligible because all adults have to be fingerprinted and photographed to apply for EBT by California rules.

I would ask that in order to enroll all eligible people in the Federal food stamp program, you create Federal legislation that bans using finger-imaging in connection with food stamps. The purpose of the move to EBT was to eliminate any fraud by Food Stamp clients. It has worked, and redundant, pejorative continuance of photography and finger imaging as if applicant families were terrorists is untenable and costly in California.

Prohibit California from requiring fingerprinting as, it costs over $11 million, is revealing no fraud, and blocks families from Food Stamp participation.

4. If we are providing fresh, safe affordable produce for the rest of the nation, it seems that the purpose of Federal agriculture programs should accrue to those in need, who are providing the labor for feeding America, other than by standing in lines and convincing people how poor they really are for a hand out of food that is making them ill with diabetes and obesity. My recommendation is to provide a Federal waiver and enroll in Food Stamps everyone standing in too infrequent commodity distributions in food stamps, and sort out eligibility later, within the first 6 months. And if they really do not qualify, drop their enrollment.

5. I have to report that though the counties try pretty hard, their cultural competence is poor, and people are treated poorly, do not feel welcome in Food Stamp offices. People I have surveyed feel their treatment is racially and class motivated. Food Stamp workers feel overworked. The USDA and Congress could address the public sense that Food Stamps are for people who do not deserve food.

6. Some of the reasons for low enrollment are the facts of poverty, and the complexity of rules, difficulty in enrolling, multiple trips to the County office to qualify, county refusal to take options like face-to-face waivers that are allowed, *etc.* Clearly, a simple sheet of paper or online version of the application is preferable to the complex, nearly impossible to translate into 100 languages that we now have. Honestly, Hmong neighbors have told me that my County calls in the Janitor to interpret for applicants, or the 10 year old children are the family representatives. This is truly crazy. Increase the administrative Federal share, so that services offered can be rendered to eligible families.

7. Last, require California to enroll elders in Food Stamps. The irony is that some 40 years ago, California took some 'options' offered by USDA and they are still in place, although most all other states have rejected and reformulated their Food Stamp/SNAP rules. Federal Legislation calls out that California SSI/SSD recipients cannot receive food stamps, even though they qualify by income. So, we have elders (about to grow into a larger poorer group because of the Baby Boomers) not eating in order to keep their home, or pay for medications and transportation, or because they are feeding their grandchildren, and becoming ill. I request that you see that the Federal exception for California is taken out of the Federal register, and require the State of California to directly enroll all SSI/SSDI recipients automatically, now.

What if we fed people? What if we saw to it that the bounty of what we produce gets eaten, through normal channels, like purchasing at the store? The clear distance between producer and consumer has become larger, more bloated, and the in-between distribution and processing is taking the money and seeing to it that the farmer does not get enough to farm, and the consumer pays too high a price for unhealthy, over processed food. The Federal nutrition programs can and should be made available to all who qualify. If people are fed reliably and healthily they can pay their rent, and begin to address work and education, and be contributing citizens. There is plenty of food, and we can assure through Food Stamps and other programs that all those eligible are enrolled. Thank you.

Additional Federal Nutrition Issues

Breakfast, lunch, summer lunch: School districts need adequate Federal reimbursement.

Quality of food in school programs must be improved and funded adequately, and incentivize local purchase.

In California, Counties are allowed one of four computer systems that do not communicate with each other. Each state should engage one computer system for Food Stamps.

Elevate Federal nutrition programs to the status of Health Care, because Federal nutrition programs are Health Programs. Perhaps, a joint initiative with HHS? Or National Institute of Health?

Incentivize EBT purchase of fruits and vegetables with bonus added to EBT for such purchases.

Sustainable food system: Local and regional distribution should be priority, and replace current commodity structures in the USDA. This will re-create vibrant farm to table and institution results, and economic viability in the agricultural areas of the country.

Require Farmers to overtly support all USDA programs, including SNAP as part of their subsidy acceptance.

The CHAIRMAN. Thank you very much. At this time I am going to let Congressman Jim Costa make a quick comment because he has to leave to attend another hearing in LA.

Mr. COSTA. Yes. I want to thank all the witnesses and I want to thank you, Mr. Chairman and Congressman Fortenberry for bringing this very important hearing to California. Edie, I want to take up your challenge so let us set up some time back in Fresno, let us bring the people together. Let us see if we can make progress

in stopping the finger pointing and maybe take advantage of some of your suggestions and see if we can implement them.

Ms. JESSUP. Thank you.

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

The CHAIRMAN. Thank you.

At this time we will continue with Mr. Marsom.

STATEMENT OF MATTHEW MARSOM, DIRECTOR OF PUBLIC HEALTH POLICY AND ADVOCACY, PUBLIC HEALTH INSTITUTE, OAKLAND, CA

Mr. MARSOM. Good morning. My name is Matthew Marsom, Director of Public Health Policy with the Public Health Institute. PHI is an independent, nonprofit organization dedicated to promoting health, well being and quality of life for people across the nation and around the globe.

I want to thank Chairman Baca and the Members of the Committee for providing PHI with the opportunity to testify today regarding the Federal nutrition programs. For more than 20 years PHI has partnered with the California Department of Public Health to implement a series of programs and initiatives focused on nutrition education and obesity prevention. This includes the state SNAP-Ed Program. Recently we were successful in securing funding from the Kaiser Permanente Foundation to help the state get ready for its Healthy Incentive application to USDA.

In the time I have this morning I would like to focus my remarks on SNAP-Ed, a Federal-state partnership that provides matching reimbursement funds to support nutrition education for low-income persons currently and potentially eligible for SNAP. In California SNAP-Ed is overseen by the California Department of Social Services and delivered through an inter-agency agreement with the Department of Public Health and the University of California. The state's largest SNAP-Ed initiative, the Network for a Healthy California, targets an estimated seven million SNAP-Ed eligible children and parents in this state alone.

I would like to outline some specific steps that we believe would help position SNAP-Ed as a central pillar in our effort to confront the twin threat of obesity and hunger that threatens the health of our children. We have already heard today about the impact of obesity in the United States. I won't dwell on that again other than to say that Food Stamp recipients live in the most under-served communities where environments make healthy choices challenging if not impossible.

In the context of these environments SNAP-Ed programs work to improve the likelihood that program participants will make healthy choices. It is important to say that throughout the United States SNAP-Ed programs are doing tremendous work to promote healthy behaviors and help families make a healthy choice. However, the program can do so much more than that. SNAP-Ed programs can be a lynchpin linking together other Federal nutrition programs and initiatives to address access to healthy food while addressing hunger and obesity.

Unfortunately, however, current USDA program guidance restricts allowable SNAP-Ed activities to focus primarily on tradi-

tional educational approaches, which when used alone are often inefficient, outdated, and a poor use of limited resources.

The program rules established during the prior Administration significantly limit the use of effective and proven environmental and system change approaches and social marketing approaches learned from business and the private sector. This is despite a wide body of research that illustrates the power of these methods to deliver sustainable improvements in eating habits and other lifestyle changes.

Quite simply, the present program guidance makes it cumbersome, costly, or impossible to successfully execute state and local programs.

USDA can take immediate and no-cost steps to unlock the potential of these programs and allow them to play a greater role in helping to address childhood hunger. Specific actions are as follows:

First, SNAP-Ed programs should be encouraged to use their existing Federal share to support population-based, evidence-driven targeted interventions including social marketing, mass communications, and environmental and policy change approaches that reach the audience where they live, where they work, where they go to school, where they pray, and where they make their food and physical activity choices

Second, state and local programs must be able to take advantage of techniques that support healthy behavior change at the individual level by addressing social, environmental and community factors that currently limit their healthy choices.

Third, USDA should allow state and local agencies to use SNAP-Ed reimbursement funding to conduct marketing campaigns that increase participation in the Federal nutrition programs, especially in SNAP, but also school breakfast, summer meals, after-school snack, and the Child and Adult Care Food Program.

Finally, Congress and USDA should allow SNAP providers to conduct counter-marketing campaigns that address the marketing of unhealthy foods and beverages, particularly marketing to children, learning a lesson from the strategies and innovations that work so well for tobacco control here in California and elsewhere.

These efforts should be accompanied by education and promotion to increase demand for healthier food including fresh fruits and vegetables.

By empowering parents and their children to make healthy choices, SNAP-Ed can and must play a greater role in improving dietary and physical activity practices, while helping to increase community food security, prevent obesity and reduce the risk of chronic disease for low-income Americans.

We have welcomed the willingness of the new leadership at USDA under the direction of Secretary Vilsack and Under Secretary Concannon to engage with those of us who are seeking these changes. However, to date we have yet to see any specific proposals to undo the harmful and costly rules that were instituted during the prior Administration. Thank you very much for the time. I can answer any questions.

[The prepared statement of Mr. Marsom follows:]

PREPARED STATEMENT OF MATTHEW MARSOM, DIRECTOR OF PUBLIC HEALTH POLICY AND ADVOCACY, PUBLIC HEALTH INSTITUTE, OAKLAND, CA

Introduction: Good morning. My name is Matthew Marsom, Director of Public Health Policy with the Public Health Institute (PHI). PHI is an independent, nonprofit organization dedicated to promoting health, well being and quality of life for people across the nation and around the world, and one of the largest and most comprehensive nongovernmental public health organizations in the nation.

I want to thank Chairman Baca and the Members of Subcommittee for providing PHI with the opportunity to testify today regarding the Federal nutrition programs. We are pleased to have the opportunity to provide our perspective and recommendations on this important topic.

For more than twenty years, PHI has partnered with the State of California to assist the California Department of Public Health (CDPH) implement a series of programs and initiatives focused on nutrition education, obesity prevention, and chronic disease surveillance, including the statewide SNAP-Ed program. This close working relationship and our decades of experience in program implementation provides PHI with a unique perspective on the status of the Federal nutrition programs in California, and specifically in regard to their impact on public health and food insecurity.

