

**A NATIONAL PRIORITY:
THE IMPORTANCE OF CHILD NUTRITION
PROGRAMS TO OUR NATION'S
HEALTH, ECONOMY AND NATIONAL SECURITY**

HEARING
BEFORE THE
COMMITTEE ON AGRICULTURE,
NUTRITION AND FORESTRY
UNITED STATES SENATE

ONE HUNDRED THIRTEENTH CONGRESS
SECOND SESSION

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JUNE 12, 2014
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**A NATIONAL PRIORITY:
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HEALTH, ECONOMY, AND NATIONAL
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Thursday, June 12, 2014

UNITED STATES SENATE,
COMMITTEE ON AGRICULTURE, NUTRITION AND FORESTRY,
Washington, DC

The committee met, pursuant to notice, at 10:07 a.m., in room 328A, Russell Senate Office Building, Hon. Debbie Stabenow, Chairwoman of the committee, presiding.

Present or submitting a statement: Senators Stabenow, Brown, Klobuchar, Gillibrand, Donnelly, Casey, Boozman, and Thune.

**STATEMENT OF HON. DEBBIE STABENOW, U.S. SENATOR
FROM THE STATE OF MICHIGAN, CHAIRWOMAN, COM-
MITTEE ON AGRICULTURE, NUTRITION AND FORESTRY**

Chairwoman STABENOW. Well, good morning. The committee meeting will come to order. We are so pleased that all of you are here today.

I want to welcome everyone to the committee's first hearing as we begin the process of reauthorizing Child Nutrition Programs. These conversations could not come at a more critical time. Today, more than 16 million children in this country do not have enough to eat. At the same time, childhood obesity rates have tripled over the past 30 years. Something is wrong with this picture.

These trends are not just a threat to the health of America's young people, they are a threat to the future of our national security, and we want to talk about that today. For generations, the U.S. military has depended on the strength and courage of young Americans to form the world's most elite fighting force. Our military leaders recognize this, and historically, when they have asked Congress for help, we have responded.

Near the end of World War II, General Lewis Hershey came before the Congress to explain that malnutrition and underfeeding were to blame for recruits being rejected for service in the Armed Forces. In response to the General's concerns, Congress launched the National School Lunch Program, calling it a measure of national security.

Today, as we will hear, our military leaders have a similar request for Congress, and it is the same request we will hear from pediatricians and school leaders and parents. They ask that we

protect and strengthen school nutrition programs so that we can strengthen our nation's military preparedness and improve the long-term health of the next generation of Americans.

This request has even more urgency today than it had 70 years ago. That is because roughly 27 percent of Americans between the ages of 17 and 24 are too overweight to serve in the military. The proportion of new recruits who failed physical exams during the past 13 years rose by nearly 70 percent.

Childhood obesity and weight-related diseases weaken our nation's financial security, as well. It is estimated that the nation spends about \$14 billion a year to treat obesity and preventable weight-related diseases in children alone, not counting adults. Yet, for 14 cents, we can give a child an apple in school. Fourteen billion a year or 14 cents. That reminds me of what Benjamin Franklin once said. An ounce of prevention is worth a pound of cure.

These are the critical types of investments that we can make now to save billions down the road, reducing many of the high costs associated with treating preventable diseases, like Type 2 diabetes, hypertension, and liver disease.

In the classroom, a school breakfast can spur a lifetime of learning and achievement. We know that children who receive a healthy breakfast are likely to have better math scores and are less likely to be absent from class. For many children, a healthy lunch can form the foundation for a lifetime of good health. Making sure children have healthy, nutritious food will mean they can focus on what is important—learning, growing, and ultimately becoming productive and successful in future years.

While it is often easy to think of programs in terms of a six-month budget or the annual appropriations, this hearing is really about the big picture. School breakfasts and school lunch are key components of child nutrition, but it is also important to remember that child nutrition is also about wellness policies, it is about WIC—Women, Infants, and Children's Programs, it is about Farm to School efforts, and day care. It is about reducing hunger for children after school and during the summer months.

