

H.R. 5504, IMPROVING NUTRITION FOR AMERICA'S CHILDREN ACT

HEARING

BEFORE THE

COMMITTEE ON EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED ELEVENTH CONGRESS
SECOND SESSION

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H.R. 5504, IMPROVING NUTRITION FOR AMERICA'S CHILDREN ACT

Thursday, July 1, 2010

**U.S. House of Representatives
Committee on Education and Labor
Washington, DC.**

The committee met, pursuant to call, at 9:21 a.m., in room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Representatives Miller, Kildee, Scott, McCarthy, Tierney, Kucinich, Wu, Davis, Loeb sack, Hirono, Clarke, Courtney, Shea-Porter, Fudge, Polis, Tonko, Titus, Chu, Kline, Petri, Castle, Ehlers, Biggert, Platts, McMorris Rodgers, Guthrie, Cassidy, Roe, and Thompson.

Staff present: Andra Belknap, Press Assistant; Calla Brown, Staff Assistant, Education; Daniel Brown, Staff Assistant; Jody Calemine, General Counsel; Denise Forte, Director of Education Policy; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); Jose Garza, Deputy General Counsel; David Hartzler, Systems Administrator; Liz Hollis, Special Assistant to Staff Director/Deputy Staff Director; Sadie Marshall, Chief Clerk; Bryce McKibbon, Staff Assistant; Alex Nock, Deputy Staff Director; Julie Peller, Senior Education Policy Advisor; Meredith Regine, Junior Legislative Associate, Labor; Alexandria Ruiz, Staff Assistant; Melissa Salmanowitz, Press Secretary; Gabrielle Serra, Education and Nutrition Policy Advisor; Dray Thorne, Senior Systems Administrator; Daniel Weiss, Special Assistant to the Chairman; Stephanie Arras, Minority Legislative Assistant; Kirk Boyle, Minority General Counsel; Allison Dembeck, Minority Professional Staff Member; Barrett Karr, Minority Staff Director; Alexa Marrero, Minority Communications Director; Brian Newell, Minority Press Secretary; Susan Ross, Minority Director of Education and Human Services Policy; Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel; and Loren Sweatt, Minority Professional Staff Member.

Chairman MILLER [presiding]. The Committee on Education and Labor will come to order. Good morning to everyone, and welcome to our first witness, Secretary of Agriculture Tom Vilsack. We will be with you in a moment. We have a couple of opening statements.

This morning we will discuss the new bipartisan child nutrition legislation we introduced earlier this month to address critical

health and economic needs in this country. We are on the brink of a national health crisis that is affecting our youngest children.

Childhood obesity has more than tripled in the past 30 years. Nearly 1 in 3 children are obese. The frightening reality in many doctor's offices is very young children are presenting adult onset health problems like diabetes and heart disease.

At the very same time, over 16 million children are hungry and live in households where families are struggling to put food on the table. In this economy, families are faced with the difficult and daunting choices of paying their bills and keeping the lights on or putting food on the table. They simply do not have enough resources to make ends meet.

For these families, the federal child nutrition programs provide a nutritional safety net. They help parents avoid this painful choice between basic necessities. This makes the role of these programs increasingly important.

We cannot ignore the fact that for millions of children the only meals that they can count on are those that they get at school or in childcare. Hunger affects every aspect of children's lives, including their ability to keep up with their peers to achieve academically.

If children are hungry, they can't focus and they can't learn. And if we do nothing, if we allow these children's health to deteriorate, to jeopardize their success in school, we compromise their ability to grow into healthy, productive adults.

Research shows that healthy eating and a child's ability to focus and benefit from classroom—and benefit from classroom time are absolutely linked. The federal child nutrition programs provide us with a tremendous opportunity to help change children's lives and the future of this country by not just feeding children healthier meals, but teaching them about the importance of healthy choices.

If we educate our children about the importance of nutrition early, they can develop healthy habits that will translate into a lifetime of healthy eating and healthy living. This is why we need to place so much emphasis on healthy nutrition and education in childcare, and for mothers in the women and infants children's programs.

This won't be the first time we look to the classroom to help stop national health crises. That is how we worked to get people to stop smoking. We educated children about the dangers, and they started talking and questioning their parents about it. With the use of seatbelts, we told children about the need for seatbelts, and they started asking their parents to buckle up and to make the car a safer place for them to ride in.

Education has mastered many difficult problems in this country. If we work in the schools to both increase nutritional opportunities and educate children about the food they are eating, we have a chance to really dramatically drive down future health care costs. And we have a real opportunity to ensure our children will be able to reach for success and live healthier lives.

At Dover Elementary and Richmond Elementary in my district, the kids help take care of the school garden. They use it for a biology class, they use it for zoology class, and they use it for an art class. But most importantly, they are eating the products of their

garden, they are understanding the richness of fresh fruits and vegetables, and they are taking what they learn in the garden back home with them to teach their parents about healthy living.

This is the type of program we want to replicate in the legislation we have introduced. We want to empower schools across the country to start their own gardens, to run green cafeterias, to accept nothing but the highest quality food in schools in the cafeteria and in the vending machines. We want to empower schools to help improve meal quality, to change children's lives, and take the issue of children's health seriously.

The Improving Nutrition for America's Children Act will help accomplish this task by making four important improvements in America's child nutrition programs.

First, we streamline and increase access for children to healthy nutritional food during the school day.

Secondly, we work to improve food safety and the recall process in our schools for unsafe food.

Third, we increase the reimbursement rate for the first time in 30 years to better support the schools' ability to offer healthy school meals.

Lastly, we provide opportunities for year-round service, on the weekends, during vacation and holidays, and during the summer, because hunger and children's nutritional needs do not take a summer vacation.

This is smart policy that responds to significant needs to help improve children's health.

We have many partners in this effort, including health organizations, anti-hunger organizations, school and nutrition organizations, teachers and parents, who really want better nutrition in our schools.

We also have the help of Michelle Obama. With her Let's Move initiative, the First Lady has lent her leadership, her vision, and her knowledge to help end the childhood obesity crisis and to bring national attention to the problems facing our country. This bill answers her call and moves us closer to meeting President Obama's challenge to end childhood hunger in America.

The issues of child hunger and poor nutrition require immediate action and a joint effort between government, communities, families, schools, and the unwavering support of advocates.

The nation's greatest treasure is at risk; our children deserve a chance to reach for more and to pursue opportunities that will drive this country to even greater heights. It is now clear that the time to get America's families and children back on the road to healthy eating and healthier living.

Our witnesses today will tell us what is really at stake and why this bill is so absolutely critical.

And I want to thank all of them in advance for being here and recognize the senior Republican at this morning's hearing, Mr. Kline.

[The statement of Mr. Miller follows:]

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

Good morning.

This morning we'll discuss the new bipartisan child nutrition legislation we introduced earlier this month to address critical health and economic needs in this country.

We are on the brink of a national health crisis that is affecting our youngest children. Childhood obesity has more than tripled in the past 30 years.

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The frightening reality in many doctors offices is very young children presenting with adult onset health problems like diabetes and heart disease.

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If we educate our children about the importance of nutrition early, they can develop healthy habits that will translate in to a lifetime of healthy eating and healthy living.

This is why we need to place so much emphasis on healthy nutrition and education in child care and for mothers in the Women, Infants and Children program.

This won't be the first time that we took to the classrooms to help stop a national health crisis.

How did we get people to stop smoking? We educated kids about the dangers of smoking and they talked about it with their parents.

Why do people use seatbelts? Their kids were educated about it in school and then they came home and made sure their parents wore their seatbelts in their cars and now they do.

Education has mastered many of the difficult problems in this country.

If we work in the schools to both increase nutritional opportunities and educate kids about the food they're eating, we have a chance to really dramatically drive down future health care costs. And we have a real opportunity to ensure our children will be able to reach for success and live healthier lives.

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It's clear now is the time to get America's families and children back on the road to healthy eating and healthier living.

Our witnesses here today will tell us what is really at stake and why this bill is so absolutely critical.

Thank you for being here today.

Mr. KLINE. Thank you, Mr. Chairman. Good morning to you and to the Secretary. Thank you for being with us here this morning.

This morning's legislative hearing is the first public examination of H.R. 5504, the recently introduced Improving Nutrition for America's Children Act. The National School Lunch Program and the other initiatives that make up the Child Nutrition Act are designed to combat hunger and poor nutrition among low-income children and families.

According to the Congressional Research Service, federally supported child nutrition programs reach more than 40 million children and 2 million lower-income, expectant and new mothers daily.

Every 5 years or so, Congress has the opportunity to update and extend these programs, and that is exactly what we ought to be doing this year. We all recognize the role of nutritious school lunches, WIC supports, and other nutrition programs in preventing hunger and helping promote healthy children and families. We stand ready on this side of the aisle to reauthorize the programs and improve their effectiveness and efficiency.

What has given us pause, however, is the almost \$8 billion price tag attached to this bill.

[Audio gap.]

Our child nutrition programs are a worthy investment.

[Audio gap.]

This is a threat to our long-term economic security. It is also a threat to our national security.

Admiral Mike Mullen, chairman of the Joint Chiefs of Staff, recently warned our national debt has become our greatest national security threat. As he noted, the interest on our debt is now roughly equal to the annual defense budget. Every dollar we spend and every program we create must be weighed against the crushing burden we are placing on future generations with this unchecked spending. This is a particularly valid question on legislation professing to improve our children's futures.

Today's hearing will delve into specific detail about the proposed legislation. I hope we do not allow an important discussion about nutritional science and wellness policy reporting to detract from our larger obligation to prevent hunger and improve child nutrition responsibly.

We can modernize these programs and improve their efficiency and reach without further bankrupting our nation. This is the approach to child nutrition reauthorization I would gladly support, and I look forward to hearing from our distinguished witnesses today about how we can do exactly that, and I yield back, Mr. Chairman.

[The statement of Mr. Kline follows:]

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

Thank you Mr. Chairman and good morning. This morning's legislative hearing is the first public examination of H.R. 5504, the recently introduced Improving Nutrition for America's Children Act.

The National School Lunch program and the other initiatives that make up the Child Nutrition Act are designed to combat hunger and poor nutrition among low-income children and families. According to the Congressional Research Service, federally supported child nutrition programs reach more than 40 million children and two million lower-income expectant and new mothers daily.

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What has given us pause, however, is the \$8 billion price tag attached to this bill. That's \$8 billion the majority plans to spend—on top of the nearly \$20 billion we are already spending each year on these programs, on top of the more than half billion dollars in stimulus funds appropriated last year for nutrition, obesity, and other community wellness programs, on top of the \$15 billion Congress added this year in the health care bill for community based prevention programs, including nutrition and exercise programs. Let me be clear: our child nutrition programs are a worthy investment, and one we will continue to prioritize. But at a time of record debts and deficits, creating new programs for green cafeterias and federalizing our local wellness policies and nutrition standards seems fiscally irresponsible.

As introduced, the cost of H.R. 5504 is not offset; if enacted today, it would add to our deficit. And we all know that within this committee's jurisdiction, we do not have \$8 billion for these purposes. That means we will be forced to move a bill through committee without paying for it, trusting the Speaker to find the money elsewhere or simply swipe our burgeoning credit card once again.

Our nation's debts and deficits cannot be ignored as abstract concepts. The Congressional Budget Office announced this week the national debt will reach 62 percent of our gross domestic product by year's end. This is a threat to our long-term economic security. It's also a threat to our national security.

Admiral Mike Mullen, chairman of the Joint Chiefs, recently warned our national debt has become our greatest national security threat. As he noted, the interest on our debt is now roughly equal to the annual defense budget. Every dollar we spend and every program we create must be weighed against the crushing burden we are placing on future generations with this unchecked spending. This is a particularly valid question on legislation professing to improve our children's futures.

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We can modernize these programs and improve their efficiency and reach without further bankrupting our nation. That is the approach to child nutrition reauthorization I would gladly support, and I look forward to hearing from our distinguished witnesses today about how we can do exactly that. I yield back.

Chairman MILLER. I thank the gentleman for his statement.

Our first witness this morning will be the Honorable Tom Vilsack, who was appointed by President Barack Obama as the 30th Secretary of the United States Department of Agriculture, where he is working to improve the health of America's children, targeting child hunger and obesity, with efforts to encourage balanced meals, nutritious eating, and increased physical activity. He has ordered a top-to-bottom review of USDA's food safety standards and has begun to implement policy changes to ensure the safety of America's food supply.

Prior to his appointment, Secretary Vilsack served two terms as Governor of Iowa and was the first Democrat elected to that office in more than 30 years. He received a bachelor's degree from Hamilton College in 1972 and earned his law degree from Albany Law School in 1975.

Mr. Secretary, welcome to the committee. You are now an old hand at testifying before congressional committees. As you know, when you begin, a green light will go on. You will have 5 minutes for your opening statement, but you make sure that you are comfortable imparting the information that you think the committee needs to know.

Welcome.

**STATEMENT OF HON. THOMAS J. VILSACK, SECRETARY,
U.S. DEPARTMENT OF AGRICULTURE**

Secretary VILSACK. Thank you very much, Mr. Chairman.

And, Representative Kline, thank you, as well, and to all the committee members. I certainly appreciate the opportunity to be here this morning.

I am going to not use the prepared text that my staff has prepared. I would like to speak from the heart about this issue today.

When I was asked to serve as Secretary Obama's—Secretary of Agriculture by President Obama, the first thing that he asked me to do was to improve the nutrition available to our children. I was struck by that and recognized that that was my first instruction from my boss.

I took and take that responsibility very seriously, and that is why I am here today, to encourage this committee and this Congress to take action now to improve the nutritional opportunities for our children.

You have before you a bill that will provide ten improvements to the current system, a bill that will expand access to school breakfast, an extraordinarily important part of starting every child's day properly, an opportunity to improve the quality of the meals that are available to youngsters in schools across the country.

The Institute of Medicine essentially did a study of the nutritional value of the meals that we are currently serving to our children and found that there was too much fat, too much sugar, too much sodium, not enough fruits, not enough vegetables, not enough whole grains, and not enough low-fat dairy. There is obviously room for improvement.

You have an opportunity with this bill to also provide consistency in terms of the nutritional opportunities at schools by providing op-

opportunities for us to create standards for vending machines and a la carte lines that are also consistent with nutrition.

You have a chance and the opportunity to bridge the gap during weekends and summer programs in summer months. As the chairman rightly indicated, we can do all we can do for 5 days during the school year, but on weekends and during the summer, youngsters are often left to their own design.

You can improve the equipment and the training that is available in schools. You can improve the safety of food that is being provided to our youngsters. You can place greater integrity in the system. You can reconnect youngsters with their food supply so there is a better understanding of what farmers and ranchers contribute to us every single day. You can provide better information for students and parents so they can make more informed decisions. And you can continue the commitment to early childhood so that youngsters get a healthy first start.

All of this is important for the following reasons. One, the research is fairly clear. Youngsters who are hungry and youngsters who are dealing with weight issues have a difficult time learning, and our youngsters are now engaged in the most competitive circumstances we have ever seen. It is important that every single youngster be at the top of their game. That is why it is important for us to do what is right in terms of school nutrition.

So it is educational achievement and attainment. It is also health care. Youngsters who are obese will carry that situation into adulthood and, with it, rising costs associated with diabetes, heart conditions, and certain cancers, so it is also a health care issue.

You will also find out it is a national security issue. Today, only 25 percent of youngsters in America today, ages 19 to 24, are fit for military service. And one of the principal reasons for that is that too many of our youngsters are overweight.

And then there is the whole moral issue associated with this particular legislation. A country as strong, as rich, as powerful as ours, and yet we have youngsters who are hungry, hundreds of thousands of youngsters who are hungry? It is one of the reasons why Harry Truman in 1946 established the school lunch program, because he recognized the country was only as strong as its youth.

So I am here today to urge action on this bill. There are many priorities that this Congress has faced, many complex issues, but I believe there is none more important than this. This is an opportunity for us to make a clear, unconditional statement about the importance of our children and their future.

We are urging Congress not to delay, not to delay expanded access, not to delay increased food safety, not to delay improved quality, not to delay improvements in equipment and training, not to delay the connection between farm and school, not to delay an additional commitment to early childhood.

I talk to a lot of folks around the country. And I appreciate that this Congress does a lot of important work. And, frankly, you deal with a lot of complex issues. Health care was a complex issue, regulatory reform a complex issue. Sometimes the rest of us don't quite understand all the details of those programs.

But I will tell you this: There are moms and dads all over this country that understand precisely what this bill is about. It is

about making sure their youngsters are treated right in school, and I certainly appreciate the fiscal challenges that we face. I understand the importance of dealing with deficits, and I am committed to working with this committee and this Congress to find the necessary offsets, if that becomes necessary, to make sure that we don't delay action on this bill.

This is a top priority for USDA. It ought to be a top priority for the American people, and I believe it is.

So, Mr. Chairman, I look forward to answering questions about this, but I want to impart to this committee: I know of no more important role or responsibility I have than the one that I am talking about today.

There are tens of millions of children whose future depends on what we do here, tens of millions of children who will get a better deal in school, a better opportunity to succeed if we do our job right. I certainly encourage this committee to take this very seriously, as I know you do, and to encourage your colleagues to take the difficult steps to get this done this year.

Thank you, Mr. Chairman.

[The statement of Secretary Vilsack follows:]

**Prepared Statement of Hon. Thomas Vilsack, Secretary,
U.S. Department of Agriculture**

Mr. Chairman and members of the Committee, thank you for the opportunity to discuss the pending legislation to reform and reauthorize the Department of Agriculture's (USDA) Child Nutrition Programs and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program. The first task that the President asked me to take on when I was first selected for this job was to provide our children with healthier, more nutritious meals. I pledged then and reaffirm now—the USDA will do everything it can to support the health of our children and the health of the school environment in thousands of schools across the country.

I appreciate the Committee's leadership on this legislation and the efforts to date to pass a robust Child Nutrition bill. The Administration is strongly committed to passing legislation this year that reduces child hunger and improves the quality of school meals and the health of the school environment. The priorities that the Administration has unveiled for this legislation would transform our school meals programs by making it easier for eligible students to participate in the programs, expanding program coverage to gap periods like breakfast, after school, and summers when some children struggle to access healthy meals, and significantly improving the nutritional quality and health of school meals and the school environment through upgraded meal standards and targeted increases in meal reimbursement rates, new standards for competitive foods, and support for school food service professionals through training, certification, and investments in school food equipment.

I am proud to be joined in my support for this effort by the First Lady of the United States, Michelle Obama, as well as Education Secretary Arne Duncan and the Secretary of Health and Human Services, Kathleen Sebelius. This showing of support underlines the fact that reforming these programs can have a significant positive impact on child obesity and nutrition, as well as health and education outcomes. The recently released White House Report on Childhood Obesity called for the passage of a robust Child Nutrition Reauthorization bill as a key strategy to combat child obesity.

I thank Chairman Miller for his leadership on this issue. The legislation he recently introduced would achieve a number of the policy priorities of the Obama Administration. The legislation proposes to invest significant resources in these programs and would reduce barriers to participation, improve program access, and enhance the quality of school meals and the health of the school environment. There are a number of provisions in this proposal that mirror the legislation that was passed unanimously by the Senate Agriculture Committee and reported out in early May. The strong letter of support from 221 Members of the House of Representatives for a robust Child Nutrition Reauthorization, along with the bipartisan Senate action and the Chairman's bill show that there is broad support for this important legislation.

As the number of remaining legislative days continues to get smaller, I urge this Committee to continue your work and to act quickly and forcefully on this legislation in order to provide all of our children with the healthy meals that are so important to their health and education. If we are going to support our children, we must pass a strong bill this year.

Background

A discussion of the importance of reauthorizing the Child Nutrition and WIC programs must begin with the recognition that these programs are some of the largest and most important enterprises in our nation to invest in and support a healthy future for our children. Operating in over 100,000 schools in nearly every community in America, the school meals programs touch the lives of millions of children every school day and represent a partnership between the Federal and State governments and local schools.

The meals served through the National School Lunch Program (NSLP) and the School Breakfast Program are the main nutrition intervention in elementary and secondary schools. The lunch program is available to 90 percent of the 55 million American children enrolled in elementary and secondary schools—that is 75% of all Americans under age 18. And these meals are a substantial and important part of the diets of many school children. For schools to contribute effectively to reshaping eating behaviors, the meals offered at schools must model healthful choices and contribute effectively to healthful dietary intakes.

The National School Lunch Act, now the Richard B. Russell National School Lunch Act, (NSLA) was enacted in 1946 as a necessary response to the widespread malnutrition-related health problems revealed among young draftees during World War II. Leaders in Congress also recognized that nutritious lunches would contribute to success in schools. Yet, now—over 60 years later, a recent report showed that 75 percent of Americans ages 17 to 24 are not fit for military service. Unlike the malnourishment problems of the 1940s, today, being overweight is the leading medical reason that young Americans are rejected from military service. Our understanding of the links between nutrition, health, and education have grown over time, and the program has responded with changes that make the program more accessible to low-income children, and improve the content of meals to reflect the day's nutrition science. Through these changes, the core nutrition and education mission behind school meals remains just as important, if not more important, today; but, there is more that we can and must do to continue making important and necessary changes to the programs.

Over the years, USDA has made a number of changes to bring school meals into alignment with the most current Dietary Guidelines for Americans. Given the scope and complexity of the 2005 Dietary Guidelines recommendations, USDA contracted with the National Academies' Institute of Medicine (IOM) to provide evidence and science-based recommendations for the foods offered in these programs. Last Fall, the IOM issued recommendations, including—

- increase the amount and variety of fruits, vegetables, and whole grains;
- set a minimum and maximum level of calories; and
- increase the focus on reducing the amounts of saturated fat and sodium provided.

I am pleased to report that we will be ready to publish proposed changes to the school meal nutritional requirements based on IOM's recommendations as soon as later this year. Stakeholders and the public will have ample opportunity to comment on USDA's proposed rule. After all public comments are considered, USDA will issue a final rule to implement changes to school meals.

In the meantime, USDA will continue to provide technical assistance to schools to increase the availability of the food groups recommended by the Dietary Guidelines (fruits, vegetables, whole grains, and low-fat/fat-free dairy products) in the lunch and breakfast menus.

USDA's HealthierUS School Challenge is also helping schools move in the direction of the recommendations of the 2005 Dietary Guidelines. The awards criteria have been updated to reflect the 2005 Dietary Guidelines. To date, over 700 schools have received Challenge awards and we are working towards increasing the number of award winners to 3,000 by fiscal year 2012.

As we improve school meals to ensure they are promoting good health, we must improve other foods, sold in competition with school meals, as these foods can displace these more balanced meals and undermine healthy choices. Nutrition education, food service settings, and operational constraints, along with other aspects of the school environment, should also be strengthened.

To sustain a food and nutrition environment that fosters children's healthful behaviors, we need your help to support improvements in the nutritional content of

school meals to meet updated standards; changes in other foods available to ensure that all food sold at school support healthful diets and revisions to policies and practices in the Child and Adult Care Food Program (CACFP) and the WIC Program to ensure that key childhood programs also support healthy eating.

We know that healthy eating habits are established early in the lives of young children, and quality food and nutrition in child care and after school can be a sound, effective foundation. The CACFP provides healthful meals through preschool child care and also includes after school care programs, along with other community settings. Currently serving about 3.2 million children on an average day in child care homes and centers, CACFP supports the health and education of the children that participate in these programs, and enhances the ability of child care providers to ensure quality care. We have asked the IOM to recommend improvements to nutrition standards for CACFP just as they did for the school meal programs. We expect the expert panel to issue their findings this Fall.

Finally, WIC continues to serve as both a supplemental nutrition program and as a gateway to the health care system. WIC provides supplemental foods to pregnant, postpartum and breastfeeding women, infants and children. WIC reaches nearly 9.1 million people each month. About half of the infants in the United States participate and benefit from the WIC program.

I am pleased to report that the new food packages now include fruits, vegetables and whole grains, and less fat, along with other changes to reflect the latest nutrition recommendations. Contracting with IOM to review and recommend changes to the WIC food packages proved invaluable in improving the supplemental foods offered under WIC.

WIC offers a critical opportunity to intervene early to reduce the likelihood of childhood obesity. We know children who are breastfed during the first nine months of life are at reduced risk of childhood or adolescent obesity. Studies have found that the likelihood of obesity is 22 percent lower among children who were breastfed. The strongest effects were observed among adolescents, meaning that the obesity-reducing benefits of breastfeeding extend many years into a child's life.

Despite these health benefits, although most (74%) babies start out breastfeeding, within three months, two-thirds (67%) have already received formula or other supplements. By six months of age, only 43 percent are still breastfeeding at all, and less than one quarter (23 percent) are breastfed at least 12 months.

While breastfeeding is not a viable alternative for all mothers and babies, it can be more widespread than it is today. WIC provides an opportunity to increase breastfeeding initiation and duration rates. Providing recognition and financial incentives to State agencies and clinics that support breastfeeding will complement Congress' support of breastfeeding peer counseling in the FY 2010 appropriations.

Given the reach of the Child Nutrition and WIC Programs and the substantial investment Congress has made to the national nutrition safety net, the tools to become an active part of the solution are within our grasp. Yet, absent a robust reauthorization bill, we cannot move forward.

Schools need resources to improve the quality of school meals and to increase the number of needy children participating in the programs. USDA needs the authority to set nutrition standards for all food sold in schools. And we need funding to improve wellness activities in schools and in child care centers and to encourage breastfeeding in the WIC program.

Challenges

There are compelling reasons to act now. This reauthorization comes at a time of significant challenges. Addressing them boldly and decisively is critical to the future of our country.

Our most fundamental challenge is a health crisis of the first order—the epidemic of obesity among our children. One in every three children and adolescents in the United States is overweight or obese, with particularly high rates among certain populations, such as Hispanic boys, African-American girls, and American Indian/Native Alaskan children. This has a negative impact on children's health and well-being today, and even more serious consequences for their future.

Research shows that children and adolescents with this condition are more likely to be overweight or obese as adults. And that obesity increases health risks for coronary heart disease, Type 2 diabetes, cancer, stroke, and a range of other serious conditions—and causes an estimated 112,000 deaths per year in the United States. Experts forecast that one third of all children born in the year 2000 could develop diabetes during their lifetime.

These devastating health impacts result in substantial economic costs. Excess weight is costly during childhood, estimated at \$3 billion per year in direct medical costs, and far more costly in future years. Obese adults incur an estimated \$1,429

more in annual medical expenses than their normal-weight peers. Overall, medical spending on adults attributed to obesity topped approximately \$40 billion in 1998, and by 2008, increased to an estimated \$147 billion. We cannot let these costs continue to grow at a time when we must reduce health care costs to remain competitive. Absenteeism and lost productivity at work are additional costs of obesity that our nation cannot afford.

The second major challenge we face is the need to ensure that our children have access to the healthful, nutritious food they need to support educational achievement. As the members of this Committee know as well as anyone, a successful educational experience for every child is critical to our nation's future. President Obama has said that what matters is what we do to lift up the next generation—and that few issues speak more directly to our long term success as a nation than the education we provide to our children.

Yet we know that for too many families in our country, hunger remains a real problem. In over 500,000 families with children in 2008, one or more children simply did not get enough to eat—they had to cut the size of their meals, skip meals, or even go whole days without food at some time during the year. This costs us more, not to mention the suffering and deprivation of those families. Ask any teacher how students who fail to eat a healthy breakfast or lunch perform in class. Hungry kids don't learn as well. In fact, the damage extends beyond the hungry children. We want and need our children to be fully prepared for a competitive world and global economy. We will not succeed if our children are not learning as they should because they are hungry, and cannot achieve their potential because they are unhealthy.

Finally, the problem of poor nutrition among our children represents a challenge to our nation's military readiness. As I noted previously, during World War II, the health effects of malnutrition were a common disqualifier for military service. Our leaders understood the importance of investing in good nutrition to ensure that the country would never want for healthy, strong young people to serve in uniform. And so, in 1946, President Harry Truman signed the National School Lunch Act, declaring that "in the long view, no nation is healthier than its children."

Today, the nutrition problems are different, but the impact on preparedness for the military remains. A recent report showed that 75 percent of adults age 17-24 are not physically fit for military service. One of the top disqualifiers for service is obesity. Because of these troubling statistics, a coalition of retired generals and admirals has formed to advocate for a strong Child Nutrition reauthorization bill that ensures that the programs can address today's nutrition issues as effectively as possible. I thank them for their leadership and welcome their efforts to promote this important legislative initiative.

The Child Nutrition Programs can do more to address these challenges:

- We are working to update school meals nutrition standards based on recommendations from the Institute of Medicine. We must use the opportunity of reauthorization to strengthen our work with schools to improve the content of the meals they serve in ways that make them appealing as well as nutritious.
- We need to ensure that all food sold in school supports good nutrition and health by creating the statutory authority to set national standards for these foods.
- We must ensure, simplify, and expand access to programs when and where children need them
- And we must make physical activity a natural and compelling choice for our children, so that they can strengthen their bodies and develop good habits that can last a lifetime.

So today, President Truman's belief that a healthy nation depends on healthy children remains as true as ever. We must respond as past generations have before us to improve child nutrition. Our children deserve more and our country's better and brighter future depends upon it. And with the reauthorization of the Child Nutrition Programs scheduled this year, now is the time to act boldly.

Priorities

For all of these reasons, we must take steps to streamline access, improve the quality of school meals, increase participation, and work to eliminate childhood hunger in this country. For many children in our programs, school lunch and breakfast represents the only healthy food that they eat all day. We must work to ensure access to nutrition assistance for children, when and where they need it, particularly during the "gap periods," when we know children struggle to receive the nutrition they need—summer months, during breakfast, and in after-school environments.

Bold action with reauthorization must include the following elements:

1. Improving access to the school nutrition programs must be a priority. States and local communities need to be fully engaged as partners in our efforts to identify

innovative strategies to ending child hunger. We cannot rest while so many of our young children struggle with access to food, which is why I'm calling on Congress to provide tools to increase participation, streamline applications, and eliminate gap periods. Quite simply, we must do everything we can to ensure that eligible children have access to these critically important programs. I call on you to fund a new program of State Hunger Challenge Grants for States willing to take strides to reduce and eliminate hunger in their communities. With authorization and funding, we will provide competitive grants to Governors for them to implement creative and innovative approaches to eliminating hunger. We want States to be the laboratories for successful strategies and that means freeing them up to be creative and providing resources for innovative models that match program delivery with evaluation, so that we can learn what works and what does not. These steps will include policy modifications to existing nutrition programs, enhanced outreach efforts, improved coordination between nutrition assistance programs and family supportive services, such as emergency housing, child care, and family preservation services, counseling and support services, and work with community and non-profit organizations to coordinate services and resources. Competitive grants would be provided to States with comprehensive and innovative plans for reducing hunger, applications that target communities with higher prevalences of hunger, especially among children, and projects that reflect collaboration with a wide range of partners.

In addition, we should offer grants to states and non-profit organizations to develop web-based or other systems to streamline the application process and expand efforts to enroll eligible students through direct certification. If a child already qualifies for other assistance programs, there is no reason why their parent should have to fill out one more application to qualify for school breakfast or lunch. Bonus payments should be offered to states and school districts that effectively use direct certification to enroll children who currently qualify but who are not participating. The object should be to ensure—particularly in communities where children are at high risk for hunger—that every child eats the food they need. I am also calling on Congress to provide USDA with the tools necessary to establish paperless application programs in school districts with very high rates of children with free and reduced price-eligible students. In these districts, the cost of paperwork and the risk of lost of forms far outweigh any benefits. We must ensure that communities across the country have access to these types of solutions in order to get more kids into the program and reduce the bureaucracy of filling out forms. Through these reforms, I believe that we will be able to increase participation in these programs by one million children in the next five years.

2. Increasing financial support and expanding participation in School Breakfast is a vital part of reauthorization. I view breakfast as one of the critical gap periods when children struggle to access nutritious meals. On school days, almost two-thirds of children who participate in the lunch program do not participate in the school breakfast program. While School Lunch is served in around 100,000 schools, the breakfast program is only available in 88,000. A healthy breakfast is critically important to educational achievement. No child should go without fueling up at the beginning of the day. Innovative approaches like breakfast in the classroom have been shown to reduce stigma and improve participation rates. This reauthorization is an opportunity to reduce stigma and promote participation in the breakfast program. The Institute of Medicine's recommendations show that the biggest gap between current Federal support and what will be needed to support healthy meals is for the breakfast program. I call on Congress to increase the reimbursement rate for school breakfasts and combine that support with USDA-purchased foods to give more children the option of a healthy breakfast. And, I call on K-12 organizations and States to work with USDA to aggressively promote the breakfast option and to ensure that policies and practices are in place to reduce stigma.

3. Our efforts to combat hunger cannot end when the school bell rings on the last day of the school week or year. More children report going hungry during the summer—which is when we see a significant drop in participation in our programs. Working with local governments, nonprofit organizations and community groups, USDA must continue to help bridge the nutrition gap when school is out. We need to encourage more schools, community centers and organizations to provide meals during the summer, and to increase the number of days they make meals available. And we should expand the existing authority of the Child and Adult Care Food Program to all 50 states to provide after-school meals to at-risk kids. This important program currently provides additional nutrition assistance to eligible children in 14 States—it is a successful and popular program and there is no reason it should be limited to only a handful of States. This reform will increase access to another 140,000 school children. I commend Congress for providing \$85 million in the in the fiscal year 2010 agriculture appropriations bill to test innovative methods to im-

prove access to healthy foods during the summer. We have already awarded projects to two States—Arkansas and Mississippi—to test ways of increasing the number of sponsors, sites, and children served through the Summer Food Service Program (SFSP) with incentives to extend the duration of operations and funding to support improved enrichment activities. Next summer, we expect to award additional state projects.

4. But no matter how many children we reach, we do them a disservice if we are not offering them meals that help them be their best. Reauthorization must substantially improve the nutritional quality of the meals being served to our children, which plays a central role in the First Lady's effort to solve childhood obesity in a generation. The recent Institute of Medicine study commissioned by USDA sounded an alarm about the nutritional value of school meals. The study concluded that our children are eating too much sugar, salt, and fats and too few fruits, vegetables, whole grains, and low fat dairy products. This mix may help explain why one half of the calories consumed by children ages 6-11 in this country are "empty" calories. USDA is working as aggressively as possible to implement the Institute of Medicine recommendations to better align our meals with the Dietary Guidelines, but we also know that the improved foods will increase costs for local schools. The very same Institute of Medicine report showed that increases in reimbursement rates, training, school equipment, and technical assistance will be necessary to implement this package. This assistance is critically important if we expect schools and school food service professionals to successfully implement the new standards and our enhanced expectations for the program.

That is why I am calling on Congress to improve meal quality by increasing reimbursements for schools that meet the new nutritional standards and providing funding for equipment upgrades and additional training. We must empower our schools to take important steps toward enhanced nutrition. Higher reimbursement rates, tied to performance, will help schools purchase the whole grains, fruits, vegetables, and low fat and fat-free dairy products that our children need to grow strong and healthy. At the same time, Congress should provide USDA with the tools we need to ensure that the reimbursements we are providing for schools are being used appropriately for the program, so that all kids have access to healthy meals. And, it is our responsibility to work together with schools to ensure they are serving the most nutritious meals possible.

Recognizing that many schools do not have the equipment in place to improve food selections, our hope is that Congress will build upon the investments in equipment made by the American Recovery and Reinvestment Act and the FY10 appropriations act, and provide funding to improve school kitchens so schools can provide meals that meet the Dietary Guidelines and offer fresh fruits and vegetables. At the same time, we should create a credentialing program for school food service directors, and support school food service providers with resources for the critical training they need to do their jobs.

5. The reauthorization effort should ensure that all foods served in schools are healthy and nutritious. A 2006 study showed that outside the cafeteria, children are three times more likely to be able to purchase cookies, cakes, pastries, and high fat salty snacks than fruits or vegetables. Foods served in vending machines, the a la carte line, and other school settings should not undermine our efforts to enhance the health of the school environment. That is why USDA must have the capacity to set standards for all foods sold in schools. It does not mean the end of vending machines in schools—it just means filling them with nutritious offerings to make a healthy choice the easy choice for our nation's children. Though many in the media have portrayed this as an area of conflict, I will tell you that I have heard nothing but broad support for efforts to establish standards for food sold in schools. From food service professionals to the National PTA to the food industry, there is support for this authority, and it is an essential component of the reauthorization bill.

6. We also believe that every lunchroom ought to double as a classroom—and that schools should be challenged to make meals a learning experience. That is why it is important for us to build on the step taken in the 2004 Reauthorization bill to establish school wellness policies in every school by strengthening the requirement and raising the standard. Schools should work in consultation with parents to develop and implement a strong wellness policy centered on healthy eating, nutrition education and physical activity.

7. Making sure that parents and students have correct and complete nutritional information about foods being served in schools must be part of the reauthorization effort as well. With better information and simple assessments, parents will know what is available in their child's cafeteria and can better assist their children in making the right nutritional choices. And, in addition to transparency, we also need

to work on being smarter about how we serve food: Steps as simple as putting the fresh fruit in a more prominent place in the cafeteria can help kids eat healthier. And we should promote new approaches based on the most recent research.

8. Strengthening the link between local farmers and school cafeterias must also remain a priority in this legislation. Supporting farm-to-school programs will increase the amount of produce available to cafeterias and help to support local farmers by establishing regular, institutional buyers. Many schools have found farm-to-school programs an important component of nutrition education and I call on education leaders and our State and local partners to embrace farm to cafeteria programs and school gardens.

9. Guaranteeing the integrity of the nutrition programs remains central to a credible reauthorization. We should fund periodic studies to eliminate erroneous payments in the meals programs. Support for new technology will help schools avoid inaccuracies in eligibility determinations, and maintain the confidence that our help is provided to those who truly need it.

In his first year in office, President Obama pulled us back from the brink of the greatest economic crisis since the Great Depression and worked to lay a new foundation for economic growth. He identified three key strategies to building that lasting prosperity: innovation, investment, and education. All three strategies require the next generation to be the healthiest and best educated in our history. The health of our nation—of our economy, our communities, and our national security—depends on the health of our children. We will not succeed if our children are not learning as they should because they are hungry, and cannot achieve their dreams because they are unhealthy.

When our future was on the line after World War II, our nation's leaders understood the importance of well-fed and healthy youngsters. We would do well to remember that lesson today, and to act on it once again.

Again, I would like to thank the Committee for the opportunity to appear before you this morning to discuss the reauthorization of the USDA's Child Nutrition Programs and I look forward to answering any questions that you may have.

Chairman MILLER. Thank you very much, Mr. Secretary, and certainly thank you so much for your leadership on these issues of child nutrition and the health of our children.

As one who was pretty deeply involved in the health care debate, no matter whether I met with doctors or insurance companies or academics on the issue of our national health status, the question of childhood obesity, the question of how that then moves to adult onset illnesses, both in children and later in those children as adults, if they don't adopt a healthier eating pattern, as a major driver of health care costs was just explained over and over and over and again.

And you see some of the larger health organizations struggling, including corporations, trying to get people to adopt a wellness policy, a healthy lifestyle policy, a dietary policy, an exercise regime, all of those things combined together, because we now know—and whether it is the business community or families trying to push—that those are the drivers, the big drivers in that cost.

And yet we have the—as you point out—the ability to—with these children in this lunch program to not only feed them better and healthier, but also to give them information so they will understand what it means to them as they grow up and to their families.

One of the questions I wanted to raise with you is, obviously, we are trying to use all our resources as best we possibly can. And as we go through and we look at the various programs that are on campus at any given time, between free and reduced-price lunches and paid meals and a la carte services and how costs get apportioned out, I just would like you to talk a little bit—that you have looked at that, USDA has looked at the relationship between paid meals and subsidized meals, and what you can tell us about that.

Because I think there is a growing concern that perhaps the a la carte line and the paid meals are really infringing upon some of the costs that we would use for the free and reduced price meals.

Secretary VILSACK. Well, Mr. Chairman, first of all, let me acknowledge the obvious, which is that schools are struggling because of state and local budgets and their own budgets. And so oftentimes what you see is the food budget, obviously, being in place where they look to either gain resources or to increase opportunities.

We have taken a look at the issue of paid meals and recognizing the importance of making sure that every youngster has a fair shake. What we found is that about 80 percent of our reimbursement rate is the cost of a paid meal.

In other words, school districts put out about 80 percent of what we reimburse for a meal for paid meals, which would suggest to us that there is some degree of subsidization between what we are providing to the free and reduced lunch program and what is being provided generally on the paid meal side.

And, you know, that raises the question that you all will have to answer, in terms of whether or not that is a fair allocation of resources and whether that is appropriate. If you decide that there needs to be a rebalancing of this, obviously, I think you will take a look at trying to do this over a long period of time so that whatever adjustments are made are reasonable and effective and fair. But right now, there is about a 20 percent subsidization that takes place.

Chairman MILLER. That study was done over what population? Or was that looking at a number of different districts or states or—

Secretary VILSACK. It was an effort to basically get a real sense around the country of how school districts are—I mean, we are dealing with over 100,000 school districts, so everyone has a slightly different approach. But we tried to get some general recognition of the extent of this, and this is what we came up with from the study and review.