The impact of the obesity epidemic confronting the United States is not news to any of us here today. Obesity is linked to increased risks for many serious diseases, including type 2 diabetes, heart disease, stroke, and some cancers. The costs in healthcare, disability, workers compensation, and economic losses from lost worker productivity are matched by the personal toll on individuals and their families.

People with low incomes, including those in households eligible for food stamps, are at highest risk for chronic disease resulting from poor eating and inactive lifestyles. Food stamp recipients live in the most underserved communities, environments where making healthy choices can be challenging, if not impossible, due to a lack of safe, well-equipped and well-maintained places to walk and play; lack of nearby retail stores and other services within walking or biking distance; inadequate access to supermarkets and reliance on local corner stores; and a higher concentration of fast-food outlets.

In these circumstances, food stamps can provide an essential resource for low-income families, helping to ensure that very-low-income Americans can afford a nutritionally adequate diet. Good nutrition underpins public health, education and work productivity, and food security is a fundamental social determinant critical to community well being.

However, despite the tremendous need and the importance of the program, still too many eligible Californians are going without the benefits to which they are entitled. According to recent data from UCLA, among the 3.1 million adults in California struggling with food insecurity, 77 percent do not receive food stamps. California is second to last in the nation for overall participation in the Food Stamp Program and last in the nation for participation amongst the working poor. The need has only increased due to the current economic crisis, making these figures all the more alarming. Although the Federal nutrition assistance entitlement programs are designed as a nutrition safety net, many are under-used and operate in silos.

Today, I would like to describe a series of recommendations that we believe would help to enhance SNAP and other Federal nutrition programs and ensure that they can better help to confront the twin threat of obesity and hunger that threatens the health of our children.

Program Participation and Outreach:

1. Congress and USDA should establish cross cutting national participation targets for all Federal programs and reduce penalties and sanctions for errors in eligibility, instead providing stronger, non-competitive incentives to state and local agencies that increase program participation. For waivers or mandates intended to increase participation but which require new administrative costs or expensive retrofitting of computer systems, USDA should provide administrative supplements to offset the initial costs of system upgrades. USDA should institute monitoring and evaluation systems that report to the public regularly on rates of food insecurity and progress of Food and Nutrition Service (FNS) program access and participation.

2. USDA should revise Federal program requirements to ensure that barriers to full participation are minimized:

- Index eligibility criteria to actual cost of living: To end childhood hunger successfully, income eligibility criteria should not exclude children whose families happen to live in high-cost states. To extend eligibility to all families facing

food insecurity, USDA should index income criteria for food assistance program eligibility to local or regional cost of living, such as the ACCRA Cost of Living Index or other recognized measure, rather than the nationally-applied Federal Poverty Level (FPL).

- Improve access and reduce stigma to food assistance program participation and implement Electronic Benefits Transfer (EBT) for delivery of the Women, Infants and Children's Nutrition Program (WIC) to mirror SNAP.
- Reduce administrative barriers to full participation in child nutrition programs, for example:
  - —Allow state WIC agencies the option to certify children for a period of 1 year, aligning with the current policy for other participants and ensuring the availability of resources for nutrition services; and
  - —Align WIC screening for iron-deficiency anemia with lead and substance abuse protocols by referring to medical care when verbal screening criteria are met and removing the requirement to document blood tests.
  - —Use SNAP and Temporary Assistance for Needy Families (TANF) categorical eligibility to qualify all school-aged children in families for free meals, not just individual students.
  - —Eliminate the current tiered system in the Child and Adult Care Food At-Risk Snack Program to encourage greater participation by family daycare homes.

3. USDA should mobilize its resources to establish technical assistance networks for community food security that can be available to help states and localities with adapting, implementing and taking to-scale successful techniques, methods, and initiatives from throughout the country. Topics and activities that could be part of such technical assistance networks for the nation include: community food system assessments, Electronic Benefits Transfer (EBT) in farmers' markets, corner store conversion projects, community-supported agriculture, farm-to-fork sourcing, state or local food policy councils, agricultural preservation, small farm and new farmer programs, and community/school gardens. This low-cost network might be established using grants or cooperative agreements with nonprofit public health, anti-hunger and food security organizations; the existing Cooperative Extension system; FNS programs; partnerships with other sectors like foundations, nonprofit health plans, insurers and hospitals; and sister Federal agencies like the Centers for Disease Control and Prevention (CDC), Department of Transportation, Department of Education, and Housing and Urban Development.

4. In SNAP, USDA should modify the use of the Thrifty Food Plan as the fiscal base for SNAP and increase the benefit value to accommodate the generally-higher prices of healthy food and regional variability in cost of living, allow retailers to offer EBT customers sale—and promotional prices for healthy foods such as fruits and vegetables and push for higher standards for retailers to provide for the availability of fresh foods in all four food categories. This would have the benefit of increasing the availability, accessibility and—possibly—lower the price of healthy food in many low-income communities.

Supplemental Nutrition Assistance Program Education (SNAP-Ed):

One Federal nutrition program that is a lynch pin, linking together opportunities to address access to healthy food, while addressing hunger and obesity, is SNAP-Ed.

SNAP-Ed is a Federal-state partnership that provides matching reimbursement funds to support nutrition education for low-income persons currently and potentially eligible for SNAP. Prior to the renaming of the food stamp program in the 2008 Farm Bill, SNAP-Ed was known as Food Stamp Nutrition Education, or FSNE. SNAP-Ed programs improve the likelihood that SNAP participants will make healthy choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and *MyPyramid.gov*.

In California, SNAP-Ed is overseen by the California Department of Social Services (CDSS) and delivered through interagency agreements with the CDPH and the University of California. CDPH has established the *Network for a Healthy California* (*Network*) which supports a comprehensive statewide nutrition and physical activity campaign, working through diverse channels and hundreds of local programs to target an estimated seven million SNAP-Ed eligible parents and children.

Throughout the United States, SNAP-Ed programs are doing tremendous work to promote healthy behaviors and help low-income families understand the importance of a healthy choice. However, current USDA FNS program guidance restricts "allow-

able SNAP-Ed activities" to focus exclusively on traditional approaches which, when used alone, are often inefficient, outdated and a poor use of limited resources.

The rules, established during the last Administration, significantly limit the use of effective and proven social marketing interventions and disallow the use of environmental and system change approaches despite a wide-body of research that illustrates the power of these methods to deliver sustainable improvements in eating habits and other lifestyle changes. The present guidance makes it cumbersome, costly or impossible to successfully execute state and local programs.

The current USDA guidance also restricts state programs from effectively reaching large proportions of their target populations. In California over half of the SNAP population lives outside USDA approved SNAP-Ed Census tracts and the figure is as much as 90 percent in some rural states.

Congress has already acted to address these problems and provided direction in the Manager's report that accompanied the 2008 Farm Bill, stating that "*The Secretary will support and encourage implementation of the most effective methods for nutrition education . . . consistent with recommendations of expert bodies. Dietary and physical activity behavior change is more likely to result from the combined application of public health approaches and education than from education alone*".

We have welcomed the willingness of the new leadership at USDA, under the direction of Secretary Vilsack and Under Secretary Concannon, to engage with those of us who are seeking these changes to the program. However, we have yet to see specific proposals to undo the harmful and costly rules that were instituted during the prior Administration. Timing is critical to make changes to the USDA SNAP-Ed guidance so that state programs can most effectively use the state and Federal dollars currently being spent on nutrition education.

USDA can take immediate no cost steps to unlock the potential of SNAP-Ed and allow state and local programs to play a greater role in helping to address childhood hunger and prevent obesity Specific actions are as follows:

1. SNAP-Ed programs should be encouraged to use existing Federal share to support population-based, evidence-driven public health interventions—including community-based social marketing, mass communications, and environmental and policy change approaches—that reach the target audience where they live, work, go to school, and make their food and physical activity choices.

2. State and local programs must be able to utilize approaches that enable and support healthy behavior change at the individual level by addressing social, environmental and community factors that limit healthy choices.

3. USDA should allow state and local agencies to use administrative funds and/or SNAP-Ed reimbursement to conduct marketing campaigns that increase participation in the Federal nutrition programs, especially in SNAP, school breakfast, summer meals, after-school snack, and the child and adult care food program.

4. Congress and USDA should encourage all nutrition assistance programs, including SNAP-Ed, to conduct counter-marketing campaigns to address the marketing of unhealthy foods and beverages, learning a lesson from the strategies and innovations that worked so well for tobacco control here in California and elsewhere. In addition, where food is sold *à la carte* or in vending machines, programs should take other steps such as increasing the prices of competing foods like soft drinks, other sweets, salty snacks, and deep fried foods to help lower the prices of healthy foods like fresh fruits and vegetables, low-fat milk products, whole grain products, lean and vegetarian protein sources. These efforts should be accompanied by education and promotion that increase demand for healthier food, including fresh fruits and vegetables.

By empowering parents and their children to make healthy choices, SNAP-Ed can and must play a greater role in improving dietary and physical activity practices, while helping to increase community food security, prevent obesity and reduce the risk of chronic disease for low-income Americans.

PHI welcomes the opportunity to work Congress and USDA to identify measures that can identify and remove obstacles limiting the reach, impact and effectiveness of the Federal nutrition programs, including SNAP-Ed, and create sustainable healthy change in underserved communities. We believe these programs are a central pillar in a concerted effort eliminate childhood hunger and provide the opportunity to address poverty, a root cause for health, social and economic problems that affect a growing number of Americans. In many cases, the simplest solutions have little or no cost and may in fact generate considerable savings over the long-term. In addition, many of the recommendations I have outlined here and echoed by others testified today can help to simultaneously address the scourge of obesity and

overweight in children and adults that leads to ill health and perpetuates the cycle of poverty.

Thank your for your time and consideration of our recommendations. I am happy to answer any questions you might have.

The CHAIRMAN. Thank you very much, Mr. Marsom.

At this time I would like to call on Ms. Claudia Page.