The authorization of Child Nutrition Programs is important. Investing in our children's nutritional health is not only about the cost of a meal, it is about investing in our nation's future and our most critical priorities: Stronger national security, long-term economic strength, educational success, and the health and happy lives of our families.

I am pleased we have a great panel of witnesses today with us who can discuss the big picture impact of investing in the health of our children. We welcome everyone today.

Our Ranking Member is not able to be with us. I know we will be joined by others as we proceed. If either of my colleagues want to make a brief comment, we would be happy to have it. Otherwise, we will go to our witnesses.

Senator Gillibrand.

**STATEMENT OF HON. KIRSTEN GILLIBRAND, U.S. SENATOR
FROM THE STATE OF NEW YORK**

Senator GILLIBRAND. I have a statement to introduce one of our witnesses. Is that all right?

Chairwoman STABENOW. Absolutely. I will let you proceed.

Senator GILLIBRAND. Okay. Well, I would like to introduce Dr. Stephen Cook. He is trained in pediatrics and adult internal medicine. He currently serves as an attending physician at the Golisano Children's Hospital at the University of Rochester Medical Center.

Dr. Cook has served as a member of my Healthy Children's Working Group and he has shared his research with us on child and adolescent obesity and his work has been a resource to me as I have developed my legislative agenda with respect to children's health.

Dr. Cook's research focuses on children and childhood and adolescent obesity by examining cardiovascular risk factors in clinical studies on prevention intervention. Dr. Cook has been an integral part of the Greater Rochester Obesity Collaborative, which serves as a national model for obesity prevention and treatment. The Rochester team was among ten teams chosen to participate in the Healthy Weight Collaborative, which is aimed at curbing the obesity rate in the U.S.

Dr. Cook received his M.D. from SUNY at Buffalo School of Medicine and completed his residency and a chief resident year in Buffalo, New York. He has completed an academic pediatric fellowship, during which he focused on research in clinical aspects on nutrition, physical activity, obesity, and metabolic complications that arise.

Dr. Cook has received a number of medical and research awards and honors and has been recognized by the American Heart Association for being the National Science Advocate of the Year in 2011. He currently serves on the Governor's Anti-Hunger Task Force in New York State as well as the Chairman and Membership Committee for the Obesity Society.

We welcome him to the Senate Agriculture Committee today and we look forward to his testimony.

Chairwoman STABENOW. Thank you very much, Senator Gillibrand—

Senator GILLIBRAND. Thank you, Madam Chairwoman.

Chairwoman STABENOW. —and thank you for your advocacy and leadership. We are very fortunate to have both Senator Brown and Senator Gillibrand, who are strong advocates for the Child Nutrition Programs, and I look forward to working with you in partnership as we proceed to reauthorize in the coming year.

Let me proceed with our other witnesses. I am so pleased to introduce our first witness on the panel, General Richard Hawley, a retired four-star general in the Air Force who serves on the Executive Advisory Council on Mission: Readiness, Military Leaders for Kids, which is a nonprofit, nonpartisan national security organization of hundreds of retired military officers committed to strengthening future generations through smart policy.

During General Hawley's military career, he served in a variety of command and staff positions in the United States and overseas. He commanded a group, wing, Numbered Air Force, and two major commands. His assignments as a flag staff officer included duty as the Air Force Director of Operations during the First Gulf War, Commander of U.S. Forces Japan, and Fifth Air Force, Principal Deputy Assistant Secretary of the Air Force for Acquisition, and

Commander United States Air Force in Europe and Allied Air Forces Central. We welcome you.

Our second witness is Mr. Otha Thornton, President of the National Parent Teacher Association, who is also a Senior Operations Analyst with General Dynamics in Fort Stewart, Georgia. Mr. Thornton is a retired United States Army Lieutenant Colonel, and his last two assignments were with the White House Communications Agency and United States Forces Iraq and Baghdad. Mr. Thornton earned the Bronze Star Medal for exceptional performance in combat operations during Operation Iraqi Freedom in 2009–2010. As a PTA leader, Mr. Thornton’s military background has allowed him to volunteer throughout the country and the world at various State, local, and council levels, and we are so pleased to have you with us.