And I think it is important also, in terms of the a la carte line, that that subsidy gives the school district a lot of flexibility, in terms of what it does with that a la carte line and in terms of whether or not there are more appropriate choices or that, for that matter, choices that aren't as appropriate.

And one of the things we want to do is make sure that there is consistency in what is being supplied in the a la carte lines, in the vending machines, and in the school lunch program so that there is no encouragement of a less nutritious snack or a less nutritious meal.

Chairman MILLER. Thank you. I think that that is helpful. So you think that that was a fair look across the country?

Secretary VILSACK. Yes, it was a national sample that spanned the 2005-2006 school year.

Chairman MILLER. Just quickly, a local concern. In my area, we still—I have a pretty suburban area, but we still have a significant number of small farmers. And they are really, I think, working now with the University of California at Davis, but trying to figure out

how they can get their products that are grown locally into the local programs.

We talk about that in this legislation. We try to encourage that. But I think it is not just my area. As I travel around, I see more and more interest in this and connecting young people with how food is produced, but also providing some additional market space for those local farms.

What is your department doing here on—

Secretary VILSACK. Mr. Chairman, we have a program called Know Your Farmer, Know Your Food. It is an effort to try to reconnect people with agriculture of all sizes, both smaller commercial operations, as well as production agricultural operations.

And part of that program is to create tactical teams. We call them tactical teams. There are 15 of them right now, and we are having these teams go out to 15 different school districts and work with them to encourage them to have a better understanding of what is grown and raised in their area.

We find that there are schools that are interested in potentially linking up with local producers, but don't know who they are, don't know where they are, don't know what they produce, and don't know how to go about creating the quantity necessary to be able to do this on a regular, consistent basis. We are providing that kind of assistance and help.

We are also using our rural development resources to the extent that we can to create the supply chain infrastructure—the slaughtering houses, the warehousing, the cold storage facilities—that are necessary to congregate enough product so schools, as I say, have a consistent supply.

This is extremely important, because the rest of the country has got to reconnect with what farmers and ranchers do for them every single day. We have an extraordinary story here of success in agriculture that is often underappreciated, and it gives all the rest of us tremendous flexibility in terms of our take-home pay, because we spend so little for food than other developed nations and developing nations.

So this is extremely important, not only to improve the quality of the meals, but also to reconnect people with their food supply.

Chairman MILLER. Thank you very much.

Mr. Kline?

Mr. KLINE. Thank you, Mr. Chairman.

Mr. Secretary, thank you again for being with us today. It is sometimes confusing to people across America and perhaps even us here—we are the Education Committee, and we have got the Secretary of Agriculture here, and so there are a lot of complicated ways we try to get at things.

One thing that is not really complicated is we do have solid bipartisan agreement that these child nutrition programs are not only worthwhile, they are important, they are essential.

But as I said in my opening remarks, there are concerns on both sides of the aisle, by many members of Congress, and I think by the American people that we don't have enough money to do everything we want to do.

And so I have been hearing from the folks in the Minnesota Farm Bureau, for example, and most of them have kids. They are

living on farms. They are very concerned about these programs. They are interested in farm to school and all of that.

But they are looking at suggesting out of the Senate that in order to pay for this, you take \$2.5 billion out of the Environmental Quality Incentive Program, EQIP, and they are not happy about that.

That is something in your jurisdiction, as well. Have you got any thoughts about that as a way to pay for this?

Secretary VILSACK. Well, Representative, this is—you know, it is very much like asking me which of my two sons I love the most.

Mr. KLINE. Exactly.

Secretary VILSACK. And these are difficult issues. But let me say on the conservation side that I think it is important for us to be able to adequately fund conservation, but to do it in a way where we can justify to the taxpayers that resources are being spent appropriately and wisely.

I am thinking of the audit that was recently done of NRCS suggesting that perhaps we would sort of outpace the capacity of the personnel at NRCS to adequately monitor and adequately provide oversight in some of these programs. So what we are trying to do is match up appropriately the personnel that we have and the capacity that we have to do things right in terms of conservation.

Having said that, you know, we are obviously anxious and interested in preserving as many of those dollars as we can. There may be other areas in our budget which I am more than happy to sit down and visit with folks about. There may be other places in the large federal budget that might be available.

The bottom line from my perspective is that I can't think of anything more important than getting this done this year. So if we have got to figure something out within our budget, if we are given a target, a directive from Congress, we are more than happy to assist in trying to figure out how this gets paid.

This is extremely important. And I don't underestimate the difficulties of your job here. And I absolutely understand the whole issue of deficits.

I was a governor. I dealt with balanced budgets for 8 consecutive years. It is not easy to do.

Having said that, if we don't do this, this year, this is not going to get any easier. It is going to get much, much tougher in the future, and there will be 1 more year of delay in terms of improving the quality and nutritional value of what we are feeding our children.

The Institute of Medicine study was a wake-up call for me, Representative. I mean, it was a wake-up call suggesting that we are not doing right by our kids.

So I am committed to finding the resources wherever that might be and making sure that we do it in a fair and equitable and balanced way.

Mr. KLINE. So I think what I heard out of that is that taking the \$2.5 billion from EQIP is probably okay with you. Is that right?

Secretary VILSACK. I don't think—I think it would not be fair to say it is okay, because there may be—you know, \$2.5 billion, \$1 billion, \$500 million, \$250 million, not from EQIP, from some other program, I think the point of this is, you give us a target, you basi-

cally say to us this is the target that we have to—we have to meet in order to get this bill through the process, and we will work with you to find that resource.

Mr. KLINE. Actually, I agree with that, and that is the point. We need to figure out what that target is—right now, it looks to be close to \$8 billion—and make those decisions now before we push this legislation through out of this committee and onto the floor. We need to make those decisions.

And a lot of it is going to come back on your committee—I mean, on your department. There is just no question about this. This is a suggested \$2.5 billion. You are suggesting maybe there are other places inside of Ag where we ought to be looking for ways to pay for this bill.

And it is going to be tough for all of us. I just think we need to be doing it now and making those tough decisions now and not pushing this thing through unpaid for.

Secretary VILSACK. Here is one concern I have about that. This was some months ago. There was another proposal that we had where we offered up a series of offsets from our budget to try to fund it. What happened was, the proposal that was beneficial to USDA didn't get passed through the Congress, but the offset was taken for something else.

So with due respect, Representative, let's make a deal here.

Mr. KLINE. Let's make a deal. [Laughter.]

Secretary VILSACK. We get this through the committee, we get it on the floor, we will help you find the resource.

Mr. KLINE. All right.

I yield back, Mr. Chairman.

Chairman MILLER. I thank you.

Mr. Courtney?

Mr. COURTNEY. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for being here today.

First of all, I just want to say that, you know, this committee has established its credibility in terms of pay-fors, pay-as-you-go budgeting. When we passed the Student Aid and Fiscal Responsibility Act, about \$700 billion in new financing for Pell Grants, and for helping students with lower interest rates, we paid for every penny of it by reducing wasteful spending, in terms of bank loan origination fees.

So I agree with Mr. Kline that this has got to be a paid-for measure. Under our PAYGO rules, it has to be. And I think everybody on this side of the aisle certainly recognizes that and acknowledges that.

But on the other hand, we also have to make sure that we get the policy right. We have an epidemic of obesity in this country. The military's advice about readiness, in terms of young people for our—and I serve on the Armed Services Committee—is clearly an indication that we are not getting it right now and we have to make necessary changes.

One comment that you made regarding beverages during your opening remarks is that low-fat milk is something that your department recognizes as a component of trying to get to a balanced, healthy meal for kids that—in breakfast and lunch.

And I was wondering if you could comment on that. We are obviously seeing in the last 20 years, it is exactly the same time that obesity rates are climbing, that the consumption of soda by young teenagers is now twice as much as milk, low-fat milk in schools. It was reversed approximately 20 years ago. And I just wonder if you could maybe embellish a little bit on those comments.

Secretary VILSACK. Well, you know, I think, Representative, it is important for us to distinguish between, as they say, everyday foods and sometimes foods. And I think basically milk, low-fat milk is an everyday food. It is nutritionally dense, which means that you get more bang for your caloric buck, and I think it is important for us to continue to look for ways in which we can make sure that our calorie intake is appropriate and that we get the kind of nutrition we need from calories.

The problem with some of our school programs is that there are a lot of empty calories associated with what is available to youngsters, and therefore it adds to the obesity issue, and it doesn't necessarily give them the kind of energy that they need to be able to be good students.

At the same time, we also want these youngsters to be physically active. That requires strong bones. It requires nutrition that matters. And so low-fat milk is one way of us, together with whole grains, fruits and vegetables, that we can improve these programs.

We are asking for the capacity to provide consistency in the schools by basically taking a look at what is available in the vending machines and what is available on the a la carte line and make sure that we are sending the right set of messages.

If families want pop or soda to be available to their youngsters as a treat, there is no problem with that. But on a day-to-day regular basis, on an everyday basis, we want to make sure that they get adequate supplies of wholesome, nutritious food. And low-fat dairy is certainly one of the ways to do that.

Mr. COURTNEY. Well, thank you. And I think, you know, Mr. Miller's comment about trying to strengthen the farm to cafeteria connection with school lunches, I mean, obviously the dairy component is a place that, from Maine to California, you can, I think, find almost school district that opportunity.

In addition, I just would note that a number of us have a Healthy Milk and Dairy Choices in Schools Act, which would encourage a low-fat cheese meals, pizza, which obviously is, you know, number one, I think, across the board, as a way, again, of trying to introduce healthy consumption of dairy, again, on a low-fat basis. And hopefully you will take a look at that as one of the changes we can maybe make to this legislation.

Lastly, I just wanted to say, the requirement for eligibility, the test which is now 50 percent eligibility for school lunch, the bill proposes lowering that to 40 percent in rural areas. I would just say, from a state like Connecticut, you know, we would like to, you know, see if we can get involved in that 40 percent threshold, as well, because there are a lot of school districts that are being excluded right now with that 50 percent threshold, which in historic terms is a higher standard and excludes more kids than certainly in the past. And, again, I hope that is a piece that we can work with the department to try and make more across the board.

And with that, I would yield back, Mr. Chairman.
Chairman MILLER. Thank you.

Mr. Castle?

Mr. CASTLE. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for being here and for your wisdom in this area. And I agree with you on almost all of what you are saying.

But I have one problem I would like to ask you about. I don't know, you know, what your knowledge in the area is, but in Delaware, in my schools, I have gone to the schools. I remember one particular school I went to, and they were very proud of how they were meeting all the nutritional standards, et cetera.

And then at the end of the food line, they had a series of other choices that were not particularly nutritional, shall we say. And the kids see—and I just watched it for a while, and the kids seemed to be taking from that.

My question to you is not what is in this bill and not what you necessarily enforce in the Department of Agriculture, but how it is carried out in the schools. We have good nutritional people in Delaware and that kind of thing, but my impression is—and not just the vending machines, but even in the cafeteria lines there are offerings that are not as healthy as is in this legislation or as you would advocate or as any health nutritionist would advocate.

Can you tell me what oversight you have—and I am not saying we have to demand what people serve or whatever—what oversight you have or what guidance you have, as far as schools are concerned, in terms of what they are actually serving and what children are actually eating in the schools.

Secretary VILSACK. Well, Congressman, we want to establish a set of standard that are consistent with the Institute of Medicine study so that that gives school districts an understanding and appreciation for precisely what they need to be focused on, which is making sure that these calories count, and making sure, as I have said before, that they change the mix of what is available.

We also think that this bill provides additional resources for training and equipment. Oftentimes, schools want to do the right thing, but because of budget cuts in the past or because of decisions made in the past, they may not have the equipment necessary to provide steamed vegetables, for example, but they may have fryers that makes French fries more readily available, that type of thing.

And we also want to make sure that youngsters and parents have better information about what is actually being served. I mean, our view is that if you educate parents and you educate youngsters about the choices that they have to make that they are going to make the right set of choices more times than not and that they are going to demand and request of the school board and of the school administrators that there be a better mix or better, more appropriate menu for youngsters.

Right now, in some schools, you just don't know how many calories you are consuming. And I think youngsters are becoming much more astute to this, and there has been a lot of discussion because of the First Lady's Let's Move initiative a lot of conversation nationally about this.

We have got, as you will see in your next panel, major chefs, personalities who are very engaged in food—engaging themselves in local school districts to try to help educate.

And then, finally, we want to make sure that folks have information available to them that will help them improve the choices they make, in terms of menus. We can do a much better job of providing information to schools about how to basically stretch that food dollar, to come up with innovative and creative ways to make vegetables and fruits and so forth delicious and appealing.

And so there are a whole series of things that we can do to significantly improve, by providing standards, by providing equipment assistance, by providing training, by providing more information to children and parents.

Mr. CASTLE. But do your—I don't know if agents are the right word—but either people who work for your department or others have any oversight of what is actually happening in the schools? Or has that all become local, once they get their equipment and they get their dollars or whatever it may be, or does—I mean, who is actually monitoring to see if the things that we are talking about and we put in the legislation that we passed 6 years ago and we are going to pass again are actually occurring?

Secretary VILSACK. Well, we have within our food and nutrition service the capacity to check and make sure that folks are living up to the standards. You know, obviously, there are over 100,000 school districts, which means that there are many, many, many different places that have to be looked at.

So I think the candid answer is that we have got to rely heavily not just on our own resources, but on the capacity of local school administrators to understand the significance of this and the importance of it.

Candidly, I think food for many was a revenue source, and we need to change that mindset a bit to, hey, this is an important part of the school day. You have got to do it right if you want your youngsters to perform well.

I mean, if we are going to hold people accountable for results, then nutrition is part of what we should be holding them accountable for. And by providing parents more information—I will tell you—I don't know about your experiences—but as I travel and talk to parents, they are very engaged in this issue. There is an understanding, a basic understanding we have got to do a better job.

Mr. CASTLE. Well, my time is up.

Chairman MILLER. Mr. Loeb sack?

Mr. CASTLE. I yield back, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. LOEB SACK. Thank you, Mr. Chair.

And first of all, I did want to thank the chairman for working with me to make sure that we incorporate some provisions into this bill that I have offered on direct certification and expanding access to nutrition programs. So I really do appreciate that, Mr. Chairman, for your incorporation of those provisions into the bill.

And, Mr. Secretary, it is still hard for me not to think of you as my governor. It is really wonderful to see you here today. I really appreciate all the great work you are doing on this.

I do want to also at the outset just talk a little bit about the fiscal issue. We are all concerned, obviously, at the moment about whether we can pay for this and how we are going to pay for this. But I think all too often in this body we think in short term. We have a short-term perspective as politicians, especially trying to get re-elected every 2 years.

We have to think, obviously, right now, about the fiscal issues that are confronting this, but I think that, when you talk about and others talk about how this is a long-term issue, especially as it relates to chronic diseases, preventing chronic diseases, when we talk about health care costs, long-term health care costs, I think it is really critical that we think not in the short term, and I think that is what you are advocating today, as well.

This is an investment that we can make in the short term so that we can actually save a lot of money, I think, in the long term by preventing the development of chronic diseases, so it is a health care issue, and it is a fiscal issue, but not just in the short term—in the long term, as well.

This is an issue near and dear to my heart, first of all, in terms of access, because as somebody who grew up in poverty myself, I am very determined to make sure that all those kids out there in America who deserve to be in this program get into this program. That is why I offered the direct certification legislation.

So it is very important to me, and I have gone around and talked to a number of folks and a number of schools in my district over the course of this spring and into the summer.

And I think there is so much that we can do here. You have already talked about, sort of, how complex this problem is and this issue is.

If you would just elaborate a little bit more, this is really the only issue that I want to discuss with you today, although it may take the form of a follow-up, we will see. But you talked about the role of agriculture, and both traditional and non-traditional.

A lot of my friends are involved in community-supported agriculture in Iowa. And you are very aware of what that program is. That is part of the farm-to-school effort or could be part of the farm-to-school effort.

Can you talk to us, elaborate a little bit about traditional, as well as non-traditional agriculture, and the contributions that those two sectors can make to making sure that we have good, quality food in our schools?

Secretary VILSACK. Sure. Well, I mean, I think it is important to recognize that all sides of agriculture contribute. There are—I am just thinking of your congressional district, of which I am quite familiar, because my home area is there.

I mean, there are turkey producers, for example, in your district, in your congressional district. There is no reason in the world why those producers can't be providing lean, low-fat protein for school lunch programs.

What we may need is to make sure that there is a supply chain available. We may make sure that—need to make sure that school districts that are maybe 50 miles away from those producers understand and appreciate that turkeys are being raised in Henry

County, Iowa, in the southeastern part of the state of Iowa. They may not know that.

The same thing may be true for pork, opportunities there for production agriculture to participate, but we need to make the connection. People just aren't thinking about that. And we need to make sure that we have, as I say, the supply chain.

On the other hand, you have got folks who are transitioning some of their property to orchards, to vegetable production systems. They, too, need to be connected. And there I think the key is to make sure that there is sufficient numbers of them so that school districts have some predictability and consistency that they can rely on.

I think the benefit that they currently have under the system is that they can order fruits and vegetables. They may travel 1,000 miles to get to them, but they know that they will always have a supply.

Mr. LOEBSACK. That is right.

Secretary VILSACK. And here, the growing season—depending upon the growing season—there may be some limitations. But, again, consistency is important.

And then making sure that the safety issues are addressed, so it is about setting up a system and an infrastructure which we are prepared to do and anxious to do. We want to reconnect.

It is also—as the chairman indicated—encouraging schools to have their own gardens. These are tremendous learning experiences and opportunities. I mean, it is amazing what a science teacher, a math teacher, an environmental teacher can do with a small garden, and it is amazing to see children's reaction when that tomato occurs or when that green bean is picked or that pea is consumed, and they see it in the lunch line. They have a sense of pride and ownership.

So there are a multitude of ways in which we can do this and should be doing it. And if we do it right, all parts of agriculture can be connected and benefit. And most importantly of all, then the rest of us can better understand and appreciate exactly what our farmers and ranchers do, whether they are small commercial operations or very, very large production agriculture operations, they are providing something extraordinary to us.

And, you know, candidly, they are very underappreciated, in my view, in this country.

Mr. LOEBSACK. Thank you so much.

Thank you, Mr. Secretary.

And thank you, Mr. Chairman.

Chairman MILLER. Congresswoman Biggert?

Mrs. BIGGERT. Thank you, Mr. Chairman.

And, Mr. Secretary, thank you for being here. One thing that is very important to me and I think goes along with the nutrition—and I think there is something in this bill to complement the nutrition—and that is physical education.

And I come from Illinois, which is the only state that mandates P.E. every day. And I think all of the people from the other states are amazed at that, but I have continued to push for that since I was in the state legislature, because I think it has to go hand in hand with the nutrition, if we are going to solve this problem.

But my question really is about the—is not about that, but that is just my commercial.

In your estimation, about how many schools would be required to change their menus to comply with these new standards? I know I have gone into my schools, too, and they have really been working hard to provide the nutrition, but then they will have kind of that backup of probably low-nutrition calories and foods that the kids will pick up because they won't try the others.

Secretary VILSACK. Well, I think, first of all, if I can respond to your commercial, I think you are absolutely right. I think people would be surprised how few schools actually have any kind of recess or physical education component on a regular basis, and that is important.

It is one of the reasons why we have teamed up with the NFL and the Dairy Council to the Fuel Up to Play 60 program, to get kids outdoors and active for 60 minutes a day.

I think it is fair to say that every school will be impacted by this legislation and about what we are trying to do here. Every school will be challenged to re-think what they are doing and how they are doing it.

For some schools, it may be a very small adjustment. For some schools, it may be a fairly significant shift. But we want to be there to be of help and assistance in making that shift.

Again, it is important for all the reasons we have talked about before. I mean, educational achievement, I will tell you, personally I know what it is like when you are overweight and you are in a school and you are made fun of. I mean, that was my early life, and I—you know, I didn't perform as well.

You know, I have told this story before. I can remember when my fourth-grade teacher accused me of not being able to do a math problem because I was fat. I mean, that still sticks with me today, and that is quite a few years ago, right?

So this is really important for every school to understand the significance of this period of time in the school day, and I think, you know, we sort of ignored this for a long time. And fortunately, as a result of your work and as a result of the First Lady's work and of a lot of other people, we are finally putting the focus back on this important time during the school day. So I think every school is going to be impacted by this.

Mrs. BIGGERT. Thank you.

Then, you know, as a former school board president, I was—I have always been a fierce defender of local control. And if the bill passes, how will you ensure the flexibility to provide meals based on local tastes and preferences?

For example, years and years ago, I volunteered for the Head Start program one summer. It was the first year of the program. And I was in an area in Chicago that was completely Hispanic, and I can remember that they would bring in the food for the kids, and it had, you know, nothing to do with their culture.

And so for a week, the food would be there, and the kids wouldn't eat it. I mean, they were afraid to eat it or whatever, but finally, after a week, they said, "Well, this is silly," and they brought in food that was part of their culture.

So will these standards focus on, you know, just—will they have the flexibility for the cultures?

Secretary VILSACK. Well, I think they will. In fact, I am confident that they will.

For example, when we say more fruits and vegetables, while it would be terrific if every school district all year round had access to fresh fruits and vegetables, the reality is that there are many school districts where that won't be the case because of weather.

And so we don't preclude frozen fruits, frozen vegetables from being used or canned fruits and vegetables. The point of this is getting that back into the mix.

I don't think we are so prescriptive that local tastes, local culture would be ignored. In fact, we would hope that they would be integrated in the education component of this.

I mean, every culture has wonderful food. And the diversity of it is what makes this really exciting. And every culture has the capacity to provide nutritious meals consistent with the culture, so I don't think this is about prescribing that you have to eat, you know, so many items from a list of things. It is basically, here are the standards from a caloric standpoint and from a—you need more fruits and vegetables and whole grains. How you get that mix is going to be up to you.

Mrs. BIGGERT. Thank you.

I yield back.

Chairman MILLER. Thank you.

Mr. Kucinich?

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

Secretary Vilsack, thank you for your commitment and for the chairman's—I want to thank the chairman for his commitment in this very important socioeconomic issue and health issue.

We know that the Centers for Disease Control has estimated that one-third of children are obese or overweight. And we also know that, according to the American Public Health Association, that at current obesity rates, obesity will add nearly \$344 billion to the nation's annual health cost by 2018.

Now, Franklin said a penny saved is a penny earned, while billions saved would be billions earned when we look at a very aggressive effort at targeting the root causes of childhood obesity.

And, Mr. Chairman, I ask unanimous consent to include the following scholarly articles in support of this legislation. The first is "Crisis in the Marketplace: How Food Marketing Contributes to Childhood Obesity and What Can Be Done About It." This reviews scientific literature that documents food marketing to children is massive. It expands in number of venues, such as product placement, videogames, the Internet, cell phones. It is composed almost entirely of messages for nutrient-poor, calorie-dense foods and having harmful effects.

I ask unanimous consent to submit that.

Chairman MILLER. Without objection, that will be part of the file of this hearing. Thank you.

[The information may be accessed at the following Internet address:]

Mr. KUCINICH. Thank you. From the International Journal of Behavioral Nutrition and Physical Activity, a research article on television viewing, computer use, obesity, and adiposity in U.S. preschool children. It says that, in U.S. preschool children, 2 hours a day of TV or video is associated with a higher risk of being overweight or at risk for overweight and higher adiposity.

There is another—without objection, Mr. Chairman, if that could be in—another one, television viewing, fast food consumption, and children's obesity, speaks to a number of studies that have examined the association between children's hour TV viewing or the fast food consumption and childhood obesity. And it says the government should encourage the food industry to limit TV advertising with less healthy food items or junk foods targeted to children.

Finally, a scholarly article on fast food restaurant advertising on television and its influence on childhood obesity. It cites the 1997 National Longitudinal Survey of youth to estimate the effects of television fast food advertising on children and adolescents with respect to being overweight. It says a ban on these ads would reduce the number of overweight children ages 3 to 11, and a fixed population by 18 percent would reduce the number of overweight adolescents ages 12 to 18 by 14 percent.

It says the elimination of tax deductibility of this type of advertising would produce smaller declines of between 5 percent and 7 percent in these outcomes. These are all the UC matters, Mr. Chairman.

We are aware, Mr. Secretary—and I know you have worked closely with the First Lady in the announcement of the White House Task Force on Childhood Obesity and the report to the President—that pointed out that food and beverage advertising to children is a big business and is a primary contributor to childhood obesity and calls for a shift away from marketing unhealthy foods to children.

The Institute of Medicine in 2004 estimated that approximately \$10 billion was spent on food advertising directed at children. So you have the federal government actually helping to contribute to this preying on children by granting a tax write-off for expenses associated with this advertising.

And I know so much of this discussion is going to come down to budget issues. And we know that marketers and advertisers spend billions of dollars a year to research the developmental vulnerabilities of children, to exploit those vulnerabilities, and they do it because it is extraordinarily profitable for them to do so.

So, Mr. Secretary, do you think it is fair that taxpayers should subsidize that marketing and advertising like they are now? And I would ask if you would be congenial to studying H.R. 4310, which actually amends the IRS code to protect children's health by denying any deduction for advertising and marketing directed at children to promote the consumption of food at fast food restaurants or foods that are poor nutritional quality and to re-channel that money—it could be as much as \$10 billion—into paying for this program?

Mr. Secretary?

Secretary VILSACK. Representative, in terms of the advertising issue, our focus has been working with the Federal Trade Commission to basically figure out how to better educate the marketplace and better educate all of us about what is appropriate in terms of advertising, what is appropriate in terms of directing information to youngsters.

I mean, our focus here has been primarily on an education component. We are working, for example, with “Sesame Street” and the workshop to focus on early childhood and young parents, to get them a textbook, if you will, or a manual for how they might be able to make better decisions for their children with better information. It is in both English and Spanish. It was distributed to 3 million WIC mothers.

That is the kind of thing that we are focused on. We are focused on making sure that we use PSAs to focus on the dietary guidelines that we are in the process of reviewing. And by the end of this year, we will probably have revisions to those. We will be aggressively promoting that through the media.

We are working on making sure that we use our SNAP-Ed program to, again, better educate parents, particularly parents who are in that program, of how they might be able to do a better job of stretching their dollar.

So the focus for us is on education. I honestly have not had a chance to look at your bill. I would be more than happy to look at it. And it probably wouldn't be appropriate for me to comment on it without looking at it, but I will tell you that we are focused on this issue, at least from the standpoint of an educational component of it.

Mr. KUCINICH. Thank you, Mr. Chairman. I look forward to working with you to find the money to fund this program.

Chairman MILLER. The gentleman's time has expired.

Mr. Guthrie?

Mr. GUTHRIE. Thank you, Mr. Chairman.

Thank you, Mr. Secretary. This may get a little bit off the subject, but it is tied to it. And it is tied. It is a different committee's jurisdiction, but the issue we are looking at is kids—and I like what the chairman said, was we have to educate kids, because when we educate kids, they got their parents—picked on their parents for smoking and things like that, and that is perfect.

The problem is—or bigger problem, after they leave school, they are with their parents. You know, it is—and a lot of us have philosophical problems with trying to tell parents how to raise their kids.

But the one thing that your department does do that we have spent taxpayer money on—I always say, if you take the dollar, then you should take the implications of it—is with the food stamp program. And I paid my way through—well, high school, I didn't pay my way through high school, but summer college, before I went to military, working in grocery stores, and back then you had the old paper dollar, so you really couldn't put a lot of restrictions on food stamp purchases, because it would just be difficult for the retailer to do.

But now with the cards and the swiping and so forth, is there talk about—when I was—I mean, you would see sugar drinks, you

would see potato chips, you would see things bought with food stamps that would go home for the kids to eat and the families to eat, where we could make them have fresh vegetables, fresh—you know, I am not saying you don't do, you know, canned corn, but tying more nutritional value to the food stamp program that would help these kids when they go home? Because not every reduced lunch has food stamps. I know that. But some of them do.

Secretary VILSACK. Well, part of the challenge is, even though we have got electronic benefit cards available to many of the SNAP recipients, and even though we are trying to encourage them to use them at farmer's markets to access fruits and vegetables, the problem is that there are over 300,000 items in grocery stores across the country, and another 12,000 new items are introduced every single year in grocery stores.

I mean, you used to be able to go to the store and get a box of Triscuits and that is what you got was a box of Triscuits. Well, now there are 48 varieties of Triscuits. And so there is an operational issue here.

Secondly, there is no indication that even if you were to create some kind of system, and even if it were somehow feasible to do it, that that would necessarily result in those items not being purchased. It is possible that the small amount of discretionary income that those folks have would be used for those purposes.

And then, finally, how do you distinguish between the family that understands that these are treats and special occasion foods and those who don't? I mean, I think—to your point, I don't think it is—I think if we educate, we have to trust that people will make the right set of decisions for their family and for their children.

You know, I don't know of very many parents who don't really at the end of the day want to make what is the right set of decisions for their children.

Mr. GUTHRIE. Oh, I agree. And I appreciate the difficulty of it. I don't think that is the problem.

But even though they would—and I think they should buy, if they choose with discretionary income, snacks, and the kids should have snacks. You said it perfectly. You said everyday food versus sometime food, and I think sometime food is fine for some time, you know, as you said.

But they could still do that with discretionary. But if they were allotted so much money and only could buy fresh fruits—and I know the difficulty of—

Secretary VILSACK. Well, let me say what we are—

Mr. GUTHRIE [continuing]. And that they would bring those home, because that is what they would be able to buy.

Secretary VILSACK. Let me say what we are trying to do, which is to focus on an incentive-driven program. We are taking—by virtue of the farm bill, we are taking resources this year and we are challenging states to come up with point-of-sale incentives to encourage fruits and vegetables, so that when you swipe the card and you are buying a head of cauliflower, instead of it being \$1, which is what the grocer will get for that cauliflower, your card only credits you 70 cents. You get a 30 percent discount, if you will, if you buy fruits and vegetables. It is a way of encouraging them to stretch the dollars.

Then when you add to that the educational component of, “Here is how you can use nutritious food to stretch your food dollar and do the right thing for your family,” the combination of those two things, I think, could potentially be powerful in getting people to make the right set of choices with those SNAP resources.

Mr. GUTHRIE. And I agree. And I am going to yield back, because I am almost losing time anyway, because we need to focus on this, but that would have the same technological issue. If you could do that technologically, you could do the other, as well, couldn’t you?

Secretary VILSACK. Well, except that there is—

Mr. GUTHRIE. There are fewer items—

Secretary VILSACK [continuing]. You are only talking about a few items. That is—

Mr. GUTHRIE. I will yield back, because I know we need to get back on this—

Chairman MILLER. We are going to send you two guys to the lab to work this out.

In the meantime, Congressman McCarthy has time.

Mrs. MCCARTHY. Thank you, Chairman Miller. And thank you for having this hearing.

And welcome, Mr. Secretary. I am the chairwoman on the Subcommittee on Healthy Families and Communities. And we have actually been working on this for a number of years, and I want to thank, certainly, my chairman for having a number of our—my standalone legislation going into 5504.

Let me say one thing. When Nancy Pelosi was made Speaker of the House, the day she got her gavel, she said that—and she brought all the children up that were there and said that my administration and her work here would have to do with children.

And, as one of my colleagues said, we will find the money, because we can’t afford not to find the money. My background is as a nurse and a number of years ago the Pediatric Association came out and said that children from the age of 13 to 16 basically had arteries of those who were 40, 45 year old.

Our military has already said that our young people are not fit to come into the military. As far as I am concerned, this is a national security—because if we don’t have a healthy country for the future, we cannot certainly be a productive country.

So with that being said, again, I want to thank George Miller. We had introduced the Food Marketing in Schools Assessment Act, and it calls for the Secretary of Agriculture to conduct a study on the extent and types of marketing of foods and beverages in elementary and secondary schools.

One of the things that my other colleague had mentioned that—we have a couple of model programs in my district. And it is not like the—you know, we are going to go in and say, “Okay, you have got to change all your whole food program here.”

What the schools have done—and it took them a year—was introduce one side of a peanut butter and jelly sandwich with white bread and the other side with whole wheat. And over a year’s time, all of the other junk food kind of things that they would eat were gone, and the kids really, really enjoyed it. It is an educational program.

One of the things that is also in the bill is the Breastfeeding Support Act, mainly because we find that, if we can educate women to breastfeed, their children are actually off to a much better start.

The Start Healthy Habits Early Act, commonsense action by establishing nutrition requirements for childcare, because that is where we want to get, the youngest children in the beginning, and to also educate the parents, and the Partnership for Wellness Act, which we can do all the nutrition that we want, but if we don't have physical activity that goes with it, and there are so many great programs.

Again, in my district, we have five models from kindergarten all the way to fifth grade, and the children exercise 10 minutes a day, 3 times a day. They don't waste that time. The kids could not do it when they first started the physical program at their—you know, next to their desk.

One of our hospitals came up with a great program, so it is an educational piece, also, while they are exercising. Those that are in third grade now can do more than 10 minutes 3 times a day, so we know that this works.

We, as the responsibility of this committee, certainly for the future, take this very seriously. And I certainly want to thank Mrs. Obama for bringing national attention to this.

I just wanted to ask you a question. On the next panel, in the testimony of one of the witnesses, basically states that there is little or no evidence suggesting that government spending on child nutrition programs can be a cost effective means of reducing overweight and obesity. Instead, reducing consumption of low—energy-dense foods may be promising means to limit weight gain among children.

I think people are missing the point, and I guess I would like your opinion on that.

Secretary VILSACK. Well, when you realize that many youngsters in this country today get one and possibly two meals of the three that they get or perhaps only the two meals that they get in a school setting, and you realize that there are some studies that suggest that there is a significant number of empty calories that are currently being provided in some of our schools in breakfast and the school lunch program, it is hard for me to understand how we couldn't have a positive impact on this if we altered and structured this with more fruits and vegetables and whole grains and low-fat dairy and less fat, less sodium, and less sugar.

I mean, it just seems to me common sense that you are going to have some impact and effect on this. If you also provide an educational component, then these youngsters will begin making more informed decisions for themselves outside of school and, as you say, physical education is extraordinarily important. It is one of the reasons why we think 60 minutes a day of physical activity is really important for youngsters.

We want kids to get outdoors. They spend 6 to 7 hours in front of a TV and a computer screen. They could get plenty of computer time. That is fine. But they also need to get outdoors and need to reconnect with Mother Nature.

So the combination of those things, I think, can and will have an impact. And then if you educate parents and if you start early with

the WIC program and with the SNAP program and with some of the things that we are doing, breastfeeding, as you outlined, all of those things cumulatively will have a tremendous impact.

And if we—we raise this to a point where youngsters realize that it is part of their commitment to their country—you know, I remember being raised in the 1960s when John Kennedy said physical fitness was part of what students were supposed to do. It was part of our responsibility to our country.

It is what Harry Truman recognized when the school lunch program was established. So with due respect to scholarly studies, I think it will have an impact, and I think it will make a difference. And I will tell you, if it makes a difference in one child's life, it is important.

Mrs. MCCARTHY. Looking forward to working with you.

I yield back the balance of my time.

Chairman MILLER. Mr. Thompson?

Mr. THOMPSON. Thank you, Mr. Chairman, Ranking Member.

Secretary Vilsack, good to see you. Just different to see you outside the realm of the Ag Committee, where we normally get together, and very proud of the fact that sitting before me is the former Iowa Governor and the Secretary of Agriculture who got a start in Pennsylvania.

Secretary VILSACK. That is right.

Mr. THOMPSON. I want to just thank you for your support of nutrition. Obviously, nutrition is extremely important. It is an underpinning for health and wellness, which leads to prevention, and that is the most cost-effective care that we can provide, obviously, is prevention, when it comes to disease and illness.

And I also really appreciate your commitment for assisting with the offsets. And I say assisting because I know what an impact \$8 billion would have on the agriculture budget. For what agriculture provides, you know, for what—it is very cost-effective for what we invest in it.

And wearing two hats, this committee and obviously the Agriculture Committee, the fact that production agriculture really provides us the quality and the affordability of food is fundamental to the nutrition of all Americans. We are blessed with what we have in this country.

So I am confident, as you work with us, to find the \$8 billion offsets, and we need to do that. That is the right thing to do, that we will keep that in mind, the importance of production agriculture and make sure that we are doing our best to continue to provide—meet the nutrition needs of everyone.

You had talked about some of the national partnerships on nutrition, which were really interesting, the NFL, Dairy Council, very exciting. My question is, when it comes to the USDA nutrition programs, have you reached out to organizations such as the National School Board Association, that really represents those who truly have the governing responsibility in our schools, in terms of either education or advocacy or, you know, preparing those policy—the ones that really are the policymakers. That is the local elected school board members.

Is that something USDA has done or are there plans to do that?

Secretary VILSACK. We have made an effort to reach out to anybody and everyone who might have a connection with this particular issue to see if we could get them to support this effort, from school administrators to school boards, to folks who are responsible for the food preparation in schools to teachers.

Everyone in the school system—and by that, I include the school board members—understand and appreciate the importance of nutrition in terms of educational achievement.

You cannot learn if you are hungry. You cannot learn if you are worried about your self-image. And the reality is, we have got too many kids in both of those categories, and one way we can address that is by passing a bill that provides significant resources to change the direction of our school lunch and school breakfast programs.

I am concerned, Representative, that we have over 100,000 schools participating in school lunch, but only 88,000 participating in school breakfast. What do we need to help those additional 13,000, 14,000 schools to get into the school breakfast program? Because you know and I know, that is really important. Youngsters have got to have a good start.

And how do we create a system where school breakfast doesn't create a stigma? You know, everyone goes to the cafeteria for school lunch. Not everybody goes or needs school breakfast. So if you have it in the cafeteria as opposed to the classroom, are you creating the kind of situation where you are discouraging kids from participating?

So these—it is a set of complex issues, and it absolutely requires everyone, from the teacher, the food preparation folks, to the school board to be engaged.

Mr. THOMPSON. All right. With the USDA proposed nutrition programs, I mean, the past year-and-a-half, I don't know what the total is, but I think the ranking member actually in his opening remarks really covered well the amount of just tremendous—billions of dollars in investments we have made related whether it was a stimulus or the patient protection care act.

And much of that—a lot of that was slated at nutrition. Have we assessed—do we have mechanisms in place to assess how effective those—obviously, some of those have not been implemented yet, but some of those have gone into operation. Have we assessed the baseline of what difference those have made?

I think that—to me, that seems to be important information, as we look at a new bill that looks at investing \$8 billion, to make sure we know where the baseline is, in terms of need, and we have done a tremendous amount of investment up to this point. I think measuring that effectiveness to know where we truly are in a baseline seems to be important.

Secretary VILSACK. Well, the stimulus resource was primarily in three categories. It was additional support for WIC, which I think this committee is well aware of. It was additional SNAP payments. And it was also primarily equipment money for schools. And it was a relatively—given the need—a relatively small amount in the stimulus that went to school districts for upgrading their equipment.

If memory serves me correct, for every dollar that we had available, there was four or five or six dollars of applications. And that is one of the reasons why part of this component is to help schools with the equipment needs, because if you have a French fryer, but you don't have something that can steam or produce vegetables, it just makes it a little bit more difficult for you to comply.

So I am not sure that those resources go to the issue here. The issue here is, how do we help school districts be able to afford the cost of fruits and vegetables, recognizing that there may be some additional costs associated with those items?

They may be a little bit more expensive than some of the processed food that can be purchased that is high in calories, has high fat content, high sodium, sugar, and so forth. So I think it is sort of apples and oranges here.

We have invested the resources and equipment. We know that that is making a difference, but it is a very small part of a very large set of issues that we are dealing with here.

Mr. THOMPSON. Okay, thank you.

Chairman MILLER. It is the intent of the chair to go—we now have a vote on the floor of the House, to go as deep into this vote as our little legs will carry us and not to miss it.

So next I have Ms. Titus, Mr. Cassidy, hopefully back to Ms. Chu, but when we do leave for the vote, I—the Secretary will be done. I will not ask him to wait through the vote to come back.

And then as soon as we come back from the vote, we will begin with our next panel.

Ms. Titus?

Ms. TITUS. Thank you, Mr. Chairman.

Mr. Secretary, in the remarks that you have made over the past year regarding the Obama administration's priorities for reauthorization of this act, you have noted that you are concerned that too many low-income children lack access to food when school is out, when they go home on the weekend or during the holidays or during the summer.

This is certainly a problem in southern Nevada. We have got 45 percent of the schoolchildren who rely on free lunch. That is why I am pleased that a bill that I have sponsored is part of this act. It is called the Weekends Without Hunger Act, has 22 bipartisan co-sponsors of it.

It would establish a 5-year pilot program. In that program, we would provide commodities to eligible institutions like schools or food banks that could do backpacks that you could take—children could take home over the weekend, and that would help to feed them, be sure they get their nourishment when they are not at school, where they depend so much on those meals.

I just wonder if you would comment on that, if you would be supportive of that kind of program.