STATEMENT OF CLAUDIA PAGE, CO-DIRECTOR, THE CENTER TO PROMOTE HEALTHCARE ACCESS, OAKLAND, CA

Ms. PAGE. Good morning and thank you for the opportunity to share some comments. I am the Co-Director of a nonprofit organization that is focused on using technology to connect low-income individuals with public and private benefits for which they may be eligible. We created a system called One-e-App. It stands for One Electronic Application. It is a web-based system that screens individuals for a variety of programs such as Medicaid, food stamps, SCHIP, Earned Income Tax Credit, low-income energy subsidies, and more. It is used in California, Arizona, Indiana, and Maryland as one channel, and not the only channel, to connect families with benefits for which they may be eligible.

In those states it is used both by the individuals who help families who work at community-based organization and clinics and hospitals and food banks. It is also used by families themselves in some locations. In the State of Arizona consumers themselves go online and apply and in several places in California that is happening.

The goal of One-e-App is to bridge the silos that exist between all of these various programs. We know that food stamps and Medicaid, Earned Income Tax Credit and all of these programs live in silos whether it is around the financing streams, the administration of those programs, the systems, or the application forms. What One-e-App has done is create a front-end that is modeled somewhat on Turbo Tax®, asking questions that are relevant, error checking the data, making sure that data is complete. On the back-end, and wherever possible it is delivering that data electronically for final determination.

We have integrated fully in the State of Arizona so that when an applicant is applying for Medicaid, food stamps, TANF, the data goes directly into the state system and disposition is returned. In California that journey is different, mostly because of the county variation and the presence of 58 different county systems.

We have been successful in that integration and that integration is one of the most important factors in terms of deficiency for the administrators in preventing manual data entry of all these paper forms, and for the consumer because the loop is closed more fully when their data gets there electronically. We have screened, to date, 3.3 million people using One-e-App and we have generated applications for over six million different programs.

In terms of Food Stamps, Food Stamps is a relative newcomer to One-e-App in California, but we have some important pilot efforts underway including: a partnership with Los Angeles unified school district to test public kiosks; and a partnership with the California Association of Food Banks, with whom we built a fast track in One-e-App to assist in applying for Food Stamps.

In Arizona, where One-e-App is available statewide, in the last calendar year 230,000 households representing 625,000 people submitted Food Stamp applications, 70 percent of them without assistance and 70 percent of those applications were approved.

We are sort of on a journey that some have called radical incrementalism. We started with the health programs. We realized quickly that once you ask a family the questions you need for Medicaid there is not a lot left to ask a family. Certainly when you combine Food Stamps and Medicaid you have an incredibly rich set of data that can be used to see if people qualify for really important programs like Earned Income Tax Credit which also brings important resources and helps with fiscal stability of communities and local communities.

This work is not without challenge. Systems reform is incredibly difficult. Our success is only because we have had important visionary leaders and partnerships with our states and counties. I just wanted to mention a couple of the challenges and some things that have been mentioned today that can help to overcome those.

Using technology to have systems talk to one another is incredibly important. Back-end data matches help to reduce cumbersome documentation requirements; and linkages between programs, other means-tested programs. While the systems may exist in silos, an individual's need does not exist in a silo and their eligibility and need for one program usually suggest their need for additional services.

Some of the other recommendations you heard here today, removing mid-year reporting requirements, increasing the use of innovations like telephonic signatures, removing fingerprinting in interviews. Those are the kinds of barriers that make technology not as efficient as it can be and that, ultimately, prevent people from becoming more seamlessly involved in the programs for which they are eligible.

I will be happy to talk about some of the pilot projects underway and answer any questions. Thank you very much for your attention to this important issue.

[The prepared statement of Ms. Page follows:]

PREPARED STATEMENT OF CLAUDIA PAGE, CO-DIRECTOR, THE CENTER TO PROMOTE HEALTHCARE ACCESS, OAKLAND, CA

My name is Claudia Page and I am a Co-Director at The Center to Promote HealthCare Access (The Center), a nonprofit technology solution provider improving quality of life by connecting people to needed public benefits. The Center's signature solution is One-e-App, an innovative, one-stop, Web-based system for connecting families with a range of publicly funded health and human service programs. My comments today on participation in Federal nutrition programs will be offered through this One-e-App lens.

The Center works with a variety of states, including the State of California and 15 California counties, to use One-e-App software to screen and support enrollment of families in programs ranging from SNAP (*i.e.,* Food Stamps) and WIC to Medicaid and Earned Income Tax Credit (EITC). Nationally, adoption of the One-e-App technology is increasing. To date, One-e-App, has been used to screen more than 3.3 million people, generating roughly six million applications for more than 20 programs. Food stamps (SNAP) was implemented less than 2 years ago in Arizona and more recently in a couple of California counties. In this short time, more than 627,500 of these people were screened potentially eligible for Food Stamps through One-e-App and applications were submitted for final determination to states or counties.

The opportunity to provide testimony on this topic is timely and important. While technology is not a cure-all for the myriad enrollment challenges families face, it is

a critical component in bridging the "silo phenomenon" and improving the enrollment process for Federal nutrition and other health and social services programs. Further, conversations around Federal healthcare reform provide a potential opening to promote broader enrollment reform, with improved systems development, data sharing and a more thoughtful way to support families and make sure they do not fall through the cracks as major new enrollment changes are rolled out.

I will focus my comments on discussing the "silo" phenomenon and missed opportunities to connect needy individuals with assistance and the One-e-App experience in bridging the silos created by complex disconnected enrollment processes. I will also provide suggestions for overcoming challenges related to using technology to improve access and participation.

Context and the Silo Phenomenon

If there was ever a time to focus attention on the efficiencies of the screening and enrollment process for low-income families into public benefits, now is that time. Hundreds of thousands of Americans have lost and continue to lose their jobs, their homes and their savings as a result of severe economic stress at both state and national levels.

For county and state governments this means increased demand for government sponsored programs such as Food Stamps and Medicaid. Governments are facing the largest budget crisis in recent history and have cut and furloughed staff, with additional cut backs likely in coming months. Government cannot afford to do business as usual under these circumstances. Technology offers promise in redeploying the workforce to focus on high-value tasks like answering substantive questions about benefits programs instead of tasks like manually entering data from paper forms, denying applications when hand writing cannot be deciphered, correcting common errors, dealing with duplicate applications and rescheduling missed appointments.

For applicants, the current process of applying for programs for which they may be eligible in the current environment means waiting in long lines (sometimes snaking outside offices along sidewalks), completing multiple paper forms (supplying much if not all of the same information each time), traveling to different locations sometimes multiple times and navigating an incredibly complex maze of referrals and programs. Imagine a single mother trying to hold on to a low-wage job, who cannot pay for child care and who's car has been repossessed; applying for the very help that may change her situation has become nearly impossible. Ultimately, this siloed approach results in missed opportunities for assistance because there is no *one* place to be screened for all programs.

One-e-App was created to not only bridge silos between programs but to equip community support networks and families with channels and tools to do more for themselves and to relieve pressure on already constrained state and county social services and Medicaid departments. The goal is to help communities and government better serve individuals and families.

One-e-App Solution

One-e-App is essentially like a "turbo-tax" for public and private benefits: it is available online, the system is intuitive and asks only relevant questions, data is error checked and complete, data is stored and retrievable and the system can transmit data and documentation electronically where needed for final dispositions.

Created in 2002 to support enrollment in a variety of health programs, over the last several years the system has evolved to include a range of government and non-government health *and* social services programs. The following programs are currently available in One-e-App.

Programs:

- Food Stamps.
- TANF (Temporary Aid to Needy Families).
- Medicaid.
- SCHIP.
- Early Periodic Screening Diagnosis and Treatment (EPSDT).
- School Lunch Medicaid (known as Express Lane Eligibility (ELE—a School Lunch and Medicaid linkage) in California.
- County Indigent Care and Coverage Expansion Programs (for adults and children).
- Kaiser Permanente Child Health Program.
- Kaiser Permanente Bridge Program.

- Medicare Cost Sharing.
- Sliding Fee and Charity Care Programs.
- Family Planning.
- Cancer Detection (Breast, Cervical and Prostate).
- Supplemental Nutrition for Women, Infants and Children (WIC).
- Earned Income Tax Credit (EITC).
- Voter Registration.
- General Assistance.
- Discount Utility Programs.
- Low Income Auto Insurance.
- Child Tax Credit.
- CalKIDS Health Programs.
- Pharmacy Discount Programs.
- Hospital Charity Care Programs.
- Work Force Investment Programs (under development).
- And other local programs.

One-e-App integrates with other systems to electronically deliver applications and supporting documentation and signatures for many of these programs. Electronic interfaces have been built from One-e-App to state systems in Arizona and state and county systems in California. In addition, Maryland is in the process of building an interface from its version of One-e-App to the state system for Food Stamps, Medicaid and other programs. One-e-App also interfaces with a variety of other entities including PG&E, Kaiser Permanente, health plans, patient management systems, electronic health records, U.S. Postal Service for address verification, and more.

Innovation and Impact

One-e-App is currently used in Arizona, California, Indiana and Maryland by state and county workers and community-based assistors in hospitals, clinics, schools, health plans and other locations. With local and state partners, The Center is testing new approaches to streamlining access to nutrition and other programs. Activities include:

Bridging the Silos—Full Integration to State Systems:

In Arizona, One-e-App has been fully integrated with the state systems enabling applicants to apply across a range of programs. Applications and supporting documents can be delivered and shared via a fully electronic approach. Disposition data is provided so applicants know the outcome of their application. This fully integrated approach is the first of its kind in the nation. Maryland is also going to be adopting this model and One-e-App, known there as Health-e-Link, should be fully integrated across all state and local programs by the end of 2010.

Public Access:

- In Arizona and California (and soon in Maryland) One-e-App is *publicly* accessible, which means applicants themselves go online (at home, libraries, school computer labs, work) to complete and submit applications.
- Publicly accessible One-e-App (called Health-e-Arizona in AZ) launched in Arizona on December 15, 2008, and at the end of 2009 nearly 230,000 households submitted Food Stamps applications electronically to the state. This represents almost 626,000 individuals applying for benefits. Of the applications submitted, 68% were approved or benefits were retained (some applications are renewals or change reports.) The approval rate would likely be over 90% had the applicants followed through with interviews and provided verifications (75% of denials are for failing to follow through). Of the 230,000 Food Stamps applying households, more than 217,000 (almost 95%) had at least one individual likely eligible for Medicaid.
- In Los Angeles, One-e-App is available via public kiosks located at school enrollment sites where families can complete the application process themselves, or with assistance from on-site counselors. In Fresno, applicants can apply from home, libraries and other locations.