Let me now turn to Ms. Yolanda Stanislaus—we are so pleased to have you—who is the Principal of Francis Scott Key Middle School in Silver Spring, Maryland. She is an educator for 21 years, starting her career as a high school earth science and chemistry teacher in New York City Public Schools. She also taught at Bethesda-Chevy Chase High School and served as teacher and assistant principal at Silver Spring International Middle School. Prior to becoming Principal at Francis Scott Key, she was Principal of Galway Elementary School.

Ms. Stanislaus has spent several years in the Montgomery County Public School System, and the Montgomery County Schools participate in the National School Lunch and Breakfast Programs. In addition to providing meals, the schools participate in other healthy food and hunger mitigation programs, including After School Snack, Summer Meals, and Farm to School activities.

We are so pleased to have all of you here with your experiences and expertise to share with us. I would remind you, we are asking for five minutes’ worth of testimony. We are very happy to accept whatever you would like to give us in writing, as well.

We will start with General Hawley. Welcome.

STATEMENT OF GENERAL RICHARD E. HAWLEY, UNITED STATES AIR FORCE (RET.), MISSION: READINESS, NEWPORT NEWS, VIRGINIA

General HAWLEY. Well, thank you, Chairwoman Stabenow and members of the committee. First of all, thanks for holding this hearing and for including me. I appreciate the opportunity to join and give our perspective as a retired military flag.

It may seem odd to some here that a retired general officer would be here talking about childhood nutrition, not exactly our line of expertise. But, as the Chairwoman pointed out, the National School Lunch Program was established in 1946, in large measure in response to our experiences during World War II, when we discovered that of those who were not qualified for military service, about 40 percent of those were malnourished. The Congress took action, established the School Lunch Program, and it has had a great effect on the health of our potential recruits upon who we depend to defend the nation.

Unfortunately, 70 years later, nutrition remains a national problem and a problem for our military, but the pendulum has swung

a little and the issue is now we have too many children and candidate recruits who are obese or overweight and, hence, unfit to perform the service that we require for our nation in the military.

About 75 percent of young Americans today are unfit for military service, and that is a tragic figure. As the Chairwoman pointed out, more than one in five of our youth are too fat, overweight, obese, to meet the demands of military service. Others cannot meet the educational requirements or have a criminal background which disqualifies them.

Just to put a number on this, for the six years from 2006 to 2011, young men and women were denied enlistment at the rate of 62,000. Sixty-two-thousand young Americans during that period who could not qualify for military service because of their weight. Just to put a little easier number on it, that would man about 30 Air Force combat wings. It is an astounding figure and one that demands action.

Twelve-hundred first-term enlistees are discharged every year because of weight problems, 1,200. The military has to then go out and recruit and train replacements. I do not know how this adds up to the 14-cent apple, Chairwoman, but it is \$90 million a year that we spend to recruit and train those replacements. That would buy a lot of apples.

DOD spends another \$1.1 billion each year to treat obesity-related illnesses through our military medicine and TRICARE programs.

The military is responding to these problems. They have launched a number of initiatives to deal with the issues, but they need help, and that is why the school nutrition environment is so important. A child who is overweight in his preteen years has an 80 percent chance of being obese by age 25, and those are the ones who cannot meet the requirements for military service.

In 2010, our group released a report, "Too Fat to Fight," and another in 2012, "Still Too Fat to Fight," and they examine how obesity affects our military and highlight the need for standards in our School Lunch Program. When "Too Fat to Fight" was released in 2010, our children were consuming way too many junk food calories, the equivalent of two billion candy bars a year. By the way, two billion candy bars weighs more than the Aircraft Carrier Midway.