Secretary VILSACK. Representative, that is a very important component of this. You know, we can do everything right for 5 days, but if we don't do everything right for 7 days, we may not get it right.

The sad reality is that there are a lot of youngsters who are living in families where they are not necessarily going to get nutri-

tious snacks and/or meals during the weekend. And then they come to school very, very hungry and not able to perform.

So programs like the one you are talking about that will help us bridge that gap are important. It is equally important for us to focus on the summer months, which is one of the reasons why we are working hard to take resources that are available to us to create demonstration projects to try to figure out where the best practices in the country are.

There are a number of communities that are doing this, and we need to make sure that we get the best practice models out. We need to engage the faith-based organizations. We had a meeting with them recently, how they can help and assist us in bridging these gaps, very, very important.

And so my hope would be that we do make a commitment to programs like the one that you are sponsoring.

Ms. TITUS. Well, I appreciate that. In southern Nevada, we have Three Square that is doing a good job. It is just that in these economic times, when they depend on charitable contributions, sometimes they can't spread their resources as far as they are needed, so some support would be helpful.

Secretary VILSACK. We have seen food banks very, very stretched during this difficult time.

Ms. TITUS. Thank you.

I will yield back.

Chairman MILLER. Mr. Cassidy?

Mr. CASSIDY. Thank you, Secretary Vilsack.

I am going to follow up with where Mrs. McCarthy spoke of. I am not advocating these positions, but I think intellectually we have to consider it.

It does seem the more money we put at food stamps, the more money we put at this program, the worst nutritional outcomes we get. I mean, empirically, our kids are heavier now than they used to be, as we are putting more money towards food stamps and more money towards school nutrition programs.

I think when you were in—I forget if I said this—when you were in Ag Committee and we were discussing the Food Stamp Program, but I keep on thinking of the Pogo quote, “We have met the enemy and he is us.”

So how would we—you know, it is a correlation. It may not be causal, but it still seems to be a correlation. What would be your response to someone pointing out that the evidence is, the more money we put here, the worse results we get?

Secretary VILSACK. Well, I think it is a combination of a lot of things. Part of it is the fact that we are asking schools to do a tremendous amount, and it makes it more difficult for them to squeeze the time out of the school day for physical education. That is clearly an issue.

We have got to get our kids more physically active. That is why the First Lady's initiative is very important.

And I think more schools are recognizing that. I think that getting the relationships with the NFL and the Dairy Council to heighten the awareness of folks about this.

I think, secondly, it is how we use our food dollars. It isn't so much the fact that we have increased the resources, that we have

increased the resources because food costs have gone up, doesn't—but now what we need to do is make sure that people understand how they can stretch those dollars more effectively and get more nutritional value out of those dollars, and that hasn't necessarily been part of the equation until recently.

Mr. CASSIDY. Is it possible that the more federal control we put in there, the less—and going back to what Ms. Biggert said—the more federal control we put in there, the less—the more hidebound the program becomes, the less able it is to adapt to local circumstances, buy local foods, for example.

Secretary VILSACK. I don't think so. I think basically what we need to be able to do is have a set of guidelines and a set of standards that everybody understands are important. I mean, when you have got an Institute of Medicine study that says you have got too much sodium, too much salt, too much sugar in what we are feeding youngsters, then it is pretty obvious that we need to do a better job of reducing those and increasing fruits and vegetables and whole grains.

The problem is that there are resource issues associated with that. When you have more fruits and vegetables and whole grains and you want to integrate more fresh fruit and vegetables and more local products, there can be a cost associated with that, which is why we are asking for some additional resources here.

My sense is that we are approaching this in a much more comprehensive and cohesive way. Instead of bits and pieces, this is a holistic approach to this. It is about physical education. It is about bridging the gap between weekends and summer. It is about making sure that fruits and vegetables and whole grains are associated with the diets. It is about education of parents and students. It is about providing the local producers an opportunity to engage. It is about expanding significantly the knowledge of how you can do a better job of making and preparing food that is more nutritious.

And it is about making sure that the country understands that national security is an issue, health care costs in the future an issue, educational achievement is an issue. And we haven't really talked about the fact that there are still 500,000 to 600,000 youngsters who are living in families where they absolutely don't get fed at some point in time during the month.

Mr. CASSIDY. Well, there is a little bit of a discordance here, because we are speaking concomitantly of obesity and hunger. Now—and I—you know, I mean, you mentioned that, and I have no doubt that there are kids who go to school hungry, but I have to admit, you know, every time I hear that we have an obesity problem and everybody is going hungry, how do you reconcile those two?

Secretary VILSACK. Well, the hunger and obesity may have the same parent. I think if you study both of them, you are going to find that there is a correlation between low-income families that are trying the best they can to take care of their children and stretch scarce food dollars by focusing on foods that are processed, foods that are, you know, bulk, if you will, and youngsters who are just flat-out not getting fed because their parents don't have the resources to feed them.

Mr. CASSIDY. I am not quite sure I follow. Obviously, if somebody is eating red beans and rice, they can eat a very, you know, full

meal. And so—now, if you want to say there is a correlate between poor food decisions and obesity and poverty, I will accept that correlate, but since we are integrating these two as a rationale, I am still not—

Secretary VILSACK. It is not so much poor decisions as it is we need to do a better job of educating folks about the decisions that they make and give them an understanding that there is a way in which they can stretch those food dollars more effectively and still not compromise the nutritional quality and value of what they are feeding their youngsters.

I mean, it is hard for parents. I mean, parents are working a couple jobs, you know, part-time jobs.

Mr. CASSIDY. Well, I accept that.

Secretary VILSACK. There is also the issue of—

Mr. CASSIDY. I accept that, but I am still not sure I figured out how hunger and obesity are both goals that we are achieving here.

Secretary VILSACK. Well, the hunger issue—

Mr. CASSIDY. I yield back. Thank you very much.

Chairman MILLER [continuing]. Mr. Cassidy. Congresswoman Chu?

Ms. CHU. Thank you, Mr. Chair.

Secretary Vilsack, I appreciate your comments regarding the prices charged to children who don't qualify for the free or reduced-price meals, and you referred to the study that found that the average charge for paid lunches is approximately 75 cents less than the federal reimbursement for free meals.

Now, on the surface, there is a simple logic to asking families who can afford to pay it to pay at least the full cost of the meal that they are receiving. At the same time, there is an argument to be made that many families at 185 percent of the poverty line can't even afford these subsidized prices for these paid meals, and that is particularly true in areas like Los Angeles, which is an area I represent, where the cost of living is well above the national average.

So given these competing interests, how can we balance protecting the financial solvency of the free and reduced lunch program with the needs of school districts to price meals so that they are affordable for all families in a school district, considering the variation and the cost of living across this country?

Secretary VILSACK. Well, you know, we are not—I don't know that there is a great deal of data that will tell us precisely what the impact will be if you were to adjust over time a more equitable distribution between paid meals and the federal reimbursement.

In other words, if we ask some of those parents to pay more over time, I don't know that we necessarily know that there will be less participation or families will find it difficult to afford it, depending upon how we phase this in and how we do it.

I think at the—on the other end, if we are trying to improve the capacity for all of these youngsters to have a better opportunity, then there obviously has to be some degree of equity in the system. And whether it is competitive foods that are being subsidized by the free and reduced program or whether it is the paid meals that are being subsidized, I think there needs to be some rebalancing here, but doing it in a fair way and doing it in appropriate way and

making sure that we are sensitive to folks who are sort of on the bubble.

A substantial percentage of the folks—a majority of the folks we are talking about are probably at 300 percent or more of poverty that would be impacted by this, and they might—that is a—you know, a family of four is about \$66,000, so they may be able to afford just, you know, a little bit more, but I think we need to be sensitive in terms of how we address this and how we phase it in, if this is ultimately the decision you make.

Ms. CHU. In fact, can you give me a sense of the diversity of prices that schools are charging for paid meals, why they are charging the different prices, and what that means for the quality of food offered? And is there any school district that is charging 100 percent of the subsidized price that the federal government pays?

Secretary VILSACK. You know, I don't know the answer to that question. If I can have permission to get you a written response to that, I will be happy to. I am sure that there are schools that are doing the right thing and have the right balance. Today, as I testify, I can't give you a school district, but we will find them for you.

Ms. CHU. Okay, thank you.

I yield back.

Chairman MILLER. Thank you.

Thank you, Mr. Secretary, for your testimony and for the time before the committee and the willingness to respond to members' questions. There may be members who have questions who are not able to articulate them in this hearing, but we will submit them to you, and we would appreciate you responding to those questions that the committee would submit.

With that, the committee will recess for the purposes of meeting these votes on the floor. As soon as we return, we will begin with our second panel.

[Recess.]

Chairman MILLER. The committee will reconvene, and thank you again for your patience. It is a part of our multitasking, voting and trying to hold hearings and cover important subjects.

I want to welcome the second panel. Our first introduction will be made by Congresswoman Titus of Nevada.

Ms. TITUS. It is my pleasure and privilege to introduce and welcome to our committee today Chef Tom Colicchio. Chef Colicchio is a world-renowned culinary chef and restaurateur. He has also served as the lead judge on the hit television series "Top Chef," and he has cooked at many of the prominent New York restaurants.

Chef Colicchio's talents and skills have been recognized with top awards in his highly competitive field. These include the James Beard Foundation's Best Chef New York Award, the 2010 Outstanding Chef Award, as well as the Best New Restaurant Award for Craft, his restaurant in New York. And I am proud to say that we have one of Mr. Colicchio's restaurant in Las Vegas, Craftsteak at MGM Grand.

Mr. Colicchio's mother worked in a school cafeteria, so he has come by his calling in a very natural way. He also learned at a very early age the importance of the school lunch program and good nutrition for children. As a result, not only is he known for his restaurants and his cooking, but also for his charity.

He and his restaurants have given back to the community by supporting such charities as Share Our Strength, Children of Bellevue, City Meals on Wheels, City Harvest, Pediatric AIDS Foundation, HealthRight International, and Groove with Me. I am curious to know more about Groove with Me.

Mr. Chairman, I and the committee thank Chef Colicchio for all his good works and for being here to lend his celebrity to help us highlight the need for this important legislation to promote nutrition and fight obesity among our children.

Thank you, Chef, for being here.

Chairman MILLER. Thank you, Congressman Titus, for that introduction.

I am going to introduce the rest of the panel, and then we will hear from Chef Colicchio as our first witness on this panel.

And welcome to the committee, Mr. Colicchio.

Robert Rector is well known to this committee. He is a senior research fellow on welfare and family issues at the Heritage Foundation. Mr. Rector has authored two books and over 100 articles and research studies on these topics. He joined Heritage Foundation in 1984 and previously worked as legislative assistant to the Virginia House of Delegates and as a management analyst at the U.S. Office of Personnel Management. Mr. Rector has served as Commissioner on the congressionally mandated Millennial Housing Commission.

James Weill is the president of the Food Research and Action Committee, known on the Hill as FRAC, a leading anti-hunger public policy group in America. Prior to joining FRAC, he was at Children's Defense Fund as program director and general counsel. Mr. Weill is also the chair of the board of directors of the Alliance for Justice Action Council and is a member of the board of OMB Watch and the National Center on Youth Law.

Dr. Eduardo Sanchez is a vice president and chief medical officer at Blue Cross Blue Shield of Texas. Prior to this, he was the director of the Institute of Health Policy at the University of Texas School of Public Health. Dr. Sanchez also chairs the advisory committee to the director—to the director of the Centers for Disease Control and Prevention and as chair of the National Commission on Prevention Priorities. He has also served on the Institute of Medicine Committee on Progress and Preventing Childhood Obesity and currently serves on the Institute of Medicine's Standing Committee on Childhood Obesity.

Major General Paul D. Monroe, Jr., serves as executive advisory council on Mission: Readiness, Military Leaders for Kids, a non-profit bipartisan organization of more than 100 senior retired military leaders. Mission: Readiness was founded in 2008 to ensure continued American security and prosperity into the 21st century by calling for smart investments in the upcoming generation of American children.

Mr. Monroe is a retired major general, having served 46 years in the U.S. Army and the California Army National Guard. He is a distinguished and decorated Army officer who has performed a variety of high-level command and staff positions during his career.

Welcome to the committee. Thank you for taking your time. I am sorry for the interruptions and the vote. I think we are going to

have another vote in a while, but we are going to try to make sure we get your testimony in.

And, Chef Colicchio, we are going to begin with you. As you may have heard me explain, when you begin to testify, a green light will go on. When you have a minute remaining, an orange light, and then you could think about starting to sum up, but do it in a manner in which you convey your thoughts and your topics to the committee.

Welcome.

I am going to have you push your microphone, the——

STATEMENT OF TOM COLICCHIO, CHEF AND RESTAURATEUR

Mr. COLICCHIO. There we go.

Thank you, Chairman Miller.

And thank you, Representative Titus, for the introduction.

My restaurant in Las Vegas also supports Three Square in your district, as well, so thank you for doing the work that you do there.

Ladies and gentlemen of the Education and Labor Committee, I am here today to express my support for the Improving Nutrition for America's Children Act, sponsored by Chairman Miller, and to urge you to follow—urge you and your fellow representatives to do everything in your power to find the funds to push this crucial piece of legislation through.

I am wearing a few different hats today at this hearing. First off, there is my public one. As host and judge of a popular television program, I find myself in the slightly surreal position of being able to comment on issues of importance to me and a public willing to listen.

I have decided to use this advantage to the millions of American children who rely on school, preschool, after-school, and summer feeding programs for adequate nutrition, children who don't have lobbyists with deep pockets at their disposal for advocating on their behalf.

I am also here as a chef. There was a time when my job wasn't public at all. The chef stayed in the kitchen. Early in the next morning, they would trawl farmer's markets and stalls and fish markets to choose today's food, the day's food. Nobody really cared what we had to say, just cared what we did on our plates.

Today that is changed a bit. Chefs are frequently called upon to cook at fundraisers or food pantries, food-based charities to help meet the needs of those who struggle with hunger. As a group, chefs have never been more active and never raised more money than we do now, and yet studies show that more people are hungry or food insecure in this country today, more than any other time in history.

It is frustrating, and has spurred me to ask a question, why? Why in this great country, where we produce enough food, are children going hungry every day?

I am also here as a business owner. At my restaurants, I have dozens of employees who work long hours, and I understand how urgently many of them need to know that their kids receive healthy nutrition at schools and daycare centers where they spend a large part of each day.

It is hard enough to make a living in today's economy. No working parent should have to worry whether their child has enough to eat.

I am encouraged that Chairman Miller's bill allows for additional meals for children who are in daycare longer than 8 hours, as so many are, or spending time in after-school settings.

Chairman Miller's bill supports working families. I will say that again: This bill supports working families.

In addition, this bill makes important strides to ensure that low-income children don't go hungry during summer months when school is out.

I am also here as a father to 17-year-old, Dante, and to an 11-month-old, Luka. My children, like children everywhere, are more than happy to slurp down junk food with empty calories: pizza, sodas, candy, and deep-fried anything. But the fact that they would eat this whenever doesn't give me permission to shrug my shoulders and say, "Well, that is what they want." It is my job as a parent to make sure that they have a variety of real, nutritious foods served to them at every meal so that they grow into robust, healthy kids capable of meeting their full potential in life.

And yet, I hear people say, "We would like to improve the school lunch program, but the kids, all they want to do is eat pizzas and burgers. If we give them good food, they won't eat."

Come on, people. We are adults here. It is up to us to do better. My kids would happily live in front of the Xbox and never take a shower for as long as they live, but that is not going to happen, either.

When I give them healthy, delicious food, they eat it with gusto.

On a recent "Top Chef" episode, we challenged our contestants to prepare healthy, nutritious lunch for schoolchildren right here in D.C. What do you know? The kids ate it, they asked for seconds, they asked for thirds.

I am also here as the son of a lunch lady. My mother, Beverly Colicchio, worked for decades as a cafeteria supervisor in Elizabeth, New Jersey, where I was born. Elizabeth is not a wealthy town, and at the high school where she worked, almost 70 percent of the students qualified for free or reduced-price breakfast and lunch.

My mother told us that often the meals she served those kids was the only food they got to eat all day. It was upsetting to her that the budgetary constraints imposed by low federal reimbursements meant that schools couldn't afford much in the way of fresh fruits and vegetables, whole grains, legumes, and high-quality proteins.

The cheapest food, contracted out to the lowest bidder, was usually the food that was on the menu, and the kids who ate it, and they didn't have a choice or an option of refusing.

On a diet that may have met the nutritional guidelines without being truly healthy and whole, we expect our kids to learn, behave, socialize appropriately, and develop into healthy teens and adults, and we are quick to label and punish them when they don't.

Without regular exposure to real food—made from whole ingredients in a variety of textures, shapes, and colors—these children never develop a preference for healthy food and thus perpetuate a cycle of poor nutrition that can lead to a lifetime of costly, debili-

tating health problems, like obesity and diabetes, not to mention their lost potential as active, healthy citizens.

Schools today are forced to supplement their meager budgets with vending machines that supply empty calories from soft drinks and junk food. I ask you: How many of here today—how many of you here today would be content to let the bulk of your children's daily calories come from soda, chips, or branded fast food? And yet we are sitting by and allowing that to happen for families who are struggling and who rely on us to do better.

As thinking adults, as fellow parents, this is an egregious abdication of our responsibility towards kids. And if it is at all within our means to fix it—and I believe it is—I urge you to make it right now.

Let's fund school lunch programs and breakfast programs at a spending level that significantly raises the quality and variety of what schools can afford and get rid of the junk food in vending machines once and for all.

Let's fund healthy snacks and meals in daycare centers and after-school programs.

Let's expand access by broadening area eligibility requirements for summer feeding programs and expanding direct certifications to eliminate redundant paperwork for families and schools.

There could be no better investment, no better stimulus to our economy than feeding this nation's children healthy and well. If we give kids in this country delicious, nutritious food, we will instill in them a lifetime preference for eating healthy that will translate into vast savings in health care costs down the line.

Providing the building blocks for millions of children to grow and develop as they should, this will mean a population of robust, productive adults and a more competitive America.

Malnourished kids are not capable of vision and ideas. And without that, we are relegating this great nation to a future of mediocrity and poor health. I think we could do better, and I urge you today to get behind Chairman Miller's bill and make it happen.

Thank you for the opportunity.

[The statement of Mr. Colicchio follows:]

Prepared Statement of Tom Colicchio, Chef and Restaurateur

LADIES AND GENTLEMEN OF THE EDUCATION AND LABOR COMMITTEE: I am here today to express my support for the Improving Nutrition for America's Children Act sponsored by Chairman Miller, and to urge you and your fellow Representatives to do everything in your power to find the funds to push this crucial piece of legislation through.

I'm wearing a few different hats at this hearing today: First off, there is my public one; as host and judge of a popular television program, I find myself in the slightly surreal position of being able to comment on issues of importance to me to a public willing to listen. I've decided to use this to the advantage of the millions of American children who rely on school, preschool, after-school and summer feeding programs for adequate nutrition, who don't have lobbyists with deep pockets at their disposal advocating on their behalf.

I'm also before you as a chef. Once upon a time my job wasn't public at all—we stayed in the kitchen cooking, and then early the next morning we trolled the farmer's stalls and fish markets to choose the day's food. Nobody gave a hoot what we had to say, just what we sent out on the plate. Today that's changed a bit, and chefs are frequently called upon to cook at fundraisers for food pantries and food-based charities to help meet the needs of those who struggle with hunger. As a group, we chefs have never been more active and never raised more money than we do now, and yet studies show that more people are hungry or food insecure in this country

today than at any other time in history. It's frustrating, and has spurred me to ask * * * why?

I'm here, too, as a business owner. At my restaurants, I have dozens of employees working long hours, often more than one shift. I understand how urgently many of them need to know that their kids are receiving healthy nutrition at the schools and day care centers where they spend a big part of each day. It is hard enough to make a living in today's economy; no working parent should also worry whether their child has had enough to eat. I am encouraged that Chairman Miller's bill allows for additional meals for children who are in day care longer than 8 hours, as so many are, or spending time in after-school settings. In addition, Chairman Miller's bill makes important strides to ensure that low-income kids don't go hungry during the summer months when school is out.

I'm here before you as a father to 17 year-old Dante and 11 month-old Luka. My kids, like kids everywhere, are more than happy to slurp down junk food and empty calories—pizza, sodas, candy and deep-fried anything. But the fact that they would eat this whenever doesn't give me permission to shrug my shoulders and say, 'well, that's what they want!' It's my job as a parent to make sure they have a variety of real, nutritious foods served to them at every meal so that they grow into robust, healthy kids capable of meeting their full potential in life. And yet, I hear people say, "we'd like to improve school lunch, but all the kids want to eat are pizzas and burgers. If we give them good food they won't eat it" Come on, people! We're the adults. It's up to us to do better. My kids would also happily live in front of the Xbox and never take another shower as long as they live. Not gonna happen. When I give them healthy, delicious food they eat it, with gusto. On a recent Top Chef episode, we challenged our contestants to prepare healthy, nutritious lunch for schoolchildren here in D.C. that was also delicious. What do you know? The kids ate it, happily, and they asked for seconds and thirds.

I'm also here before you as the son of a "lunch lady." My mother, Beverly Colicchio, worked for decades as a cafeteria supervisor in Elizabeth, NJ, where I was born. Elizabeth is not a wealthy town, and at the High School where she worked, almost 70% of the students qualified for free or reduced price breakfast and lunch. My mother told us that often the meals she served those kids was the only food they got all day. It was upsetting to her that the budgetary constraints imposed by low federal reimbursements meant that the schools couldn't afford much in the way of fresh fruits and vegetables, whole grains, legumes and high quality proteins. The cheapest food, contracted out to the lowest bidder, was usually what was on the menu, and the kids who ate it didn't have the option of refusing. On a diet that may have met nutritional guidelines without being truly healthy and whole, we expect our kids to learn, behave, socialize appropriately, and develop into healthy teens and adults, and we are quick to label and punish them when they don't. Without regular exposure to real food—made from whole ingredients in a variety of textures, shapes, and colors—these children never develop a preference for healthy food, and thus perpetuate the cycle of poor nutrition that can lead to a lifetime of costly and debilitating health problems like obesity and diabetes, not to mention their lost potential as active, healthy citizens. Schools today are forced to supplement their meager budgets with vending machines that supply empty calories from soft drinks, and junk food. I ask you: how many of you here today would be content to let the bulk of your children's daily calories come from soda, chips, or branded fast food? And yet, we are sitting by and allowing that to happen for families who are struggling and relying on us to do better. As thinking adults, as fellow parents, this is an egregious abdication of our responsibility towards kids, and if it is at all within our means to fix it—and I believe it is—than I urge you now to make it right.

Let's fund school lunches and breakfasts at a spending level that significantly raises the quality and variety of what schools can afford, and get rid of the junk food in vending machines once and for all. Let's fund healthy snacks and meals in day care centers and after school programs. Let's expand access by broadening area eligibility requirements for summer feeding programs, and expanding direct certification to eliminate redundant paperwork for families and schools.

There can be no better investment—no better stimulus to our economy—than feeding this nation's children healthily and well. If we give the kids in this country delicious and nutritious food, we will instill in them a lifetime preference for healthy eating that will translate into vast savings in health care costs down the line. Providing the building blocks for millions of kids to grow and develop as they should, will mean a population of robust and productive adults, and a more competitive America. Malnourished kids aren't capable of vision and ideas, and without that we are relegating this great nation to a future of mediocrity and poor health. I think we can do better, and I urge you today to get behind Chairman Miller's bill and make it happen.

Thank you.

Chairman MILLER. Thank you.
Mr. Rector?

STATEMENT OF ROBERT RECTOR, SENIOR RESEARCH FELLOW, WELFARE AND FAMILY ISSUES, THE HERITAGE FOUNDATION

Mr. RECTOR. Thank you for the opportunity to be here.

This hearing is to examine proposals to expand spending on school nutrition programs. However, it is misleading to examine spending on one or two government programs in isolation. In fact, the federal government creates over 71 and funds 71 different means-tested programs assisting low-income families, providing cash, food, housing and medical care.

Most families that receive subsidized school meals and WIC and other programs also receive benefits from many other programs. A proposal to expand funding on a single program must be examined holistically in the context of the overall growth of extraordinary government spending.

It is therefore important to consider school nutrition spending in the context of overall means-tested assistance to low-income families with children. In fiscal year 2011, such means-tested aid will come to an astonishing \$475 billion. This is over \$30,000 in assistance for each family with children in the lowest-income third of the population.

I have spent my entire career on this type of population and this type of spending, and I can tell you, I have absolutely no idea where all that money goes. And before you propose spending even more money, you ought to at least have a reasonable accounting of where this money is currently going in 70 different programs, all of them going effectively to the same population.

At the same time, the federal budget in fiscal year 2011 will be—the deficit will be 1.2 trillion, or 8.3 percent of the gross domestic product. As the national debt is now raising very rapidly toward 100 percent of GDP, it is quite clear that we are marching toward natural bankruptcy, and therefore to call for additional permanent increases in spending at this time in that budget context is extraordinarily irresponsible.

A few other points I would like to make. There will be a lot of talk here about food insecurity. Food insecurity is a problem, but among children, it is relatively limited.

For example, according to the last data we have, about 1 child in 150 will miss even a single meal in a given month because of lack of resources within the family. Also, when you go to try to explain why food insecurity is occurring in particular families, you have to also explain why other families with even less income during the same period do not have food insecurity, and there really has been no effort to try to understand or explain this.

I would also say that there is considerable evidence that all of the federal nutrition programs, food stamps, the school programs, WIC and so forth, are actually associated with increased obesity. The evidence on this is mixed, but there is a lot of research that goes in that direction.

And even if you were to take the most positive evidence, which would be—on school programs, which would be the Mathematica study of the school breakfast program, what you find is that that program concluded that school breakfast had no effect in reducing obesity, school lunch had no effect. School breakfast did have a very modest effect in reducing body mass index, but it is equivalent to taking maybe three pounds off of a middle school child, and that is not a cumulative effect. You have to fund it over and over and over again, year after year.

So what we are talking about there is the most positive effect that you could get from that program—and other studies show the opposite—but the most positive effect is that you would spend up to \$4,000 subsidizing school breakfast in a population from kindergarten through high school, and the effect of that would be that you would get about three or four pounds reduction in weight each year non-cumulative.

That is an extraordinary rate of spending, and I wonder how many middle-class parents would be willing to spend \$4,000 over the course of life of the childhood in order to just take three or four pounds off.

But we will find that is that that kind of empirical fact that shows very low effectiveness in any of these programs will be put up against grandiose claims about their effectiveness.

I would say that, in respect to all of these programs, that the evidentiary base here is extraordinarily flimsy. In particular, in reviewing for this testimony, I was quite shocked to find that there are, in fact—even though there are continuing claims that school breakfast programs increase academic performance, there are, in fact, no studies with control groups that show that whatsoever, zero.

I might contrast that to other programs here in Congress, such as the federal abstinence education program, where there are—where over 20 studies with control groups, 16 of which showed positive effects, and Congress just abolished those programs for lack of scientific evidence.

But here we have a program that has been going for decades, not a single scientific study that I could find with a control group, let alone with random assignment, showing any kind of effect from this program.

I think that that is not a legitimate basis, and it is irresponsible to call for greater spending in these programs without a better evidentiary base.

Thank you.

[The statement of Mr. Rector follows:]

**Prepared Statement of Robert Rector, Senior Research Fellow,
the Heritage Foundation**

My name is Robert Rector. I am a Senior Research Fellow at The Heritage Foundation. The views I express in this testimony are my own, and should not be construed as representing any official position of The Heritage Foundation.

This hearing is to examine proposals to expand spending on school nutrition programs. However, it is misleading to examine spending in one or two government program in isolation. Most families receiving subsidized school meals also receive benefits from many other programs. Proposals to expand spending in a single program must be examined holistically, in the context of overall growth of government spending.

It is therefore important to consider school nutrition spending in the context of overall means-tested assistance to low income families with children. In FY 2011, such means-tested aid will reach around \$475 billion, or roughly \$33,000 for each family with children in the lowest income third of population.

At the same time, the federal budget deficit in FY2011 will be \$1.2 trillion, or 8.3 percent of the gross domestic product. As the national debt rises rapidly toward 100 percent of GDP, it is clear that the current growth of government spending is unsustainable. In that context, calls for long-term increases in spending on school meal programs are irresponsible.

Understanding the Means-tested Welfare System

Since the beginning of the War on Poverty, government has spent vast sums on welfare or aid to the poor; however, the aggregate cost of this assistance is largely unknown because the spending is fragmented into over 70 separate programs. (See the table at the end of this testimony for a list of these programs.)

Even before the present recession, means-tested welfare or aid to poor and low-income persons was the third most expensive government function. Its cost ranked below support for the elderly through Social Security and Medicare and below government expenditures on education, but above spending on national defense. Prior to the current recession, one dollar in seven in total federal, state, and local government spending went to means-tested welfare.

Means-tested welfare spending or aid to the poor consists of government programs that provide assistance deliberately and exclusively to poor and lower-income people. By contrast, non-welfare programs provide benefits and services for the general population. For example, food stamps, public housing, Medicaid, and Temporary Assistance to Needy Families (TANF), the Women Infants and Children Food program (WIC), the Child and Adult Care Food Program (CACFP) and the Summer Food Program are means-tested aid programs that provide benefits only to poor and lower-income persons. The free meals and reduced price components of the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) are also means-tested. On the other hand, Social Security, Medicare, police protection, and public education are not means-tested; they provide services and benefits to persons at all income levels.

In the typical year, around 71 percent of means-tested spending comes from federal funds and 29 percent from state funds. Nearly all state means-tested welfare expenditures are matching contributions to federal welfare programs. Ignoring these matching state payments into the federal welfare system results in a serious underestimation of spending on behalf of the poor.

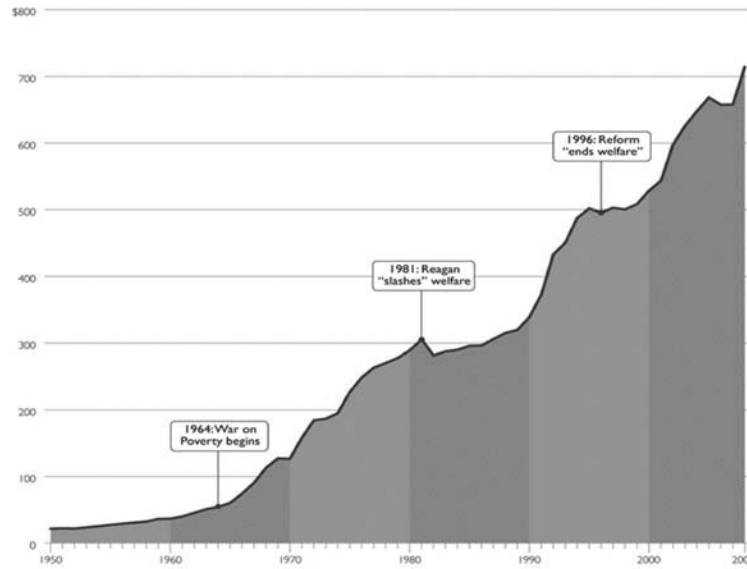
In FY 2008, 52 percent of total means-tested spending went to medical care for poor and lower-income persons, and 37 percent was spent on cash, food, and housing aid. The remaining 11 percent was spent on social services, training, child development, targeted federal education aid, and community development for lower-income persons and communities. Roughly half of means-tested spending goes to disabled or elderly persons. The other half goes to lower-income families with children, most of which are headed by single parents.

Growth of the Welfare State

Welfare spending has grown enormously since President Lyndon B. Johnson launched the War on Poverty. Welfare spending was 13 times greater in FY 2008, after adjusting for inflation, than it was when the War on Poverty started in 1964. (See chart 1.) Means-tested welfare spending was 1.2 percent of the gross domestic product (GDP) when President Johnson began the War on Poverty. In 2008, it reached 5 percent of GDP. Over the next decade, total means-tested spending is likely to average roughly 6 percent of GDP.

History of Total Welfare Spending

Spending in Billions of 2008 Dollars



Source: The Heritage Foundation, from current and previous OMB budget documents and other official government sources.

Annual means-tested welfare spending is more than sufficient to eliminate poverty in the United States. The U.S. Census Bureau, which is in charge of measuring poverty and inequality in the nation, defines a family as poor if its annual income falls below official poverty income thresholds. If total means-tested welfare were simply converted into cash benefits, the sum would be nearly four times the amount needed to raise the income of all poor families above the official poverty line.

Since the beginning of the War on Poverty, government has spent \$15.9 trillion (in inflation-adjusted 2008 dollars) on means-tested welfare. In comparison, the cost of all other wars in U.S. history was \$6.4 trillion (in inflation-adjusted 2008 dollars).

Welfare Spending Increases under the Obama Administration

Table 1 shows the growth in means-tested spending over recent years. In FY 2007, total government spending on means-tested welfare or aid to the poor was a record high \$657 billion. By fiscal year 2011, total government spending on means-tested aid will rise to \$953 billion, nearly a fifty percent increase.

TABLE 1.—GROWTH IN MEANS-TESTED SPENDING

[In billions of dollars]

	Federal Spending	State Spending	Total Spending
FY 2007	\$468.7	\$189.2	\$657.9
FY 2008	\$522.3	\$191.6	\$714.1
FY 2009	\$612.7	\$167.2	\$779.9
FY 2010	\$695.3	\$192.7	\$888.0
FY 2011	\$735.4	\$218.0	\$953.4

President Obama's increase in federal means-tested welfare spending during his first two years in office is two and a half times greater than any previous increase in federal welfare spending in U.S. history, after adjusting for inflation.

Supporters of the President's spending might counter that these spending increases are merely temporary responses to the current recession. But that is not the case; most of Obama's spending increases are permanent expansions of the welfare state. According to the long-term spending plans set forth in Obama's FY 2010 budget, combined federal and state spending will not drop significantly after the re-

cession ends. In fact, by 2014, welfare spending is likely to equal \$1 trillion per year.

According to President Obama's budget projections, federal and state welfare spending will total \$10.3 trillion over the next 10 years (FY 2009 to FY 2018). This spending will equal over \$100,000 for each taxpaying household in the U.S.

Means-Tested Welfare Spending on Lower-Income Persons

With more than 70 overlapping means-tested programs serving different low-income populations, it is difficult to determine the average level of benefits received by low-income persons. One way of estimating average welfare benefits per recipient would be to divide total means-tested spending by the total number of poor persons in the United States. According to the Census Bureau, there were 39.8 million poor persons in the U.S. in 2008, the most recent year for which data are available. An additional 1.5 million persons lived in nursing homes. (These individuals, though mostly poor, are not included in the annual Census poverty and population survey.) Total means-tested spending in 2008 was \$708 billion. If this sum is divided by 41.3 million poor persons (including residents in nursing homes), the result is \$17,100 in means-tested spending for each poor American.

However, this simple calculation can be misleading because many persons with incomes above the official poverty levels also receive means-tested aid. Although programs vary, most means-tested aid is targeted to persons with incomes below 200 percent of poverty. Thus, a more accurate sense of average total welfare spending per recipient can be obtained, if total welfare aid is divided among all persons within this larger group. Dividing total means-tested aid by all persons with incomes below 200 percent of poverty results in average welfare spending of \$7,700 per person, or around \$30,000 for a family of four.

Means-tested Spending on Families with Children

Another way of examining spending levels is to look at welfare spending on families with children. In FY 2011, total means-tested spending will be \$950 billion. About half of this spending (\$475 billion) will go to families with children. (Around one-third of this spending will go to medical care.)

If the \$475 billion in welfare spending were divided equally among the lowest income one third of families with children (around 14 million families), the result would be around \$33,000 per low income family with children.

In addition, most of these lower-income families have earned income. Average earnings within the whole group are typically about \$16,000 per year per family (though in the midst of a recession, earnings will be lower). If average welfare aid and average earnings are combined, the total resources is likely to come to between \$40,000 and \$46,000 for each lower-income family with children in the U.S. It is very difficult to reconcile this level of spending with conventional claims that millions of lower-income families are chronically hungry, malnourished, or ill-housed.

Food Insecurity in America

Last November, the U.S. Department of Agriculture (USDA) released its annual report on household food security in the United States. According to USDA, some 17 million households, or 14.6 percent of all households, experienced "household food insecurity" at some point in 2008 and some 49 million people lived in households with some form of food insecurity.¹ Most of these households were low income.

While these numbers sound ominous, it is important to understand what "food insecurity" means. According to the USDA, "food insecurity" is usually a recurring and episodic problem rather than a chronic condition.² In 2008, around two-thirds of food insecure households experienced "low food security," meaning that these households managed to avoid any disruption or reduction in food intake throughout the year but were forced by financial pressures to reduce "variety in their diets" or rely on a "few basic foods" at various times in the year.³

According to the USDA, the remaining one-third of food insecure households (around 6 percent of all households) experienced "very low food security," meaning that at least once in the year their actual intake of food was temporarily reduced due to a lack of funds for food purchase.⁴ At the extreme, 1.5 percent of all adults in the U.S. went an entire day without eating at least once during 2008 due to lack of funds for food.⁵

Poor children are generally shielded from food insecurity. Around one million children, or 1.5 percent of all children experienced "very low food security" and reduced food intake at least one time during 2008.⁶ Around one child in 150 missed at least one meal in the preceding month due to food shortages in the household.⁷ One child in a thousand went a whole day without eating at least once during the year because the family lacked funds for food.⁸

Political advocates proclaim that the USDA reports suggest there is widespread chronic hunger in the U.S.⁹ But the USDA clearly and specifically does not identify food insecurity with the more intense condition of “hunger,” which it defines as “discomfort, illness, weakness, or pain * * * caused by prolonged involuntary lack of food.”¹⁰

Food Insecurity and Obesity

While temporary food shortages are a concern, what is rarely discussed is that the government’s own data show, paradoxically, that the overwhelming majority of food insecure adults are, like most adult Americans, overweight or obese. Among adult males experiencing food insecurity, fully 70 percent are overweight or obese.¹¹ Nearly three-quarters of adult women experiencing food insecurity are either overweight or obese, and nearly half (45 percent) are obese. Virtually no food insecure adults are underweight.

Food insecure men are slightly less likely to be overweight or obese than men who are food secure (70 percent compared to 75 percent). But food insecure women are actually more likely to be obese or overweight than are women who are food secure (73 percent compared to 64 percent).

Thus, the government’s own data show that, even though they may have brief episodes of reduced food intake, most adults in food insecure households actually consume too much, not too little, food, over the long term. To improve health, policies must be devised to encourage these individuals to avoid chronic over-consumption of calories and to spread their food intake more evenly over the course of each month to avoid episodic shortfalls.

Eating Too Much, Not Too Little

Yet most proposed policy responses to food insecurity call for giving low-income persons more money to purchase food despite the fact that most low-income persons, like most Americans, already eat too much. Such policies are likely to make the current situation worse, not better. One commonly proposed policy, for example, is to expand participation in the Food Stamp program. Participation in the Food Stamp program, however, does not appear to reduce food insecurity. Households receiving food stamps do not have improved food security compared to similar households with the same non-food stamp income who do not participate in the program.¹² Moreover, participation in the Food Stamp program does not appear to increase diet quality. Compared to similar households who do not receive food stamps but have the same non-food stamp income, households receiving food stamps do not consume more fruits and vegetables but do, unfortunately, consume more added sugars and fats.¹³

While the Food Stamp program has little positive effect on food quality, considerable evidence indicates that the program has the counter-productive effect of increasing obesity. For example, a recent study funded by USDA found that low-income women who participate in the Food Stamp program are substantially more likely to be obese than women in households with the same non-food stamp income who did not receive food stamps. Over the long term, food stamp receipt was found to increase obesity in men as well.¹⁴ While other research has failed to confirm this link between food stamps and obesity, the possibility that this program has harmful effects remains quite real.¹⁵

Similarly, the research on the relationship between school meal programs and obesity is mixed and cautionary. Some research indicates that participation in the National School Lunch Program (NSLP) leads to higher obesity among young students in kindergarten and first grade.¹⁶ Other studies have found this effect for the School Breakfast Program (SBP) but not for the NSLP.¹⁷

Dispelling Misconceptions

Developing a rational policy on nutrition and poor Americans will require dispelling common misconceptions concerning poverty and obesity. For example, one common misconception is that poor people become obese because they are forced, due to a lack of financial resources, to eat too many junk foods that are high in fat and added sugar. According to this theory, poor persons struggle to obtain sufficient calories to maintain themselves and are forced to rely on junk foods as the cheapest source of calories, but because junk foods have high “energy density” (more calories per ounce of food content), these foods paradoxically induce a tendency to overeat and thereby cause weight gain.¹⁸

One problem with this theory is that junk foods are not a particularly cheap source of calories. For example, soft drinks are high in added sugar and are generally associated with weight gain, but as a source of calories, brand name soft drinks such as Coca-Cola and Pepsi are often more expensive (in terms of calories per dollar) than milk. Snack foods such as potato chips and donuts cost two to five

times more per calorie than healthier staples such as beans, rice, and pasta. Financially strained families truly seeking to maximize calories per dollar of food expenditure would focus not on junk and snack foods but on traditional low-cost staples such as beans, rice, flour, pasta, and milk. These foods are not only less expensive but actually have below-average energy density and therefore a lower potential to promote weight gain.¹⁹

In reality, poor people are increasingly becoming overweight for the same reason that most Americans are becoming overweight: They eat too much and exercise too little. Like the rest of America, the poor appear to eat too many high-fat foods and foods with added sugars, but they do this for the same reason the average American over-consumes these foods: They are highly palatable. While it would be desirable for poor people (like all Americans) to drink fewer soft drinks and eat more broccoli, simply expanding the Food Stamp program and other nutrition programs would not accomplish that goal.