Fast Track for Food Stamps:

In California, the One-e-App system also provides a newly created "Fast-Track for Food Stamps" that allows Food Banks to assist with the Food Stamps application

process while a community partner completes the application process for additional programs, using the electronically stored data and documentation from the Food Stamps application as the starting point. This approach allows resource-strapped Food Banks to more effectively assist with Food Stamps applications while leveraging the effort to assist families with other programs. Pilot initiatives are underway in Humboldt, San Diego and soon in Alameda and Fresno.

Impact of Missed Opportunities to Reach and Enroll in Public Benefits

As you will have heard from others providing testimony, low uptake in benefits programs results not only in missed support for families, but also in missed revenue for local economies.

Earned Income Tax Credit (EITC) program: One-e-App screens for EITC and calculates the projected refund families will likely receive, based on data provided. To date, One-e-App has referred users to roughly $1.8 million in EITC credits. It is important to note that we did not add a single question to the system to be able make this preliminary calculation for EITC; the questions asked of the applicant to calculate eligibility for other programs is sufficient to make the EITC calculation. This means no added work for assistors helping families, but significant opportunity for families to be connected with what is considered to be the most powerful anti-poverty tool, and one of the most underutilized. The dollars received by families through the EITC program make their way back to the local economy, thus supporting local economic activity.

Food Stamps: Missed participation in Food Stamps results in lost revenue for local economies. With each dollar of food stamp benefits generating $1.84 in economic activity, in Arizona alone, connecting households to Food Stamps through One-e-App has put $50 million into local economies.

Health Coverage: It is difficult to put a dollar amount on the enormous impact of uninsured and lack of health coverage. As an uncompensated Emergency Room visit costs a hospital $1,200 to $1,900, frequent utilizers of uncompensated Emergency Room care are therefor costly. Further, the downstream impacts of missed preventive care and lack of timely treatment are also costly (physically and emotionally for families who worry about children getting sick, or getting sick themselves.)

Food insecurity does not exist in a silo. Those challenged to put food on the table are also likely struggling with health coverage, paying bills, keeping their homes and more. And the numbers are significant—on average, roughly 13 million people nationally are eligible but not enrolled in Food Stamps, nearly 3.1 million California adults are not receiving benefits and 645,000 residents in Riverside County alone suffer from food insecurity (data sources respectively: USDA, UCLA Center for Health Policy Studies, California Food Policy Advocates). In addition, nearly one million Medi-Cal recipients in California are also likely eligible for Food Stamps based on their eligibility for Medi-Cal, yet there is no linkage or connection for these families.

So while hunger is a powerful indicator of need, when food insecurity is addressed as a stand-alone concern, we miss opportunities to more fully help families with other issues related to poverty. Similarly, when access to health coverage is addressed in a silo, we miss opportunities to connect eligible individuals with food assistance. There is an entrenched national history of creating silos around specific benefit programs, such as Food Stamps and Medicaid. These means-tested programs have separate financing streams, administrative oversight, technology systems and eligibility rules.

Opportunities for Closing the Participation Gap

The following suggestions for removing barriers would permit technology to be more effective at closing the enrollment gap in food and other assistance programs:

- Support development (create financing opportunities) of systems like One-e-App and create incentives to encourage states to permit data exchange in the way Arizona has done (with appropriate securities and safeguards). Similarly, to the extent appropriate, provide access to Federal systems (*e.g.,* IRS, Federal IEVS, Federal housing programs). Experience in Arizona points to immediate opportunities to break down the silos through a community based tool that exchanges data in this way.
- Provide guidance to states on conducting data matches to establish linkages for other means tested programs such as Medicaid and Free and Reduced School Lunch. Conduct deemed eligibility for programs where a match is identified.
- Provide a mandate to state and counties to find secure and safe ways to accept applications electronically through a "One-e-App" or similar tool so that applica-

tions can be received and processed electronically, thereby extending reach in the community and efficiency for administrators.

- Continue to promote ways to reduce the number of in-person meetings required to complete an application, including eliminating the fingerprinting requirement in California and other states requiring fingerprinting.
- Promote broader awareness and utilization of telephonic signatures and other innovations to streamline the enrollment process.

These recommendations do not have to be something that happen in the future; they can happen immediately. One-e-App has demonstrated success in bridging the silos and while broader systems reform is ultimately called for, modernizing enrollment in public benefits is complex and disruptive and will take years to accomplish. It is critical to start with immediate wins and ready partners while more integrated systems reform takes place through healthcare reform and driven by economic realities of maintaining outdated, disparate systems.

The Center to Promote HealthCare Access is happy to provide more information or to connect interested stakeholders with One-e-App users. Thank you for the opportunity to share these comments and experience today and for your leadership on this important issue.

The CHAIRMAN. Thank you very much, Ms. Page.

I want to thank all of you for your testimony. At this time we will begin with some of the questions, and I will begin myself by asking Dr. Valenzuela:

Obesity is a major health crisis for our entire nation but, as the saying goes, the journey of 1,000 miles starts with the first step. I believe that we must tackle this issue not just from the Federal perspective, but head on at the local level. As someone who has vast experience in this field, what do you think is the key to obesity prevention at the community level?

Dr. VALENZUELA. I believe that the only way that we can deal with this problem, especially in low socioeconomics, is through support in the community for the people's effort and reinforcement. For instance, we recently told all our doctors to tell the patients, "You need to do some exercise." Reinforce exercise after each meal. But that patient as they go back into the community they don't have any reinforcement support, they are going to go their own way. I think this has to be very important in order to succeed.

The CHAIRMAN. Thank you very much. Part of the problem is that you as doctors can only see so many individuals and how do we then get educational institutions, the communities and others at the local level to do what needs to be done? USDA can only do so much in terms of marketing, whether it is TV or whether it is through other media, public broadcasting, or radio, or whatever else needs to be done.

Dr. VALENZUELA. I think that you need to get involved with community-based organizations. If we educate and there are some funds in order to coordinate the effort, but it has to be coordinated through school and teaching by way of many institutions of higher education to provide some system. We can educate all the medical community, but it is very rare that you confront the patient being obese.

It is an unpleasant conversation to have with a patient. It is difficult to actually bring up the issue and, therefore, it is something that we have to do and accept as a change in the culture in the community. I think we have to be with the doctors, be in the churches, be in the community-based organizations and everywhere in the schools, too.

The CHAIRMAN. Thank you. I guess all of us realize we have a lot of work in partnership and collaboration. We all need to work and try to communicate throughout our communities, because we are looking at the effects. The cost is going to be on taxpayers. The consumers ultimately will pick up the cost in the era of obesity for everyone else if we don't begin to address it.

Dr. Wong, I thank you for your testimony on the obesity epidemic and its powerful impact on America's children. The figures that you threw out, the expenditures on obesity topping $1 trillion by the year 2030, that is very alarming to a lot of us. Sometimes we don't look at them, but we need to look at it because ultimately we are going to pay and people are not going to live longer.

When you combine the losses in work productivity that obesity and chronic disease can produce, we need to really understand that obesity can literally bankrupt our society. I don't think we really understand that yet. We have not come to grips with that yet and we need to.

I think that is what we are trying to do now. The hearing that Congressman Fortenberry had in Lincoln, Nebraska, began to look at the importance of this issue, and its impact. With that what kind of role do you think nutrition education should play in our schools and why, Dr. Wong?

Dr. WONG. It is a significant role that nutrition education should play because essentially what we are doing is re-educating the masses. We are going for a culture change. We have to use and utilize all of the means that we have available, systems issues, technological advances, and the collaboration of everyone in the community.

However, what I feel is important is that we must rededicate ourselves to the family unit, rededicate ourselves to getting the message across to parents, because essentially parents are the role models for their children. Right now, unfortunately, children have many other role models that are not as nurturing. For instance, the television and movie industries and whatnot.

Unfortunately, we have somewhat lost our way in my opinion. I think that with the aid of the medical community I have seen in my practice where parents actually listen to their medical providers with greater emphasis than, say, for instance other people in the community. I think that is a benefit that we need to explore. However, what we need to do is get down and talk to the parents and be able to avail themselves of some time to spend with their kids so that they can be role models again.

The CHAIRMAN. Okay. Thank you. I know that there will be a second round of questions and I would like to follow-up. I know that my time has expired but I would like to ask Mr. Sharp. Again, thank you for your testimony. We are all aware of the tremendous impact that the current economic conditions have had on the demands for SNAP and benefits, but can you give us a better picture of how our budget crisis in the State of California is affecting the Administration's nutrition programs like SNAP, WIC, and school lunch? I have the article by Arnold Schwarzenegger that says they are cutting back and 150 families may lose Food Stamp benefits.

Mr. SHARP. Each of the Federal nutrition programs depends on a partnership at the state and local level that involves the adminis-

trative funding. For example, the state budget crisis that reduced funding for public schools in California by $4 billion in 2010 over 2009 evidently makes it far less probable that nutrition education and physical education will be expanded. So it is within that context that there are a variety of challenges associated with expanding these programs.

At the county Welfare Office level where these programs are administered, generally, in all 58 counties there are a range of hiring freezes and budget cuts. The Federal SNAP program has responded to that by providing an influx of additional administrative funds both in the Stimulus Act in February, as well as again this fall as part of the appropriations bill. There are a range of additional challenges associated with making one-time investments in the technology upgrades that you heard about from Ms. Page.

There are a number of one-time investments needed to modernize the program that will ultimately generate savings but it is a time of extraordinary fiscal deficit. In Sacramento it is very difficult for policy makers to invest in these kinds of short-term improvements, even if they will pay long-term dividends. Identical is true with both WIC and the Child Nutrition Programs.