But, the revised standards that this committee endorsed in 2010 are beginning to show results. The steady upward march in rates of obesity is slowing, and in some age groups has been reversed. Cultural change does not happen quickly, but if given time to work their magic, the changes set forth in 2010 will give us a stronger military in 2030 and a healthier nation, as well.

On behalf of the 450 generals and admirals of Mission: Readiness, I thank you for this opportunity to highlight the link between childhood nutrition and national security. We look forward to working with the committee as you continue this important work. Thank you.

[The prepared statement of General Hawley can be found on page XX in the appendix.]

Chairwoman STABENOW. Thank you very much for that testimony.

Mr. Thornton, welcome again.

STATEMENT OF OTHA THORNTON, JR., PRESIDENT, NATIONAL PARENT TEACHER ASSOCIATION, FORT STEWART, GEORGIA

Mr. THORNTON. Chairman Stabenow, committee members, and my fellow distinguished panelists, I am honored to have the opportunity to speak before you on behalf of over four million members of the National Parent Teacher Association. With more than 24,000 local units, PTA exists in all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Department of Defense Schools in Europe.

I currently serve as President of the National PTA, an elected volunteer position that I assumed in June of last year. In addition to my involvement with National PTA, I have been active in State and local PTAs in Georgia, Maryland, Texas, Michigan, and Kaiserslautern, Germany. I am currently employed as a Senior Operations Analyst with General Dynamics at Fort Stewart, Georgia, and I am a retired Lieutenant Colonel. Most importantly, I have over two decades of experience as a father of my two wonderful children with my wife, Caryn, Candice and Tre.

PTA was founded in 1897 and is the oldest and largest volunteer child advocacy organization in the United States. PTA's legacy of influencing policy to protect the education, health, and overall well-being of children has made an indelible impact in the lives of millions of children and their families. This legacy includes the creation of kindergarten classes, a juvenile justice system, child labor laws, and mandatory immunizations for school children. Our mission is to be a powerful voice for every child.

With regards to today's hearing, one of the fundamental purposes of PTA is to preserve children's health and protect them from harm. PTA has been at the table from the beginning, piloting a hot lunch program in schools in the 1920s that led to PTA's advocacy for a National School Lunch Program, and each subsequent reauthorization of the Richard B. Russell National School Lunch Act.

Most recently, the PTA and our coalition partners fought for the passage of the Healthy, Hunger-Free Kids Act, which has made significant updates to our nation's Child Nutrition Programs. PTA viewed this as both a win for the kids and also the parents, because parents knew that, for the first time, no matter what our kids purchased in the cafeteria, it was going to be good for them. As for the primary decision makers in our kids' lives, it also provided us as parents a stronger role through local wellness policy development, implementation, and evaluation. As I always say, if you are not at the table, you are on the menu.

I mention these accomplishments not only to underscore PTA's commitment to the well-being of our nation's children, but also to provide a historical context for where we are today. We have made a commitment to our children for over 70 years to do the right thing in the cafeteria and we cannot turn our backs now.

I know some of my fellow panelists will address the reality of our nation's obesity crisis as it relates to our overall health and national security, so as a PTA leader and father, I am here today to tell you that our parents and families are committed to working to-

gether to ensure the continued success of our nation's Child Nutrition Programs.

Where are we today? Schools are making exceptional progress in the nutritional quality of the meals that they are serving to our kids. There have been challenges along the way, but that is to be expected. We are parents, after all. When was the last time you changed rules for your kids in the interest of their well-being and your kids were happy about it? Do we have anyone here?

As a partner in the school building, PTA and parents understand there are certain challenging realities. There is never enough time, seldom enough money, and oftentimes minimum resources, but that has never and can never be a free pass not to do the right thing for our kids. For parents, it means that we need to step up to the plate and support our schools, the board, the administration, the school food service, the teachers, the students to make sure that the school meals are successful. That means having a seat at the table and finding solutions to the challenges.