Child Nutrition Programs and Childhood Obesity

As noted, research on the effects of school meal and child nutrition programs on children's weight is mixed, with some studies showing harmful effects. The most positive study of the effects of child nutrition programs on children's weight was conducted by Mathematica Policy Research.²⁰ This analysis found that participation in the National School Lunch Program had no overall effect on children's weight, but participation in the School Breakfast Program (SBP) did have positive effects.

The study found that participation in the school breakfast program had no impact on obesity per se, but did reduce the average body mass index (BMI) of students. The research concluded that the BMI of full time participants in the School Breakfast Program (SBP) was 0.75 lower than the BMI for similar non-participating students. This BMI reduction is equivalent to 3 to 4 pounds for a middle school student.

Unfortunately, the cost of the SBP (around \$325 per student per school year) is quite large when compared to the weight loss achieved. This means it costs over \$300 per student to produce a weight reduction of three to four pounds. Moreover, this weight reduction is neither permanent nor cumulative. A student must participate in the SBP in each subsequent year in order to maintain the small effect.

The full cost for a student to participate in the SBP each year through primary and secondary school would be over \$4,000. While the Mathematica study suggests that participating students may weigh a few pounds less in each year, \$4,000 is a high price to pay for that modest impact. One wonders how many middle class parents would pay more than \$4,000 so that their child could weigh a few pounds less during primary and secondary school. One wonders, as well, whether there are more cost effective means to achieve this same result.

Limiting School Distribution of Low Nutrient Energy Dense Foods

One promising alternative is simply to limit the amount of low nutrient energy dense (LNED) foods, such as soft drinks, candy, chips and french fries that schools provide or make available to students. There is accumulating evidence that the consumption of LNED foods may lead to weight gain among children and youth. A logical response is for local schools to limit the amount of LNED food offered to students. (There should be no limit on the choices parents make in providing food for their children.) Changing the composition of foods offered by schools may have positive results on children's weight and would not impose added costs on the taxpayer.

A great many schools are already adopting this sort of policy. What is needed here is flexibility and experimentation. There is, no need for mandatory national standards, nor for the U.S Congress to assume the role of national "cookie czar", dictating food policies for local schools. Such a usurpation of power would be unwise and unwarranted.

Conclusion

Fiscal policy with respect to the poor must be viewed holistically. It is misleading to examine a few nutrition programs in isolation as if no other aid were given to low income children. This is particularly important since financial resources are fungible within each household. One extra dollar in government spending on food and child nutrition programs for a family will rarely result in one extra dollar of food expenditure by the family. Instead, the main effect may be to displace cash spending on food within the household.

The federal government operates 71 different means-tested aid programs, providing cash, food, housing, medical care, and social services to poor and low income families. In FY2011, government will spend around \$475 billion on means-tested aid for families with children. This amounts to over \$30,000 for each low income family with children. At the same time, the federal budget deficit in FY2011 will be \$1.2

trillion, or 8.3 percent of gross domestic product. The nation simply cannot afford the current level of spending. In this context, the call for even more funding for school nutrition programs is unsupported.

Moreover, there is little or no evidence suggesting that government spending on child nutrition programs can be a cost effective means of reducing overweight and obesity. Instead, reducing consumption of low nutrient energy dense foods may be a promising means to limit weight gain among children. Schools can accomplish this by limiting the amount of such food they provide to students. This can be accomplished without added costs to taxpayers. The implementation of such policies should be determined by local schools and should not be mandated by the federal government.

Welfare Spending, FY 2008, in Millions of Dollars

Categories	Budget Code	Federal Spending	State Spending	Total Spending
Cash				
01 SSI/Old-Age Assistance	75-0406-0-1-609; 28-0406-0-1-609	43,872.00	5,146.00	49,018.00
02 Earned Income Tax Credit (refundable portion)	20-0906-0-1-609	40,600.00		40,600.00
03 Child Credit (refundable portion)	20-0922-0-1-999; 20-0922-0-1-609	34,019.00		34,019.00
04 AFDC/TANF	75-1501-0-1-609; 75-1552-0-1-609	7,889.40	7,582.00	15,471.40
05 Foster Care Title IV-E	75-1545-0-1-506; 75-1545-0-1-609/01	4,525.00	4,040.00	8,565.00
06 Adoption Assistance Title IV-E	75-1545-0-1-506/04	2,038.00	1,316.00	3,354.00
07 General Assistance Cash	None		2,625.00	2,625.00
10 General Assistance to Indians	14-2100-0-1-452; 14-2100-0-1-999	118.00		118.00
11 Assets for Independence	75-1536-0-1-506/3.06	24.00		24.00
Cash Total		133,085.40	20,709.00	153,794.40
Medical				
01 Medicaid	75-0512-0-1-551	201,426.00	150,666.65	352,092.65
02 SCHIP State Supplemental Health Insurance Program	75-0515-0-1-551	6,900.00	2,021.00	8,921.00
03 Medical General Assistance	None		4,900.00	4,900.00
04 Indian Health Services	75-0390-0-1-551	2,925.00		2,925.00
05 Consolidated Health Centers/Community Health Centers	75-0350-0-1-550/10	2,021.00		2,021.00
06 Maternal and Child Health	75-0350-0-1-550/18	666.00	499.50	1,165.50
06 Healthy Start	75-0350-0-1-550/19	100.00		100.00
Medical Total		214,038.00	158,087.15	372,125.15
Food				
01 Food Stamps	12-3505-0-1-605	39,319.00	3,482.00	42,801.00
02 School Lunch	12-3539-0-1-605/91	7,863.00		7,863.00
03 WIC—Women, Infant and Children Food Program	12-3510-0-1-605	6,170.00		6,170.00
04 School Breakfast	12-3539-0-1-605/1.91	2,307.00		2,307.00
05 Child Care Food Program	12-3539-0-1-605/2.91	2,029.00		2,029.00
06 Nutrition Program for the Elderly, Nutrition Service Incentives	12-3503-0-1-605; 75-0142-0-1-506/1.07	756.00	105.84	861.84
07 Summer Program	12-3539-0-1-605/3.01	312.00		312.00
08 Commodity Supplemental Food Program	12-3512-0-1-605; 12-3507-0-1-605/91	141.00		141.00
09 TEFAP—The Emergency Food Assistance Program	12-3635-0-1-351; 12-3507-0-1-605/2.01; 12-4336-0-3.999	190.00		190.00
10 Needy Families	12-3505-0-1-605.06	54.00		54.00
11 Farmers' Market Nutrition Program	12-3507-0-1-605/4.01	20.00		20.00
11 Special Milk Program	12-3502-0-1-605/3.02	15.00		15.00
Food Total		59,176.00	3,587.84	62,763.84

Welfare Spending, FY 2008, in Millions of Dollars (cont.)

Categories	Budget Code	Federal Spending	State Spending	Total Spending
Housing				
01	Section 8 Housing (HUD)	24,467.00		24,467.00
02	Public Housing (HUD)	7,526.00		7,526.00
03	State Housing Expenditures		2,085.00	2,085.00
04	Home Investment Partnership Program (HUD)	1,969.00		1,969.00
05	Homeless Assistance Grants (HUD)	1,440.00		1,440.00
06	Rural Housing Insurance Fund (Agriculture)	1,312.00		1,312.00
07	Rural Housing Service (Agriculture)	926.00		926.00
08	Housing for the Elderly (HUD)	1,008.00		1,008.00
09	Native American Housing Block Grants (HUD)	572.00		572.00
10	Other Assisted Housing Programs (HUD)	584.00		584.00
11	Housing for Persons with Disabilities (HUD)	320.00		320.00
	Housing Total	40,124.00	2,085.00	42,209.00
Energy and Utilities				
01	LII-HEAP Low Income Home Energy Assistance	2,663.00		2,663.00
02	Universal Service Fund—Subsidized Phone Service for Low-Income Persons	819.00		819.00
02	Weatherization	291.00	159.30	450.30
	Energy and Utilities Total	3,773.00	159.30	3,932.30
Education				
01	Pell Grants	18,000.00		18,000.00
02	Title One Grants to Local Education Authorities	14,872.00		14,872.00
03	Special Programs for Disadvantaged (TRIO)	885.00		885.00
04	Supplemental Education Opportunity Grants	759.00		759.00
05	Migrant Education	425.00		425.00
06	Gear-Up	303.00		303.00
07	Education for Homeless Children and Youth	64.00		64.00
06	LEAP formerly State Student Incentive Grant Program (SSIG)	64.00	64.00	128.00
07	Even Start	66.00		66.00
	Education Total	35,438.00	64.00	35,502.00

ENDNOTES

¹ Mark Nord, Margaret Andrews, and Steven Carlson, Household Food Security in the United States, 2008., ERR-83 U.S. Department of Agriculture, Economic Research Service, November 2009

² Ibid., p. 9.

³ Ibid., p. 4.

⁴ Ibid.

⁵ Ibid., p.45.

⁶ Ibid., p.7.

⁷ Ibid., p. 47.

⁸ Ibid, p.42.

⁹ See Food Research Action Council, "Hunger in the United States," January 17, 2007, at www.frac.org/html/hunger-in-the-us.

¹⁰ Nord et al., "Household Food Security in the United States, 2008," p. 52.

¹¹ The shares of food secure and food insecure individuals who are underweight, overweight, and obese was calculated using body mass index (BMI) data and food security data from the 2003–2004 National Health and Nutrition Examination Survey (NHANES). The BMI cutoff

points for underweight, normal weight, overweight, and obese were calculated using the BMI ranges for adults as reported by the Centers for Disease Control. Specifically, an adult with a BMI of less than 18.5 is underweight; between 18.5 and 24.9 is within the normal weight range; between 25 to 29.9 is considered overweight; and at or above 30 is obese. See Centers for Disease Control, "National Health and Nutrition Examination Survey," November 2007, at www.cdc.gov/nchs/nhanes.htm, and Centers for Disease Control, "About BMI for Adults," May 22, 2007, at www.cdc.gov/nccdphp/dnpa/bmi/adult-BMI/about-adult-BMI.htm.

¹²Craig Gunderson and Victor Oliveira, "The Food Stamp Program and Food Insufficiency," *American Journal of Agricultural Economics*, November 2001.

¹³Parke E. Wilde, Paul E. McNamara, and Christine K. Ranney, "The Effect of Income and Food Programs on Dietary Quality: A Seemingly Unrelated Regression Analysis with Error Components," *American Journal of Agricultural Economics*, November 1999.

¹⁴Charles Baum, "The Effects of Food Stamps on Obesity," U.S. Department of Agriculture, Contractor and Cooperator Report No. 34, September 2007.

¹⁵Michele Ver Ploeg, Lisa Macino, Biing-Hwan Lin, Food and Nutrition Assistance Programs and Obesity:1976-2002, ERR-48, U.S. Department of Agriculture, Economic Research Service, September 2007.

¹⁶Diane Whitmore Schanzenbach, "Do School Lunches Contribute to Childhood Obesity?" Chicago Illinois, Harris School Working Paper 5-13, October 2005.

¹⁷D.T. Millimet et al., "School Nutrition Programs and the Incidence of Childhood Obesity," IZA DP:3664, Bonn Germany, August 2008

¹⁸Adam Drewnowski and S.E. Spencer, "Poverty and Obesity: The Role of Energy Density and Energy Costs," *American Journal of Clinical Nutrition*, January 2004, pp. 6–16.

¹⁹Barbara Rolls and Robert A. Barnett, *The Volumetrics Weight-Control Plan* (New York: HarperCollins, 2000), pp. 124–25.

²⁰Phillip Gleason, et al., *School Meal Program Participation and Its Association with Dietary Patterns and Childhood Obesity*, Final Report, Mathematica Policy Research Inc. July 2009.

Chairman MILLER. Thank you.
Mr. Weill?

**STATEMENT OF JAMES D. WEILL, PRESIDENT,
FOOD RESEARCH & ACTION CENTER (FRAC)**

Mr. WEILL. Yes, good morning.

Mr. Chairman, Ranking Member Kline, members of the committee, we at the Food Research and Action Center are pleased to have been invited to testify here today. We believe that the introduction of H.R. 5504 is a huge step toward getting a strong reauthorization this year, and this hearing today should create more momentum to move this important process forward. It is important to the nation's children—and to the nation's future—to move expeditiously to strengthen the programs.

Those programs, of course, already are very strong. There is a huge research base which I don't have time to go into this morning on the health, early childhood development, and educational impacts of the program. These programs are among the very best public investments that this nation has. Study after study has shown their positive effects on reducing childhood hunger, but also improving health, reducing obesity, and improving school achievement.

These multifaceted strengths of the program have led to their very wide support by the American public and also their bipartisan support in Congress, some of which has been discussed this morning. Indeed, both the House and the Senate bills introduced this year by the committee chairs have the support of the ranking member of the subcommittee, in the case of the House, and of the full committee, in the case of the Senate.

And in the last reauthorization, then-Chairman Boehner and you, Mr. Chairman, as ranking member then, teamed up to produce a bill that passed the House unanimously. In this cycle, 341 members of the House voted in favor of a sense of the House resolution supporting the president's full funding request.

But as good as the programs are, they need to be strengthened. They have to be more effective to address the problem that nearly 1 in 5 of the nation's children lives in a household struggling with food insecurity. Seventeen million kids in the most recent data live in such households, and the evidence is substantial that that has negative effects on children's health, mental health, and learning.

And the programs have to be strengthened to be more effective, because the nation also has a very serious persistent and growing childhood obesity problem. A strong bill will reduce childhood hunger and reduce childhood obesity.

Given the short amount of time I have, I am going to focus on the hunger and access and participation side of the equation, but I want to note at the outset that getting children participating in the programs independently contributes to healthier eating. This also has been shown by a raft of research, has been recognized by the White House Task Force on Obesity in its report last month, and has been pointed out by the Institute of Medicine.

So for all of these reasons, it is essential to increase participation by children in these programs. For example, right now, of every 100 low-income children who eat school lunch every day, only 47 eat breakfast, and only 16 children get a summer food program, summer food lunch on a typical summer day.

There are a number of excellent steps in H.R. 5504 that will address these particular problems. I am going to go through a number of them just very, very briefly.

We applaud the provisions that allow schools in high poverty areas to offer free meals to all students without collecting paper applications, that provide competitive grant funds to promote the expansion of school breakfast, that improve direct certification from SNAP and Medicaid to school meals, which reduces red tape while getting more children who are already eligible participating in the programs, provisions that lower the area eligibility tests for summer food to 40 percent in rural areas, letting the schools provide meals after school, on weekends, and on school holidays, adding the option which hasn't been mentioned this morning of serving an additional meal or snack to children who are in childcare for more than 8 hours a day, strengthening policies to prevent the overt identification of low-income children who do participate in the meal programs, and reducing paperwork and simplifying program requirements in CACFP and in WIC.

There also, of course, are a number of nutrition provisions that we support that will improve the health and well-being of children such as giving the Secretary the authority to establish nutrition standards for competitive foods. These all are excellent steps, and we do urge that some of them be expanded further. Some of the provisions in the bill are authorized only for a limited number of states, and we will be seeking as the process goes forward to get broader coverage, to reach more states.

And the summer food area eligibility provision only applies to rural areas. We believe that it should be broadened out to suburban and urban areas, as well, as Mr. Courtney discussed earlier this morning.

And one particular priority for us which also is in Secretary Vilsack's written testimony as a priority as the bill moves forward

is expanding to all states the after-school meal program that currently is available only in 13 states and the District of Columbia.

Children whose parents are working long or non-traditional hours, perhaps in a restaurant, and who are struggling often with low wages, need access to nutritious suppers when the children are in care late in the day and on weekends and during school holidays.

But ultimately the key point here is that 5504 is an excellent bill, and we applaud your work, Mr. Chairman. We urge you, Mr. Chairman and the committee members, to mark up and report out the bill and to include the additional program improvements we have indicated as soon as possible. This bill will move the nation towards the goals we all have of ending childhood hunger and dramatically reducing childhood obesity, and we need it this year.

Thank you.

[The statement of Mr. Weill follows:]

**Prepared Statement of James D. Weill, President,
Food Research and Action Center**

Mr. Chairman and members of the Committee: We at the Food Research and Action Center are pleased to have been invited to testify today on key issues in Child Nutrition Reauthorization. The introduction of H.R. 5504, in particular, is a huge step toward getting a strong reauthorization this year, and having this hearing at this juncture will hopefully create strong momentum to move the process forward and finish it with the best possible outcome.

As the Committee knows, it is important to the nation's children—and to the nation's future—to move expeditiously to strengthen the child nutrition programs. Those programs, of course, already are very strong, with a range of positive outcomes—they are among the very best public investments in children that this nation has.

Study after study has shown that the programs not only reduce childhood hunger, but they improve health, early child development and school achievement.

- For low-income schoolchildren, the school lunch and breakfast programs reduce hunger and obesity, provide a substantial share of the key nutrients children need each day, reduce school nurse visits and improve attendance, student behavior, educational achievement, and test scores.

- The out-of-school time nutrition programs (summer food and afterschool food) draw hungry children into school-based and community-based programs that keep them safe and engaged, reduce obesity, and provide basic nutrients at key times when children can't get them from school meals programs. Food insecurity among families with children increases in the summer, as does children's weight gain. The summer food program helps avert these bad summer outcomes. Afterschool and summer food dollars help make out-of-school time programming sustainable.

- The Child and Adult Care Food Program (CACFP) pays for food for low-income children in Head Start, child care centers, and family child care. It improves preschoolers' nutrition, reduces obesity, strengthens the quality of care, and, in some states, is the only monitor of family child care for many children.

- Participation of women, infants and young children in the WIC program boosts rates of prenatal care, reduces low birthweight and infant mortality, reduces childhood anemia and obesity, and saves money in health systems.

It would take a few days rather than a few minutes to go through the research on this, so I will just point to the most recent example—a report last week in the *Journal of Policy Analysis and Management* by Dr. Peter Hinrichs finding that participation in the National School Lunch Program leads to a significant increase in educational attainment and opportunity.

The versatile strengths of the programs have led to their very wide support by the American public, as seen most recently in the poll by the Child Nutrition Initiative, which found that 83 percent of Americans support or strongly support expanding the Child Nutrition Act to cover more children and provide healthier food, and have led as well to broad bipartisan support among policymakers. Indeed, it is not an accident that both the House and the Senate bills introduced this year by the committee chairs have the support of the ranking member of the subcommittee (in the House) and of the committee (in the Senate). That is a testament to great per-

sonal leadership in both parties, but it is also a manifestation of the importance of the reach and positive impact of the programs.

This bipartisanship is a tradition in child nutrition. Indeed, in the last reauthorization then-Chairman Boehner and then-Ranking Member Miller teamed up to produce a bill that passed the House unanimously. In this reauthorization cycle, 341 members of the House recently voted in favor of an amendment expressing the sense of Congress supporting President Obama's \$10 billion over 10 years funding request for child nutrition reauthorization.

But the programs, as good as they are, need to be strengthened further. They have their shortcomings, and those problems need to be fixed both because America's children need stronger programs, and because the existing structural strengths give them the potential to do more with extraordinary payoff for the nation.

America's children need this first because there is far too much childhood hunger and food insecurity. Even before the recession 12.4 million children in the U.S. lived in food insecure households, according to the official federal data. In 2008, at the front end of the recession, that number rose to 16.7 million. The government hasn't released 2009 data yet, but the Food Research and Action Center's analysis of a large Gallup poll showed that in 2009, 24.1 percent of households with children reported that there have been times in the past twelve months when they did not have enough money to buy food that they or their family needed.

"Reading, Writing and Hungry," a report written by FRAC and Children's Health Watch for the Partnership for America's Economic Success, points out that "[f]ood insecurity in early childhood can limit a child's cognitive and socio-emotional development, ultimately impairing school achievement and thus long-term productivity and economic potential." The report continues, that "[d]ata has shown that, by the third grade, children who had been food insecure in kindergarten saw a 13% drop in their reading and math test scores compared to their food-secure peers. Hungry children are also more likely than their non-hungry peers to suffer from hyperactivity, absenteeism, generally poor behavioral, and poor academic functioning."

In Feeding America's, "Child Food Insecurity in the United States: 2005—2007," report author John Cook, Boston Medical Center and Boston University School of Medicine, states that "[c]hild hunger is robbing us of the best of America's imagination and ingenuity." He continues, "[t]he impact of child hunger is more far reaching than one might anticipate. Child food insecurity creates billions of dollars in costs to our society. Child hunger affects a child's health, education and job readiness."

At the same time that the nation has a serious, persistent and growing child hunger problem, the nation also has a serious, persistent and growing childhood obesity problem. Childhood obesity has more than tripled in the past 30 years. About a quarter of 2-5 year olds and one-third of school-age children (including adolescents) are overweight or obese. Childhood obesity has both immediate and long-term health impacts, including increased risk factors for cardiovascular disease, such as high cholesterol or high blood pressure, and greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

A strong reauthorization will reduce childhood hunger and reduce childhood obesity. To do that, it is important that Congress both reach many more children with the benefits of these programs, and make the nutrition provided through the programs healthier. We strongly support provisions that will reach both of these goals.

Given the short amount of time I have, I will focus today on the access/participation side of the equation. But at the outset I would point out that getting more children enrolled in the programs independently contributes to healthier eating—greater access means less obesity.

- Just this past March, an analysis published in the journal *Health Affairs* reported that, for young children, "subsidized meals at school or day care are beneficial for children's weight status, and we argue [in this paper] that expanding access to subsidized meals may be the most effective tool to use in combating obesity in poor children."*

- The White House Task Force on Childhood Obesity final report, unveiled by the First Lady in May, pointed out that to "[i]ncrease participation rates in USDA nutrition assistance programs" is itself a key aspect of reducing childhood obesity. To support the success of this recommendation, the Task Force proposed that action be taken to "ensure ready access to nutrition assistance program benefits, especially for children."

- The Institute of Medicine's report, *Local Government Actions to Prevent Childhood Obesity*, recommendations also included a strategy to "[i]ncrease participation

*Rachel Kimbro and Elizabeth Rigby, "Federal Food Policy and Childhood Obesity: A Solution or Part of the Problem?" *Health Affairs* 29(3), 411-418.

in federal, state, and local government nutrition assistance programs (e.g., WIC, School Breakfast and Lunch Programs, the Child and Adult Care Food Program, the Afterschool Snacks Program, the Summer Food Service Program, SNAP).”

- A FRAC analysis issued earlier this year which reviewed “How Improving Federal Nutrition Program Access and Quality Work Together to Reduce Hunger and Promote Healthy Eating”^{**} summarized the ways in which increasing participation in school breakfast and lunch, WIC, the Child and Adult Care Food Program and afterschool and summer food can help reduce obesity.

Given these strengths, it is crucial to boost participation. For every 100 low-income children eating school lunch each day, only 47 eat school breakfast. For every 100 low-income children eating school lunch each day during the regular school year, only 16 get to have a summer lunch on a typical summer day. This past Tuesday FRAC released a new report focusing on the struggles of summer nutrition programs and showing that, scandalously, the nation has been losing ground during the recession in feeding children in the summer. When summer food participation needed to be rising, there instead was a dip of 2.5 percent—or 73,000 low-income children—from July 2008 to July 2009.

So, what are the key ways to increase participation?

Many of them are embodied in H.R. 5504:

- Lowering the area eligibility test for Summer Food to 40 percent in rural areas. The current 50 percent threshold is higher than it was in the programs’ earlier stages and keeps many communities with significant numbers of low-income children from qualifying.

- Creating a year-round program allowing community-based sponsors to serve summer food and afterschool food during the school year through a unitary program with a single set of paperwork. The provision will significantly reduce administrative work and red tape, causing more community organizations to run the program, which will increase the number of low-income children who receive nutritious meals and snacks after school, on weekends, on school holidays, and during the summer.

- Allowing schools in high-poverty areas to offer free meals to all students without collecting paper applications. This will increase the number of low-income children who receive the benefits of participating in the School Breakfast and National School Lunch Programs, and it will significantly reduce administrative work for the schools.

- Improving direct certification from SNAP to school meals and authorizing direct certification from Medicaid. This will allow many more eligible children to receive free meals and bypass the paper application process, making the process easier for both families and schools.

- Providing competitive grant funds to promote the expansion of the School Breakfast Program. Less than half of the low-income students who eat school lunch every day eat school breakfast. The grants will increase school breakfast participation, which boosts academic performance and reduces absenteeism, nurse visits, discipline problems, and obesity.

- Expanding the afterschool meal program so that schools can provide meals after school, on weekends, and school holidays through the National School Lunch Program. The program is needed to ensure that low-income children can access adequate, nutritious food at their afterschool programs which run into the late afternoon and evening in order to provide care while their parents work and commute long hours and hold non-traditional jobs.

- Requiring school food authorities to coordinate with Summer Food sponsors on developing and distributing Summer Food outreach materials. This provision will help increase summer food outreach so that more children participate.

- Adding the option of serving an additional meal or snack to children who are in child care for more than eight hours/day. This will ensure that young children who are spending more of their waking hours in child care on work days as parents work longer hours to make ends meet will receive the full complement of meals they need while in care.

- Strengthening policies to prevent overt identification of low-income children in school meal programs. This will help ensure that stigma/embarrassment does not keep low-income children from receiving the nutritious school meals that their bodies need.

- Reducing paperwork and simplifying program requirements in CACFP. By reducing red tape in CACFP, more low-income children will have access to the nutritious meals and snacks they need while they are in child care.

^{**}Food Research and Action Center Issue Briefs for Child Nutrition Reauthorization, Number 1, February 2010, available at <http://frac.org/pdf/CNR01—qualityandaccess.pdf>

- Allowing state WIC agencies the option to certify children for up to one year. This will increase access for children and reduce paperwork for families and WIC administrators.

In addition to the access provisions, there are a number of key nutrition provisions that will improve the health and well-being of children, including:

- Granting the Secretary of Agriculture the authority to establish national nutrition standards for all foods sold on the school campus throughout the extended school day, including the time before and after school.

- Adding a performance-based increase in the federal reimbursement rate for school lunches (six cents per meal) to help schools meet new meal standards for healthier school meals.

- Strengthening Local School Wellness Policies by providing the Secretary authority to oversee local wellness policies to promote improved implementation and transparency, and requiring opportunities for public input.

- Revising the nutrition standards for meals, snacks and beverages served through CACFP to make them consistent with the most recent U.S. Dietary Guidelines.

- Providing education and encouragement to participating child care centers and homes to provide children with healthy meals and snacks and daily opportunities for physical activity, and to limit screen time.

- Increasing USDA training, technical assistance and educational materials available to child care providers, helping them to serve healthier food.

These are all excellent steps forward. As the Committee knows, because of budget constraints, some of these provisions are authorized in the bill only for some states. We will be seeking, as the process goes forward, to get broader coverage for these key provisions—to reach more states and in some instances, like the summer food provision, which only applies to rural areas, to broaden it out to suburban and urban areas. And one particular priority for us as the bill moves forward is expanding the Afterschool Meal Program to all states. The program is currently available in only 13 states and the District of Columbia. The program helps ensure that children whose parents are working long or non-traditional hours and are struggling with low wages can be sure that their children have access to healthy nutritious meals, and it helps support high quality educational and enrichment programs after school, on the weekends, and during school holidays.

Moving forward on a reauthorization bill that provides critical support for low-income children can't wait. We urge you, Mr. Chairman and Committee members, to mark up and report out H.R. 5504, and to include the additional program improvements mentioned earlier—and the funding necessary—to strengthen the child nutrition and WIC programs. This will ensure significant movement towards the goals we all have of ending child hunger and dramatically reducing childhood obesity.

Chairman MILLER. Thank you.

Dr. Sanchez, welcome.

**STATEMENT OF DR. EDUARDO J. SANCHEZ, VICE PRESIDENT
AND CHIEF MEDICAL OFFICER, BLUE CROSS AND BLUE
SHIELD OF TEXAS**

Dr. SANCHEZ. Chairman Miller, Ranking Member Kline, members of the committee, thank you for the opportunity to testify today on children's health, childhood obesity, child nutrition, and the importance of passing H.R. 5504. My comments are a summary of my written testimony.

My name is Eduardo Sanchez. I am a father of four. I have practiced medicine in a federally qualified health center. I directed the Texas Department of Health and Texas Department of State Health Services over a 4-year span, and now I am the chief medical officer for Blue Cross Blue Shield of Texas, a division of Health Care Service Corporation, a non-investor-owned health insurance company that operates plans in Texas, Illinois, New Mexico, and Oklahoma.

Healthy children are key for national security, economic competitiveness, and to bring down the cost of medical care in our nation.

The prescription for a healthy America is healthy eating and moving more. The Improving Nutrition for America's Children Act is a vital part of getting the prescription right.

There are roughly 10 million obese children and adolescents age 5 to 19 in the United States. That is more children than there are people in 40 of the states in the United States.

It is 20 million children and adolescents if we include overweight and obesity. And the poor and some racial ethnic groups have higher rates of obesity than others.

Most of these children attend public school. This bill will make it possible for more children in school to have access to the healthiest food options possible.

The economic impact of childhood obesity is unreal and cannot be understated. Obese children are more likely to become obese adults. Obese adults are more likely to have a whole host of other medical conditions. Nationally, obesity-related medical costs are nearly 10 percent of all annual spending and are estimated—or were estimated to be \$147 billion in 2009. The aggregated cost of obesity in the United States over the next 10 years will approach, if not exceed \$2 trillion.

In Texas, we estimated the cost of adult obesity in 2005 at \$10 billion—that is roughly \$500 per Texan per year—and projected that the cost would be approximately \$40 billion by the year 2040, four times the cost, but only two times the population.

The bill we are talking about today is estimated to cost about \$8 billion over 10 years. That is less than one-tenth of the price of obesity in just the state of Texas over the same 10 years.

Arkansas has looked at the cost impact of obesity in its Medicaid and SCHIP programs and sees higher rates of illness, more doctor visits, and higher costs as early as 10 to 14 years old—in fact, 8 percent higher costs—and among 15-to 19-year-olds, 29 percent higher costs.

The annual cost of childhood obesity in the United States is just over \$14.3 billion. But with 4,000 children and adolescents who are diagnosed with Type 2 diabetes annually. That is something we used to call adult-onset diabetes now occurring in children. These costs will grow.

I have painted a bleak picture, and you have a unique opportunity to make a difference. In communities across the country, we are seeing the positive results of comprehensive efforts to improve the health of children with nutritious food and physical activity, but these are isolated success stories that can only be repeated with passage of this bill.

Schools provide a natural setting to promote healthy habits, but research shows that schools aren't as healthy an environment as they can be. Children spend a lot of time in school and eat 30 percent to 50 percent of their calories there on school days.

In medicine, we sometimes talk about lost opportunities, when a child or an adult is in the office, for example, is due for a screening test or a vaccine, but leaves without that test or vaccination. Not providing children healthy food is a lost opportunity.

The Improving Nutrition for America's Children Act is a strong bill that includes a number of important provisions to help shift the balance and make it easier for children to make healthy choices at

school. H.R. 5504 will improve meal quality, update nutrition standards for all foods and beverages at school, strengthen local wellness policies, and provide needed resources for training, technical assistance, and nutritional education.

It increases the reimbursable rate for lunches by 6 cents. The bill also includes a number of provisions to increase access and make it easier for kids to participate in child nutrition programs throughout the year, not just during the school day.

This is a smart bill that can realize a fairly quick return on investment. I urge you to work with your colleagues in the House to secure funding and pass this bill soon, as time is running out and our children deserve our attention. The health of America's children depends on a prescription for healthy food and more physical activity.

This bill will improve the quality and healthfulness of food in America's schools, improve the health of America's children, reverse the childhood obesity epidemic, reduce the burden of diabetes, heart and other chronic diseases, and therefore demand for very expensive medical care, and finally, improve the readiness, willingness and ability of our future civilian and military workforce to compete for jobs and defend our nation.

I thank you for your time, and I thank you for your interest.

[The statement of Dr. Sanchez follows:]

**Prepared Statement of Eduardo Sanchez, Vice President and
Chief Medical Officer, Blue Cross and Blue Shield of Texas**

Chairman Miller, Ranking Member Kline, Members of the committee, thank you for inviting me to testify today on children's health, childhood obesity, child nutrition, and the importance of passing H.R. 5504 to strengthen child nutrition programs.

My name is Eduardo Sanchez, Vice President and Chief Medical Officer for Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, which operates three additional Blue Cross and Blue Shield Plans in Illinois, New Mexico, and Oklahoma. HCSC is the nation's largest non-investor-owned health insurance company serving 12.4 million members.

I am a physician trained in family medicine and in public health. I practiced medicine for ten years in Austin and served as Commissioner of the Texas Department of Health and then the Texas Department of State Health Services from 2001 to 2006. I have long been interested in childhood obesity and the incredible burden it places not only on individual children themselves, but on schools, their families, the workplace, governments, and, of course, our health care and economic systems. As Commissioner of Health in Texas, I worked closely with my agriculture and education state agency counterparts to address childhood obesity. And because the scope of my responsibilities in Texas included oversight of the Women, Infants, and Children program, WIC, I have a keen appreciation for the importance of the Improving Nutrition for America's Children Act. Although I will be speaking about childhood obesity, I want to make clear that childhood hunger and obesity are counter-intuitively linked. The access, availability, and affordability of healthy food for families are all critical factors for promoting health, preventing hunger, and combating obesity.

You are, no doubt, familiar with the alarming statistics on childhood obesity in all of our states and in all of our communities. The recently released *F as in Fat* report from Trust for America's Health highlights that we have a long way to go to comprehensively address and reverse this epidemic. And sadly, wide disparities remain among different racial and ethnic groups. There are roughly 10 million obese children and adolescents age 5 to 19 in the United States. That is more children than there are people in each of 40 states across the country.

In my home state of Texas, the incidence of obesity is higher than the national average—in fact, we rank seventh in obesity rate among 10 to 17 year olds—tipping the scales at over 20% compared to the national average of about 16%.¹ And, while all categories of children are impacted, the poor, African Americans, Hispanics,

American Indians, and Pacific Islanders are disproportionately more overweight and obese than their white counterparts. In a state like Texas, with a dramatically shifting demographic profile and significant numbers of families and children in poverty, we feel this burden even more. This has tremendous relevance nationwide, as the demographic profile of our communities, our states, and indeed, our nation, shifts.

Obesity threatens the health of our young people, their future potential, and our nation's global competitiveness. Obese children miss more days of school than their healthy-weight peers.² They're at increased risk for a variety of serious health conditions, including asthma, heart disease and type 2 diabetes.³ Some experts warn that if obesity rates continue to climb, today's young people may be the first generation in American history to live sicker and die younger than their parents' generation.⁴ And as we have heard from Major General Monroe, childhood obesity is threatening our military readiness. The 27% who are too overweight to serve in our military did not become so overnight, and they represent our entry level workforce. Obese children become obese adults. If current trends continue, that 27% cohort of young people becomes more overweight with each passing decade. Childhood obesity challenges local, state, and national budgets and will put U.S. businesses at a competitive disadvantage by reducing worker productivity and increasing health care costs.⁵

The impact of obesity on public health and children's well-being is real and bears significant cost. From a national perspective, obesity-related medical costs are nearly 10 percent of all annual medical spending⁶ and were estimated to be \$147 billion in 2009.⁷ Very conservatively speaking, the aggregated cost of obesity in the United States over the next ten years will approach, if not exceed, two trillion dollars. Put another way, in the state of Texas, we estimated the cost of obesity in 2005 at \$10 billion (a cost of \$500 per Texan per year) and projected that the cost would be approximately \$40 billion in 2040—a quadrupling of the cost but only a doubling of the population. The bill we are talking about today is estimated to cost about \$8 billion dollars over 10 years—that is less than one tenth the cost of obesity in just the state Texas over the same ten years!

Our sister state, Arkansas has examined the cost of obesity among its own state employees—something every employer (including government agencies and large corporations) should consider. For the State of Arkansas, the yearly claims cost associated with obesity now exceeds that of tobacco, with obese employees costing over 50% more than their counterparts who don't smoke, have a normal BMI, and do some exercise.⁸

These costs start early in life. Arkansas has looked at the cost impact in its Medicaid and SCHIP programs and sees higher rates of illness, more physicians' visits, and increases in costs as early as 10 to 14 years of age.⁹

For the nation, childhood obesity is associated with annual prescription drug, emergency room, and outpatient costs of \$14.1 billion, plus inpatient costs of \$237.6 million.¹⁰ Given that approximately 4000 children and adolescents are diagnosed with type 2 diabetes annually in the United States, as a consequence of childhood obesity, these costs will grow significantly.¹¹

I realize that I have painted a bit of a bleak picture of the health of America's children, about child obesity, and the threat it poses not only to children, but to our nation's well being. But I am hopeful. With the nation's attention on health costs, the recent passage of health care reform legislation with an emphasis on prevention and wellness, First Lady Michelle Obama's focus on childhood obesity, the report from the White House Task Force on Childhood Obesity and the phenomenal efforts of the private sector such as the Robert Wood Johnson Foundation and advocates across the country, we have a unique opportunity to make a difference. And we are beginning to see the positive results of comprehensive efforts to improve the health of children with nutritious food and physical activity in communities and states across the country. Of particular interest is research from the Diabetes Prevention Project that shows that healthy eating and regular physical activity can reduce the likelihood of developing diabetes in adults by over 50%.

Healthy eating and physical activity promote heart health, bone health, and prevent diabetes in children, and schools provide a natural setting to promote healthy habits. Given that kids spend so much time there and eat 30-50% of their calories there on school days, we have a captive audience. The research shows that fit kids are smart kids—promoting health in children improves academic performance, behavior, and reverses childhood obesity. Having access to healthy food is an important aspect of promoting children's health.

Addressing the challenges of poor nutrition and obesity will take action from all levels of government, businesses, health care organizations, public health advocates, schools, families, and individuals—we all have a stake in making real changes, including hard choices, to improve the health of this generation and generations of

children to come. The child nutrition and WIC programs are critical tools for making this change.

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to be a part of the system response to childhood obesity in Texas. BCBSTX and HCSC take the long view when making commitments to programs such as those focused on childhood obesity. While addressing this problem today may not provide an immediate return on investment in the traditional sense, we fully understand the generational impact of action or inaction when it comes to childhood obesity.

In the school environment, we have supported OrganWise Guys, a program that brings science-based nutrition, physical activity, and other lifestyle behavior messages to children in school settings and effects healthy changes, and we are providing modest financial support to the school district in Seguin, Texas to provide the Coordinated Approach to Child Health (CATCH) program, another evidence-based coordinated school health program.

We provide financial support to MarathonKids, a program that encourages physical activity and healthy eating among elementary school children in Texas. It is one of the arrows in the quiver to promote health and prevent childhood obesity. More than 100,000 children participate in this four month program in Texas. We are supporting MEND, a community-based, family-centered childhood obesity treatment program in Dallas, Texas provided through a partnership with the YMCA. We are in the second phase of providing the Blue Cross and Blue Shield Association Pediatric Obesity and Diabetes Prevention Toolkit for physicians and their patients in Texas. As a health plan, we are addressing adult overweight and obesity in the workplace and at home. We understand that the key to better health overall is living healthy by eating smart and moving more.

So, here we sit today, debating and discussing one of the most important pieces of legislation that, if enacted—let me restate that—when enacted, has the potential to impact millions of our nation’s children in a positive way. I applaud you, Mr. Chairman, your Committee, and your staff for your leadership. The “Improving Nutrition for America’s Children Act” (H.R. 5504) is a strong bill that includes a number of important provisions to help shift the balance and make it easier for children to make healthy choices at school.

More than 50 years ago, our nation launched the National School Lunch Program. Interestingly, the language that characterized the rationale for the policy and program in 1946 is still quite relevant today.¹²

“The educational features of a properly chosen diet served at school should not be under-emphasized. Not only is the child taught what a good diet consists of, but his parents and family likewise are indirectly instructed.”

“It is hereby declared to be the policy of Congress, as a measure of national security, to safeguard the health and well-being of the Nation’s children and to encourage the domestic consumption of nutritious agricultural commodities and other food.
* * *”

H.R. 5504 will improve meal quality, update nutrition standards for all foods and beverages at school, strengthen local wellness policies, and provide needed resources for training, technical assistance and nutrition education. The bill also includes a number of provisions to increase access and make it easier for kids to participate in child nutrition programs throughout the year—not just during the school day. And program access goes hand-in-hand with healthy food and beverages choices. For example, improving meal quality and reducing unhealthy options in vending machines often results in increased participation in school meal programs—a win-win situation. In Texas, Susan Combs, former Commissioner of Agriculture, understood that relationship and I know that Jim Weill will talk about important investments to improve access.