The CHAIRMAN. Thank you. I know that we are looking at technology and I know Ms. Page made reference to it, but part of what I have heard, too, is that we are not talking to one another and we are not communicating in terms of the technology.

Which is the best method and what do we need to do, for the most cost effective set of programs that can speak to one another, and at the same time provide the needed services? You can develop the new technology and the new programs, but with different programs within each county it presents a problem.

Mr. SHARP. When food stamps was really expanded 40 years ago there was a strong Federal commitment to establish a minimum level of access in all the counties across the country. That sort of became a Federal program. Ever since then the USDA has put a great deal of attention towards trying to understand the different variations and participation.

There is an extraordinary amount of evidence on this as well as on nutrition and health habits among participants. The challenge is to try and translate those components of knowledge and learning into different practices. That is very difficult given the multiple jurisdictions involved. The Federal Government has a clear established role, and in some of these cases it may need to be extended in order to ensure and establish new minimum floors in each of the program areas.

The CHAIRMAN. Okay. One final question since Jim Costa is not here and I can ask the additional question. Of course, my colleague here can too.

In your expert opinion what is the most important thing that we can do, and I state, what is the most important thing that we can do to increase SNAP or Food Stamp outreach in California in under-served communities? There are a number of them right here in this area.

Mr. SHARP. There are a number of initiatives that are underway right now. Given the enormous scale of the under-served population which, as we mentioned earlier, is three million persons,

there is not one strategy that is going to effectively engage all three million nonparticipating households. Many of those households will have had contact with either the Medicaid system, as I pointed out in my remarks, or have already applied for SNAP benefits and have been turned down or discouraged during the process. The single most effective strategy is to keep people on this program, or in the program, who have indicated an interest and desire in the government.

The second would certainly be to ensure that the confusion that exist among Latino and immigrant households is clarified regarding the eligibility for these programs in a way that reassures families, particularly households that have immigrant parents and citizen children that their eligibility for this program is unaffected by the immigration status. I think those two areas, both ensuring a more seamlessly integrated application process that captures everyone that shows interest, as well as clarifying confusions regarding eligibility among immigrants.

The CHAIRMAN. Thank you. I now recognize the gentleman from Nebraska for 5 minutes plus the additional time he needs to ask to make sure that we are working bipartisan.

Mr. FORTENBERRY. You are all about fairness. This doesn't happen in Washington by the way. Thank you, Mr. Chairman. Thank you all again for being here and for your insights and excellent testimony. Let me make a few comments that I think encapsulates some of what you said, Ms. Page, and what some of the doctors were referring to.

One of the frustrations of being in public service, an elected official, is you inherit a big pipeline of institutional processes and procedures and you refer to silos. There is not an Administration that hasn't come into office that says we are going to reduce the duplication. We are going to make systems talk to one another. We are going to ensure that if there is a nutrition program that existed 40 years ago that is diminished that is in one department, it is simply not going to be replaced by the advent of another one.

Sometimes, though, we ask questions in silos as well. We have a problem with hunger. We have a problem with assistance or people properly accessing assistance who deserve assistance. I think this comes back to the commentary that the doctors gave on the sociological problems here, the fragmentation in society.

Dr. Wong, I think you did an excellent job, a courageous job in attacking that. You see this first hand because you doctors are more highly trusted than politicians. Well, not here maybe. So there is an honesty and a transparency in those relationships. You are clearly evaluating what is happening, not only in individual lives, but in seeing it over and over again you can generalize the broader difficulties that we are having societally in terms of family disintegration, in terms of poor role modeling that is out there, particularly in the media, the pervasive media, the problems of crime and community deterioration which prevent a child from playing outside which was normal for us, or walking to school. We may have to come up with a program that kids have to walk 30 minutes in school. This was unthinkable 40 years ago. You just walked to your school.

These are some of the hard realities that are out there in addition to the pressures on educators who have to produce outcomes. These older interests of life skills and the rest of it are taking a second place as we are dealing with the emergency needs that appear to be before us. This is what is frustrating at this level because you have a responsibility to deal with both; an emergency to put out the fire, but what is causing this societal fragmentation in the first place.

In that regard, though, given the prestige and trust that does exist with medical doctors particularly, one thing that I am concerned about is, again, and I hinted at it earlier, is the way in which we reimburse for services, the way in which you are paid. You have to make a living. You have huge opportunity cost in your own education and it takes a long time to get some place where you have a stable income.

There is pressure on you, particularly given the supply meeting the demand, more and more demand, that you move someone along as quickly as possible with that which is, of course, efficacious but that which is also reimbursed. How do you reimburse for your time sitting down with a family and say, "You know, what the difficulty here is, you really need to try to get along. Your children need you. The consequences of this are habits that are being inculturated that are going to lead to disasters for your own children," and such.

That is a hard thing to do, I understand, but, again, you being on the front line of this social difficulty, I think it is something we can drive back to. As I was suggesting earlier, in terms of the way in which we reimburse, because if you saw someone that you know you could give some drugs or treatment to and be reimbursed. But, it would be better simply if they embraced some sort of lifestyle change that became disciplined around healthy foods or exercise or just simply personal interrelations. That could lead to better outcomes and reduce the pressures that we are feeling on this end, potentially, in the long term. That is probably a hearing in and of itself.

It is the frustration that Congressman Baca and I see when we have real people in real pain and you have to put out a fire, but how do we get underneath this and change directions so that people are truly interconnected in communities, of affirmation where they live out life in hope and love with others. That is ultimately what the human heart is longing for. When you have that guess what happens? Health improves. It really does. That is a demonstrable fact. Mr. Sharp, you are clearly an expert on statistics. I think you would agree there is a direct correlation there.

Mr. SHARP. Absolutely.

Mr. FORTENBERRY. I just gave a speech. I was supposed to ask a question. Anyway, what do you think of that?

Mr. SHARP. That was a very complicated question. Notwithstanding from a provider standpoint reimbursement is a major concern. From a pediatric standpoint historically we do not get reimbursed for anticipatory guidance or spending more time in educating families and trying to get families on board.

Mr. FORTENBERRY. That's true.

Mr. SHARP. However, we do get reimbursed through other programs like pay for performance programs based upon outcomes

management. Also we want our kids, our patients, to be well and we want out families to be well, or else we would not have been in this business in the first place.

However, I think that one way to try to refocus on this particular issue is to really engage providers on early recognition. Some certain quantifiable aspects that we can recognize patients early, very early, and be able to direct them to community resources. We need a collaborative effort with other people in the community to be able to get the message out even when we won't be able to get out that message because of time constraints.

I think that physicians need to speak with one voice on this particular subject. Unfortunately, physicians don't have a habit of doing that. However, it is important and physicians do recognize that. It is just another aspect to healthcare reform that we need to approach.

Mr. FORTENBERRY. Thank you, Mr. Chairman.

The CHAIRMAN. Just a quick comment in reference to Dr. Wong's question. It is a good question that the gentleman from Nebraska asked about the reimbursement. You mentioned that we get reimbursed in other ways. I think that is what we have to address as well. When you start looking at oversight accountability, transparency, then we begin to ask questions why is so and so getting billed for A, Y, and Z when they provided something else out here.

That is where we have the difficulties in Washington, D.C., when we are trying to look at dollars that are coming back into the area. So, we have to be very careful when we turn around and say we get reimbursed in other ways and not bill someone for something else when you actually provided the guidance during that period of time out here.

I have a question for Ms. Jessup and this is not a question from me. This comes from Congressman Jim Costa and I told him that I would ask you. He told me to make sure I asked you this question. He says, "Thank you for being here representing Fresno. Your experience in the nutrition and hunger programs is much appreciated here. You mentioned that the county had concerns about rural municipalities transmitting data back to the county. What was the primary concern—errors on the forms?"

Ms. JESSUP. This is in reference to trying to find ways to enroll people who live 80 or 100 miles away from where they have to apply for Food Stamps. Last summer in the midst of the real crisis around the food and the droughts in communities that have 40 to 80 percent unemployment right now, I proposed that the county allow the municipalities to act as a place where people could apply for food stamps rather than trying to apply for them standing in 110° heat while they were collecting not enough food.

The county, I believe, is just worried about error rate. They are worried about having their hand spanked for enrolling somebody who maybe they find out later didn't quite apply or didn't have all the information, all the documentation that was required. It ended up not working out. It could have been a first step for folks, but it didn't happen because they are afraid. They are afraid of making a mistake and that overwhelms the actual intent of the program and people aren't enrolled.

The CHAIRMAN. Thank you. He had an additional two questions and I am just going to submit for the record and I will give these to the staff here. As you mentioned in your testimony it makes it clear that you have seen firsthand the inefficiencies that can arise when Federal, state, and county authorities get into jurisdictional fights? How can all of these different levels best work together on an issue like nutrition education, and obesity prevention?

Ms. JESSUP. Okay. I would particularly like to address the obesity prevention issue. Nutrition education, there is plenty of it and it is out there, and it isn't the issue. I am very concerned in terms of the spectrum of prevention looks at things like individual behavior change and the kind of care that the physicians are talking about. At the other end, the end of policy and environmental change, is really a causal factor and it is multi-sectored, and it really is the area that we have to say, "This is not right and we can't do it anymore."

I know that sounds pretty harsh but we really are moving into a difficult situation.

The program I work with works in about 12 different sectors to create environmental change so that when the physician says, "You have to do better with your diet and physical activity," they go back into a community where the zoning is such that there is food access for them that is healthy. That the parks are open and available and have safe places for people to be.

Mr. FORTENBERRY. Can I interject, Mr. Chairman?

The CHAIRMAN. Yes.

Mr. FORTENBERRY. This is a very interesting point that we have unpacked in previous hearings. The actual access to healthy foods is another issue, not just retraining of habits.

Ms. JESSUP. Yes. And so you can say that——

Mr. FORTENBERRY. Particularly in dense urban communities. It may be a little different where you are.

Ms. JESSUP. Well, no. In dense urban communities and in the rural areas where there may only be a liquor store and that is where people get their food. Until we make those changes and create incentives for the business community to really—you spoke before about having to go back. Our distribution systems, the place in between the food and the person are broken, and we really do need to go back to that. Those are big environmental and policy issues around that.