Meal Quality

While schools across the country are working hard to provide nutritious meals to children, inadequate reimbursement rates and limited training and technical assistance hamper their efforts. In fact, the majority of meals served in schools today fail to meet the 2005 Dietary Guidelines for Americans. For example, in the 2004-2005 school year, nearly one-third of schools served whole milk, one of the largest sources of saturated fat in children’s diets. An analysis by USDA of school food service operations across the country found that French fries were one of the most frequently offered vegetables to students, regardless of grade. Only 5 percent of schools offered whole-grain breads, and a majority of schools offered only a limited variety of fruits and vegetables.¹³ This bill goes a long way in improving meal quality. First and foremost, it calls for increasing the reimbursement rate for lunches by 6 cents. It also provides much needed training and technical assistance resources to food service operators, replaces high fat milk with healthier low fat options, strengthens ac-

countability and program transparency, and continues efforts to improve commodities.

National School Nutrition Standards

This bill grants USDA the ability to update the nutrition standards for all foods served and sold—like those in vending machines, school stores, and a la carte in the cafeteria—to ensure they are health promoting and consistent with current dietary recommendations and nutrition guidance. The existing standards must be revised. While a number of states and districts have made strides in improving standards for competitive foods, many fall short of current recommendations.

According to a report by Bridging the Gap, in the 2007–08 school year (the latest year for which we have data), 62% of public elementary school students were able to purchase competitive foods or beverages through school stores, vending machines and a la carte cafeteria lines. Such venues typically offered less-healthy items. The picture is worse for middle and high schools.^{14,15}

Training, Technical Assistance and Nutrition Education

I cannot underscore the importance of training and technical assistance resources, as well as nutrition education and promotion priorities outlined in the bill. We all get that improving meal quality and providing only healthy options are key—what we sometimes forget is the work behind the scenes to make sure that food service operators have the skills and knowledge to make needed changes, and that kids are given opportunities to fully benefit from healthier options through education and promotion. The old saying “If you build it they will come” may work for baseball fields but we know it does not work for kids and food. How many times have we all tried to get our kids to eat the healthier options only to find it hidden under the table or thrown in the trash? It does no good to invest in improving meal quality without also investing in the necessary training, technical assistance and nutrition education and promotion that go hand-in-hand with increased reimbursement rates and meal standards.

Local Wellness Policies

H.R. 5504 builds on the local wellness policies introduced in the last reauthorization and calls on school districts to implement their policies in a transparent way that involves parents. The bill also ensures there is a wellness committee for each school district so that the success of the wellness policies are periodically reviewed and updated as necessary. This particular piece is important and consistent with our experience in Texas where every independent school system is required by law to have a School District Health Advisory Council (SHAC). SHAC’s are often the entity tasked with developing and implementing local wellness policies and provide a permanent infrastructure to enhance the effectiveness and sustainability of the policies. This has worked well in Texas and it is important to carry this nation-wide as H.R. 5504 proposes.¹⁶ The bill further dedicates funding to the USDA to provide technical assistance to districts to assist them in overcoming challenges to establishing and implementing effective policies.

I know you and your colleagues have many pressing issues these days but renewal of the child nutrition programs cannot wait any longer—this has already been delayed for more than a year and our children’s health and well-being cannot be put on hold. This is a smart bill and I urge you to work with your colleagues in the House to secure funding and pass this bill soon—time is running out and our children deserve our attention. The health of America’s children depends on a prescription for healthy food and more physical activity. This bill can play a significant role in improving the health of America’s children, reversing the childhood obesity epidemic, reducing the burden of diabetes, heart and other chronic diseases and demand for expensive medical care, and finally, improving the readiness, willingness, and ability of our future civilian and military workforce—to compete and defend our nation.

I thank you for the time and your interest.

ENDNOTES

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Chairman MILLER. Thank you.
General Monroe?

STATEMENT OF PAUL D. MONROE, MAJOR GENERAL, U.S. ARMY (RET.), EXECUTIVE ADVISORY COUNCIL, MISSION: READINESS

MG MONROE. Chairman Miller, Ranking Member Kline, thank you for this opportunity.

My name is Paul Monroe, and I am a retired Major General. I served this great nation for over 48 years in the United States Army and the California Army National Guard. Currently, I am the founder and principal of Monroe Executive Associates, which advises developing organizations on leadership and diversity.

I am testifying today on behalf of Mission: Readiness, a national nonprofit organization of over 150 retired admirals and general officers who are dedicated to ensuring our nation's continued security and prosperity through smart investments in the upcoming generation of American children.

I have written remarks that I would submit for the record. For the next few minutes, I would like to tell the committee members why more than 150 retired generals and admirals feel so strongly about this bill and its importance to our future military readiness.

Make no mistake: Childhood obesity does threaten our nation's security. When 1 in 4 of our young adults is too overweight to defend our country, then something is seriously wrong.

A decade ago, only one state had 40 percent or more of its young adults overweight or obese. Today, that is true in 39 states, according to the Centers for Disease Control and Prevention. You can see the figures for each state on a chart and a report we recently released with Senator Dick Lugar and Secretary Vilsack, "Too Fat to Fight."

Military concerns about the health and fitness of our children are not new. The National School Lunch Act of 1946 was originally passed as a matter of national security. At the time, General Lewis Hershey and many of our other military leaders recognized that

poor nutrition was a significant factor, reducing the pool of qualified candidates for military service.

In the past, retired admirals and generals stood up to make it clear, as Secretary Vilsack said, that America is only as healthy as our nation's children. Now childhood obesity is undermining our national security, and we need to start turning it around today.

The trends are truly alarming in the context of American military readiness. Since 1995, the nonprofit—excuse me, the proportion of recruits rejected during their physical exam because they were overweight has increased by nearly 70 percent. Today, otherwise excellent recruit prospects, some of whom may have generations of sterling military service in their family history, are being turned away because they are simply too overweight.

What can we do to address this problem? We cannot and should not legitimate the choices that parents make with their children at home. It is up to parents to decide what children are fed outside of school and in their packed lunches.

But we can do more to make sure that the food and beverages of our schools provided to our children are nutritious. As much as 40 percent of a child's daily calorie intake occurs at school. And the school setting plays an important role in shaping the eating, exercise habits of our youth.

Mr. Chairman, Mission: Readiness supports efforts by you and members of this committee to get new legislation on the books that would achieve three basic goals.

First, we need to get the junk food out of our schools. Second, nourish more children who need access to healthy meals. And, three, educate kids and their parents to help them adopt lifelong healthy eating and exercise habits.

You may hear today that the United States military is currently meeting its recruitment goals, and that is true, not only because of the severity of the recession, but also because of a strong sense of patriotism among many of our young people.

However, if history is any guide, the challenges of finding and recruiting qualified young adults will again become much more challenging when the economy recovers. The truth is, we cannot depend on a weak economy to build a strong military.

When you look at the long-term scenario, it is clear that too many young people are not reaching their full potential, and a major factor is what they eat and drink each day. One study found that even an extra 130 calories per day make a difference between whether a young child grows up—

Sorry. The clock is ticking. We urge Congress to take action as soon as possible, since the current child nutrition law will expire at the end of September. It is a hopeful sign that the House approved a sense of Congress resolution as part of the defense appropriation bill supporting full funding of the child nutrition package, in part because it addresses the national security concerns of our retired military leaders.

It is also a hopeful sign to see members here today, because Congress cannot afford to put this off. We cannot afford to raise another generation where 1 in 4 of our young adults is too overweight to serve the country.

This is not just about looking good in uniform. It is about being healthy and fit to do the work of the nation. The grim reality is that we live in a dangerous world. As long as outside threats to our national security exist, we are well served to maintain a high level of military readiness.

The admirals and generals of mission readiness are in strong support of H.R. 5504, and we respectfully request, in the interests of national security, that the distinguished members of this committee work to move this important legislation toward enactment. Doing so will help improve the health of our nation's children and ultimately strengthen national security.

Thank you for this opportunity to speak before the committee this morning.

[The statement of General Monroe follows:]

**Prepared Statement of Paul D. Monroe, Major General,
U.S. Army (Ret.), on Behalf of Mission: Readiness**

Chairman Miller, Ranking Member Kline, and distinguished members of the Committee, thank you for inviting me to testify at this hearing on H.R. 5504, the "Improving Nutrition for America's Children Act." I am honored to have the opportunity to speak today in support of this historic legislation.

My name is Paul Monroe and I am a retired Major General. I served this great nation for over 46 years in the United States Army and the California Army National Guard. Currently, I am the founder and principle of Monroe Executive Associates, which advises developing organizations on leadership and diversity.

I am testifying today on behalf of MISSION: READINESS, a national, non-profit organization of over 150 retired Admirals and Generals, who are dedicated to ensuring our nation's continued security and prosperity through smart investments in the upcoming generation of American children. We are concerned by recent data from the Department of Defense indicating that 75 percent of all young Americans aged 17 to 24 are unable to join the military primarily because they failed to finish high school, have criminal records, or are physically unfit. This disquieting reality threatens to diminish our military strength and put our national security interests at risk.

Military concerns about the fitness of our children are not new. In fact, the National School Lunch Act of 1946 was originally passed as a matter of national security. At that time, there were legitimate concerns that malnourishment would render American youth unfit to defend the nation. Today, it is obesity that threatens the overall health of America and the future strength of our military. It is imperative that we act now, as we did in 1946, to ensure that our children grow up fit to defend our nation, if need be.

Obesity is the leading medical reason young adults are not qualified to serve. Obesity rates among children and young adults have increased dramatically in recent decades. By now most of us have heard that in the past 30 years, child obesity rates have more than tripled. New data from the CDC paints an even starker portrait. In the last decade alone, between 1998 and 2008, the number of states reporting that 40 percent or more young adults were overweight or obese rose from one state to 39. To put this problem into perspective, today's young Americans between the ages of 18 and 24 would have to collectively lose 390 million pounds in order to be at a healthy weight.

As retired Generals and Admirals, my colleagues at MISSION: READINESS and I are deeply troubled by the negative effect that obesity is having on our ability to recruit qualified candidates for military service. At least 9 million young adults, or 27 percent of all young Americans ages 17 to 24, are too overweight to enlist. Since 1995, the proportion of candidates who failed their physical exams due to weight problems increased by a staggering 70 percent. This all-too-common disqualifier is limiting the pool of available recruits and eroding our military readiness. Make no mistake about it; the obesity epidemic poses a genuine threat to our national security.

Beyond its harmful impact on the overall number of youth who are able to qualify for military service, obesity also imposes a great fiscal burden on our nation. Every year, the military discharges over 1,200 first-term enlistees before their contracts are up because of weight problems; the military must then recruit and train their replacements at a cost of \$50,000 for each man or woman, thus spending more than \$60 million a year.

Turning the tide of obesity in this country is certainly not an easy task. We do not pretend there is one single action that we as a nation can take to remedy this problem. However, it is crystal clear that one pivotal step we must take is to improve the quality and nutritional value of food and beverages served in our schools.

The school setting is critical for shaping the lifelong eating and exercise habits of our youth. Research published in Health Affairs shows that as much as 40 percent of a child's daily caloric intake occurs at school. What children eat in school can either be part of the problem, or part of the solution.

Fortunately, this Committee is poised to consider legislation that effectively addresses the issue of nutrition in schools. H.R. 5504 the "Improving Nutrition for America's Children Act," includes provisions that will raise the quality of all foods and beverages served on school grounds. Specifically, it will require the Secretary of Agriculture to establish a new set of nutrition standards for foods and beverages served through the school breakfast and school lunch programs that are consistent with the most recent Dietary Guidelines for Americans. The bill will also require the Secretary to establish similar science-based standards for all foods and beverages sold competitively. Further, H.R. 5504 will provide an additional 6 cent per meal reimbursement, on a performance basis, to help schools; make necessary equipment upgrades; train and hire staff; and purchase fresh fruits, vegetables, lean meats, whole-grains and low-fat dairy.

Current nutrition standards for the school lunch and school breakfast programs have been in place since 1995. We are long overdue for an update.

In addition to making improvements to nutrition standards and overall meal quality, H.R. 5504 also includes provisions to promote nutrition education. The bill will direct the Secretary to provide funds, equal to one half cent per reimbursable lunch served, to states for nutrition and wellness promotion. It will also instruct the Secretary to award competitive grants for the purpose of supporting community partnerships that are designed to promote wellness. Nutrition education is vital to maintaining a healthful environment for youth. In many cases, the habits that children form in their early years persist into adulthood. The journal Health Affairs reports that 80 percent of children who were overweight at ages 10-15 were obese at age 25. Properly managed, nutrition education programs can provide children and their families with the knowledge, skills, and motivation needed to make lifelong healthful choices.

Last, H.R. 5504 includes proposals that will help simplify enrollment and increase access to child nutrition programs. Increasing access to nutritious food is equally important as improving the quality of school meals. While it may seem counterintuitive, it is well documented that hunger and food insecurity also contribute to obesity.

Many children who experience persistent hunger are also obese, because they more frequently have access to unhealthy foods or snacks instead of regular, nutritious meals. Recent research by Rachel Tolbert Kimbro of Rice University and Elizabeth Rigby of the University of Texas at Houston, published in Health Affairs has shown that subsidized meals can help low-income children maintain a healthy weight.

Increased access to school lunches and breakfasts can help remedy this problem by helping to ensure that children regularly get enough food to eat and the food they eat will be nutritious enough to help them develop healthy eating habits to avoid obesity.

The grim reality is that we live in a dangerous world. As long as outside threats to our national security exist, we are well served to maintain a high level of military readiness. The Admirals and Generals of MISSION: READINESS are in strong support of H.R. 5504 and we respectfully request, in the interest of national security, that the distinguished members of this Committee work to move this important legislation toward enactment. Doing so will help improve the health of our nation's children and, ultimately, strengthen national security.

Thank you.

Chairman MILLER. Thank you very much.

It is the intent of the chair to recognize those who did not have an opportunity to ask questions of the Secretary, the previous panel. So we will begin with Mr. Scott, then Mr. Platts, Mr. Tierney, Ms. Clarke, Mr. Kildee, and then we will come back around to the chair and the ranking member.

Mr. Scott?

Mr. SCOTT. Thank you, Mr. Chairman.

Dr. Sanchez, a previous question was asked about the relationship of hunger and obesity. Can you explain how the choice of healthier foods will not only address hunger, but also reduce obesity?

Dr. SANCHEZ. First, thank you for the question. Childhood obesity and childhood hunger, in my estimation, are two sides of the same coin, and it is the reality for children who are poor or in some way disproportionately affected by obesity because of race, ethnicity, other factors that, in those families—sometimes the healthier foods are the more expensive foods, and it is not inconceivable that a child who may outwardly look to be overweight or obese might go a day or two without having any food. And in America, hunger sometimes looks different than we have thought about hunger in the past.

So those two things are not incompatible, and you can have a child who maybe is getting the foods that he or she ought to be getting during the week and perhaps on the weekend, that food is more difficult to attain.

My church is seeing record numbers of families coming to get food assistance, and I think that that is the reality across the nation. But healthy—if you had a question, I apologize.

Mr. SCOTT. No, go ahead.

Dr. SANCHEZ. Healthy food is—healthful food, nutritious food is going to address both the issue of childhood obesity—of childhood obesity, because those healthy foods would be the preferred food choices. The Blue Cross Blue Shield association is working with pediatricians and family physicians across the nation, providing them a toolkit that has a simple 5-2-1-0 message, which incorporates the notion of five fruits and vegetables a day for all kids, limited sweets, limited amount of screen time, 1 hour of physical activity.

Those are healthful and healthy food messages that we are delivering that are meant to be the foods that one prioritizes over less healthy options. Healthy foods for children who are hungry are going to reduce hunger and promote health in the long run.

Mr. SCOTT. Thank you.

Mr. Weill, can you talk about the value of automatic enrollment to reduced—free or reduced breakfast and lunch and the idea of, if you have a high-poverty school, where you spend more in administration than you would save on the few people who actually pay, letting everyone have the free or reduced meals?

Mr. WEILL. On the direct certification question, which is the first one, which is taking kids who are currently receiving TANF or food stamps or under the bill, also Medicaid, and making sure that they are automatically enrolled without the need for a separate application in the school meals program, that the issues here are that there are many kids who are eligible under current law, but not getting school lunch, school breakfast because the paperwork doesn't get done for any number of reasons. You know, schools put it in backpacks, and it doesn't get home, or whatever, language issues.

So direct certification—the bill tightens up the direct certification process, so many—fewer of those kids fall through the cracks, and

we make sure that these kids who are already eligible are certified eligible for the program.

The paperless proposal, which is also an excellent proposal—like the direct certification one—would say that in high-poverty areas, we would do away with paper applications altogether and allow school districts or bunches of schools to use alternative methods of determining what share of the kids should be free and get federal reimbursement on that basis, reduced price and pay.

This has been tried in Philadelphia—it has worked well—where they do a household survey, so the use of census data or other survey data—

Mr. SCOTT. Do they actually end up saving money in that process?

Mr. WEILL. I am sorry?

Mr. SCOTT. Do they end up saving money in that process?

Mr. WEILL. Yes, it saves money on the paperwork side, and it increases participation in the program among eligible children.

Mr. SCOTT. And let me ask one last question. Is the reimbursement rate for the meals sufficient?

Mr. WEILL. No. And the bill, which improves the reimbursement rate for lunch in schools that meet IOM standards takes an important step forward there. And as Secretary Vilsack indicated earlier, probably the shortfall in reimbursement is greater in breakfast than it is in lunch.

Chairman MILLER. Congressman Platts?

Mr. PLATTS. Thank you, Mr. Chairman.

Certainly honored to be a co-sponsor with you of this legislation and the reauthorization and appreciate your holding this hearing. I thank all of our witnesses for being here.

I will be fairly brief, and that is just to thank each of you for partnering with the committee to share your knowledge and the importance of this issue. I mean, we are certainly in extremely difficult financial times, so we have got to do a good job of prioritizing.

And when it comes to domestic issues, the health and education of our nation's children, I think, is one of our highest priorities here on the domestic front, and that is what this legislation that we are looking at is all about.

And I look at it as kind of preventative care. We can pay a little now and save a lot later and do right by the kids in the meantime, or we can, you know, pay less now and pay a lot more later and not do right by the kids.

And so I hope that, with your assistance and your expertise, to help educate us committee members and the full House and Senate will be successful in the reauthorization and the advancements that are in here.

And, Dr. Sanchez, I think you in your written testimony highlight what we really are talking about here in the short and long term. And I am going to quote just one of your sentences or one paragraph here about how many obese children and the huge percentage of our nation's children that are obese today—and you reference your home state, 20 percent above the national average of 16, and how they are more likely to miss school. That harms their education.

They are at increased risk of a variety of serious health conditions, including asthma, heart disease, and Type 2 diabetes, and that if we don't change the direction we are heading, that this generation will be the first to live sicker and die younger than their parents' generation. That is not acceptable.

And I think what we are after here is to change that direction and do right by children and ultimately do right by every American who is paying taxes into the federal government, that they are getting a better return, that we do better in the meals we are providing.

As you referenced, eating healthy is more expensive in many instances. And so we have lower income who are buying more processed food, less healthy and more obese, more health care costs, less prepared to do well in school. You know, that is a formula that is just not acceptable.

And so my main point here, as I say, thanks for your being here and each of you bringing your perspectives, insights, and working with the committee as we go forward, and that we acknowledge the additional cost of doing right by our children, but also acknowledge the benefit to those children and ultimately to our nation, as the general reflected, the military readiness benefit, as well as the long-term economic benefit in so many ways.

So with that, Mr. Chairman, I yield back.

Chairman MILLER. Thank you.

Mr. Tierney?

Mr. TIERNEY. Thank you, Mr. Chairman.

Mr. Weill, I was hoping that you might address for me just briefly at least the issue that you testified about, access year round to school meals on that, and tell me—well, if you will speak to that. You know, how many children are actually currently in the summer school food program? And what are your thoughts about increasing that?

Mr. WEILL. The summer food program has struggled to reach kids, in part because there aren't enough summer activity and educational programs to serve the meals and in part because there is too much paperwork. And the bill starts to address these problems.

As I said in my testimony, only 16 kids get summer food, summer lunch on an average day in July for every 100 who get school meals during the regular school year. And we know from the studies that both food insecurity among kids and obesity spike in the summer. In a way, the summer is, in a bad way, a control group for what happens if you don't have a school meal program.

So the provisions of the bill to increase summer participation are important. And the rural provision in particular, as I indicated, we would like to see extended to urban and suburban areas.

Did you also ask about after school or—

Mr. TIERNEY. Would have been my next question, so go ahead.

Mr. WEILL. So many kids now are in after-school programs until 6:00, 7:00, or later in the evening because of their parents' work and commuting situation that they really need more than the snack that the federal government supports now. They need supper when programs run that late.

And the pilot program that does that in 13 states and the District of Columbia we support extending to all states in this legisla-

tion, as well as some other provisions that are in here that reduce paperwork and make it easier to do that.

Mr. TIERNEY. On the summer program, you have mentioned the rural aspect of it, but isn't the suburban area also important, because they have a lower concentration of poverty?

Mr. WEILL. Absolutely. I should have brought with me, we have on our Web site maps of every state which show where changing the test from—the area eligibility tests from 50 percent to 40 percent, what areas that would add to coverage in the program, and that is predominantly rural and suburban areas, but also some urban areas, as well.

Mr. TIERNEY. Thank you.

I had a question for the gentleman from the Heritage Foundation. I am sorry. Your name has escaped me at the moment.

Mr. Rector, if I could, you indicate in your written remarks, at least, that the poor people are increasingly becoming overweight because they eat too much and they exercise too little and they appear to eat too many high-fat foods and foods with added sugars. And then you go on to say that, you know, a promising alternative to the situation is to simply limit the amount of low-nutrient, energy-dense foods, such as soft drinks, candy, chips, and French fries that schools provide or make available to students.

So that sounds like you are in favor of having some sort of regulation or law that applies to schools and limits that kind of intake. Would that be accurate?

Mr. RECTOR. No. I think that that is a fairly promising area, although—

Chairman MILLER. Hit your microphone, please.

Mr. RECTOR [continuing]. It can be greatly oversold. But wait. I think that this is an issue that clearly can be decided at the local school. I don't think that there is any necessity for this committee to jump in and become the soft drink czar for the nation, so I would strongly suggest that that is not an appropriate response, because we can make mistakes, you know?

Mr. TIERNEY. Well, share with me what you think might be an appropriate response. Should there be any federal dollars at all applied in this direction? If so, how?

Mr. RECTOR. In the—I am sorry, I didn't understand.

Mr. TIERNEY. Toward the issue of nutrition in schoolchildren?

Mr. RECTOR. Yes, I think that you need to provide some school assistance. However, it is very important to put this in an overall budget context.

For the most part, all of these programs are discussed in what I call the great charade, which is a pretense that these programs are the only thing that stand between children and starvation.

Mr. TIERNEY. Well, I have—I don't want to—

Mr. RECTOR. There are 70 different programs that we have to have.

Mr. TIERNEY. Excuse me. I have to interrupt you, so what I am asking you is, what is your plan? I know what you think the criticism of the existing plans are, but what is your plan going forward? I want to give you that opportunity.

Mr. RECTOR. For school nutrition, I would think that schools should have a continuing discussion about the offering of things

such as soft drinks in the schools. I don't think you need a federal mandate on that. And I also think that you really ought to evaluate these programs.

I think it is astonishing that you spend this money without any scientific evaluation whatsoever.

Mr. TIERNEY. Well, I think it is astonishing—I just gave you an opportunity to tell me how you would spend the money, and the only thing you can—

Mr. RECTOR. I would spend the money on evaluation. I just said that.

Mr. TIERNEY [continuing]. Just evaluation. Thank you.

Chairman MILLER. Thank you.

Ms. Clarke?

Ms. CLARKE. Thank you very much, Mr. Chairman.

My question is for Dr. Sanchez and Major General Paul Monroe. While our discussion is focused on food and nutrition, I would just like to pivot for a moment to focus on fitness and ask a question of you.

Recently, my office participated in a rally in New York City, urging Mayor Bloomberg to keep open our Douglas and DeGraw pool, which is affectionately known in our community as the Double-D pool. Double-D serves a dual purpose of teaching children to swim and is also a safe place for children to exercise.

Having access to safe places to exercise is especially important in minority communities, since 25 percent of African-American and Hispanic children are obese.

Fortunately, because of the community's efforts, the Double-D pool will remain open. However, many communities across America, especially inner-city neighborhoods, lack safe exercise spaces for children, and combating the obesity epidemic in our country requires both proper nutrition and exercise.

So here is my question. I would like you to comment on how a lack of safe exercise spaces for our children impacts the obesity crisis facing our nation.

Dr. SANCHEZ. I had the honor and privilege of serving as chair of the Institute of Medicine committee that looked at what actions local governments could take to address childhood obesity. And there is a compelling evidence base for thinking about policies that create safe places for children and their families to be able to move their bodies.

There is evidence there about the value of access to affordable foods within a neighborhood. So I believe that the evidence is fairly compelling.

I would say that, in the context of the conversation that we are having today, insofar as childhood obesity goes, it will take a comprehensive, concerted effort to move the needle in the direction that we would like to move it.

Food and movement are two elements. They need to be happening in the schools. They need to be happening in the homes. And they need to be happening in communities. And that combination is a combination that will begin to make a difference. And, in fact, in some communities in the nation, we are seeing the needle move. As I mentioned earlier, it is concerted efforts. This bill is an

important part of the foundation that will help move us in the direction that we need to move.

If I can make two other points, Congressman Platts, we are paying now because Medicaid costs are increasing because of childhood obesity. In Arkansas, we are seeing that. I have no doubt that that is the case in other states.

When it comes to healthy foods being more expensive perhaps than not-so-healthy foods, I would say this bill incorporates in it some nutrition education that then leads to smarter shopping, because there are times of year where some foods that are fresh are very inexpensive to purchase, but you have got to know what you are buying and when.

And then, lastly, poverty links obesity and hunger. What we do in our communities and our schools can lead to better performance in schools, higher graduation rates, and in the long run, decreased poverty.

MG MONROE. Congresswoman, physical fitness is extremely important. The Army specifically has begun to conduct a pre-basic training course because so many of our young people come unprepared, and they experience injuries while they are going through basic training.

Most of us here are concerned about the fiscal responsibility, but consider this: 1,200 people a year are discharged because they are obese and out of shape. They fail to meet the minimum requirements, and they are discharged in their first term.

It requires \$50,000 to train someone in basic training, so everyone we lose, we have to recruit and spend that much money again, so we are talking about \$60 million a year in costs there. And that pales in comparison to those that Dr. Sanchez just mentioned, the obesity that is related to heart disease, diabetes, cancer, and other health problems.

I don't know what the answer is, as far as physical fitness, but that is one of the programs that seems to be dropped, along with art, music, when school districts try to make their budget. But they are doing not only the military, but the country a disservice by not emphasizing physical fitness.

Chairman MILLER. The gentlewoman's time has expired.

Mr. Kildee?

Mr. KILDEE. Thank you, Mr. Chairman.

Mr. Rector, you talked about the temporary or paucity of results of certain nutrition programs, the BMI program. Have there been any studies of the possible differences of results between different socioeconomic groups?

I say that, because I taught generally 10th grade, and the junior highs were 7th, 8th and 9th. And the first day of school, I could tell those who came from one feeder school, junior high school, and those who came from another. And I was generally always right on that, their socioeconomic condition, and that one part of where I was raised was much less than the other.

Is there any study that has been made on nutrition that takes place up to that, say, through the 9th grade?

Mr. RECTOR. You see variations in what children eat at home based on the parents' education, okay, that you I think see wiser

food choices as education goes up. It doesn't correlate very well with income.

But what I would say—I appreciate your question, but most of the problems that we see with regard to either adult or child obesity are pretty widespread in our society. I mean, we have people who are overweight in every income class and increasing, largely as a result of the fact that people take in more calories than they expend in exercise.

And so that exercise to caloric balance is at the core of this. And I really don't think it is very socioeconomic in nature.

One particular thing I would say is that there is a lot of misinformation about this, which is one thing that is very commonly said is, well, poor people are overweight because they don't have enough money to buy good foods, and so they are forced to buy junk foods.

As I said in my testimony, I have researched this. Junk food is a very expensive form of calorie. It is not something that you would buy if, in fact, you are running out of money.

I mean, we as—when you are running out of money and food in your household, you say, “Oh, boy, we had better get down to the store and get a bunch of Triscuits and Pepsi and some chips so we can tide through the end of the month.”

It is, in fact, a very expensive form of calorie. In fact, Pepsi and Coke per calorie cost as much as milk. So I think what we have there is people overeat those things, and that contributes to obesity, but they do it all up and down the socioeconomic spectrum, and it is because those foods are very palatable.

And I do think that it would be good to have an education system that began to show to people, “These are probably—these are not very good food choices.” But I don't really think it is due to the fact that people, for example, don't have enough resources to buy more nutritious food.

In particular, if you really are running out of food, you are running—you don't have enough to bring bulk food into the home, junk food is probably the last thing you would buy. You would buy basic staples which used to be more common in all households in the United States.

Mr. KILDEE. Thank you very much.

Thank you. Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Chef Colicchio, this discussion has sort of gone back and forth here. Some of this is—what encourages me about this legislation that the committee is—we have been able to put together is that it really incorporates a lot of other people into this issue. I mean, we didn't do this without soft drink manufacturers, without food processors, without other people looking at this, because they have been receiving a message from local school boards and states about competitive food sales, about sweets on campus, about vending machines. These decisions are being made locally all the time, and they have now come in and said, “Let's think about a beverage policy, as opposed to just fighting every day that we can keep a sweetened drink on campus.”

But a lot of this is about presentation. You are in the business of presentation. And we see some, you know, small studies done, just one on the presentation of the food, where it might be placed

in the cafeteria in proximity to the students, to the checkout, changes in the uptake rates of carrot sticks or celeries or fresh tomatoes or whatever it is that is being offered as opposed to other things on that line.

And I assume in your business, as you try to present food to your customers, that is a big part of the decision.

Mr. COLICCHIO. Sure. I think what is happening is that advertising to kids for fast food and for junk food is—we heard earlier testimony, just a tremendous amount of money that goes into it, and I think what is happening is that school lunch programs are starting to mimic fast food lines.

And so things that are offered in the school lunch room are based on things like chicken nuggets and high-calorie, you know, carbonated drinks. And I think what is going—I mean, there is a sort of school of thought saying, well, to get the kids to eat more, you know, give them sort of what they want or what they are being told is something that they want.

But, again, I think, as I mentioned in my testimony, we are adults, and we need to actually start telling our kids that there is a healthier alternative. You know, going to Mister Softee—

Chairman MILLER. That is sort of like the automobile industry said, “The reason we are selling all these SUVs is because that is what America wants.” No, they were selling them because they had four or five times the profit per vehicle, and it turned out they got trapped in that market, and we—

Mr. COLICCHIO. Right, right. They are telling Americans what they want—

Chairman MILLER. But for the federal government, we lost that industry.

Mr. COLICCHIO. Sure. You know, again, kids will make a good choice if they are given the opportunity. You know, we know it from—my wife and I mentor a young girl who lives in Brooklyn, New York. And halfway through the month, when dollars run out from food stamps and from SNAP programs, they are forced to get the least expensive food available to them, which is usually sugar drinks. There is a sugar drink they sell that will give you calories, and they are empty calories, providing no nutrition at all.

We found that when we took her into our home and fed her things like asparagus, she couldn’t believe how good it was. When we took her to a farm and had her pick strawberries, she had no idea they actually came out of the ground and that they were so delicious.

And these things you don’t find in school lunchrooms. You are finding cheap, inexpensive, high-calorie fat and sugar foods.

Mr. Scott, the question that you asked about how does obesity correlate to poverty—I think that was the question—again, when you are forced to choose between a Happy Meal that costs a dollar, it is cheap, but there is very little nutrition involved, there are a lot of calories, empty calories from sugar and starch and fat.

And so it is affordable, but we are providing our kids no nutrition at all and just a tremendous amount of calories. And so kids are getting more than a 2,000-calorie, you know, meal. That is what is making them fat.

Chairman MILLER. You know, one of the things we are trying to do in this legislation is to really modernize this program. We have a program that was really designed to force agricultural products through the largest consumer, I guess, outside of the U.S. Army on food.

So you get corn or you get wheat and then you send it out and you get back a pizza, you get back a corn dog. You send out a whole chicken, you get back a Chicken McNugget. That works really well for the farming community. It doesn't work terribly well for the nutrition of our children.

But as the Secretary was pointing out, with some equipment changes, with some alternatives, those schools now have some alternatives available to them at relatively low cost to provide fresh fruits and vegetables or more wholesome products from the programs than what was happening.

And I think they were—it was easy. You know, you talked about your mother working in a school line. That is the program I went to. People were behind there making the meals from scratch. That is not going to happen today. Many schools don't have kitchens. But that doesn't mean we then have to surrender to high-calorie, high-fat foods in the name of our children. It is just not going to work.

Mr. COLICCHIO. No. And, you know, it is interesting that early on Secretary Vilsack talked about the farm bill, because I think that that is something—another way to address this. Whole foods are more expensive for various reasons, and I think that the key to this is trying to get the cost of whole foods down.

Why is it that processed foods are so cheap and yet whole foods, a head of cauliflower is expensive? It shouldn't be that way, and maybe that is a place for discussion in the farm bill.

But, again, my mother was always frustrated because she couldn't get a hold of fresh vegetables and that she was forced to use a lot of processed foods. So, yes, it is—this is a major issue.

Chairman MILLER. Dr. Sanchez, I just want to thank you for your statement. And I think this is what we have been trying to do in this legislation. You say that addressing the challenges of poor nutrition and obesity will take action from all levels of government, business, health care organizations, public health advocates, schools, families, and individuals.

I know in my area, well, Blue Cross is a big provider, but as is Kaiser. And both of these organizations are working with schools, working with their covered patients to try to develop this.

You know, I think it is unfair to stand that we haven't solved obesity on the head of the school lunch program, the child nutrition programs. We have got a long ways to go in our community, but what we do see is a huge change in attitudes and education and receptivity to this message about what this is costing us.

Again, as we went through this health care debate and as we continue to see these figures, the drivers of health care costs that you have pointed out, and this is an attempt to take this opportunity, kids are in the class, they are here, they are after school, and to see whether or not we can bring that information, we can bring some of those foods to this part of the day, but there are other parts of the day that families are going to have to take re-

sponsibility for, health providers are going to have to take responsibility for.

But to put this into that conversation that is now so valuable in this country, along with, as many of my colleagues have mentioned, exercise and the needs to combine healthy eating and exercising and getting kids up out of the thumb exercises on computers or games or however they are doing that, as important as much of that is.

Mr. Kline?

Mr. KLINE. Thank you, Mr. Chairman. Again, thanks to our witnesses.

I want to pick up on what the chairman just said about there being a huge change in attitude. Clearly, we have seen that. Now we know that 90 percent of schools have eliminated soft drinks, caloric soft drinks. You get diet soda, you get water, you get sports drinks, and that has been a voluntary effort. The beverage association took that on without any federal legislation here.

I just want to touch on a couple of things, because I don't have a lot of time. Dr. Sanchez mentioned that this bill cost \$8 billion. We need to keep in mind that this is some \$8 billion over and above the current about \$20 billion baseline. There is a lot of money here.

Mr. Weill, I think your organization is suggesting that we broaden these programs. This bill has numerous so-called pilot programs in it where there are 13 states or some number of states and you would like to see all states included, as I understand your testimony, and I am sure you realize that that is billions and billions of dollars more on top of the \$8 billion that is already there, so that is something we will be looking at as this bill comes up for markup, presumably in a week or 2, whenever it comes up.

We will, of course, be looking at that, because that is an awful lot of money. And one of the problems when you start a pilot program with some number of states—of course, let's arbitrarily pick 13 here—that means you have got some 37 states that don't have it, they want it, and that just leads to a whole lot more spending, as you go down the line.

Chef, I mean, I am sure that when you prepare the asparagus that your kids, my kids, every kid would love to have the asparagus, and, of course, we are all envious of your skills and we are very grateful that you are here today.

I hear the buzzer buzzing, so I am going to go to Mr. Rector, as I run out of my time, because we have had—I have heard a number of the witnesses and others say for some time that things like, "We know from the studies," or, "Studies show us," or, "The evidence says," and yet in your testimony, you are saying we don't have a study that would really address this issue and show us the effectiveness with a control group.

I would like to give you some time, because I know you were trying to respond to an earlier question by saying that your plan would be to know the facts before we start. So can you just take this opportunity, the closing minute or 2, and talk about the sort of discrepancy, where clearly there are studies—and you are suggesting there aren't studies with control groups—can you take some time to address that?

Mr. RECTOR. Yes. In most government programs, you have evaluations in which you have a treatment group that receives the program, and then you have a randomly selected control group that does not receive the program. There are different ways of doing that.

And then you evaluate the difference between those two groups in terms of the outcome. That is the way you would test a drug, for example.

In these programs, that is never done. There is no control group. And therefore, there are very sophisticated studies that try to sort of synthetically assume what would have happened in the absence of the program, and they produce very contradictory results, and they are not very reliable.

What you find is when you do a real evaluation on any kind of program, including programs I like, like abstinence education, is that a lot of programs don't have any effect. You do get some effect, but the effect is always far less than you thought, okay? So it is very easy to say, well, we have got a problem with childhood obesity, and if we just throw this kind of money in here and do this here, all these wonderful things are going to happen.

But, in fact, when you find when you do the evaluation that you get either no effect or an effect that is a lot smaller than you had hoped it was going to be. And it is very important, before you start throwing out billions and billions and billions of dollars, that you actually step back and try to figure out what, in fact, doing this particular thing is going to do.

Now, I will go back again to school breakfast. There are always claims about, oh, well, this is going to improve academic achievement. I think there is a great theory of why that would be. It seems plausible to me. But, in fact, there is not a single evaluation with a control group to substantiate that claim.

And the couple that exist as alleged scientific studies have massive methodological problems with what are called selection bias that really make them laughable. And there are only a handful of those.

So before you—you know, we are going bankrupt. We are on the path to Greece, okay? And we are spending an astonishing amount of money assisting low-income and poor people with children, again, over \$30,000 per household, cash, food, housing, medical care, social services, not general education, amazing amount of money.

And yet somehow we are told that, despite we are spending \$30,000 for every household with children in the bottom third of the population, that we have kids teetering around here that, you know, can't study because they don't have enough food in their stomachs.

I think that most of those claims are exaggerated. And if you—and it is very important before you start piling on more spending and going further down the road to Greece that you actually evaluate these things so that you are getting more effect for each dollar that you spend.

Mr. KLINE. All right, thank you.

I yield back, Mr. Chairman.

Mrs. MCCARTHY. Thank you again, Chairman Miller.

You know, again, going through all the hearings that we have gone through over the last several years, and basically a large part of my subcommittee has been working on obesity. So a lot of the things that I am hearing today, we have taken those ideas and put them into the bill. I had five standalone bills that we have been able to put four of them into the main bill.

The whole idea about the legislation that we are going through is a large part on education, because there has come a point in this country where people are not being educated about the food, the processed food that they are eating, which goes to the child.

So this legislation also looks at, how are we going to cut down costs? Because there are a lot of duplicative programs and make it more streamlined.

So I think that we are covering almost everything on what the debate is, but I will go back and say that the food that these children are eating is certainly raising the health care costs. Again—and Chairman Miller had said, that was the whole idea about the health care bill, to take the whole thing and look at it holistically.

We have facts that children in this country, higher rates than ever, are Type 2 diabetes. We are seeing as a fact that young children are raising their cholesterol levels way above where they should be. So those facts alone, this bill is trying to look at.

Now, I guess, you know—and we are also looking at very strongly not just for the federal government to be involved in this, but to have the partnerships. As you have done, Chef—I am going to say this wrong—Colicchio, and also Dr. Sanchez, you know, by the partnerships that you have been able to do to bring everybody together, again, more education than an awful lot of other issues.

So I guess my question to the panel would be—especially to you, Tom—how do you describe your establishments, public-private partnerships, to make real changes in schools and to improve nutrition? I mean, obviously, that is what you have been doing. It has been very responsive.

I will be honest with you. I am a very bad eater. But I started working or looking at the programs that have been challenging for schools, and I find it fascinating. And data—we will have data, because many of my schools that are already doing this kind of a model are working with hospitals so they have the data.

And so far, the data is showing kids do better, they are not as restless, and they are more attentive, and overall their quality of life has improved tremendously. So that data is coming through. And, by the way, we are collecting data.

Chef?

Mr. COLICCHIO. Yes, thank you. Our First Lady sort of brought a group of chefs—1,000, around—to the south lawn and asked us to go into schools and to start educating and also working with local—creating local community farms.

We are actually creating a farm in New York right now that will bring in probably three local public schools to use it as a classroom, primarily to educate. And some of the fruits and vegetables produced on that farm will go into the school lunch system, but it is really primarily to educate children on how food is grown and why eating—you know, making healthier choices translates into healthier children.

Also, in New York City, there has been some pilot programs where they are providing lunches in the classroom in first period, not in the lunchroom. A lot of the children—there is a stigmatism associated with coming in early. You are a poor kid. And so they don't actually participate in some of the morning programs.

But we are finding that, when kids come into first period and they are getting a lunch, that they are more attentive, there are less incidents where they are going to the principal's office for behavior issues and things like that.

And so maybe this isn't an absolute controlled study, but if you go into the schoolrooms, you go into the schools and you talk to the teachers and talk to the principals, they will tell you it is working.

Mrs. MCCARTHY. Dr. Sanchez, quickly, because we are running out of time—we have a vote—even though we don't have, quote, right now all the information that we need, but would you not agree that where we are going and going forward hopefully we can deal with—certainly starting from Head Start—that is where I believe we should start so we can prevent some of these kids on going to be, by the time they are in the early teens, not to have diabetes and not to have high blood pressure and cholesterol problems?

Dr. SANCHEZ. I wholeheartedly concur. I think that the evidence base is growing. I would agree with Mr. Rector that the randomized control trial, which is the gold standard for pharmaceutical products, is not necessarily the gold standard for what goes on in communities.

The evidence is building. The methodologies are becoming more and more sound. And the evidence is fairly compelling.

And, again, there are success stories. There are stories of what you can do in Head Start that makes a difference. There are stories of what you can do in school systems that are moving the needle in the direction that we want to move the needle.

Public-private partnerships, I believe, are essential. In North Texas, we are trying to make the case that child obesity is a corporate North Texas issue. And getting corporate North Texas—

Chairman MILLER. I am going to intervene here. I am sorry. I just—I wanted to get to Mr. Thompson. Thank you. The gentleman's time is expired. Thank you—

Mrs. MCCARTHY. Thank you.

Chairman MILLER [continuing]. Before we leave for a vote.

Mr. THOMPSON. Thank you, Chairman.

Major General, thanks for your service to the country and your continued service with Mission: Readiness. Very much appreciated.

Very simply, in your testimony, you explained that there is not one single action that we can take to remedy the problem of obesity in the nation, and you focused on the role the schools play in child nutrition. Just briefly, what is one action, one action, starting with the parents can take?

MG MONROE. Well, going back a little farther than that, parents need to be educated, also, and just more nutritious diet and exercise. In the military now, what we have done, there is no—we haven't studied empirically. It is just the reaction of what is happening. We have a lot of broken bones in basic training because a lack of exercise and a lack of nutritious meals.

The military tries to correct that. Unfortunately, we have also allowed fast food restaurants on military bases. And even the dining facilities, they have opened up that type of food service, if you will.

So they have the regular balanced food. Every military organization has a food service officer that pays attention to the balance of nutrition in the food. But at the same time, we still have corn dogs over at the side, and it is just defeating that purpose.

But if there was some way we could educate parents, maybe through—once a school's—through PTAs and things like that, that this is what is beneficial for your child, and these are some of the things that you can expect if they are not eating nutritious foods and if they are not exercising.

Mr. THOMPSON. And what would be one thing, based on your work with Mission: Readiness, one thing? If you had a priority of what schools should do, what would that one thing be?

MG MONROE. Well, some of it has begun, is to remove those sugared sodas that they have in the restaurant, and provide more healthy lunches, because a lot of kids do eat in the cafeteria. My wife is a retired school principal, and she was there when they used to cook in the kitchen. They still have a kitchen. And all of a sudden, in order to save money, the district contracted and they get corn dogs and Cheetos and things of that nature. And it just doesn't help the children.

Again, as I mentioned earlier, we get rid of physical education programs, which we really need in order to keep our people healthy and to make sure that we have those folks that are qualified to enlist in the military, because they have had nutritious meals and they have had the exercise that they need.

The first thing I would say that parents can do is get their kids moving.

Mr. THOMPSON. Thank you.

Mr. Chairman, I yield back.

Chairman MILLER. Ms. Chu—one question—

Ms. CHU. Okay, I will just ask one question, which is research has shown that there is a strong connection between well-fed healthy students and achievement. And we certainly need to improve our lowest performing schools. And to ensure that our lowest performing schools that are at the lowest 5 percent make a turnaround, it seems that it is critical for us to incorporate wraparound services, such as free and reduced price meals.

To that end, do you—what do you think about schools designating the lowest performing schools under ESEA as automatically certified for school meal programs?

Mr. WEILL. I think it would be great to focus, given the limited resources, to focus more the expansions in the lowest income schools, so I think that is an excellent idea.

I would just add, related to that, that in the debate, as Dr. Sanchez says, there is more and more compelling evidence of the effect of these programs. But also, the other evidentiary base that we have that the committee could look to is talking to teachers, because when these programs get into the schools, get into the classrooms, the teachers are the biggest advocates for school breakfast and school lunch and better nutrition in these programs.

Ms. CHU. Thank you. I yield back.

Chairman MILLER. Thank you very much.

Thank you for your time and your expertise and bearing with us during the set of votes. We are not going to make you do it a second time.

It is the intent of the committee to mark up this legislation on the week that we return after the July 4th break, so just put people on notice of that. And if there are no further comments or questions, the committee will stand adjourned.

And, again, thank you so much for your time.

[Additional submission of Mr. Miller follows:]

Prepared Statement of the Food Research and Action Center

Chairman Miller, thank you for your work on the Improving Nutrition for America's Children Act (HR 5504) and for holding today's hearing.

According to the Food Research and Action Center, over 15% of households in Washington's 2nd Congressional District experience food insecurity. We need to do more to make sure that every child gets the nutritious food he or she needs to be healthy.

The Improving Nutrition for America's Children Act is a great step forward towards the important goals of reducing childhood hunger and obesity. It provides over \$8 billion to help school districts, non-profits, and community organizations improve access to food for low-income children while giving the Secretary of Agriculture much-needed authority to strengthen nutritional requirements for food served in schools.

I am particularly pleased that HR 5504 includes provision that will help non-profits and community organizations serve food to low-income children after school and during the summer. Specifically, Section 113 of the legislation will allow non-profits in 10 states to serve nutritious meals and snacks after school, on weekends, and during the summer, ensuring that they can help low-income children access healthy food 365 days a year. This expansion of the enormously successful "Miller Pilot" in California is a great approach to helping low-income children get nutritious meals at times when they are most vulnerable to hunger.

We have a moral obligation to ensure that all children get enough to eat, and your efforts will help us get closer to President Obama's goal of ending childhood hunger in America by 2015. I look forward to working with you to pass the Improving Nutrition for America's Children Act in the coming weeks.

[Additional submissions of Mr. Kucinich follow:]

Research

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Television viewing, computer use, obesity, and adiposity in US preschool children

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Abstract

Background: There is limited evidence in preschool children linking media use, such as television/video viewing and computer use, to obesity and adiposity. We tested three hypotheses in preschool children: 1) that watching > 2 hours of TV/videos daily is associated with obesity and adiposity, 2) that computer use is associated with obesity and adiposity, and 3) that > 2 hours of media use daily is associated with obesity and adiposity.

Methods: We conducted a cross-sectional study using nationally representative data on children, aged 2-5 years from the National Health and Nutrition Examination Survey, 1999-2002. Our main outcome measures were 1) weight status: normal versus overweight or at risk for overweight, and 2) adiposity: the sum of subscapular and triceps skinfolds (mm). Our main exposures were TV/video viewing (≤ 2 or > 2 hours/day), computer use (users versus non-users), and media use (≤ 2 or > 2 hours/day). We used multivariate Poisson and linear regression analyses, adjusting for demographic covariates, to test the independent association between TV/video viewing, computer use, or overall media use and a child's weight status or adiposity.

Results: Watching > 2 hours/day of TV/videos was associated with being overweight or at risk for overweight (Prevalence ratio = 1.34, 95% CI [1.07, 1.66]; n = 1340) and with higher skinfold thicknesses ($\beta = 1.08$, 95% CI [0.19, 1.96]; n = 1337). Computer use > 0 hours/day was associated with higher skinfold thicknesses ($\beta = 0.56$, 95% CI [0.04, 1.07]; n = 1339). Media use had borderline significance with higher skinfold thicknesses ($\beta = 0.85$, 95% CI [-0.04, 1.73], P=0.06; n = 1334).

Conclusion: Watching > 2 hours/day of TV/videos in US preschool-age children was associated with a higher risk of being overweight or at risk for overweight and higher adiposity—findings in support of national guidelines to limit preschool children's media use. Computer use was also related to higher adiposity in preschool children, but not weight status. Intervention studies to limit preschool children's media use are warranted.

Background

The epidemic of childhood obesity is a major public health problem in the US, where in 2003–2004, 26.2% of children aged 2–5 years, 37.2% of children aged 6–11 years, and 34.3% of adolescents 12–19 years were at risk for overweight or overweight [1]. Some large epidemiological studies and one recent meta-analysis have found positive associations between television viewing and childhood obesity [2–4]. Previous intervention studies in school-age children have supported television and video viewing as causes of childhood obesity [5,6]. In response to the growing problem of childhood obesity and other health issues associated with television viewing, the American Academy of Pediatrics (AAP) has issued national guidelines for parents to limit their children's total media time (with entertainment media) to no more than 1 to 2 hours of quality programming per day for children 2 years of age and older [7–9].

Television viewing is the most popular form of media use among young children [10]. Some studies have linked television viewing to excess weight gain in preschool children [11–13]. However, these studies had limitations. First, they measured television/video viewing but not other forms of media such as computer use. Moreover, some did not specifically test the AAP's 2-hour/day cut-off with regard to media time and weight status [11,12], had samples limited to a specific age or geographic areas [11,12], reported race/ethnicity as white or not white [13], or related television/video viewing to BMI but not other forms of adiposity [11–13]. While BMI is the recommended method for population-based screening of children for obesity, it was a poor predictor of body fat for individual children [14]. Other measures, such as skinfold thicknesses, were highly correlated with adiposity, [15] lipids [16], and insulin [16] in children, and thus may provide additional useful information [17].

The AAP recommendation is not specific to television, but instead was written in terms of overall media use or what some call "screen time." At the time the initial recommendations were established, computer use among preschoolers was very limited. That has now changed. Computer usage is rapidly gaining in popularity among toddlers and preschool children. A series of Kaiser Family Foundation studies reported that 4–27% of children less than 6 years of age used a computer on the assessment day for an average of almost 1 hour [10,18,19]. Like television viewing, computer use may lead to decreased time spent being physically active, which may predispose to excess weight gain. However to our knowledge, the relationship between computer use and weight status in US preschool children has not been previously described.

The AAP's recommendation to limit media time is a national one, which underscores the importance for testing it on a nationally representative sample of preschool children, aged 2–5 years. Moreover, because television viewing and obesity differ by race/ethnicity and socioeconomic status [12,13], it is also important to examine this relationship using nationally representative data to ensure adequate numbers of minority and low-income subjects of differing urbanization types and regions of the country.

The main objective of this study was to test three hypotheses using nationally representative data on subjects aged 2–5 years from the National Health and Nutrition Examination Survey (NHANES) 1999–2002: 1) whether watching greater than two hours of television daily is independently associated with obesity (overweight or at risk for overweight) or adiposity (the sum of subscapular and triceps skinfolds), 2) whether computer use is independently associated with obesity or adiposity, and 3) whether overall media use (television/video viewing plus computer use) greater than two hours daily is independently associated with obesity or adiposity, on a population level. We analyzed television viewing and computer use together because the AAP recommendation refers to media time and therefore encompasses both of these types of media use. We also analyzed them separately because the relationship between television viewing and obesity is well studied, while the relationship between computer use and obesity is not. For example, television use and its relationship to obesity is likely mediated by a number of factors such as 1) displacement of physical activity, 2) advertisements which encourage selection and consumption of low-nutrient, high caloric foods, and 3) increased dietary intake or snacking. In contrast, it is currently unknown whether computer use in preschoolers is associated with weight status.

Methods

Data source

The NHANES is a series of cross-sectional surveys conducted by the Centers for Disease Control and Prevention (CDC), which serves as one of the key measures for Healthy People 2010 [20]. We used NHANES 1999–2002, the latest, fully released version of NHANES, to obtain a nationally representative sample of the US non-institutionalized civilian population through its complex, stratified, multistage, probability cluster sampling design. Most subjects were interviewed in-person although a small subsample was interviewed over the telephone. For children less than 6 years of age, proxy interviews were conducted. NHANES methods have been reported in detail elsewhere [21]. This study was reviewed and deemed exempt by the University of Washington Human Subjects Division.

Subjects

For this analysis, we chose all children, aged 2 to 5 years ($n = 1809$). Subjects with missing data were excluded from analyses and the corresponding sample size is given for each analysis.

Outcome variables

Height, weight, triceps skinfold thickness, and subscapular skinfold thickness were obtained using standardized techniques and equipment [22]. Body mass index (BMI) was calculated as weight (kilograms) divided by the square of height (meters²) and their corresponding BMI percentiles were calculated from the CDC growth charts [23]. Triceps and subscapular skinfolds were summed into one measure to provide a more global index of adiposity. Children were also classified as underweight ($< 5^{\text{th}}$ %) according to World Health Organization guidelines [24], or normal weight ($\geq 5^{\text{th}}$ and $< 85^{\text{th}}$ %), at risk for overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ %), and overweight ($\geq 95^{\text{th}}$ %), according to guidelines from the Centers for Disease Control and Prevention [23]. For the purposes of the multivariate Poisson regression models, we dichotomized children into two categories by weight status: 1) normal weight ($\geq 5^{\text{th}}$ and $< 85^{\text{th}}$ % for age and gender) and 2) at risk for overweight or overweight ($\geq 85^{\text{th}}$ % for age and gender). Underweight children were excluded from the multivariate analyses ($n = 66$).

Main exposure

Television/video viewing was a categorical variable and was assessed similarly to previous reports from older releases of NHANES [2,25], by the following in which "SP" refers to sample person: "About how many hours did (SP) sit and watch TV or videos yesterday? Would you say less than 1 hour, 1 hour, 2 hours, 3 hours, 4 hours, 5 hours or more, or none?" In order to test the AAP guidelines in the multivariate analyses, we dichotomized TV/video viewing into two categories: 2 hours or less/day and greater than 2 hours/day. Computer use was also a categorical variable and similarly assessed using the following: "About how many hours did (SP) use a computer or play computer games yesterday? Would you say less than 1 hour, 1 hour, 2 hours, 3 hours, 4 hours, 5 hours or more, or none?" Because computer use was expected to be low among preschoolers, we also dichotomized the variable to 0 hours/day and greater than 0 hours/day to classify children as non-users and users, respectively. Because we were interested in assessing preschoolers' media time, we combined the television/video viewing and computer use variables into one measure, henceforth termed media use. In combining the categorical variables, we took a conservative approach and classified those participants who reported less than 1 hour of television or computer use as having none.

Covariates

We adjusted for several covariates that might confound the relationship between TV/video viewing or computer use and our outcomes of interest. Socioeconomic and demographic variables were reported as follows: 1) Gender; 2) Age as a continuous variable; 3) Race/ethnicity categorized as non-Hispanic white, non-Hispanic black, Mexican-American, and Other; and 4) Household income reported as the poverty to income ratio (PIR), which is the ratio of income to the family's appropriate poverty threshold as determined by the US Census Bureau [26]. PIR values less than 1 are below the poverty threshold, which is adjusted annually for inflation with the Consumer Price Index. PIR was provided by NHANES in the following six categories: < 1 , $\geq 1 < 2$, $\geq 2 < 3$, $\geq 3 < 4$, $\geq 4 < 5$, and ≥ 5 PIR [21].

Statistical analyses

We used the Pearson chi-squared statistic to test for 1) differences in the proportions of demographic variables and main exposures of television/video viewing, computer use, or overall media use by weight status; 2) differences in the proportions of television/video viewing, computer use, or overall media use by socio-demographic covariates; and 3) differences in proportions of television/video viewing versus computer use. We used a series of multivariate Poisson regression models to determine the independent association between TV/video viewing ($n = 1340$), computer use ($n = 1340$), or media use ($n = 1337$), and a child's weight status, adjusting for gender, age, race/ethnicity, and household income. We also used a similar series of multivariate linear regression models, controlling for socio-demographic variables, to determine the independent association between TV/video viewing ($n = 1337$), computer use ($n = 1339$), or media use ($n = 1334$), and the measure of adiposity: the sum of subscapular and triceps skinfold thicknesses. Subjects with missing data were dropped from each of the bivariate and multivariate regression models. Demographic differences between dropped subjects and those included in the multivariate Poisson regression model were tested by the Pearson chi-squared statistic.

Stata version 9 was used for all analyses (StataCorp LP, College Station, TX). Survey estimation commands for complex survey data were used in the analyses taking into account weighted observations and the probability of selection, nonresponse, and post-stratification adjustments, to obtain representative estimates of US children 2 to 5 years old. A significance level of 0.05 was used for all analyses. We present means and standard errors (means \pm standard errors) unless otherwise indicated. Taylor series linearization was used to estimate standard errors.

Results

Average age was 3.5 years \pm 0.03 years (SE) and 51.8% \pm 2.1% were female. Sample sizes with their corresponding estimates of percentages for gender, race/ethnicity, income, media use, television viewing, and computer use by overweight status are given in Table 1. An estimated (uncorrected) 22.0% \pm 1.5% were overweight or at risk for overweight. Both media use and television/video viewing were associated with weight status in the bivariate analyses.

Television/video viewing was the more prevalent form of media use, compared to computer use (Figures 1 and 2). With regard to the AAP recommendations for limiting media use, 30.8% \pm 2.0% of US preschool children exceeded the guidelines by television viewing alone. Most children watched between 1–3 hours of TV/videos on the assessment day. Exceeding the AAP recommendations by television/video viewing alone was associated with higher age and poverty status ($P < 0.05$, Table 2). Non-Hispanic

blacks and "Other" race preschoolers had the highest percentage who exceeded the recommendations when only considering television/video viewing ($P < 0.05$, Table 2). In contrast, most preschool children used the computer for less than 1 hour on the assessment day, or not at all ($P < 0.05$, Figure 3). For instance, while only 4.3% \pm 1.2% of children watched no TV/videos on the assessment day, 45.8% \pm 1.9% of children did not use a computer on the assessment day. Preschool children who were older or from families with higher incomes were more likely to have used a computer on the assessment day ($P < 0.05$, Table 3). Non-Hispanic black children were more likely to have used a computer than their white peers, while Mexican-American children were less likely to have used a computer on the assessment day ($P < 0.05$, Table 3). We found no significant differences by gender ($P > 0.05$, Table 3). In combining television/video viewing and computer use, we report that overall media use was prevalent among the 2–5 year old participants and approximately 36.2% \pm

Table 1: Demographics and key exposures of participants, aged 2–5 years, from NHANES I 1999–2002 by weight status.*

	Normal weight	At risk for overweight or overweight	Total
Gender			
Female	51.8 \pm 2.4	51.8 \pm 3.5	51.8 \pm 2.1
Male	48.3 \pm 2.4	48.2 \pm 3.5	48.2 \pm 2.1
Race/Ethnicity			
Non-Hispanic white	43.6 \pm 2.8	56.1 \pm 4.2	62.0 \pm 2.7
Non-Hispanic black	13.9 \pm 2.1	15.1 \pm 2.8	14.2 \pm 2.1
Mexican-American	12.6 \pm 1.8	14.9 \pm 2.0	13.1 \pm 1.6
Other	9.9 \pm 1.8	13.9 \pm 2.9	10.8 \pm 1.8
Poverty Income Ratio			
< 1	26.4 \pm 1.7	25.0 \pm 2.7	26.1 \pm 1.5
$\geq 1 < 2$	24.1 \pm 2.1	33.3 \pm 5.5	26.1 \pm 2.4
$\geq 2 < 3$	15.5 \pm 1.7	15.3 \pm 3.2	15.5 \pm 1.7
$\geq 3 < 4$	13.3 \pm 1.7	6.8 \pm 2.0	11.9 \pm 1.4
$> 4 < 5$	8.3 \pm 1.5	5.5 \pm 2.1	7.7 \pm 1.4
≥ 5	12.4 \pm 1.8	14.1 \pm 3.7	12.7 \pm 1.8
Television/video use[†]			
≤ 2 hours/day	70.7 \pm 2.0	60.8 \pm 3.8	68.6 \pm 2.1
> 2 hours/day	29.3 \pm 2.0	39.2 \pm 3.8	31.4 \pm 2.1
Computer use			
0 hours/day	45.6 \pm 2.2	39.9 \pm 3.7	44.3 \pm 2.1
< 1 hour/day	37.9 \pm 2.0	39.2 \pm 3.8	38.2 \pm 1.9
1 hour/day	11.2 \pm 0.9	12.0 \pm 2.3	11.4 \pm 0.8
2 hours/day	3.3 \pm 0.7	6.4 \pm 1.9	4.0 \pm 0.7
3 hours/day	1.1 \pm 0.4	0.9 \pm 0.4	1.0 \pm 0.3
4 hours/day	0.3 \pm 0.2	0.7 \pm 0.7	0.4 \pm 0.2
≥ 5 hours/day	0.6 \pm 0.3	0.9 \pm 0.7	0.7 \pm 0.3
Media use[†]			
≤ 2 hours/day	64.4 \pm 2.0	56.7 \pm 3.8	62.7 \pm 2.0
> 2 hours/day	35.6 \pm 2.0	43.3 \pm 3.8	37.3 \pm 2.0

* Estimated percentages \pm standard errors are given. $n = 1340$ for gender, race/ethnicity, poverty income ratio, and TV/video use; $n = 1337$ for computer use and media use. Overall, 22.0% \pm 1.5% were overweight or at risk for overweight.

[†] $P = 0.026$ for the Pearson chi-squared statistic

^{††} $P = 0.0021$ for the Pearson chi-squared statistic

Table 2: Characteristics of participants, aged 2-5 years, from NHANES 1999-2002 by daily television/video viewing exposure.*

	≤ 2 hours	> 2 hours
Gender		
Male	68.2 +/- 3.0	31.8 +/- 3.0
Female	70.2 +/- 2.1	29.8 +/- 2.1
Age†		
2 years	77.1 +/- 2.0	22.9 +/- 2.0
3 years	68.2 +/- 3.1	31.8 +/- 3.1
4 years	62.0 +/- 2.8	38.0 +/- 2.8
5 years	68.9 +/- 3.3	31.1 +/- 3.3
Race/ethnicity‡		
Non-Latino White	71.9 +/- 2.4	28.1 +/- 2.4
Non-Latino Black	58.4 +/- 3.2	41.6 +/- 3.2
Mexican-American	72.5 +/- 2.1	27.5 +/- 2.1
Other	64.6 +/- 5.3	35.4 +/- 5.3
Poverty Income Ratio§		
0 < 2	63.3 +/- 2.9	36.8 +/- 2.9
≥ 2 < 4	75.7 +/- 2.5	24.3 +/- 2.5
≥ 4	75.0 +/- 4.8	25.0 +/- 4.8

* Estimated percentages +/- standard errors are given. n = 1796, subjects with missing data were excluded.

† P = 0.0003 for the Pearson chi-squared statistic

‡ P = 0.002 for the Pearson chi-squared statistic

§ P = 0.013 for the Pearson chi-squared statistic

- 1.9% exceeded the AAP recommendations with this combined exposure (Figure 3).

In comparing television/video viewing to computer use exposures (Table 4), higher television/video viewing was significantly associated with more computer use (P < 0.0001), although computer use was generally modest for every level of television/video exposure. Most preschool children, including those that watched 4 or more hours

on the assessment day, spent 1-hour or less on the computer. Computer use did not appear to displace television/video use since these exposures were positively correlated.

The mean age of participants excluded from the multivariate Poisson regression models due to missing data (3.1 years, 95% CI [3.0, 3.3]) was slightly younger than the age of those with complete data (3.5 years 95% CI [3.5, 3.6]).

Table 3: Characteristics of participants, aged 2-5 years, from NHANES 1999-2002 by computer exposure.*

	0 hours	> 0 hours
Gender		
Male	45.6 +/- 2.9	54.4 +/- 2.9
Female	46.0 +/- 2.2	54.0 +/- 2.2
Age†		
2 years	59.8 +/- 3.1	40.2 +/- 3.1
3 years	48.7 +/- 3.5	51.3 +/- 3.5
4 years	39.7 +/- 2.6	60.3 +/- 2.6
5 years	33.1 +/- 3.1	66.9 +/- 3.1
Race/ethnicity‡		
Non-Latino White	47.8 +/- 3.0	52.2 +/- 3.0
Non-Latino Black	36.8 +/- 2.1	63.2 +/- 2.1
Mexican-American	52.6 +/- 3.1	47.4 +/- 3.1
Other	38.5 +/- 6.0	61.6 +/- 6.0
Poverty Income Ratio§		
0 < 2	51.1 +/- 2.4	48.9 +/- 2.4
≥ 2 < 4	42.2 +/- 3.3	57.8 +/- 3.3
≥ 4	38.1 +/- 4.1	61.9 +/- 4.1

* Estimated percentages +/- standard errors are given. n = 1799, subjects with missing data were excluded.

† P < 0.0001 for the Pearson chi-squared statistic

‡ P = 0.044 for the Pearson chi-squared statistic

§ P = 0.011 for the Pearson chi-squared statistic

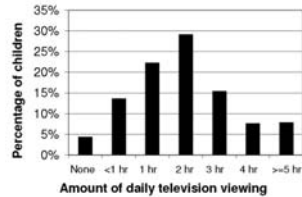


Figure 1
Percentage of US children, aged 2-5 years, by the amount of daily television/video viewing (n = 1796).

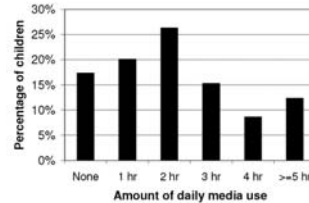


Figure 3
Percentage of US children, aged 2-5 years, by the amount of daily media use (n = 1792).

However, participants did not differ with regard to gender, race/ethnicity, and poverty to income ratio ($P > 0.05$).

From the multivariate Poisson regression model, adjusting for age, gender, race/ethnicity, and income: compared to children who watched 2 hours or less of TV/videos on the assessment day, those who watched greater than 2 hours were more likely to be overweight or at risk for overweight (Table 5, Prevalence ratio = 1.34, 95% CI [1.07, 1.66], $P = 0.01$). Moreover, only TV viewing, and not covariates such as race/ethnicity or income, was significantly associated with weight status. From the multivariate linear regression model, watching more than 2 hours of television on the assessment day was also associated with higher skinfold thicknesses (Table 5, $\beta = 1.08$, 95% CI

[0.19, 1.96], $P = 0.02$). Female gender was also associated with higher skinfold thicknesses (Table 4).

From the multivariate linear regression model, adjusting for age, gender, race/ethnicity, and income: computer use (> 0 hours on the assessment day) was associated with higher skinfold thicknesses (Table 6, $\beta = 0.56$, 95% CI [0.04, 1.07], $P = 0.04$). Female gender was also associated with higher skinfold thicknesses (Table 6), while computer use was not associated with weight status ($P > 0.05$).

From the multivariate linear regression model, adjusting for age, gender, race/ethnicity, and income: media use in excess of 2 hours on the assessment day had a borderline significant association with increased skinfold thicknesses (Table 7, $\beta = 0.85$, 95% CI [-0.04, 1.75], $P = 0.06$). Female gender was also associated with higher skinfold thicknesses (Table 7). Media use for more than two hours on the assessment day was not associated with higher weight status ($P > 0.05$). We were unable to analyze the above multivariate models stratified by race/ethnicity due to the lack of participants in more than one primary sampling unit for certain covariates.

Discussion

In a large, population-based survey of children, aged 2-5 years, we report that a substantial proportion of preschoolers exceeded the AAP recommendations to limit media time to less than 2 hours daily. This finding is consistent with previous studies in preschoolers [10,12,13]. Preschoolers had a higher prevalence and greater exposure to television/video viewing than computer use as previously reported [10]. Importantly, we report that TV/video viewing for more than 2 hours per day in this nationally representative sample of US preschoolers was independ-

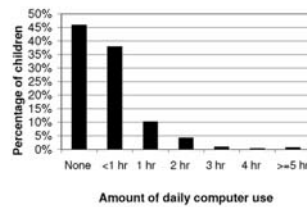


Figure 2
Percentage of US children, aged 2-5 years, by the amount of daily computer use (n = 1799).

Table 4: Preschool children's television/video viewing versus computer use exposures.*

Television/video viewing	Computer use					
	< 1 hour/day	1 hour/day	2 hours/day	3 hours/day	4 hours/day	≥ 5 hours/day
< 1 hour/day	96.6 +/- 1.7	2.1 +/- 1.2	1.3 +/- 0.7	0	0	0
1 hour/day	88.8 +/- 1.8	9.7 +/- 1.8	1.2 +/- 0.7	0.3 +/- 0.2	0	0
2 hours/day	82.4 +/- 2.2	12.1 +/- 1.9	4.8 +/- 1.2	0.5 +/- 0.4	0.1 +/- 0.1	0.1 +/- 0.1
3 hours/day	74.8 +/- 3.1	11.6 +/- 2.0	9.3 +/- 2.3	3.3 +/- 1.6	1.0 +/- 0.8	0
4 hours/day	70.8 +/- 4.8	18.3 +/- 4.5	6.6 +/- 2.4	1.2 +/- 0.4	2.5 +/- 1.7	0.5 +/- 0.5
≥ 5 hours/day	73.3 +/- 3.7	12.8 +/- 2.9	5.2 +/- 2.1	0.7 +/- 0.5	0	8.0 +/- 2.6

* Estimated percentages +/- standard errors are given. n = 1792, P < 0.0001 for the Pearson chi-squared statistic.

ently associated with being overweight or at risk for overweight and with higher adiposity as measured by skinfold thicknesses. These results update and expand the findings of a previous large study on 3 year old children that used older data from the early to mid 1990s [13] and highlights the importance of television viewing to weight status and adiposity in early childhood.

In contrast, we report that computer use among preschoolers is low, consistent with previous reports [10,19,27,28]. From the bivariate analyses, computer use

generally increased with increasing age and income. Additionally, compared to non-Hispanic white children, more non-Hispanic black children were reported to have used a computer on the assessment day while fewer Mexican American children did. These findings build upon a previous survey that reported similar demographic associations for 6 month to 6 year olds with regard to ever having used a computer [28]. It is thought that access to computers at schools [27] coupled with heavier computer use may help explain why previous reports have documented that African-American children used computers either more than

Table 5: Television viewing as a correlate for overweight status and skinfold thicknesses (mm).*

	Overweight Status [†]			Skinfolds [‡]		
	Prevalence Ratio	[95% CI]	[95% CI]	β	[95% CI]	[95% CI]
Television viewing						
≤ 2 hrs/day	Reference			Reference		
> 2 hrs/day	1.34	1.07	1.66	1.08	0.19	1.96
Age (years)	1.13	0.99	1.30	0.07	-0.37	0.52
Gender						
Male	Reference			Reference		
Female	0.99	0.77	1.27	1.59	0.91	2.27
Race/ethnicity						
Non-Hispanic white	Reference			Reference		
Non-Hispanic black	1.12	0.81	1.54	-0.39	-1.09	0.30
Mexican-American	1.22	0.91	1.64	0.76	-0.08	1.60
Other	1.34	0.85	2.12	0.49	-0.79	1.77
Poverty to income ratio						
< 1	0.80	0.51	1.26	-1.18	-3.36	1.01
≥ 1 < 2	1.10	0.66	1.82	-0.20	-2.29	1.88
≥ 2 < 3	0.86	0.46	1.62	-0.52	-2.70	1.66
≥ 3 < 4	0.53	0.26	1.08	-1.00	-3.34	1.35
≥ 4 < 5	0.66	0.32	1.36	-1.66	-4.01	0.68
≥ 5	Reference			Reference		

*Bolted values indicate significance at P < 0.05.

[†]n = 1340, F statistic = 3.41 (P = 0.009) for the overweight status multivariate Poisson regression model.

[‡]Skinfold thicknesses = (Subscapular + Triceps skinfolds). n = 1337, r² = 0.042 (P = 0.0031) for the skinfolds multivariate linear regression model.

Table 6: Computer use as a correlate for overweight status and skinfold thicknesses (mm).*

	Overweight Status ¹			Skinfolds ²		
	Prevalence Ratio	[95% CI]		β	[95% CI]	
Computer use						
0 hrs/day	Reference			Reference		
> 0 hrs/day	1.16	0.89	1.51	0.56	0.04	1.07
Age (years)	1.13	0.99	1.30	0.07	-0.39	0.52
Gender						
Male	Reference			Reference		
Female	0.98	0.76	1.27	1.58	0.87	2.29
Race/ethnicity						
Non-Hispanic white	Reference			Reference		
Non-Hispanic black	1.11	0.81	1.52	-0.43	-1.12	0.26
Mexican-American	1.19	0.88	1.61	0.68	-0.18	1.53
Other	1.32	0.83	2.08	0.31	-0.91	1.53
Poverty to income ratio						
< 1	0.86	0.56	1.32	-0.91	-2.97	1.15
≥ 1 < 2	1.17	0.71	1.91	0.10	-1.89	2.09
≥ 2 < 3	0.87	0.46	1.63	-0.47	-2.61	1.68
≥ 3 < 4	0.53	0.26	1.12	-1.01	-3.39	1.36
≥ 4 < 5	0.69	0.33	1.44	-1.46	-3.68	0.75
≥ 5	Reference			Reference		

*Bolded values indicate significance at $P < 0.05$. $1 n = 1340$, F statistic = 1.62 ($P = 0.17$) for the overweight status multivariate Poisson regression model.

²Skinfold thicknesses = (Subscapular + Triceps skinfolds). $n = 1339$, $r^2 = 0.037$ ($P = 0.009$) for the skinfolds multivariate linear regression model.

[28] or at the same level [19] as white children. Given preschooler's low exposure to computer use, immature motor skills, and the relative lack of age-appropriate software, it was not surprising that preschooler's computer use was low, nor the lack of association with weight status. Surprisingly, any computer use (> 0 hours per day) was independently associated with higher adiposity, as measured by the sum of triceps and subscapular skinfold thicknesses. The relationship between computer use and adiposity warrants confirmation and further study, especially as the trend for increasing computer use continues among preschool children as more software aimed at preschoolers becomes available. Similar to computer use, the composite measure of media use for more than 2 hours on the assessment day had borderline association with higher adiposity, as measured by the sum of triceps and subscapular skinfold thicknesses ($\beta = 0.85$, 95% CI [-0.04, 1.75], $P = 0.06$), but not with weight status ($P > 0.05$).

This study has several limitations. First, the cross-sectional nature of this study precludes drawing causal inferences. However, given that the relationship between TV/video viewing and excess weight has been identified by intervention trials in school-age children, it seems plausible that this relationship holds true to some extent in their younger peers. While Dennison and colleagues have pre-

viously reported that a preschool-based intervention can reduce TV/video viewing in 2-5 year old children, they were unable to show a difference in change in BMI between the intervention and controls [29]. This lack of change in BMI may be due to the small sample size of this trial—only 77 subjects had complete follow-up data as compared to 192 subjects in Robinson's intervention trial involving 3rd and 4th grade students in which he showed the relationship between television viewing and excess weight gain [5]. Larger, long-term, controlled intervention trials for preschool-age children are necessary to clarify this issue. Second, television viewing and computer use were obtained by single item question and parental report, which may limit their validity [30]. However, previous studies that have compared direct parental estimates of children's television viewing have reported significant correlation with television diaries [31] and showed no systematic bias [32]. Random error would likely bias our findings towards the null hypothesis. Third, the effect sizes of the television/video ($r^2 = 0.042$) or computer ($r^2 = 0.037$) multivariate models were modest, although they were consistent with those from a recent meta-analysis [4], and were not unexpected due to the cross-sectional design of the study. Moreover, since single item, parent recalls were used to assess the television/video and computer exposures, these subjective measures may contrib-

Table 7: Media use as a correlate for overweight status and skinfold thicknesses (mm).*

	Overweight Status ¹			Skinfold Thicknesses ¹		
	Prevalence Ratio	[95% CI]	[95% CI]	β	[95% CI]	[95% CI]
Media use						
≤ 2 hrs/day	Reference			Reference		
> 2 hrs/day	1.21	0.96	1.54	0.85 [†]	-0.04	1.75
Age (years)						
	1.13	0.99	1.30	0.06	-0.39	0.51
Gender						
Male	Reference			Reference		
Female	0.99	0.77	1.27	1.60	0.89	2.30
Race/ethnicity						
Non-Hispanic white	Reference			Reference		
Non-Hispanic black	1.11	0.80	1.54	-0.44	-1.15	0.27
Mexican-American	1.20	0.88	1.62	0.71	-0.15	1.56
Other	1.36	0.86	2.13	0.50	-0.75	1.75
Poverty to income ratio						
< 1	0.83	0.53	1.29	-1.07	-3.20	1.07
≥ 1 < 2	1.11	0.67	1.85	-0.13	-2.18	1.91
≥ 2 < 3	0.86	0.46	1.61	-0.49	-2.64	1.66
≥ 3 < 4	0.53	0.26	1.09	-1.02	-3.39	1.35
≥ 4 < 5	0.68	0.33	1.40	-1.55	-3.84	0.73
≥ 5	Reference			Reference		

*Bolded values indicate significance at $P < 0.05$.

¹n = 1337, F statistic = 2.77 ($P = 0.025$) for the overweight status multivariate Poisson regression model.

¹Skinfold thicknesses = (Subscapular + Triceps skinfolds). n = 1334, $r^2 = 0.039$ ($P = 0.008$) for the skinfold multivariate linear regression model.

[†]P = 0.061

ute to the weak associations with adiposity in this study and other studies as previously reviewed [30], rather than there being a true small effect size. Fourth other forms of media use such as video game console playing were not assessed. Moreover, combining television/video viewing with computer use likely underestimated true media use since we took a conservative approach and classified those participants who reported less than 1 hour of television or computer use as having none. This approach may also bias our findings for overall media use towards the null hypothesis, and help explain why we found only borderline association between media use and adiposity and no association with weight status. Finally, the survey provides no information on the content of media use, and so we cannot ascertain which types of programs or advertisements are associated with higher weight status and adiposity.

Conclusion

This study confirms that a substantial percent (almost 36%) of US preschool children exceeded the AAP recommendation to limit media time to 2 hours or less per day. The majority of media time was spent on television/video viewing rather than computer use. Moreover, almost 31%

of preschool children exceeded the AAP recommendation by television/video viewing alone. This study provides support using recent, nationally representative data for the AAP's recommendation to limit television/video viewing with regard to obesity and adiposity in US preschoolers. Intervention studies to prevent and treat obesity in preschool children by reducing TV/video viewing are warranted. Further research is necessary to determine what mediates the relationship between TV/video viewing and a child's weight status. This study is the first to report a relationship between computer use among preschool children and higher adiposity. More studies are necessary to confirm and explore this relationship.

Abbreviations

AAP = American Academy of Pediatrics, NHANES = National Health and Nutrition Examination Survey, CDC = Centers for Disease Control and Prevention, BMI = body mass index, PIR = poverty to income ratio, SE = standard error, CI = Confidence Interval

Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

JAM participated in the study's conception and design; led the analysis and interpretation of data; and drafted the manuscript. FIZ participated in the design, analysis, and interpretation of data and helped to draft the manuscript. DAC participated in the conception, design, analysis, and interpretation of data and helped to draft the manuscript. All authors read and approved the final manuscript.