Fresno, the city, we made a policy change that will allow farmer's markets in Fresno. Prior to that change they were not allowed, so we didn't have farmer's markets on every corner which is what you would expect.

The CHAIRMAN. I think that is part of the problem we tried to address in the ag bill with fresh fruits and vegetables in the Snack program.

Ms. JESSUP. Fresh fruits and vegetables, yes. Looking at those as our valued crops and relooking at subsidies, which I mentioned in my testimony. Otherwise, I would say that it really is the community, but that physicians may need to write prescriptions for food stamps or for school meals. It is an environmental change. It is an environmental change that we need to have happen.

The CHAIRMAN. Mr. Fortenberry, you wanted to interject something?

Mr. FORTENBERRY. This is clearly what I was driving at earlier, rethinking some of the frameworks in which the medical system interacts with patients, particularly if we have drawn the correlation between nutrition and healthcare outcomes. They have to be paid. I mean, they can't do it and so they get paid for certain behaviors and not paid for others.

These gentlemen are good public servants in the sense they are clearly on a mission because their patients want to be well, but changing the institution to incentivize that, particularly through reimbursements, is something we have to think through. I think that, again, is a way in which we do two things as I said at the beginning, improve outcomes and we reduce cost as they manifest themselves in the healthcare system and other poor outcomes like you were talking about depression, family disunity and the rest.

Ms. JESSUP. I think that is so important. The California Medical Association has an obesity prevention program and is encouraging physician champions to actually talk to the wider public. It is op eds about the issue of what you are seeing.

The CHAIRMAN. On that note, let me go on to ask Mr. Marsom a question as well.

Can you give us some examples of effective marketing and outreach techniques for Federal nutrition programs that you have seen in communities across the United States and what makes these programs effective?

Mr. MARSOM. That is the big question. I think there is one that we always like to share which started here in California. It was a local program that has now been expanded around the state which is Good Harvest of the Month. It is a program funded through SNAP-Ed. What happens in the schools and communities, where this program is taking place, is that they choose a different fresh fruit and vegetable every month and while that is seasonally and locally available they promote that in schools.

These are low-resource, low-income schools. What happens is as they engage with the teachers and the students and also then with the parents. We have worked with retailers who are actually showing those products are selling out in the stores because the children come out of the classroom, they go home, they are in the grocery store with their parents and they say, "Oh, look. There is the blueberry. There is the squash that we talked about in the classroom today."

What we have been able to do at the state level with the SNAP-Ed funding is have a program that is comprehensive. I think the point that Edie raised is it is not enough just to do the education alone. I think, certainly, there are many families that need to have that basic one-on-one education, but what has been shown time and time again to work whether it be an obesity issue or smoking is you need to have a comprehensive approach in all aspects of people's lives. At the faith community when people are at church they hear about healthy eating from their pastor or from the clergyman. When they are in the grocery store at the point of sale they can see the Five a Day message or the healthy eating message.

When they are at school or when they are at work we have worksite promotional messages. What unfortunately is limiting the program's success are the extremely burdensome administrative requirements which, while we understand the need and the importance of targeting, there comes a point where the expense of the administration of the program is turning away many local dollars, local funding that could be puts towards this to draw down Federal dollars into the state.

It is unfortunate that Congressman Costa had to leave because as a result of the USDA rules I have referenced in my testimony Fresno County actually withdrew from the Federal program. They didn't want to see their local dollars matched against the Federal dollars for more traditional one-on-one education. They realized that to address obesity to help the Food Stamp families they need to address the spectrum of prevention that Edie referenced so you are addressing the individual, you are addressing the interpersonal in the community, and you are addressing that norm.

On any approach, to answer your question again, it has to be a comprehensive approach using media, using technology with the kids these days using online tools and resources as well, rather than just simply handing someone a brochure and saying, "Go out and eat healthy."

The CHAIRMAN. Thank you very much. I think we have to look at it from the positive point of view, especially as we look at fresh fruits and vegetables. For us adults we are trying to eat a lot more blueberries now because some of us can't remember what we did on the last hole when we play golf. I would love to have that person jump back in, to remember. It goes right back to education as well saying, "This is what it does for the mind."

I am kidding. When we look at a child, if, in fact, they start eating those kinds of fresh fruits and vegetables perhaps their ability to think, their ability to act would improve their ability in the classroom. I think we have to approach it from that perspective as well, and not just from the perspective of saying, "Hey, I want to remember what I scored last time I swung the club." The golf club that is on the golf course. I want to make sure I clarify that for the record. On the golf course, not anywhere else. Somebody had stories about being swung somewhere else, but I don't want to mention where they were swung but on the golf course.

Ms. Page, I would like to ask you a question: In your testimony you mentioned that a few California counties have already adopted the One-e-App process for SNAP. Which California counties have already adopted that process? That is question one, and question two, what do the results look like for these California counties?

Ms. PAGE. Sure. The first county was Fresno County and the process isn't just to flip the switch. Conversations had to take place with the county agency to discuss how applications would be received, because there is not an interface between One-e-App to the county system in Fresno. That is really one of the single biggest challenges.

It is the same challenge faced in Los Angeles, which also includes Food Stamps and their version of One-e-App, but there is no interface between One-e-App and the county Social Services Agency. It means you have to have conversations about will the applica-

tions be mailed? Are you going to require that they be delivered in person? Would you permit a fax receipt?

Those details are part of what we have been working out in both Los Angeles and Fresno and so the numbers, frankly, are kind of low as we have launched only in the last several months with both of those counties. We will now be able to start to analyze what kind of impact we have, and more importantly, look at why the impact isn't greater in part looking at the integration issue.

The other counties are—Humboldt County is going to launch in the next couple of weeks and there are organizations in Sonoma and Napa who also use the system, but it is not county wide. There are several other organizations and counties that will be coming onboard.

I just want to say one thing about the adoption of food stamps which is that our journey really began with the health programs with a lot of our partners. This is the other challenge, that it was a bit of a paradigm shift to have traditional health organizations take on the responsibility of doing the screening and assessment for Food Stamps, Earned Income Tax Credit Programs, those other programs. It is going to be incremental, but the inroads that we are making and having a system that makes it more rational to do that screening is going to be critical to making a food bank that never does an assessment for a health program be willing to take that on.

The CHAIRMAN. Okay.

Mr. Fortenberry.

Mr. FORTENBERRY. Just one more quick question. You well know how particularly in this state, but also at the Federal level, the resource constraints that we're under. Are there ways to improve nutritional outcomes and participate in the paradigm shift, as you well stated, without expenditure of additional resources?

The CHAIRMAN. This is open to any of the panelists.

Mr. FORTENBERRY. That is my last question.

Mr. SHARP. Let me do one that hadn't come up yet at all which is that the dietary guidelines for Americans spell out a roadmap on how to live. There is a very slow process underway to align all the Federal nutrition programs to not only serve food that exemplifies the dietary guidelines but actually teaches those lessons. The most cost effective thing you can do within the current resources are to ensure that the programs are teaching the healthy habits that are intended.

In 2004, you required the WIC program to update its food package accordingly and you need to establish the same expectations for the Childcare Food Program. There is a process underway with school lunch now to do that. As in the context of the previous panel's discussion about this pilot program to incentivize, that would be a promising long-term direction within the limited fiscal constraints to try and target the benefits of SNAP more effectively.

Unlike childcare and WIC there has not yet been a demonstration project to test out the cost and benefits of relative approaches. That is the general direction that public health is going is to restructure the guidelines, the meal patterns, the standards in order to both encourage the healthy habits, so that the healthiest choice

is also the easiest choice and that is the best way to teach the lesson.

Mr. FORTENBERRY. That is an interesting concept because the healthiest choice is not always the easiest choice right now, particularly, because of a lot of factors you pointed out, all of you pointed out.

Ms. JESSUP. I would like to offer a suggestion of a joint initiative with Health and Human Services between the Department of Agriculture, which has the food, and the SNAP and nutrition programs. At that high level put the two together to weed out some of the silos between the two and to really make the point of the obesity issue real for the rest of the country.

Mr. FORTENBERRY. Thank you.

Mr. MARSOM. So quickly on the cost question. I mean, one of the unique and wonderful aspects about SNAP nutrition education, of course, is that it is a shared cost between the Federal Government and the states. But we also know, and elected officials are often especially aware of this, is the mass media is an extremely powerful way of reaching individuals and changing perceptions. However, it can be very costly.

What we found in recent years in California where the state had tried to use mass media to reach the target population USDA had called us because when you are reaching an audience with mass media there are going to be people they use the term "incidental outreach." There are people who are going to be watching or listening to a radio station who are not necessarily going to be eligible. They are going to be low income but perhaps not in the program.

Headquarters USDA required that the state narrow the target to show that the maximum number of people who are reached are eligible. That actually cost a great deal more money. Consequently they actually reached fewer of their actual target population and that to me is where we get some fuzzy math going on.

If we understand that the outcome is to reach the greatest number of the target population, and if we can show that using the types of evidence and media targeting that is available in the private sector, we on the public program should be using those types of expertise, that type of information. That way we can actually in the long-term reduce those costs.

Another point specifically, we believe that if states were today allowed to use their existing Federal share to include some of these public health approaches, they could do so without increasing the actual Federal share of the program because that is how they draw it on the match. If they use the existing Federal money and just include maybe 20 or 30 percent of that to support public health approaches, we believe there could be some tremendous results in terms of addressing obesity and hunger.

Mr. FORTENBERRY. Thank you.

Ms. PAGE. From a systems perspective, on the cost front with the precious resources that are being invested, it is incumbent upon the Federal financing streams to be funding the integration and the interoperability. So that Federal financing comes with a requirement that investments in systems that the states are only using those dollars to build systems that can talk to one another, that they are building them in the right architecture and on the

right platforms. The Federal Government might look at the investment in a state like California in four separate systems that do not talk to one another, and how much longer does that meet the criteria in this fiscally constrained environment.

Mr. FORTENBERRY. Thank you.