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[The article, "Television viewing, fast-food consumption, and children's obesity," by Hung-Hao Chang, Rodolfo M. Nayga, Jr., Contemporary Economic Policy, July 2009, may be accessed at the following Internet address:]

<http://edlabor.house.gov/documents/111/pdf/publications/20100701hearingarticle.pdf>

[The article, "Fast-Food Restaurant Advertising on Television and Its Influence on Childhood Obesity," by Shin-Yi-Chou, Inas Rashad and Michael Gross, Journal of Law and Economics, November 2008, may be accessed at the following Internet address:]

[Additional submissions of Mr. Weill follow:]

**Food Research and Action Center's
Child Nutrition Reauthorization Materials**

School Nutrition Programs:

- Providing Grants for Universal and In-Classroom School Breakfast Programs. A one pager that outlines the importance of supporting universal and in-classroom breakfast. <http://www.frac.org/pdf/cnr-priority-breakfast.pdf>

- How to Expand Participation in School Breakfast. An in-depth policy brief on the School Breakfast Program. <http://www.frac.org/pdf/CNR06-breakfast.pdf>

- Eliminating paper applications for free school meals. A one pager that recommends strategies to improve the process for qualifying low-income children for free school meals and ways to allow high poverty schools to provide free meals to all students. <http://www.frac.org/pdf/cnr-priority-paperless.pdf>

Afterschool and Summer Nutrition Programs:

- Reaching More Children in Need of Afterschool and Summer Nutrition: Improving the Area Eligibility Test. A one pager that outlines the need to lower the area eligibility requirement from 50 percent to 40 percent. Area eligibility is how afterschool and summer programs qualify to participate in the child nutrition programs. <http://www.frac.org/pdf/cnr-priority-area-eligibility.pdf>

- Expand the Afterschool Meal Program Nationwide. A one pager that outlines the need to expand the Afterschool Meal Program so that every state can participate. Currently, the program is only available in 13 states and the District of Columbia. <http://www.frac.org/pdf/cnr-priority-afterschool.pdf>

- Increasing Access to Summer Meals. A one pager that outlines ways to improve Summer Food so that more children can participate. <http://www.frac.org/pdf/cnr-priority-summer.pdf>

- How to Increase Low-Income Children's Access to Nutritious Meals and Snacks After School. An in-depth policy brief on the Afterschool Nutrition Programs. <http://www.frac.org/pdf/CNR02-afterschool.pdf>

- How to Increase Low-Income Children's Access to Nutritious Meals in the Summer. An in-depth policy brief on the Summer Nutrition Programs. <http://www.frac.org/pdf/CNR04-summer.pdf>

Child and Adult Care Food Program:

- Allow child care centers and homes the option of serving a third meal. A one pager that outlines the importance of allowing children to receive three meals if they are in child care for more than eight hours. Currently, they can only receive two meals and a snack. <http://www.frac.org/pdf/cnr-priority-cacfp-thirdmeal.pdf>

- Improving the Area Eligibility Test for the Child and Adult Care Food Program. A one pager on that outlines the need to lower the area eligibility requirement from 50 percent to 40 percent. Area eligibility is how child care homes qualify to participate in the Child and Adult Care Food Program. <http://www.frac.org/pdf/cnr-priority-area-eligibility-cacfp.pdf>

- How to Promote Access to Good Nutrition in Child Care Settings. An in-depth policy brief on ways to increase low-income children's access to nutritious meals and snacks while they are in child care. <http://www.frac.org/pdf/CNR03-CACFP.pdf>

Nutrition Quality:

- How Improving Federal Nutrition Program Access and Quality Work Together to Reduce Hunger and Promote Healthy Eating. An in-depth analysis of how the child nutrition programs combat both hunger and obesity. <http://www.frac.org/pdf/CNR01-qualityandaccess.pdf>

- How Competitive Foods in Schools Impact Student Health, School Meal Programs, and Students from Low-Income Families. An in-depth policy brief that outlines the impact of competitive foods. <http://www.frac.org/pdf/CNR05-competitivefoods.pdf>

June 16, 2010.

Hon. HARRY REID, *Majority Leader*; Hon. MITCH McCONNELL, *Minority Leader*; Hon. RICHARD DURBIN, *Assistant Majority Leader*; Hon. JON KYL, *Assistant Minority Leader*;
United States Senate, Washington, DC 20510.

DEAR SENATORS REID, McCONNELL, DURBIN AND KYL: We the undersigned organizations are writing to ask for your help in achieving passage of a robustly funded and comprehensive child nutrition reauthorization bill before the end of the 111th Congress that will ensure more low-income children have access to these valuable programs and take a strong step forward to meet the challenge of ending childhood hunger by 2015.

According to the USDA nearly one in four children in the United States is food insecure: that is, some 17 million children who face hunger. Child nutrition programs offer the healthiest and most nourishing meals that many children receive each week. For many poor children, they may be their only fully-balanced meals. Moreover, there are many poor children who do not have access to nutrition programs at all. This is particularly true for children living in low-income and rural areas where breakfast, child care and after school, or summer and weekend food programs are not available to them.

Data on child nutrition program participation illustrate the point that there are millions of low-income children who do not have child nutrition programs available to them. In FY2009, 19.5 million low income children received free and reduced price school lunches. This compared to only 9.1 million receiving free and reduced price breakfasts, and only 2.2 million children in summer food programs. Moreover, only 3.1 million children are in child care centers and homes with federally supported child nutrition programs. Clearly these are large gaps in service that must be filled quickly if we are to accomplish an end to childhood hunger, and time is running out to reach this goal by 2015.

Our organizations are united in the call for completion of a strong and fully funded child nutrition reauthorization bill before the end of this year. Two hundred twenty one members of the House of Representatives have written to Speaker Nancy Pelosi, urging her assistance in identifying resources to achieve President Barack Obama's commitment of \$10 billion in additional funding for child nutrition over 10 years. We therefore respectfully request that you bring S.3307 to the Senate floor with the full funding increase proposed by the President, with the right mix of funding, and on a schedule that assures that this year this important legislation can fill the gaps in access that remain for millions of our nation's poorest children.

Respectfully,

[Signatures as of 6/14/10]

National Organizations

9to5, National Association of Working Women
 Action for Children
 Afterschool Alliance
 Alliance to End Hunger
 American Academy of Pediatrics
 American Baptist Home Mission Societies
 American Commodity Distribution Association
 American Community Gardening Association
 American Federation of State, County, and Municipal Employees
 American Federation of Teachers
 American School Health Association
 Americans for Democratic Action, Inc.
 Association of Nutrition Services Agencies
 Bread for the World
 Catholic Charities USA
 Center for Law and Social Policy
 Child Care Network
 Child Welfare League of America
 Children's Defense Fund
 Children's Health Watch
 Church Women United
 Christian Reformed Church in North America
 Coalition on Human Needs
 Community Action Partnership
 Community Food Security Coalition

Conference of Major Superiors of Men
 Congressional Hunger Center
 Disabled Veterans Committee on Housing
 Early Care and Education Consortium
 Easter Seals
 eGovernment Payments Council of the EFTA
 End Hunger Network
 Evangelical Lutheran Church in America
 Feeding America
 First Focus Campaign for Children
 Food Research & Action Center (FRAC)
 Friends Committee on National Legislation
 Half in Ten Campaign
 Human Relief Organization
 Islamic Circle of North America
 Jewish Council for Public Affairs
 Jewish Reconstructionist Federation
 Knowledge Learning Corp.
 Land O' Lakes, Inc.
 Leadership Conference of Women Religious
 Learning Care Group
 Lutheran Services in America
 MAZON-A Jewish Response to Hunger
 Meals on Wheels Association of America
 Mennonite Central Committee
 Muslim Public Affairs Council
 National Advocacy Center of the Sisters of the Good Shepherd
 National Association of County Human Services Administrators
 National Association for Family Child Care
 National Association for the Education of Young Children
 National Black Child Development Institute
 National CACFP Forum
 National Collaboration for Youth
 National Council of Churches of Christ, USA
 National Council of Jewish Women
 National Council of La Raza
 National Education Association/
 National Farmers Union
 National Immigration Law Center
 National Recreation and Park Association
 National Rural Health Association
 National Summer Learning Association
 National WIC Association
 National Women's Law Center
 NETWORK: A National Catholic Social Justice Lobby
 Presbyterian Church U.S.A. Washington Office
 Progressive National Baptist Convention RESULTS
 Salvation Army
 Sargent Shriver National Center on Poverty Law
 Save the Children
 School Food FOCUS
 School Gardens Across America
 School Nutrition Association
 Service Employees International Union
 Share Our Strength
 Single Stop USA
 Sodexo
 Sodexo Foundation
 Sojourners
 The Episcopal Church
 The Jewish Federations of North America
 The Leadership Conference on Civil and Human Rights
 The National Center for Children and Families
 The National Policy and Advocacy Council on Homelessness
 The Society of St. Andrew
 The Sponsors Association
 The United Methodist Church-General Board of Church and Society
 Union for Reform Judaism

United Church of Christ
 United Fresh Produce Association
 Universities Fighting World Hunger
 USAction
 Voices for America's Children
 WhyHunger
 Women of Reform Judaism
 YMCA of the USA
 YWCA
 Zero to Three

State/Local Organizations

Alabama

Auburn University
 Bay Area Food Bank
 Food Bank of North Alabama
 Jefferson County Child Development Council Inc.
 Legion of Mary

Alaska

Alaska Center for Public Policy
 Food Bank of Alaska

Arizona

Arizona Association of Family Day Care Providers
 Arizona Child Care Association
 Arizona Community Action Association
 Arizona Council of Human Services Providers
 Association of Arizona Food Banks
 Boys and Girls Clubs of Metropolitan Phoenix
 Community Food Bank, Inc.
 Desert Mission Food Bank
 Grand Canyon Synod—ELCA
 St. Mary's Food Bank Alliance
 United Food Bank
 Yuma Community Food Bank
 WHEAT

Arkansas

Arkansas Action for Peace
 Arkansas Advocates for Children and Families
 Arkansas Affiliate American Association of Family and Consumer Services
 Arkansas Health Care Access Foundation
 Arkansas Homeless Coalition
 Arkansas Hunger Alliance
 Arkansas Public Policy Panel
 Arkansas United Methodist Church Hunger Action Task Force
 Black River Area Development Corporation
 Carroll County Community Foundation
 Catholic Adoption Services
 Catholic Charities of Arkansas
 Christ Episcopal Church
 City Connections, Inc.
 Community Crisis Intervention Services, Inc.
 Family Resource Service of Lonoke
 Feed the Children
 First United Methodist Church-Russellville
 First United Methodist Church-Springdale
 Flint Street Fellowship Food Pantry
 Food Bank of Northeast Arkansas
 FPC Food Pantry
 Great Beginnings
 Hill's Community Learning Center
 Kids 1st Inc.
 Manna from Heaven Food Pantry
 Melbourne-Bethesda-Cushman UMS
 Methodist Federation for Social Action
 Neighbor to Neighbor

North Little Rock Mayor's Youth Council
 Project HOPE Food Bank
 Southeast District Arkansas Conference United Methodist Women
 Saint Paul's Episcopal Church
 South West Arkansas Food Bank
 The Vine and The Branches, Inc.
 Total Deliverance Cathedral Church

California

9to5 Bay Area
 9to5 Los Angeles
 A World Fit For Kids
 ACT for Women and Girls
 Alameda County Community Food Bank
 Auburn Adventist Community Services
 Auburn Interfaith Food Closet
 Breastfeeding Task Force of Greater Los Angeles
 California Association for the Education of Young Children
 California Association of Food Banks
 California Breastfeeding Coalition
 California Emergency Foodlink
 California/Nevada Community Action Partnership State Association
 California Roundtable
 California School-Age Consortium
 California School Nutrition Association
 Central Valley Association for the Education of Young Children
 Child Care Food Program Roundtable
 Child Development Centers
 Child Nutrition Program of Southern California
 CHILDS-PACE
 Christian Church (Disciples of Christ)
 Community Child Care Council (4Cs)
 Community Food Bank of San Benito County
 Continuing Development Inc.
 Contra Costa Child Care Council
 Family Resource & Referral Center
 FCEOC Head Start
 FIND Food Bank, Inc.
 Food Bank of Contra Costa and Solano
 Food Bank of the Rockies
 FOOD Share
 Fresno County EOC Head Start and Early Head Start
 Full Circle
 Genesis House, Inc.
 Good Samaritan Baptist Church
 Greater Richmond Interfaith Program
 Imperial Valley Food bank
 Interfaith Food Bank
 International Institute of Los Angeles
 Islamic Information Service
 Libreria del Pueblo
 Los Angeles Coalition to End Hunger & Homelessness
 Los Angeles Regional Foodbank
 Lord's Pantry
 Napa Valley Food Bank/CANV
 National Association of Social Workers-California Chapter
 National Council of Jewish Women, California State Public Affairs
 Newport-Mesa Federation of Teachers
 North Coast Opportunities Rural Communities Child Care
 Orange Children & Parents Together, Inc
 Parent Voices El Dorado County
 Partnership for Children and Youth
 Placer Food Bank
 Revolution Foods
 Rose Foundation for Communities and the Environment
 San Francisco Food Bank
 Saint Joseph Center
 Second Harvest Food Bank of Orange County

Second Harvest Food Bank of Santa Clara and San Mateo Counties
 Second Harvest Food Bank Santa Cruz County
 Sister Evelyn Mourey Center, Inc
 Sisters of Mercy
 Sparrow Project
 St Vincent de Paul, Dixon
 St. Vincent de Paul, Concord
 The Resource Connection Food Bank
 United Ways of California
 Valley Oak Children's Services
 Ventura County Health Care Agency
 Western Center on Law and Poverty
 Wu Yee Children's Services
 Youth Leadership Institute

Colorado

9to5 Colorado
 ACS Community LIFT
 Arvada Community Food Bank
 Care and Share Food Bank
 Cherry Creek Schools Food and Nutrition Services
 Colorado Children's Campaign
 Colorado Coalition to End Hunger
 Colorado Community Action Association
 Colorado Legacy Foundation
 Colorado Office of Professional Development
 Colorado Progressive Coalition
 Colorado Social Legislation Committee
 Colorado Statewide Parent Coalition
 Congregation B'nai Chaim
 Daniels Fund
 Denver Urban Ministries
 Early Childhood Education Association of Colorado
 Family to Family
 Feeding Colorado
 Food Bank for Larimer County
 Food Bank of the Rockies
 GreenLeaf
 Hope Morrison, Inc.
 Hunger Free Colorado
 Inter-Faith Community Services
 Lutheran Advocacy Ministry—Colorado
 Luv In Action
 Metro CareRing
 Metro Denver Health and Wellness Commission
 Mountain Family Center
 OUR Center
 Overstreet & Associates
 Share Our Strength-Colorado
 Sisters of Charity of Leavenworth
 Weld Food Bank

Connecticut

Community Health Network
 Connecticut Association for Human Services
 Connecticut Food Policy Council
 Connecticut Public Health Association
 Connecticut Voices for Children
 Collaborative Center for Justice
 End Hunger Connecticut!
 Foodshare
 Jewish Federation of Eastern Fairfield County
 MACC Charities
 Poor People's Alliance

Delaware

Food Bank of Delaware
 District of Columbia
 Ample Harvest

Capital Area Food Bank
 D.C. Hunger Solutions
 Mary's Center for Maternal and Child Care
 Summit Health Institute for Research and Education, Inc.

Florida

Academy 2000, Inc.
 AME Missionary Society
 Association of Early Learning Coalitions
 Boca Helping Hands
 CCB/CSC Million Meals Committee
 Caring For Others Ministries
 Central Florida Teen Challenge
 CharityExpressInc.
 Children's Services Council of Broward County
 Circle of Life
 Community Crusaders
 Community Foundation for Palm Beach and Martin Counties
 Community Partnership Group
 CROS Ministries-United Methodist Church
 Easter Seals of S. Florida
 EBPrest
 ECHO (Emergency Care Help Organization)
 Episcopal Charities of Southeast Florida
 Evangelical Christian Bible Ministries International
 Family Assistance Coalition, Inc.
 Family Central.org
 Farmworker Association of Florida, Inc.
 Florida Conference AMEC Women's Missionary Society
 Florida Impact
 Florida Organic Growers
 Gainesville Commission on the Status of Women
 Gulfstream Goodwill
 Harry Chapin Food Bank of SW Florida
 Holy Name of Jesus Food Pantry
 Hope International Church
 Housing Partnership
 IBEW #728 AFL-CIO
 ISF Group, Inc.
 Jesus Loves You Outreach Ministries, Inc.
 Lutheran Social Services of Northeast Florida Inc
 Million Meals Committee
 Mt. Sinai M.B. Church
 New Hope Charities
 Okeechobee County School District
 Palm Beach County Community Food Alliance
 Rescue Outreach Mission
 Safe Earth Alliance
 Second Harvest Food Bank of Central Florida
 Second Harvest North Florida
 South Brevard Sharing Center
 St. George's Center, Inc.
 St. Luke's United Methodist Church
 St. Paul A.M.E. Church, Tallahassee
 Strong WoMen Network
 Tampa Jewish Federation
 The Blue Foundation for a Healthy Florida
 The Children's Forum, Inc.
 The Children's Trust
 The Christian Sharing Center
 The First Community Christian Pentecostal Church of God
 The Jewish Community Relations Council of the Greater Miami Jewish Federation
 The Sharing Center-Sanford
 Treasure Coast Food Bank
 True Tabernacle of Jesus Christ Ministries, Inc
 Tuskawilla United Methodist Church
 United Methodist Women
 Zoe Ministries

Georgia

9to5 Atlanta Working Women
 Atlanta Community Food Bank
 Chatham County Nutrition Program
 Feeding the Valley, Inc.
 Georgia School Nutrition
 Macon Bibb County Economic Opportunity Council
 The West End Center, Inc.

Hawaii

Aunty Jill's Playgroup
 Child Care Business Coalition of Hawaii
 Family Support Hawaii
 Hawaii Breastfeeding Coalition
 It's A Small World Daycare
 Kimberley Limasa's Day Care
 Knight's Day Care
 Little Learners Preschool, LLC
 Maui Economic Opportunity, Inc.
 PATCH
 Saint Joseph Preschool
 Seagull Schools
 Shen's Daycare
 Waikeola Congregational Church
 Wesley Children's Programs

Idaho

Idaho Interfaith Roundtable Against Hunger
 Monastery of St. Gertrude
 Sandpoint Food Group
 Tables of Hope

Illinois

Arcola Food Pantry
 Chicago Lights Elam Davies Social Service Center
 Chosen Tabernacle Ministries
 Clifton Community Food Pantry
 Coalition on Human Needs
 Community Service Center
 Corner Stone Food Pantry
 Dominican Sisters of Sinsinawa
 Eastern Illinois Foodbank
 Feeding Illinois
 Generations of Hope
 Grassroots Collaborative
 Greater Chicago Food Depository
 Illinois Action for Children
 Illinois Hunger Coalition
 Illinois Maternal and Child Health Coalition
 Lutheran Advocacy—Illinois
 Lutheran Church of St. John
 Marillac Food Pantry
 National Council of Jewish Women, Illinois State Public Affairs
 Northern Illinois Food Bank
 Northside Anti-Hunger Network
 Oak Park River Forest Food Pantry
 Palestine Food Pantry
 Respond Now
 River Bend Foodbank
 Rural Grace Pantry
 SAM Food Pantry
 Salt and Light
 Sixth Grace Presbyterian Church
 St. Cletus Food Pantry
 Vital Bridges NFP, Inc.
 Voices for Illinois Children
 YWCA-Illinois

Indiana

Catholic Charities Archdiocese of Indianapolis
 Catholic Charities Terre Haute
 Children's Bureau, Inc.
 Church Women United in Indiana
 Coalition on Human Needs
 Community Harvest Food Bank of Northeast Indiana, Inc.
 Disciples Home Mission
 Feeding Indiana's Hungry, Inc.
 Food Bank of Northwest Indiana
 Food Finders Food Bank
 Freestore Food Bank-Cincinnati
 Hoosier Hills Food Bank
 Indiana Coalition for Human Services
 Jewish Community Relations Council-Indiana
 KALP NETWORK, INC.
 Lafayette Urban Ministry
 Second Harvest Food Bank of East Central Indiana
 Terre Haute Deanery Pastoral Center
 The Madison Literacy Coalition
 UAW Local 287

Iowa

Child and Family Policy Center
 Environmental Nutrition Solutions
 Food Bank of Iowa
 Food Bank of Siouxland
 Iowa Food Bank Association
 Northeast Iowa Food Bank
 River Bend Foodbank
 Sisters of St. Francis

Kansas

Children's Mercy Family Health Partners
 Church
 Church World Service-Great Plains Office
 Communities In Schools of Kansas
 Douglas County Child Development Association
 El Centro, Inc.
 Family Resource Center, Inc.
 First Lutheran Early Education Center
 First Street Church of God
 GraceMed Health Clinic, Inc.
 Harvesters—The Community Food Network
 Heart of Kansas Family Health Care
 Heritage Preschool
 Hillview Christian Children's Center
 Jewish Community Center
 Jewish Community Relations Bureau of Kansas City
 Kansas Action for Children
 Kansas Association for the Medically Underserved
 Kansas Chapter, American Academy of Pediatrics
 Kansas Children's Service League
 Kansas City Kansas Community College Campus Child Care Center
 Kansas Food Security Task Force
 Kansas Health Consumer Coalition
 Kansas National Education Association
 Open Arms Lutheran Child Development Center
 Partnership for Children
 Rawlins County Dental Clinic
 Salina Health Education Foundation
 Salina RESULTS Group
 Society of Saint Andrew
 Tender Hearts
 The Family Resource Center
 Tri-County Smart Start
 United Way of Wyandotte County
 Winter Center for Restorative Justice, Inc.

Women's Community Y, Leavenworth

Kentucky

Calvary Baptist Food Pantry
 Community Farm Alliance
 Jewish Community Relations Council of Louisville
 Family and Children First
 God's Pantry Food Bank
 Kentucky Council of Churches
 Kentucky Equal Justice Center
 Kentucky Out-of-School Alliance
 Kentucky Task Force on Hunger
 Kentucky Youth Advocates
 Louisville District United Methodist Women
 Northern Kentucky Community Action Head Start
 Saint Paul's Food Pantry
 Sisters of Charity of Nazareth

Louisiana

Agenda for Children
 Avoyelles Coalition
 Children's Coalition of Greater Baton Rouge
 Food Bank of Central Louisiana
 Food Bank of Northeast Louisiana
 Food Bank of Northwest Louisiana
 Louisiana Food Bank Association
 LUNCH Program
 National Council of Jewish Women, Louisiana State Public Affairs
 Second Harvest Food Bank of Greater New Orleans and Acadiana
 The Edible Schoolyard New Orleans

Maine

Campaign to Promote Food Security
 Catholic Charities Maine
 Cultivating Community
 Every Child Matters in Maine
 Maine Alliance for Children's Care
 Maine Children's Alliance
 Maine Equal Justice
 Preble Street

Maryland

Advocates for Children and Youth
 Disciples Justice Action Network
 Hillcrest School-Based Health Center
 Interfaith Works, Inc.
 Maryland Hunger Solutions
 Mary's Center for Maternal and Child Care, Inc.
 PeterCares House
 Public Justice Center
 RKM Direct
 The Family League of Baltimore City, Inc.
 The National Center for Children and Families

Massachusetts

ABCD, Inc.
 Associated Early Care and Education of Boston
 Boston Collaborative for Food and Fitness
 Cape Cod Child Development Program
 Catholic Charities, Archdiocese of Boston
 CitySprouts Inc.
 Community Action
 Community Day Care of Lawrence
 Daily Bread Food Pantry Inc.
 Ellis Memorial of Boston
 Guild of St. Agnes Child Care Program of Worcester
 Harvard Prevention Research Center on Nutrition and Physical Activity
 Massachusetts Association of Early Education and Care
 Massachusetts Citizens for Children

Massachusetts Law Reform Institute
 Massachusetts Nutrition Board
 New England Farmers Union
 Newton Community Service Centers
 North Star Learning Programs of New Bedford
 Pathways for Children of Gloucester
 Project Bread-The Walk for Hunger
 Promise the Children
 The Food Bank of Western Massachusetts
 The Greater Boston Food Bank
 United South End Settlement of Boston
 Valley Opportunity Council of Holyoke
 Worcester Advisory Food Policy Council
 Worcester Comprehensive Child Care Services
 Worcester County Food Bank

Michigan

Center for Civil Justice
 Center for Food Safety
 Christian Reformed World Relief Committee
 Congregation of St. Joseph
 Feeding America West Michigan Food Bank
 Focus: HOPE
 Food Bank of Eastern Michigan
 Good Samaritan Family Services
 Joy Community Association
 Legal Services of Eastern Michigan
 Mid Michigan Child Care
 National Council of Jewish Women, Michigan State Public Affairs
 Saint Christine Christian Service
 Sisters of Mercy
 Sprout Wellness
 United Way for Southeastern Michigan

Minnesota

Boys and Girls Club of Northland
 Child Care WORKS
 Copeland Valley Youth Center
 Jewish Community Center of the Greater St. Paul Area
 Jewish Community Relations Council of Minnesota and the Dakotas
 Jewish Family and Children's Service of Minneapolis
 Jewish Family Service of St. Paul
 Kiddy Karousel Child Care Center
 Kids Against Hunger
 Lowell COMPASS Afterschool, YMCA Program
 Metro Meals on Wheels
 Minnesota Child Care Association
 Minnesota Council of Churches
 Minnesota FoodShare
 Moose Lake Area Food Shelf
 New Horizon Academy
 North Central Food Bank
 Ready 4 K
 Safe Haven Shelter for Battered Women
 Second Harvest Heartland
 Second Harvest North Central Food Bank
 St. Anthony Park Lutheran Church
 Tri-Community Food Shelf
 Mississippi
 Mississippi Food Bank Network
 MS Chapter NASW
 Public Policy Center of Mississippi

Missouri

American Jewish Congress-St. Louis Region
 Bread for Life Food Pantry
 Gateway to Hope
 Harvesters—The Community Food Network
 Hawk Point Food Pantry

Jewish Community Relations Council of St. Louis
 National Council of Jewish Women-Missouri
 State Public Affairs
 Saint Louis Area Foodbank
 Second Harvest Community Food Bank
 Southeast Missouri Food Bank

Montana

Big Timber Community Food Bank
 Child Care Partnerships
 Community Food and Agriculture Coalition of Missoula County
 Community Health Partners
 Community Services Fellowship
 Council on Aging
 Family Promise of Gallatin Valley, Inc.
 Family Service, Inc.
 Fergus County Nurses Office
 Libby Food Pantry Inc.
 Livingston Food Pantry
 Missoula Food Bank
 Montana Dietetic Association
 Montana Food Bank Network
 Montana Rescue Mission
 North Missoula Community Development Corp.
 Pantry Partners Food Bank
 Poverello Center, Inc.
 Rocky Mountain Development Council
 Sustainable Living Systems
 The Salvation Army Missoula
 Tobacco Valley Food Pantry
 United Way of Yellowstone County
 Wibaux Food Bank

Nebraska

Blue Valley Community Action Partnership
 Food Bank for the Heartland
 Food Bank of Lincoln, Inc.
 Sisters of Mercy West Midwest Justice Team

Nevada

Bethel Food Pantry
 Boys and Girls Club Mason Valley
 Boys and Girls Club of Truckee Meadows
 Catholic Charities of Southern Nevada, Las Vegas
 Community Foundation of Western Nevada
 Desert Springs Baptist Church Food Pantry
 Elko Friends in Service Helping
 Eureka County Senior Center and Food Distribution
 Faith Lutheran Church
 Fallon Seventh Day Adventist Food Outreach
 Food Bank of Northern Nevada
 High Sierra Area Health Education Center, Reno
 Inter-Tribal Council of Nevada
 Lutheran Advocacy Ministry in Nevada
 Nevada Hispanic Services, Inc., Reno
 Northern Nevada RAVE Family Foundation
 Progressive Leadership Alliance of Nevada
 The Children's Cabinet, Reno
 Three Square

New Hampshire

Children's Alliance of New Hampshire
 Every Child Matters in New Hampshire
 Food Solutions New England
 New Hampshire Farm to School
 New Hampshire WIC Directors Association
 Seacoast Family Food Pantry, Portsmouth
 Southern New Hampshire Services, Inc.

New Jersey

Abundant Life Community Development Corp
 Abundant Life Fellowship Church
 ALPS Daycare & Preschool
 Andres Gautier Ministries
 Association for Children of New Jersey
 Capital Health
 Cathedral Kitchen
 Catholic Charities
 Catholic Charities BECS
 Catholic Charities, Diocese of Trenton
 Catholic Charities, Emergency and Community Services
 Center for Food Action in NJ
 CWA Local 1037
 Collier Youth Services, Wickatunk
 Community FoodBank of NJ/Southern Branch
 Curbing Hunger Inc.
 El Centro Day Care
 Elijah's Promise
 First Baptist Church Harrisonville
 Food Bank of South Jersey
 Greater Woodbury Cooperative Ministries Food Pantry
 Highland Park Community Food Pantry
 HOPES CAP, Inc.
 ICNA-NJ
 Interfaith Food Pantry
 Jewish Federation of Greater Middlesex County
 Koinonia Family Life, Inc.
 Living Hope Christian Center
 Meeting Emergency Needs with Dignity
 Mercer Street Friends Food Bank
 Mobile Meals of Trenton
 Mt. Calvary Baptist Church
 My Brother's Keeper
 National Council of Jewish Women, State Public Affairs Network
 New Jersey Anti-Hunger Coalition
 New Jersey Farm To School Network
 Outreach Ministry of Cecil Deliverance Tabernacle
 Park Avenue Community Church
 Puerto Rican Action Committee of Southern New Jersey, Inc.
 Regional Office, Church World Service / CROP Hunger Walks
 Society of St. Vincent de Paul
 Spoken Word Evangelistic Church Food Pantry
 St. Mary Street United Methodist Church
 St. Paul's Food Basket
 St. Vincent De Paul OLMC Conference
 St. Vincent De Paul Society
 The Apostles' House
 Touch New Jersey Inc.
 Wiley Church food pantry

New Mexico

Bread for the World-New Mexico
 Lutheran Office of Governmental Ministry-New Mexico
 New Mexico Appleseed
 New Mexico Collaboration to End Hunger
 New Mexico Community Foundation
 New Mexico Voices for Children
 NM Center on Law and Poverty
 Pegasus Legal Services for Children

New York

Bethlehem Neighbors for Peace
 Brooklyn Food Coalition
 Brooklyn-Queens NOW
 Broome-Tioga BOCES
 Caroline Food Pantry
 Catholic Charities-Brooklyn and Queens

Catholic Charities Diocese of Albany
 Catholic Charities-New York
 Center for Children's Initiatives
 Child Care Council of Nassau
 Child Development Council
 Church Women United-New York
 Citizens' Committee for Children of New York, Inc.
 City Harvest
 Colesville Community Pantry
 Colonie Senior Center Services
 Community Action Agency of Franklin County
 E S Foods
 Early Care and Learning Council
 Eveline's Food and Health Connection
 Family Enrichment Network
 Federation of Protestant Welfare Agencies
 Food Bank of Central New York
 Food Bank of the Southern Tier
 Food Bank of Western New York
 Food for All
 Foodlink
 Got Breakfast? Foundation
 Gray Panthers of Suffolk County
 Harpursville United Methodist Church
 Health and Welfare Council of Long Island
 Healthy Kids Initiative
 Infant Jesus Church
 Island Harvest
 Just Food
 JustFaith
 Long Island Cares, Inc.
 MNYS Russian Mission
 Muslim Women's Institute for Research and Development
 New York City Alliance for Child Nutrition Reauthorization
 New York City Coalition Against Hunger
 New York School Nutrition Association, Inc.
 New York State Community Action Association
 North Fork Housing Alliance, Inc.
 Nutrition Consortium of New York State
 Opportunities for Otsego, Inc.
 Pro Action of Steuben and Yates, Inc.
 Regional Food Bank of Northeastern New York
 Rural Health Network of South Central New York
 Saint Peter Damian Fraternity SFO
 Schenectady Inner City Ministry
 School Food FOCUS
 Schuyler Center for Analysis and Advocacy
 SER of Westchester Inc.
 Single Stop USA
 Springs Union Free School District
 The POINT Community Development Corporation
 Tioga Central School District
 West Side Campaign Against Hunger

North Carolina

Action for Children NC
 Children First
 MANNA Food Bank
 St. Brendan Social Action

North Dakota

SENDCAA
 United Way of Grand Forks, East Grand Forks and Area

Ohio

Akron Canton Regional Food Bank
 Attica Community Food Pantry
 Banquet Table Food Pantry Trinity Friends Church
 Bellevue Fish and Loaves Food Pantry

Butler County Educational Service Center
 CALL Food Pantry
 Camp Aldersgate
 CareSource
 Catholic Charities
 Children's Advocacy Center of Portage County
 Children's Hunger Alliance
 Christ's Community in College Hill
 Christian Corner Community Center
 Church Women United
 Churches United Pantry
 Cleveland Foodbank
 Community Resource Services
 Episcopal Diocese of Southern Ohio
 Faith Food Pantry
 Faith House Academy
 Faith Ministries Christian Center Emergency Assistance Pantry
 Felicity Community Missions
 Freestore Foodbank
 Greater Victory Christian Ministries
 Heartbest of Sandusky: Pregnancy Center and Maternity Home
 Help Open Peoples Eyes Ministries
 Hope Center
 H.O.P.E. Ministries, Akron
 Humility of Mary Health Partners
 Hunger Network in Ohio
 Jewish Community Relations Council of the Jewish Federation of Cincinnati
 KinderNest Child Development Center
 KinShip
 Lighthouse Food Pantry
 Local Matters
 Lorain County Alcohol and Drug Abuse Services
 Mahoning Country Bridges Out of Poverty
 Malvern Christian Care Center, Inc.
 Mid-Ohio FoodBank
 Miller Avenue United Church of Christ
 Miriam House-Catholic Charities
 Mother Cabrini's Cupboard Food Pantry
 Mount Healthy Alliance, Inc.
 Mount Olivet Alliance Church
 Neighborhood Ministries
 Nevels Temple Mission
 Oberlin Community Services
 Ohio Association of Child Care Providers
 Ohio Association of School Nurses
 Ohio Association of Second Harvest Foodbanks
 Ohio Catholic Social Services
 Ohio Chapter, American Academy of Pediatrics
 Ohio Council of Churches
 Ohio School Based Health Care Association
 Open Door Community Church
 Orrville Area Boys and Girls Club
 Pentecostal Tabernacle Food Pantry
 Philippians 4:19 Food Ministry
 Pike County Outreach Council of Churches, Inc.
 Positive Education Program
 Prince of Peace Lutheran Church
 Second Harvest Food Bank Clark, Champaign, Logan Counties
 Second Harvest Food Bank of the Mahoning Valley
 Second Harvest Food Bank of North Central Ohio
 Shared Harvest Foodbank
 Sisters of Charity
 Sisters Helping Sisters Food Pantry
 St. John Lutheran Church
 St. Patrick Catholic Church Food Pantry
 Upper Room Cultural Development Corp.
 Talbert House
 TAPP House/TC, Inc.

The Center for Community Solutions
 The Counseling Center
 The Elyria Hospitality Center Pantry
 The Helping Hands Network
 The Lord's Pantry
 The Love Center Food Cupboard
 The Potter's House Ministries, Inc.
 The Salvation Army-Hamilton Corps.
 The Village Network-Canton
 Union Baptist Church Food Pantry
 United Way of Ashtabula County
 Upper Room Cultural Development Corporation, Ravenna
 Washington Food Pantry
 West Alexandria Day Care Center, Inc.
 West Ohio Food Bank
 Word of Life Church, New Philadelphia
 Young Adult Community Development, Inc.

Oklahoma

Bethel Baptist Church Food Program
 Bristow Social Services
 Christ Cupboard
 Christ's Food Center, Inc.
 Circle of Care
 Community Food Bank of Eastern Oklahoma
 Community Outreach Centers, Inc.
 Deep Fork Community Action Foundation Inc.
 Family and Children's Services
 First United Methodist Church, Depew
 Food4Kids Backpack Program
 Food4Kids Owasso
 Gatesway Foundation
 Grand Lake Community Ministry
 Integrated Concepts, Inc.
 Inter-Tribal Council, Inc of Northeast Oklahoma
 Locust Grove Ministerial Alliance
 MCM Food Pantry-Muskogee
 Moon Church of God Pantry
 MoveOn Tulsa
 Oaks Indian Mission
 Open Table UCC
 Osage Nation Prevention Program
 Regional Food Bank of Oklahoma
 State of Change
 Sugarloaf Christian Fellowship Food Pantry
 The Salvation Army
 Trinity Full Gospel Church Food Bank
 Victory Park Baptist Church Soup Kitchen
 Wagoner Area Neighbors, Inc.
 Youth Services of Osage County, Inc.

Oregon

Adelante Mujeres
 CARE Connections
 Change Takes Action
 Child Care Development Services Inc
 Children First for Oregon
 Children's Institute
 Church Women United
 Eat Think Grow
 Florence Food Share
 Half-Pint Daycare and Preschool
 Human Services Coalition of Oregon
 Jackson-Josephine 4-C Council
 Lane Workforce Partnership
 Lutheran Advocacy Ministry of Oregon
 Mid-Willamette Valley Community Action Agency
 Montavilla Farmers Market

Neighbors For Kids
 North by Northeast Community Health Center
 Nutrition First CACFP—Community Action
 Oregon Food Bank
 Oregon Hunger Task Force
 Oregon Pediatric Society
 Organic Fresh Fingers, Inc.
 Our Savior's Lutheran Church Summer Lunch Program
 Portland Chapter of Hadassah
 Portland Dietetic Association
 Rogue Valley Farm to School
 Society of St. Vincent de Paul
 Soroptimist International of Florence
 Southern Oregon Child and Family Council
 St. Pius X Catholic Church/Faith Café
 St. Vincent de Paul Portland Council
 Take Action Now
 West Linn Lutheran Church
 Willamette Farm and Food Coalition

Pennsylvania

Adagio Health
 Ashley Food Bank
 Bernardine Center
 Boys and Girls Club, Plymouth Extension
 Brashear Association
 Bread for the World-Pennsylvania
 Bread of Life Food Pantry
 Brightside Academy
 Care Net Pregnancy Center
 Central Pennsylvania Food Bank
 Child Development Council of NEPA, Inc.
 Church of God In Christ
 Church of the Loving Shepherd
 Columbia/Montour Tapestry of Health
 Commission on Economic Opportunity
 Community Food Warehouse of Mercer County
 East Liberty Presbyterian Church
 Faith Assembly of God
 Family and Community Service of Delaware County
 Family Health Council of Central PA
 Family Links
 First Baptist Church, New Castle Food Pantry
 Greater Philadelphia Coalition Against Hunger
 Greater Pittsburgh Community Food Bank
 Greater Washington County Food Bank
 H&J Weinberg Food Bank of NEPA
 Israel Ben Zion Academy
 Jewish Family Services of York
 Jubilee Kitchen
 Just Harvest
 Lincoln Park Community Center, Inc.
 Lutheran Advocacy Ministry in Pennsylvania
 McGlynn Center
 Meadow Lands United Methodist Church
 Mid-Valley Hospital
 National Association of Social Workers-PA Chapter
 National Council of Jewish Women, Pennsylvania State Public Affairs
 PA Association of Regional Food Banks
 Pennsylvania Association for the Education of Young Children
 Pennsylvania Child Care Association
 Pennsylvania Council of Churches
 Pennsylvania Hunger Action Center
 Pennsylvania Partnerships for Children
 Pennsylvania School Nutrition Association
 Pittsburgh Community Services, Inc.
 Pneuma Center Dignity Food Bank
 Presbytery of Philadelphia

Public Citizens for Children and Youth
 Rainbow Kitchen Community Services
 Salvation Army-Chartiers Valley
 Sarah Heinz House
 Second Harvest Food Bank of NW PA
 Second Harvest of Lehigh Valley & Northeast PA
 Sisters Place, Inc.
 Smithfield United Church of Christ
 St. James Church Social Justice and Peace
 St. Nicholas Food Pantry
 Step by Step, Inc.
 Committee, Wilkinsburg
 Step By Step, Inc.
 TREHAB Food Bank
 Unitarian Society of Germantown Green Sanctuary
 United Way of Beaver County
 Urban League Hunger Services
 Volunteers of America-Pennsylvania
 Westmoreland Community Action
 Westmoreland County Food Bank
 YMCA Hazelwood

Rhode Island

CANE Child Development Center
 Connecting for Children and Families
 George Wiley Center
 Ocean State Action
 Parent Support Network of RI
 Rhode Island Children's Policy Coalition
 Rhode Island Dietetic Association
 Jewish Federation of Rhode Island
 Kids First
 Northern RI AHEC
 Parent Support Network of RI
 Rhode Island Afterschool Plus Alliance
 Rhode Island KIDS COUNT
 Rhode Island Foster Parents Association
 Sister's of St. Joseph
 The Learning Community
 Tides Family Services
 Washington County Coalition for Children

South Carolina

Billie Hardee Home for Boys
 Charleston Area Children's Garden Project
 Children's Trust of South Carolina
 Christ Central Columbia
 Christ Central, Inc.
 Focus on Kids
 Harvest Hope Food Bank
 Mental Health America of SC
 SC Campaign to Prevent Teen Pregnancy
 Security Federal Bank
 South Carolina Appleseed Legal Justice Center
 Sumter Citizens Coalition, Inc.
 United Way Association of South Carolina
 Unity Missionary Baptist Church

South Dakota

Bread for the World-South Dakota
 Feeding South Dakota-FKA Community Food Banks of South Dakota
 South Dakota Voices for Children

Tennessee

Black Children's Institute of Tennessee
 Catholic Charities of Tennessee
 Community Shares
 Just Faith
 Knoxville County Community Action Committee

Manna-Food Security Partners
 Second Harvest Food Bank of East Tennessee
 Second Harvest Food Bank of Middle Tennessee
 St. Ann Catholic Social Ministry
 Tennessee Health Care Campaign
 Tennessee Justice Center
 The Who We Are Counts Institute

Texas

3T Outreach
 Abiding Love Food Pantry
 AIDS Services of Austin
 Alameda Heights Community Center
 Albeight United Methodist Church
 Amarillo Family YMCA
 Amazing Grace Fellowship Baptist Church Food Pantry
 Angelheart Children's Shelter
 Austin Faith and Family Magazine
 Austin Food Bank
 Austin RESULTS Domestic Group
 Austin YMBL Sunshine Camps
 Baptist Benevolence of Irving
 Baptist General Convention of Texas
 Bastrop County Emergency Food Pantry
 Bethany Faith Food Pantry
 Blanco Good Samaritan Center
 Blood 'N Fire Foundation
 Boys and Girls Clubs of Central Texas, Inc.
 Boys and Girls Clubs of the Austin Area
 Calvary Baptist Food Pantry
 Capital Area Food Bank of Texas
 Care Center Ministries
 Caritas
 Catholic Charities of Dallas
 Center for Children and Families
 Center for Public Policy Priorities
 Central Dallas Ministries
 Central Texas Area Food Bank
 Central Texas Children's Home
 Christian Assistance Ministry
 Christian Farms Treehouse, Inc.
 Christian Life Commission
 Community Lifeline Center
 Concord—Food Pantry
 Cove House Emergency Homeless Shelter
 DeSoto Food Pantry
 Driscoll Children's Hospital
 East Texas Food Bank
 Elgin Community Cupboard
 Family Abuse Center
 Fannin County Community Ministries
 Food Bank of the Golden Crescent
 Food Bank RGV
 Foundation for the Homeless, Inc.
 George Gervin Youth Center
 Girls Inc. of Metropolitan Dallas
 Good Street Baptist Church Child Care, Inc.
 Grace Baptist Church
 Greater Love Ministries
 Greater Zion Food Pantry
 Hands of Mercy
 Hays County Food Bank
 Helping Hands Ministry of Belton, Inc.
 Highland Lakes Family Crisis Center
 Hispanic Religious Partnership for Community Health
 Holy Redeemer Catholic Church
 Hope Center
 Houston Food Bank

Islamic Center Of Irving
 Joseph's Storehouse Pantry
 La Fe Policy Research and Education Center
 LACare Food Bank
 Lake Cities Community Food Pantry
 Lamar County Human Resources Council, Inc.
 Loaves and Fishes of Waco
 MASDFW
 Merced Housing Texas
 Methodist Healthcare Ministries
 MetroHaven of Love Inc.
 Midlothian Senior Citizens Center, Inc.
 Montgomery County Food Bank
 Mountain View Church of Christ
 Mt. Sinai Baptist Church Food Ministry
 National Council of Jewish Women, Texas State Public Affairs
 New Hope Compassion Outreach Ministries
 Northeast Texas Opportunities, Inc.
 North Texas Food Bank
 Phi Theta Kappa Food Pantry
 Primera Baptist Church Food Pantry
 Project Transitions, Inc.
 Rosanky Baptist Church Food Pantry
 Rosewood Baptist Church Food Pantry
 Round Rock Area Serving Center
 San Antonio Christian Hope Resource Center, Inc.
 San Antonio Food Bank
 Senior Community Outreach Services, Inc.
 Services of Hope, Inc
 Share Center
 Shared Housing Center
 Shiloh Baptist Church
 Society of St. Martin Parish Food Pantry
 Society of St. Vincent de Paul
 South Plains Food Bank
 St. Louis Catholic Church Food Pantry
 St. Austin Society of St. Vincent DePaul
 Su Casa De Esperanza, Inc.
 Sustainable Food Center
 Taylor's Valley Baptist Church
 Texas Association of Family and Consumer Sciences
 Texas Baptists (BGCT)
 Texas Baptists Christian Life Commission
 Texas Early Care and Education Coalition
 Texas Food Bank Network
 Texas Hunger Initiative
 The Annunciation Maternity Home
 The Burke Foundation
 The Shepherd's Storehouse
 The Substance Abuse Council
 Trinity Outreach Center and Storehouse, Lubbock
 Turtle Creek Recovery
 Voices for Children of San Antonio
 Walker Community Church
 Wolfe City Food Pantry

Utah

Salt Lake Community Action Program
 Utahans Against Hunger

Vermont

AIDS Project of Southern Vermont
 Bennington Coalition for the Homeless
 Brattleboro Sunrise Rotary
 Central Vermont Community Action Council
 Champlain Islands Parent Child Center
 Child Care Resource
 Community Connections

Community Food Cupboard
 COTS
 Fanny Allen Foundation
 Filkorn Public Relations
 Fitz Vogt and Associates
 Food Works at Two Rivers Center
 Green Mountain Farm-to-School
 Greenpeace USA-Vermont
 Grounds for Health
 Interfaith Council of Northshire
 King Street Center
 Lamoille Family Center
 Mary Johnson Children's Center
 Neighbor to Neighbor
 Neighborhood Connections Inc. Londonberry
 Northfield Senior Center
 Northfield Summer Lunch Program
 Roxbury Church and Food Shelf
 Rutland County Parent Child Center
 School Nutrition Association-Vermont
 United Way of Lamoille County
 Vermont Campaign to End Childhood Hunger
 Vermont Dietetics Association
 Vermont Foodbank
 Vermont Food Education Every Day
 Voices for Vermont's Children
 Westminster Afterschool Program
 Windham Child Care Association

Virginia

Blue Ridge Area Food Bank
 Dunamis Christian Center
 Elizabeth B. Sherman Childcare and Preschool
 Fauquier Community Food Bank
 Federation of Virginia Food Banks
 Foodbank of Southeastern Virginia
 Foodbank of the Virginia Peninsula
 ICNA Council for Social Justice
 Hampton Baptist Soup Kitchen
 H.E.L.P. Inc.
 Islamic Circle of North America VA
 Little Zion Baptist Church
 Loudoun Interfaith Relief, Inc.
 Office of Family and Children's Ministries Christian Church
 Open Door Full Gospel Baptist Church
 Skyline Community Action Partnership
 Society of St. Andrew
 Spirit of Truth Christian Ministries
 St. Charles Lwanga House, Williamsburg
 St. Paul Lutheran Child Care Center
 Street Missions and Restoration Team
 Voices for Virginia's Children

Washington

Anti-Hunger and Nutrition Coalition
 Ballard Food Bank
 Camp Fire USA Central Puget Sound Council
 Carol Rowe Food Bank
 Children's Alliance
 Emerald City Church
 Federal Way Community Caregiving Network
 Food Lifeline
 Forks Abuse Program
 Friends of Youth
 Genesis House
 Lawyers Helping Hungry Children
 Lutheran Public Policy Office of Washington State
 Lynnwood Food Bank

Marysville Community Food Bank
 North Helpline Foodbank
 Northwest Harvest
 Nutrition First
 Olympic Community Action Program
 Point Roberts Food Bank
 Port Townsend Food Bank
 Quilcene Food Bank
 South King County Food Coalition
 Sultan Food Bank
 The Auburn Food Bank
 United Way of King County
 University District Food Bank
 Washington State Food and Nutrition Council
 White Center Food Bank
 WithinReach

West Virginia

Scott's Run Settlement House

Wisconsin

9to5 Milwaukee
 Hunger Task Force
 School Sisters of St. Francis
 Wisconsin Child and Adult Care Food Program Sponsors Forum
 Wisconsin Early Childhood Association

[Questions submitted for the record and their responses follow:]

[VIA ELECTRONIC MAIL],
 U.S. CONGRESS,
 Washington, DC, July 12, 2010.

Hon. THOMAS J. VILSACK, *Secretary*,
 U.S. Department of Agriculture, 1400 Independence Ave, S.W., Washington, DC
 20250-0002.

DEAR SECRETARY VILSACK: Thank you for testifying at the Education & Full Committee Hearing on, "H.R. 5504, Improving Nutrition for America's Children Act," on July 1, 2010.

Committee Members have additional questions for which they would like a written response from you for the hearing record.

Representative Marcia Fudge (D-OH) has asked that you respond in writing to the following questions:

1. As you know, the Summer Food Service Program offered through USDA provides low-income children with free, nutritious meals during the summer months when school is not in session. However, nationally, in fiscal year 2009, only 1 in 10 of the more than 19 million low-income children who participated in the free or reduced priced school meal program also received meals during the summer months. And, in my home state of Ohio, the situation is no different. Although in fiscal year 2009, more than 585,000 Ohio children participated in the free or reduced priced school meal program, only about 62,000 of those children received summer meals. Simply put, as the number of American families struggling to put food on the table continues to grow, too many of America's kids are going hungry in the summer.

In an effort to address the ongoing concerns about low-income children not having sufficient access to food during the summer months, Congress appropriated \$85 million in the fiscal year 2010 appropriations for USDA to develop and test alternative methods of providing summer food access.

Can you update the Committee on the status of projects currently being conducted using that funding, as well as any additional plans USDA may have to test alternatives during subsequent summers?

Mr. Secretary, one method I would like to suggest is using the National Youth Sports Program. NYSP is a 41 year old sports and nutrition program, created by Congress, that was funded by the federal government until 2003. At its height, it was serving meals through the Summer Food Service Program to 75,000 children from low-income communities on more than 200 college campuses across the country. Due to lack of funding, it now only serves 7,000 children on 24 college campuses and most of the programs will cease to exist next summer without federal support.

Do you have any recommendations for this committee as to how we could improve access to summer feeding through legislative improvements to the child nutrition laws currently up for reauthorization?

2. Research shows that starting the day with a nutritious breakfast gives kids the energy they need in order to learn. Both H.R.5504 and the Senate bill provide a 6-cent addition to lunches that meet performance standards.

Would the Administration support the same reimbursement increase for school breakfasts that meet the same performance standards?

Representative Lynn Woolsey (D-CA) has asked that you respond in writing to the following questions:

1. In 2004, U.S. Department of Agriculture and Centers for Disease Control and Prevention (CDC) released a study of competitive foods in 17 schools and school districts. The study found that 12 of the schools and districts increased revenue after improving the nutritional quality of their competitive foods and 4 reported no change. In your experience as Secretary, do you find this to be the case?

2. Congress and the U.S. Department of Agriculture have set detailed standards for foods sold in the school lunch and breakfast programs—from the size of a vegetable serving to what type of milk is served. Every year, the federal government invests \$12 billion annually in those programs, and selling low-nutrition foods in schools undermine the taxpayer investment.

How will passage and implementation of this legislation positively impact the local school food authority's effort to produce nutritious meals plans?

3. We know that providing quality, nutritious meals to students is essential for their development, and can affect both their physical health as well as their preparedness for learning. However, that is only half the battle. Even as schools offer students the opportunity to select a balanced meal, students don't always make the healthful choice.

How have competitive foods sold in schools had an impact on the choices students make in the lunch line and across the school campus?

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

1. Today, more than 70% of schools exceed USDA's maximum saturated fat level for school lunches. The newly-released Draft Dietary Guidelines recommend that individuals should "shift food intake patterns to a more plant-based diet that emphasizes vegetables, cooked dry beans and peas, fruits, whole grains, nuts, and seeds" and encourages increasing intake of high-quality vegetable protein.

What will USDA do to implement these new recommendations and ensure that all children have a range of healthy choices at school?

2. How can we ensure healthier options are available and affordable to all schools, so that they can reduce fat, saturated fat, and cholesterol by offering these options on the lunch line?

Please send an electronic version of your written response to the questions to the Committee staff by close of business on the deadline of July 16, 2010. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER,
Chairman.

[VIA ELECTRONIC MAIL],
U.S. CONGRESS,
Washington, DC, July 15, 2010.

Hon. THOMAS J. VILSACK, *Secretary,*
U.S. Department of Agriculture, 1400 Independence Ave, S.W., Washington, DC
20250-0002.

DEAR SECRETARY VILSACK: Thank you for testifying at the Education & Full Committee Hearing on, "H.R. 5504, Improving Nutrition for America's Children Act," on July 1, 2010.

In addition to questions already sent, Committee Members have questions for which they would like a written response from you for the hearing record.

Representative Tom Petri (R-WI) has asked that you respond in writing to the following question:

1. One issue that I am very concerned about is how the focus on added sugar (as opposed to total sugar) in the debate over nutrition standards impacts cranberry products. As you know, Wisconsin is the leading producer of cranberries in the U.S.

Cranberries have a low level of natural sugar and therefore are sweetened to make them more appealing. However, my understanding is that even with added

sugar, many cranberry products, including sweetened dried cranberries and cranberry juice, contain less total sugar than other products such as 100 percent apple juice or dried fruits like raisins. It is also my understanding that numerous studies have shown that cranberry products provide additional health benefits, primarily related to maintaining urinary tract health. Unfortunately, however, the focus on added sugar means that cranberry products are considered unhealthy as a result of their added sugar while other products, which may have higher levels of total sugar, are considered healthy if consumed in moderation.

What is your opinion regarding the focus on added sugars (as opposed to total sugars) in the discussion over nutrition standards? Additionally, for similar reasons, should other standards beyond the 100% juice standard be considered for juice products?

Representative Cathy McMorris-Rodgers (R-WA) has asked that you respond in writing to the following questions:

1. This past spring, the United States Department of Agriculture promulgated an interim final ruling for the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) program excluding white potatoes from the recently revised list of eligible foods under the WIC program.

As a representative from the second largest potato producing state, I am concerned that the decision to exclude white potatoes was not based on sound nutritional science and will result in a costly and confusing policy that is not in the best interest of WIC participants.

As you know, one of the primary reasons for revising the food list was to make it more consistent with the Institute of Medicine's recommended dietary intakes (RDA) for individuals. In particular, the IOM was concerned about the need to increase RDAs for vitamin C and potassium.

Potatoes are more nutrient dense than many of the vegetables already included in the WIC program. In fact, one medium-sized potato provides 45 percent of the Recommended Daily Value of vitamin C and 620 mg of potassium.

Why were potatoes excluded from this interim rule and will USDA reconsider and include white potatoes in the list of WIC eligible foods?

2. In a similar vein, I would like to ask you about the Fruit and Vegetable Snack program also implemented by USDA. To date, USDA has treated fruits and vegetables in all forms, fresh, frozen, dried, canned, the same. Moreover, frozen vegetables and fruits are often considered to be as nutritionally dense as fresh fruits and vegetables. Would you recommend that Congress include frozen fruits and vegetables in the snack program?

Please send an electronic version of your written response to the questions to the Committee staff by close of business on the revised deadline of July 23, 2010. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER,
Chairman.

Secretary Vilsack's Responses to Questions Submitted

REPRESENTATIVE MARCIA FUDGE (D-OH)

1. Q: As you know, the Summer Food Service Program offered through USDA provides low-income children with free, nutritious meals during the summer months when school is not in session. However, nationally, in fiscal year 2009, only 1 in 10 of the more than 19 million low-income children who participated in the free or reduced priced school meal program also received meals during the summer months. And, in my home state of Ohio, the situation is no different. Although in fiscal year 2009, more than 585,000 Ohio children participated in the free or reduced priced school meal program, only about 62,000 of those children received summer meals. Simply put, as the number of American families struggling to put food on the table continues to grow, too many of America's kids are going hungry in the summer.

In an effort to address the ongoing concerns about low-income children not having sufficient access to food during the summer months, Congress appropriated \$85 million in the fiscal year 2010 appropriations for USDA to develop and test alternative methods of providing summer food access.

Can you update the Committee on the status of projects currently being conducted using that funding, as well as any additional plans USDA may have to test alternatives during subsequent summers?

A: I appreciate and share your concerns about food insecurity and hunger in the summer months, especially among children. We are moving forward on the Summer

Food for Children projects, funded with the appropriation you mentioned, to demonstrate improved approaches to summer feeding for low-income children, and to assess their impact on food insecurity. Two projects are already underway to test ways to strengthen the existing Summer Food Service Program, one in Arkansas and one in Mississippi, and we expect to test additional strategies next year.

The Department will also test new ways of delivering summer benefits, including the electronic benefit transfer (EBT) delivery systems used in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to give low-income families with children more resources to use at food stores during the summer. We intend to release a solicitation in the next few weeks for applications from States to operate these projects during the summer of 2011 and beyond. Because these new delivery systems will depend on the cooperation of several agencies of State government, we will be urging governors to coordinate across these agencies to help their respective States submit strong applications. We will also seek proposals and award a contract for an independent, rigorous evaluation of the effectiveness of this approach in preventing or reducing child hunger during the summer.

In the near-term, the project will provide thousands of low-income children in the demonstration communities with enhanced Summer Food Service Program (SFSP) services, or with substantial new household food benefits during the summer. More importantly, in the longer term it will provide critical knowledge about the impact of a cutting-edge nutrition intervention on achieving real improvement in food security among our children during the summer months.

Q: Mr. Secretary, one method I would like to suggest is using the National Youth Sports Program. NYSP is a 41 year old sports and nutrition program, created by Congress, that was funded by the federal government until 2003. At its height, it was serving meals through the Summer Food Service Program to 75,000 children from low-income communities on more than 200 college campuses across the country. Due to lack of funding, it now only serves 7,000 children on 24 college campuses and most of the programs will cease to exist next summer without federal support.

Do you have any recommendations for this committee as to how we could improve access to summer feeding through legislative improvements to the child nutrition laws currently up for reauthorization?

A: As noted above, USDA is in the process of implementing several projects to test innovative approaches for improving access of low-income children to food in the summer. This summer, USDA began two statewide, multi-year demonstration projects in Arkansas and Mississippi. We plan to conduct rigorous evaluations of the impacts of these projects, to provide Congress and the Administration with clear, sound, and timely findings to make decisions about potential legislative changes. Until the evaluation results are available, we cannot say which enhancements to the SFSP structure would be most beneficial at expanding the reach of the program.

2. Q: Research shows that starting the day with a nutritious breakfast gives kids the energy they need in order to learn. Both HR.5504 and the Senate bill provide a 6-cent addition to lunches that meet performance standards.

Would the Administration support the same reimbursement increase for school breakfasts that meet the same performance standards?

A: Yes, we would support the same increase for the School Breakfast Program (SBP), provided that such an increase is tied to compliance with new meal pattern requirements for the breakfast program, and that funding offsets are available for this purpose.

REPRESENTATIVE LYNN WOOLSEY (D-CA)

1. Q: In 2004, US. Department of Agriculture and Centers for Disease Control and Prevention (CDC) released a study of competitive foods in 17 schools and school districts. The study found that 12 of the schools and districts increased revenue after improving the nutritional quality of their competitive foods and 4 reported no change. In your experience as Secretary, do you find this to be the case?

A: As noted in your question, USDA partnered with the CDC in 2004 to collect success stories that showcase how schools and school districts could improve the nutritional quality of foods sold on the school campus. These stories, which are published in "Making It Happen: School Nutrition Success Stories" at <http://www.fns.usda.gov/tn/Resources/makingithappen.html>, did show that, of the 17 schools and school districts reporting revenue information, only one experienced a decrease in revenue.

While USDA has not collected any national data on this question, these stories suggest that it is possible for schools to change the types of foods they sell to children without negatively impacting their bottom line and potentially improving it.

2. Q: Congress and the US. Department of Agriculture have set detailed standards for foods sold in the school lunch and breakfast programs—from the size of a vegetable serving to what type of milk is served. Every year, the federal government invests \$12 billion annually in those programs, and selling low-nutrition foods in schools undermine the taxpayer investment.

How will passage and implementation of this legislation positively impact the local school food authority's effort to produce nutritious meals plans?

A: The National School Lunch Program regulations prohibit the sale of foods of minimal nutritional value, such as carbonated beverages, hard candy and water ices, in the foodservice area during meal periods. Beyond this, USDA currently does not have the authority to regulate the sale of other foods available to students outside of the school meal programs during the regular meal service (competitive foods). State agencies or local school districts may choose to set their own requirements for competitive foods.

Providing USDA with authority to set specific standards for the types of foods offered in both school meals and competitive foods will support local school food authorities in their efforts to assure that all foods available to students are nutritious and healthful. In addition, increasing the levels of reimbursement for meals and linking that increase to performance standards will also assist in meeting the goals of the Dietary Guidelines for Americans and other nutritional standards.

If given authority to regulate all competitive foods, USDA would consult with key stakeholders (including schools and industry representatives) to seek their input. Subsequently, based on statutory direction, stakeholders' input and science-based nutrition standards, we would issue a proposed regulation that would establish baseline nutrition standards to define the foods that could be sold outside of the school meal programs. Stakeholders and the public would have ample opportunity to comment on any proposed regulation.

3. Q: We know that providing quality, nutritious meals to students is essential for their development, and can affect both their physical health as well as their preparedness for learning. However, that is only half the battle. Even as schools offer students the opportunity to select a balanced meal, students don't always make the healthful choice.

How have competitive foods sold in schools had an impact on the choices students make in the lunch line and across the school campus?

A: The evidence is clear that competitive foods have a substantial impact on the choices that students make at school. USDA's third School Nutrition Dietary Assessment from school year 2004-2005 shows that about two in five school children consumed one or more competitive foods in the course of the day. The most commonly consumed foods include desserts and snacks (e.g., ice cream, cookies, cakes, brownies, candy, and potato chips), beverages other than milk, and bread products such as crackers and pretzels, corn/tortilla chips, breads and rolls, muffins, doughnuts, sweet rolls, and toaster pastries.

Children in elementary schools consume fewer calories from competitive foods than do middle and high school children. Elementary school children tend to consume competitive foods outside of a meal; whereas 75 percent of middle school children's competitive food calorie intake is from the lunch meal.

On average, children who consumed one or more competitive foods obtained over 150 calories per day from low-nutrient, energy-dense foods. National School Lunch Program (NSLP) participants were less likely to consume competitive foods than those not participating in the NSLP, and participants who did tended to consume less than nonparticipants.

REPRESENTATIVE JARED POLIS (D-CO)

1. Q: Today, more than 70% of schools exceed USDA's maximum saturated fat level for school lunches. The newly released Draft Dietary Guidelines recommend that individuals should "shift food intake patterns to a more plant-based diet that emphasizes vegetables, cooked dry beans and peas, fruits, whole grains, nuts, and seeds" and encourages increasing intake of high-quality vegetable protein.

What will USDA do to implement these new recommendations and ensure that all children have a range of healthy choices at school?

A: On October 20, 2009, IOM released "School Meals: Building Blocks for Healthy Children," a comprehensive final report with eight recommendations addressing new nutrient targets and meal requirements for the NSLP and SBP, implementation and

monitoring of the new requirements, and evaluation and research activities to guide future program improvement. FNS is developing a proposed regulation to update the school meal patterns and nutrition requirements based on the IOM report.

In collaboration with the Department of Health and Human Services, USDA's Center for Nutrition Policy and Promotion (CNPP) is carefully reviewing the new recommendations from the Dietary Guidelines Advisory Committee and will consider these recommendations as it works towards issuing the 2010 Dietary Guidelines for Americans at the end of this year. FNS will also consider recommendations to incorporate into the proposed regulation for school meals as appropriate.

Stakeholders and the public will have the opportunity to submit comments on the proposed regulation for school meals. In the interim, FNS has issued practical guidance and technical assistance to help schools move in the direction of the Dietary Guidelines.

2. Q: How can we ensure healthier options are available and affordable to all schools, so that they can reduce fat, saturated fat, and cholesterol by offering these options on the lunch line?

A: Reauthorization of the Child Nutrition Programs provides us with many opportunities to improve the nutrition requirements and quality of the food provided by the National School Lunch Program (NSLP). Increased funding for school meals, as well as our continued development of enhanced technical assistance resources available to states and school food service professionals, can result in great improvements in the nutritional quality of the meals provided by these programs.

In February 2008, USDA's Food and Nutrition Service (FNS) contracted with the National Academy of Sciences' Institute of Medicine (IOM) to independently review and provide recommendations to update the meal patterns and nutrition standards for the National School Lunch Program (NSLP) and School Breakfast Program (SBP) consistent with the 2005 Dietary Guidelines for Americans.

On October 20, 2009, IOM released "School Meals: Building Blocks for Healthy Children," a comprehensive final report with eight recommendations addressing new nutrient targets and meal requirements for the NSLP and SBP, implementation and monitoring of the new requirements, and evaluation and research activities to guide future program improvement. FNS is developing a proposed regulation to update the school meal patterns and nutrition requirements based on the IOM report.

With the development of the 2010 Dietary Guidelines for Americans later this year, FNS will consider how such recommendations apply to meal pattern requirements for school meals and incorporate recommendations into the proposed rule, as appropriate. Stakeholders and the public will have the opportunity to submit comments on the proposed regulation for school meals.

The HealthierUS School Challenge (HUSSC) is a voluntary certification for schools participating in the NSLP and is implemented under USDA's Team Nutrition initiative. USDA has established the HUSSC to recognize schools that create healthier school environments by providing nutrition education, nutritious food and beverage choices, physical education and opportunities for physical activity. The awards recognize schools that have gone above and beyond minimum school meal program requirements and have met specific criteria established for Bronze, Silver, Gold or Gold of Distinction awards—depending on levels of criteria met. Schools that become certified maintain the certification for four years from the date they receive the Award.

The HUSSC is a means by which schools involve children in nutrition education activities, taste testing opportunities, and more. As of June 30, 2010, we had 732 schools in 35 States certified as HUSSC schools. With the support of the First Lady, we are committed to seeing the number of HUSSC schools double over the next school year to 1250 by June 2011, with an additional 1,000 schools per year for two years after that, with over 3,000 awards by June 2013.

FNS continues to offer a wide variety of technical assistance to make school meals more healthy, appealing and enjoyable. Several resources that address menu planning and ways to encourage children to consume fruits, vegetables and whole grains are available on our Team Nutrition Web site (www.teamnutrition.usda.gov/library.html). The National Food Service Management Institute also offers a wide range of training opportunities for child nutrition program professionals working in school nutrition and child care settings. These training sessions may be customized for State agencies and school food service professionals.

USDA is also exploring ways that insights from the discipline of behavioral economics can help to improve food selection and consumption by students. USDA has already conducted some research that suggests that school cafeteria managers may be able to control many of the elements shown to influence food choice, such as how foods are presented. Identifying how these elements could be used to cue healthier

choices may help improve students' diets without sacrificing freedom of choice. (See "When Nudging in the Lunch Line Might Be a Good Thing," from Amber Waves, Economic Research Service, March 2009, <http://www.ers.usda.gov/AmberWaves/March09/Features/LunchLine.htm>.) USDA is also developing an ongoing research program to develop practical approaches to put behavioral economics to work in school cafeterias.

USDA is focused on ways to better connect children to their food and create opportunities for local farmers to provide their harvest to schools in their communities. USDA is supporting Farm to School efforts through a number of initiatives, and continues to look for ways to help facilitate this important connection. We recognize the growing interest among school districts and communities to incorporate regionally and locally produced farm foods into the school nutrition programs.

I am also happy to report that all USDA Foods provided to schools consist of commodity products that represent healthy choices. Those products have undergone a significant transformation. USDA Foods, which represent 15 to 20 percent of the food in school nutrition programs, include fruits, vegetables, whole grains and healthy sources of protein. States and school districts can choose from over 180 available foods. A few specific improvements to USDA Foods include decreasing the sodium levels in all USDA canned vegetables, and requiring that all USDA canned fruits are packed in light syrup, water, or natural juices. Additionally, we offer fresh fruits and vegetables, a variety of lean meat choices, and a wide range of whole grain products to schools. We will continue to work to make sure schools and states are aware that USDA Foods represent a variety of the healthy options that are available.

REPRESENTATIVE BOBBY SCOTT (D-VA)

1. Q: What steps will the Department take to ensure the participation of minority and women-owned farms in the Farm to School program?

A: As part of its general mission to increase and support Farm to School efforts under the National School Lunch Program, USDA includes outreach efforts to reach minority and women-owned farmers through various networking opportunities, such as the Know Your Farmer, Know Your Food initiative, Farm to School related webinars, and various conference attendance.

As part of USDA's Know Your Farmer, Know Your Food initiative, the Food and Nutrition Service (FNS) and Agricultural Marketing Service (AMS) formed a Farm to School Team. The purpose of the Farm to School Team is to support local and regional food systems by facilitating linkages between schools and their local food producers. While still in the exploratory phase, a key mission of the Farm to School Team is to provide technical assistance and guidance concerning procurement in the area of farm to school.

The Team has been inquiring and gathering information about how the procurement requirements are being followed by school food authorities in their farm to school efforts, including steps made by school districts to utilize small businesses, minority-owned firms, and women's business enterprises, whenever possible, as described in Program regulations.

Upon conclusion of the Farm to School Team's site visits in the fall of 2010, FNS will develop technical assistance and/or guidance materials. Such materials will pay careful consideration to encouraging the participation of minority and women-owned firms. As a result of this guidance, FNS anticipates that both State Departments of Education and Agriculture will be able to assist school systems on what exemptions to the bidding processes schools can apply, particularly those pertaining to minority-owned, women-owned, small, and socially disadvantaged businesses.

And, finally, as mandated by the 2008 Farm Bill, USDA has created an Office of Advocacy and Outreach (OAO). OAO's mission is to increase access to programs of the Department, and increase the viability and profitability of small farms and ranches, beginning farmers or ranchers, and socially disadvantaged farmers or ranchers. The office's focus on improving access to USDA programs for historically underserved groups—including minority and women-owned farms and businesses—is demonstrative of the Department's commitment to ensuring that all of our constituents have the opportunity to participate in and benefit from our programs.

REPRESENTATIVE TOM PETRI (R-WI)

1. Q: One issue that I am very concerned about is how the focus on added sugar (as opposed to total sugar) in the debate over nutrition standards impacts cranberry products. As you know, Wisconsin is the leading producer of cranberries in the US.

Cranberries have a low level of natural sugar and therefore are sweetened to make them more appealing. However, my understanding is that even with added sugar,

many cranberry products, including sweetened dried cranberries and cranberry juice, contain less total sugar than other products such as 100 percent apple juice or dried fruits like raisins. It is also my understanding that numerous studies have shown that cranberry products provide additional health benefits, primarily related to maintaining urinary tract health. Unfortunately, however, the focus on added sugar means that cranberry products are considered unhealthy as a result of their added sugar while other products, which may have higher levels of total sugar, are considered healthy if consumed in moderation.

What is your opinion regarding the focus on added sugars (as opposed to total sugars) in the discussion over nutrition standards? Additionally, for similar reasons, should other standards beyond the 100% juice standard be considered for juice products?

A: The consumption of added sugars in the typical American diet comes largely from food products that are low in nutrients, meaning products such as soft drinks, cakes, cookies, and candies. While we recognize that cranberries, lemons and other tart fruits may require added sugars to be mixed in with other naturally sweet fruits to increase their palatability, we continue to believe that the focus on added sugars rather than total sugars is appropriate as we work toward developing dietary guidance that will have a positive impact on the health of all Americans and reverse the epidemic of obesity which grips the country.

In addition, many cranberry products are allowed in the school meal programs. Any 100% fruit juice containing cranberries may be served as part of a reimbursable meal and any juice product with a minimum of 50 percent juice may receive a Child Nutrition Label that indicates the contribution that product makes toward the fruit/vegetable requirement for a meal. There are no added sugar limitations in the school meal programs. Any changes to our existing policies and standards would require extensive outreach to stakeholders to obtain their collective wisdom on the advisability of any such changes.

REPRESENTATIVE CATHY MCMORRIS-RODGERS (R-WA)

1. Q: This past spring, the United States Department of Agriculture promulgated an interim final ruling for the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) program excluding white potatoes from the recently revised list of eligible foods under the WIC program.

As a representative from the second largest potato producing state, I am concerned that the decision to exclude white potatoes was not based on sound nutritional science and will result in a costly and confusing policy that is not in the best interest of WIC participants.

As you know, one of the primary reasons for revising the food list was to make it more consistent with the Institute of Medicine's recommended dietary intakes (RDA) for individuals. In particular, the IOM was concerned about the need to increase RDAs for vitamin C and potassium.

Potatoes are more nutrient dense than many of the vegetables already included in the WIC program. In fact, one medium-sized potato provides 45 percent of the Recommended Daily Value of vitamin C and 620 mg of potassium.

Why were potatoes excluded from this interim rule and will USDA reconsider and include white potatoes in the list of WIC eligible foods?

A: The changes made to the WIC food packages were based on scientific recommendations from the National Academies' Institute of Medicine (IOM). The IOM was charged with reviewing the nutritional needs of the WIC population—low-income infants, children, and pregnant, breastfeeding and postpartum women who are at nutritional risk—and recommending changes to the WIC food packages. The restriction of white potatoes, as recommended by the IOM, is based on food intake data showing that white potatoes are the most widely used vegetable. As such, the IOM stated that encouraging the intake of potatoes provides no additional nutritional benefit to WIC participants. Additionally, the inclusion of white potatoes does not support the goal of expanding the types and varieties of fruits and vegetables available to program participants.

The interim rule revising the WIC food packages was published on December 6, 2007, with a comment period that closed February 1, 2010. The Food and Nutrition Service received over 8,000 comments on the interim rule and is currently reviewing and analyzing comments received. Please be assured that after due consideration of the submissions, we will carefully review all interim rule provisions during the rule-making process, and expect to issue a final rule revising the WIC food packages in June 2011.

2. Q: In a similar vein, I would like to ask you about the Fruit and Vegetable Snack program also implemented by USDA. To date, USDA has treated fruits and

vegetables in all forms, fresh, frozen, dried, canned, the same. Moreover, frozen vegetables and fruits are often considered to be as nutritionally dense as fresh fruits and vegetables. Would you recommend that Congress include frozen fruits and vegetables in the snack program?

A: As you mention, the National School Lunch and School Breakfast Programs, the Child and Adult Care Food Program and the Summer Food Service Program allow use of all forms of fruits and vegetables in reimbursable meals. Flexibility in the types of products that are offered is important for these programs, given variations in the volume of meals provided as well as logistical constraints.

However, the Fresh Fruit and Vegetable Program (FFVP) is designed not only to provide children with needed nutrients, but to encourage children to learn about and appreciate fruits and vegetables as fresh produce. While frozen produce may be nutritionally equivalent to fresh, the FFVP's emphasis on fresh produce affords children opportunities to learn how different fruits and vegetables are grown and that there are any number of ways they can be offered to support a healthful diet. Therefore, we recommend that the FFVP continue to focus on fresh produce.

[VIA ELECTRONIC MAIL],
U.S. CONGRESS,
Washington, DC, July 12, 2010.

Mr. TOM COLICCHIO, *Chef and Restaurateur*,
Craft, 47 E. 19th St., 5th Floor, New York, NY 10003.

DEAR MR. COLICCHIO: Thank you for testifying at the Education & Full Committee Hearing on, "H.R. 5504, Improving Nutrition for America's Children Act," on July 1, 2010.

A Committee Member has an additional question for which they would like a written response from you for the hearing record.

Representative Marcia Fudge (D-OH) has asked that you respond in writing to the following question:

1. Can you tell us how you believe Congress can support public-private partnerships, like the ones you have established, in order to make real changes in schools and to improve nutrition?

Please send an electronic version of your written response to the questions to the Committee staff by close of business on the deadline of July 16, 2010. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER,
Chairman.

[EDITOR'S NOTE: A response was not received from Mr. Colicchio prior to the closing deadline of the hearing record.]

[VIA ELECTRONIC MAIL],
U.S. CONGRESS,
Washington, DC, July 12, 2010.

Mr. EDUARDO J. SANCHEZ, *M.D., M.PH, FAAFP, Vice President and Chief Medical Officer*,
Blue Cross and Blue Shield of Texas, 1001 E. Lookout Drive, Richardson, TX 75082.

DEAR DR. SANCHEZ: Thank you for testifying at the Education & Full Committee Hearing on, "H.R. 5504, Improving Nutrition for America's Children Act," on July 1, 2010.

Committee Members have additional questions for which they would like a written response from you for the hearing record.

Representative Marcia Fudge (D-OH) has asked that you respond in writing to the following questions:

1. The Administration and Congress understand that improved nutrition is an indispensable element of health care. This connection between good nutrition and good health is most explicit in H.R. 5504's provision that expands direct certification for free school meals by including Medicaid as a source of automatic eligibility. (Currently, only SNAP and TANF enrollment are sources of direct certification.)

Do you support this expansion of automatic free school meal eligibility?

2. Do you see other connections between health care and nutrition that the House and Senate child nutrition bills currently include—or ought to include?

Representative Lynn Woolsey (D-CA) has asked that you respond in writing to the following questions:

1. In your testimony, you discussed some of the issues surrounding competitive foods. For those of us who haven't been in a school cafeteria for awhile, can you describe some of the foods and differences in nutritional value of those foods in the á la carte and store versus the traditional meal lines? Why is it so critical that the Secretary be provided the authority to set nutritional standards for these foods being sold in our schools?

2. One of the key reasons why national school nutrition standards for competitive foods is so important to me is that they can lead to stigma within the program, where low income children must take the school meal and middle and upper income children may purchase the competitive foods. Do you think having national standards will help or hurt low income schools?

Please send an electronic version of your written response to the questions to the Committee staff by close of business on the deadline of July 16, 2010. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER,
Chairman.



**BlueCross BlueShield
of Texas**

Eduardo J. Sanchez, MD, MPH, FAAFP
Vice President and Chief Medical Officer

August 23, 2010

VIA ELECTRONIC MAIL – (Bryce.McKibben@mail.house.gov)
The Honorable George Miller
Chairman, Committee on Education and Labor
United States House of Representatives
2181 Rayburn House Office Building
Washington, D.C. 20515-6100

Dear Chairman Miller:

Let me first apologize for not responding more timely to your July 12th letter requesting additional information following my testimony to the Committee on Education and Labor. I was out of the country for most of July and have been in and out of the office since I returned in early August.

I hope you and the Committee Members find my responses to the questions from Representatives Fudge and Woolsey helpful as you deliberate the merits of “*H.R. 5504, Improving Nutrition for America’s Children Act.*”

Representative Marcia Fudge (D-OH) asked:

1. *The Administration and Congress understand that improved nutrition is an indispensable element of health care. This connection between good nutrition and good health is most explicit in H.R. 5504’s provision that expands direct certification for free school meals by including Medicaid as a source of automatic eligibility.*

Do you support this expansion of automatic free school meal eligibility?

Response:

If the desired outcome is to increase participation in free or reduced federal school meal programs by eligible children and to improve children’s health, by implicit extension, then including Medicaid enrollment (which includes low income children probably eligible for the school meal programs and at higher risk for health issues like childhood obesity) as a determinant for direct certification for free or reduced school meals is sensible public policy.

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I would personally support expanded automatic free school meal eligibility as described in the preceding question.

2. *Do you see other connections between health care and nutrition that the House and Senate child nutrition bills currently include — or ought to include?*

Response:

The connections between nutrition and health are addressed well in dominant child nutrition bills in the House and Senate. The proposed policy changes are based in sound science, where the science exists. I have thought for some time that an interesting demonstration project with the potential to inform public policy and funding would be to compare Medicaid and CHIP costs in Title 1 schools with evidence-based coordinated school health programs (e.g. Coordinated Approach to Child Health (CATCH) or Organwise Guys) to Title 1 schools without. And, if a demonstrated reduction in Medicaid and CHIP costs were realized in the schools with programs, then said demonstration would be scaled up and out to all Title 1 schools using Medicaid and CHIP funds.

Representative Lynn Woolsey (D-CA) asked:

1. *In your testimony, you discussed some of the issues surrounding competitive foods. For those of us who haven't been in a school cafeteria for awhile, can you describe some of the foods and differences in nutritional value of those foods in the a la carte and store versus the traditional meal lines? Why is it so critical that the Secretary be provided the authority to set nutritional standards for these foods being sold in our schools?*

Response:

The 2007 IOM report, "Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth," concluded that:

- federally-reimbursable school nutrition programs should be the main source of nutrition at school;
- opportunities for competitive foods should be limited; and,
- if competitive foods are available, they should consist of nutritious fruits, vegetables, whole grains, and nonfat or low-fat milk and dairy products, as consistent with the 2005 Dietary Guidelines for Americans (DGA).

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As a physician, I believe that virtually all foods served in schools should be consistent with the most updated nutritional standards and dietary guidelines for Americans. Standards are necessary to assure that schools are environments that are as health and education promoting and enhancing as possible for every child attending schools.

2. *One of the key reasons why national school nutrition standards for competitive foods is so important to me is that they can lead to stigma within the program, where low income children must take the school meal and middle and upper income children may purchase the competitive foods. Do you think having national standards will help or hurt low income schools?*

Response:

The stigma of being a low income child in a school is a serious issue to address. I think that having national standards with adequate funding to enhance the quality, presentation, and taste of foods will help low income schools and low income children. Anecdotally, my daughter Maya (who does not qualify for the free and reduced breakfast or lunch programs at Lakewood Elementary School in Dallas) loves the breakfast and the lunch. She buys lunch on most days, and she has begged to eat breakfast at school. We do eat breakfast as a family, and she has a wide range of healthy options available at home.

Chairman Miller, thank you again for the opportunity to provide additional information on school nutrition to you and the members of the Committee on Education and Labor. Please don't hesitate to contact me at 972-766-3333 or Eduardo_Sanchez@bcbstx.com if I can provide any further assistance.

Sincerely,



Eduardo J. Sanchez
Vice President and Chief Medical Officer

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[Whereupon, at 12:41 p.m., the committee was adjourned.]