The CHAIRMAN. Thank you. Before we adjourn, I would like Mr. Fortenberry to make his closing remarks and then I will make my closing remarks before we dismiss the panel.

Mr. FORTENBERRY. Great. Well, again, thank you all for the investment of time today. Thank you all who have stayed with us through the whole time. I am very impressed by your willingness, again as a community, to come out and listen to this. I hope this has been helpful to you. These types of hearings are always very helpful to us as we try to unpack the implication in real time the policies that we have made in Washington, D.C.

I want to thank you and congratulate you on the excellent spirit that I perceive in your community of both cooperation but real intensity of care. You are, of course, using resources well, but are taking community-based approaches to real complex problems that are a convergence of a lot of factors.

Interestingly today our hearing unpacked a lot of those social complexities in the one manifestation of it in terms of hunger and nutrition-related healthcare problems. I think this has been very helpful and I am really grateful to Chairman Baca again for the privilege of being here with him but the honor of the invitation as well. Congratulations, sir, on a great hearing. I appreciate, again, the opportunity to be here with you.

The CHAIRMAN. Thank you very much. Before we adjourn I would also like to thank each of the panelists for being here today and for your thoughtful testimony and your knowledge and your participation. I hope Congress will find the best policies and solutions to meet the challenges to our national health problem including from nutrition, obesity, and cost effectiveness.

I think when we have hearings like we are having here right now we actually get to hear from each and everyone of you prior to and in this hearing itself. It was helpful to hear you express some of the problems that we are having, and some of the solutions, some of the directions, and some of the suggestions. I think if we had been back in Washington, D.C. we probably wouldn't have heard as much as we have heard right here.

Maybe that is a warning to us to say that we should have more hearings out in communities throughout the states, because we actually have the ability to hear all of your thoughts and your inputs other than your written testimony. When we are back in Washington, D.C. I believe the bell goes off and at that time we are on a time schedule for us to get back in and vote, and then trying to get back into a hearing and trying to pick up where we left off.

This was very fruitful for us to have this kind of a hearing and get the kind of input that will look towards policies across our nation. It is always worthwhile to come home anyway and get local perspective on our national legislation and how we can best implement these policies. I want to thank Congressman Fortenberry, Congressman Costa again. A special thanks for both of you for traveling to the Inland Empire.

Last but not least, also I want to thank Arrowhead Regional, all the individuals that were involved, my good friend Frank Reyes who has been wandering around to make sure that everything was done. Also to Dr. Dev who was here as well and making this hearing happen and making history right here in the Inland Empire. This is a historical moment. Hopefully we can go on and do the same things, another time.

Again, thank you very much, panelists, for being here. With that I would like to state under the rules of the Committee the record of today's hearing will remain open for 30 calendar days to receive additional materials and supplementary written responses from the witnesses and any question posed by Members. This hearing of the Subcommittee on the Department Operations, Oversight, Nutrition, and Forestry is now adjourned.

[Whereupon, at 12:48 p.m., the Subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

SUBMITTED STATEMENT BY LORNA DONATONE, CHIEF OPERATING OFFICER AND EDUCATION MARKET PRESIDENT, SODEXO, INC.

Mr. Chairman and distinguished Members of the Committee, thank you very much for giving me the opportunity to provide input on innovative practices adopted by Sodexo to improve child nutrition. I am pleased to describe for the Committee examples of programs that Sodexo has found successful in increasing the consumption of healthy and nutritious meals by students. We know that access to good nutrition benefits children not only in their health and wellness but also in their ability to achieve academic success.

Sodexo is the leading provider of integrated food and facility management services in the United States with roughly 110,000 employees in 6,000 locations across the country. Through our School Services Division, we are privileged to serve 2.8 million school meals each day to students in more than 470 school districts across the country.

In California alone, we provide student nutrition services at over 65 public school districts throughout the state. In those districts, which range from large city systems like the San Jose Unified School District, to small rural systems, we provide wholesome meals that meet or exceed all USDA nutrition guidelines for schools.

Sodexo is focused on the overall well-being of the students we serve and we are committed to delivering effective programs that help students, teachers, parents and employees understand nutritional concepts and allow them to make informed decisions that support a healthy lifestyle. Experience has shown us that persuading children to eat more nutritiously is an evolving process that requires new and creative methods that make healthy foods more acceptable to children. Permit me to outline several specific parts of the Sodexo approach which we have found to be especially effective in California.

Sodexo looks for opportunities to make healthy food fun and interesting to childing. For example, Sodexo organized a special fruit and vegetable booth for the Romoland School District health fair in Homeland, California. The booth included fresh fruits and vegetables, along with recipes and informational flyers about the produce. The real highlight of the event was exotic foreign fruits including star fruit, passion fruit, kiwi, kumquat and loquat. These fruits were both cut into pieces for tasting and left whole so students could touch and see them. Another example is the San Ysidro School District Waffle Breakfast Bar—a promotion that encouraged healthy eating by using fresh toppings like unsweetened strawberries, blueberries and bananas. The promotion has been a major hit with students, and the school district has seen a 50% increase in breakfast participation on promotion days. On the days following the promotions, participation in the school breakfast program also has increased, so we know that these promotions and programs are working to encourage children to eat healthy breakfasts at school.

However, it is still an unfortunate fact that many students who qualify for free and reduced price school meals do not take advantage of those services. Sodexo's research shows that a variety of reasons contribute to this including failure to complete the application, social stigma associated with subsidized school meals or, in the case of breakfast, extenuating factors that impact the child's ability to be in school in a timely fashion

Sodexo supports school districts by encouraging families to complete and submit the meal benefit application. Completing the application is the first step to ensuring that all students have the opportunity to enjoy healthy meals everyday. Sodexo works with our school district partners to find new ways of getting that message to students and parents and encouraging them to sign up for the federally-funded program. In Rhode Island, Sodexo works with a local radio station on an annual promotion that provides rewards and incentives for students at ten high schools throughout the state who complete free and reduced program applications. The promotion, which started in 2005 and was created to increase participation in the program, while also removing the stigma associated with free and reduced meals, has been an overwhelming success and has produced a 15% increase in applications and a 25% increase in meal participation during school.

The next step in the process is developing new, creative solutions and opportunities for students to access meals. An excellent example of Sodexo's efforts in this area comes from our operations in Atlanta Public Schools where we found that students were not eating breakfast at school, despite the fact that we offer free breakfast to all students in the district. In an effort to get more students the nutrition they need to succeed, Sodexo and its partner Jackmont Hospitality started a program that delivers breakfast directly to students in their morning classroom or distributes nutritious breakfast foods at special kiosks as students enter the building at the start of the school day. The "desk-side" breakfast program, which Sodexo

launched last school year, has increased breakfast participation at schools by 200 percent and school officials report that attendance figures have increased over that same period of time. School district officials also report fewer behavioral problems and increased punctuality as a result of the innovative breakfast program.

Giving children a "second chance" to have breakfast during AM recess in Cotati-Rohnert Park in Sonoma County, CA has also proven extremely effective. The "second chance breakfast" was implemented in January 2009. Cotati had previously offered traditional breakfast at 7:45 a.m. before the start of the school day and the participation in the traditional program was minimal. Students were not able to get to the cafeteria at the early time of 7:45 and many of the free and reduced students were hungry and not receiving their much-needed breakfast. The pilot at an elementary school was a huge success allowing Sodexo to roll the program to the remaining breakfast sites in the following months. As of September 2009, the before-school program was eliminated; breakfast is now only available as the "second chance" program at recess. The results for the first quarter of the 2009–2010 school year show an increase in participation by 22,413, a 60% increase over the same period last year.

Creating Pleasurable Food Experiences Add More Impactful Information About Our Programs To Encourage Healthy Eating

Along with ensuring that students have access to nutritious school meals, our goal is to provide children with affordable meals that they enjoy eating. In order to meet the desires and needs of students, Sodexo has a team of experts including executive chefs and registered dietitians who monitor student insights and trends and also reviews and evaluates evolving studies on student nutrition. We have discovered that children tend to eat with their eyes first, so the food we serve must be colorful, visually appealing and familiar. Sodexo has been working closely with its vendor-partners to source food that meets high nutritional standards while also being attractive to kids—both in flavor and visual appeal.

Sodexo strives to find innovative ways to serve healthier versions of the foods and beverages children love. For example, in California, Sodexo switched to a sucrose-based chocolate milk as a healthier alternative to the high fructose corn syrup version in 2010. This change is happening at all Sodexo districts across the state.

In a school district in Hopewell Valley, NJ, the block shaped wax-coated milk cartons that traditionally have brought milk to schoolchildren have been replaced with eye-catching, pear-shaped, recyclable plastic bottles that feature tasty low fat milk in regular, low-fat chocolate and strawberry flavors. In addition, the school provides a number of milk-based promotional items such as magnet, buttons, rubber wrist band and the like. In other school settings, milk machines have been moved to high traffic areas and the distinctive "Got Milk" posters are used to attract student attention. In all cases, we are pleased to report that milk consumption has increased and recent studies support the fact that offering a variety of milk choices sustains student consumption of milk. In a recent study, when flavored milks were removed from schools, there was an observed reduction in milk purchase consumption for all grades (K–12). This reduction ranged from 37 percent in high school to 62 percent in the lower elementary school grades. This reinforces the fact that milk needs creative packaging and variety so that students benefit from the additional calcium and vitamin D afforded by milk.

In addition to the examples provided above, we also have increased healthy eating through the utilization of age appropriate educational programs. At the K–12 level, Lift-Off is Sodexo's school ambassador and this character is presented in a variety of fun and engaging ways to entice students to aim for better nutrition and physical activity.

In an effort to make good nutrition fun, we partnered with Martha Montoya, the Los Angeles-based cartoonist behind the nationally-syndicated "Los Kitos" comic strip. The partnership brought popular "Los Kitos" cartoon characters like *Pikito, Mima* and *Solito* to elementary school cafeterias across the United States with a monthly comic strip. Sodexo's nutrition mascot Lift-Off, joined the "Los Kitos" characters in entertaining and educating students through comic strips about valuable topics such as the importance of breakfast, daily exercise, gardening, planning balanced meals and taking care of the environment. To help celebrate the nationwide program launch, Lift-Off was joined by Montoya and Mima from "Los Kitos" to bring a special health and nutrition message to students at William McKinley Elementary in the Burbank Unified School District. During this visit, Montoya taught students to draw cartoons during a classroom educational session while a registered dietitian also taught students about healthy eating and then lead the class through an engaging activity session. The cartoons have been so popular with students that we were

asked to convert the comic strips into coloring pages so students could bring the cartoons to life with their creativity.

For middle school, we offer Performance Zone and at the high school level we offer Balance Mind Body and Soul. Both programs highlight nutritional content of meals, offer monthly promotional messages through brochures, posters and signage, and offer vibrant, age-appropriate signage to motivate students to make healthier lifestyle choices. Students have access to a variety of wholesome menu choices with pizza made from whole grains and low-fat cheese, and fresh salads and deli options.

Along with our base nutrition programs, Sodexo has special initiatives and promotions designed to teach students about the importance of balanced nutrition and making healthy choices in the cafeteria, at home and throughout life.

Sodexo's A to Z Salad Bar program offers students a chance to learn about a wide variety of fruits and vegetables by providing a produce item for each letter of the alphabet on a cart. Sodexo encourages students to try all of the items and gives them information about why fresh fruits and vegetables are an important part of a balanced diet.

The Produce of the Month program is another example of Sodexo's commitment to nutrition education. Not only does Sodexo highlight a specific produce item each month, but the company also creates informational materials for students and parents, including nutritional facts, educational games and activities and recipes to try at home, to encourage healthy eating away from school.

Building Cross-Community Coalitions To Encourage Healthy Eating

We have also discovered that it is essential to involve varied members of the educational community is influencing the food choices of children. In many instances, we have formed Nutrition Teams, comprised of parents, teachers, food service directors, dietitians, students, school nurses and physical education teachers to develop healthy meals and to coordinate and integrate educational messages at home, in the classroom and on the playground. Our chefs and registered dietitians have been invited into classrooms to teach nutrition and culinary skills, and have offered after-school programs, such as cooking demonstrations on creating healthier meals at home. Other school communities have begun to build school gardening programs with the assistance of Sodexo managers and chefs. Registered dietitians and school managers work with parents and nursing staff to ensure students with diabetes and food allergies are properly accommodated. And most recently, we have signed a very important agreement with the Alliance for A Healthier Generation to ensure beverages and snacks served to students in all grade levels meet specific nutritional criteria. By serving snacks and beverages with a healthier nutrient profile in age-appropriate portion sizes we hope to visually educate students, parents and teachers about better food choices.

Access To Healthy Foods Is Critical in Fight Against Childhood Obesity

At Sodexo, we know that children who don't have access to healthy foods are more likely to suffer from childhood obesity—a condition that will create other devastating health problems for life. Recently, Sodexo joined First Lady Michelle Obama in her National Fight Against Childhood Obesity Initiative, named "Let's Move", to positively impact students nationwide in the next school year. The agreement will affect 135,000 students in the 2010–2011 school year alone. In addition, representatives estimate a potential increase of 18,700,000 meals conforming to standards outlined in the Healthier U.S. School Challenge. The school lunch providers expect to reach two million families with nutrition information.

Under the agreement, Sodexo and industry partners have agreed to support the First Lady's Initiative by including more fruit, juice, vegetable, whole grain and milk options in reimbursable lunches. Sodexo also agreed to increase nutrition education efforts aimed at students and parents, as well as encourage broader participation in the USDA's Healthier U.S. Schools Challenge by providing technical assistance and facilitating paperwork requirements for the schools they serve.

Sodexo also commits to working closely with the White House, and to continue to work with Federal and state agencies, local school districts and others in the private sector to achieve the First Lady's goal to eliminate chilldhood obesity in this generation.

Conclusion

Mr. Chairman and Members of this distinguished Committee, these are brief highlights of the many ways in which we strive to increase student access and interest in school meals, and thus, promote consumption of a healthier diet.

At a time of great need, increasing access to these vital programs would benefit millions of American children. A recent survey conducted by the Alliance to End Hunger showed that half of likely voters in America live from paycheck to paycheck.

Too often when families are in a hand-to-mouth situation, children's nutritional needs suffer. We believe the foodservice Sodexo provides to 470 school districts across the country can be an even greater solution to this current problem.

Thank you for allowing us this opportunity to share our story. We look forward to working with this Committee to inform the policy discussions surrounding access to healthy food and ways to encourage healthy eating in the Federal school lunch programs.

SUBMITTED QUESTIONS

Response by Claudia Page, Co-Director, The Center to Promote HealthCare Access

Questions Submitted by Hon. Jim Costa, a Representative in Congress from California

Question 1. You mention that the One-e-App is being used in Fresno. When was this system started and what sort of success rates have you seen in terms of enrollment?

Answer. One-e-App was originally launched in Fresno in September 2005 with a focus on children's health coverage programs. Over time, Fresno has increased the range of programs and the channels through which applicants get connected to coverage.

Food Stamps was added to Fresno's version of One-e-App in 2009 but is still in a pilot phase. Progress has been slow in part due to challenges in working with the County Social Services Agency on the process for accepting Food Stamps applications originating from One-e-App.

The collaboration of the state or county agency(ies) responsible for final eligibility determination is a critical success factor for systems like One-e-App that are aiming to streamline and improve the efficiency of eligibility and enrollment processes. The presence of this collaboration in the State of Arizona has resulted in a streamlined process that has generated Food Stamps applications on behalf of nearly 628,000 people. In Arizona, One-e-App interfaces with the state system to electronically deliver applications and supporting documentation and signatures for Food Stamps and other programs. Similarly, in California's San Diego County, county agencies are supporting and funding the creation of an electronic interface with One-e-App to better facilitate Food Stamps applications in that county. There is no similar "pipeline" to deliver applications to the county agency in Fresno.

In California, in addition to Fresno and San Diego, One-e-App also facilitates Food Stamps applications in Los Angeles, Sacramento and Solano (and soon in Napa and Sonoma). California's delegation of Food Stamps eligibility determination to counties means that implementation of a system like One-e-App happens incrementally on a county-by-county basis, a slower and more resource-intensive process than in states (such as Arizona, which uses One-e-App for Food Stamps) where eligibility is centralized.

Question 2. What are the primary barriers to expanding this program nationwide?

Answer. There are a number of barriers to expansion, including competing demands for scarce resources, variable program administration across states, and resistance to change in general and to technology in particular. The current economic recession and national and state budget crises have resulted in a perfect storm of competing priorities where government agencies are confronted with a growing population of people in need of food support and other health and social services at the same time that they are facing layoffs and sharply restricted budgets. Though the environment calls for the need to improve the efficiency of outdated processes, it can be challenging to commit the up-front costs needed to set change in motion. Compounding the scarcity of resources, the current national focus (and the majority of available resources) are focused on clinical IT rather than on enrollment solutions.

National expansion is also complicated by the lack of consistency with which the food stamps program is administered across and within states. Program rules and business processes can vary significantly in different regions, requiring different configurations and customizations for One-e-App. Further, IT systems are often old and outdated, making electronic data exchange challenging.

Finally, there is often resistance to breaking down the walls between programs to make the enrollment process for all health and social services programs more integrated and efficient. Programs such as food stamps and Medicaid often operate in silos, and it can be difficult to forge collaboration and partnership among agencies and stakeholders that have not historically worked together. Adding technology into

this mix can create a further challenge. In spite of these challenges, since 2006 One-e-App has screened more than 3.3 million people in four states and generated roughly six million applications for a broad range of health and social services programs.

Question 3. What is the cost associated with starting up a program like this? Where is your primary source of funding?

Answer. Costs to implement One-e-App cover a range of activities, including requirements assessment, system development and configuration, training, hosting and maintenance, ongoing user support, and system enhancements to keep pace with changing program rules and new technologies. Launching One-e-App in a new state requires an assessment of business processes, system requirements, existing IT systems, and local programs. Costs depend on the number of programs included in the system, the number and types of users, the number of interfaces to other systems, and other functional requirements.

One-e-App has two cost-structure models: (1) a customized One-e-App implementation, enhancement and maintenance agreement available to states and jurisdictions; or (2) a California Statewide Subscription Agreement (currently available in California only). For the customized implementation, which would be typical for new County or state agencies interested in implementing One-e-App, the pricing is developed based on a requirements analysis of the client agencies' programs and business processes, number of interfaces, *etc.* For a statewide subscription agreement, the pricing is based on the type of organization, number of sites, and number of users. The Center is happy to discuss pricing in more detail for interested parties.

In terms of funding, different localities have raised funding in different ways. Sources have included Federal grants, foundation contributions, local and statewide First 5 funds, Federal matching funds, and contributions from health plans, hospitals, and clinics and county funds.

Response by Edith C. "Edie" Jessup, Program Development Specialist, Central California Regional Obesity Prevention Program, California State University Fresno Department of Health and Human Services, Central California Center for Health and Human Services*

Questions Submitted by Hon. Jim Costa, a Representative in Congress from California

Question 1. Did the rural municipalities that you dealt with have the administrative capabilities to perform this function, or would they require additional administrative staffing andfunding?

Question 2. Thank you for mentioning the bonus reward on the EBT cards as a way to incentivize people to by more healthy fruits and vegetables. We discussed this during the last Farm Bill, but concerns were raised over administrative obstacles. Since you have a great deal of experience dealing with low-income communities and obesity, can you talk a bit more about why you believe this incentive structure would be helpful?

Question 3. I agree that health and nutrition go hand in hand and that agriculture has a tremendous role to play in improving our nations health.

Each of you mentioned the need for increased partnerships between the health and nutrition communities. With budget issues at the state, local and Federal level, what types of new partnerships do you believe would be the most effective in increasing the likelihood that low-income populations will be able to access and will choose healthier options In other words—where is our biggest obstacle—in education? Access? Funding?

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*There was no response from the witness by the time this hearing went to press.