Do we need updated kitchen equipment to serve fresh food? Well, how are we going to secure funding? Do we need volunteers so breakfast can be served in the classroom? Well, let us get some parents and grandparents together. Do we need to taste test some of the new items? How can we help? Do we need to adjust our fundraising practices? Let's do this.

One of the most common questions that we hear as we travel around the country is, will our kids have enough time to eat lunch? How can we solve this problem? We can do this together. It may take a little bit of time and a lot of effort, but we can do it.

In closing, thank you for having me here for this testimony.

[The prepared statement of Mr. Thornton can be found on page XX in the appendix.]

Chairwoman STABENOW. Thank you very much.

Dr. Cook, welcome.

STEPHEN R. COOK, M.D., ASSOCIATE PROFESSOR, SCHOOL OF MEDICINE AND DENTISTRY, UNIVERSITY OF ROCHESTER MEDICAL SCHOOL, ROCHESTER, NEW YORK

Dr. COOK. Thank you very much, Chairwoman Stabenow and distinguished members of the committee. I am both a pediatrician and adult internist from Upstate New York and an American Heart Association volunteer.

The unintended benefit of my dual training is now being realized in the current childhood obesity epidemic. Today, I see young patients with Type 2 diabetes, high cholesterol and fatty liver disease. These are conditions which I am familiar with as an internist treating adult patients, but my pediatric colleagues never saw before. In other words, our children are developing adult diseases accelerated by their poor diets and developing obesity.

The statistics are grim. Today, one in three kids or teens are overweight or obese, nearly tripled from the 1960s. Hypertension, high cholesterol, Type 2 diabetes are affecting children and adolescents at unprecedented levels. Not surprisingly, more than 90 percent of children meet none or only one of the five components the American Heart Association uses to define a healthy diet, such as eating more fruits and vegetables or more whole grains.

Beyond the toll and human suffering, obesity is associated with diseases with a steep price tag. The cost of treating obesity-related illnesses in the U.S. tripled just over a decade, from \$78 billion in 1998 to \$270 billion in 2009. Let me tell you a story behind some of these statistics.

I currently work in a pediatric practice at the Children's Hospital at the University of Rochester and I am on the front line of the war against childhood obesity. Almost half the students in the Rochester City School District are considered overweight or obese, and nearly 80 percent of these students qualify for Free and Reduced Lunch, in many instances, that being the only healthy meal they receive all day.

It was during my fellowship training in Rochester that I learned a very important lesson I would like to share with you. I learned that I, as a pediatrician, must care for children and families beyond the four walls of my office. I could provide life-saving vaccines or medications, but what good would it do if these very same children were doomed to a life of chronic disease and early death brought upon in part by unhealthy diets?

On a positive note, I have seen firsthand how children's eating and activity habits are established very early in life. It is a critical window when eating habits and healthy lifestyles are imprinted behaviorally and biologically. It provides a great, and, I would argue, unique opportunity for improving the health of our nation's children, lowering medical costs, and improving productivity.

I would like to illustrate the delicate balance of a small change and consistent change in the life of a child and how, if made correctly at the right times, allow for prevention and treatment really to overlap. A colleague of mine and I had a three-year-old patient who, during his annual check-up, was found to have a BMI in the obese range, actually, 97th percentile. She discussed with the child's mother the boy's beverage habits and drinking, and which the mom did not think was a problem until he returned for his four-year check-up in which he was still obese, now at the 98th percentile for age. They discussed cutting back on the sugary beverages along with instituting some behavior changes related to nutrition and his inactivity level.

He came in for regular visits over the next two-and-a-half years and his weight continued to increase, but more slowly. Over his last two visits, his weight actually decreased by just over a pound. This was over seven months. But, by now, his BMI percentile was 69th percentile for age, right where it should be, right in the normal change.

These changes in behavior we discussed were not of a high intensity level, like a treatment level needed for older children or those more severely affected by obesity, but the consistent message as part of well child visits, with age-appropriate recommendations for nutrition, physical activity, screen time, and sleep. This is also a motivated parent who sought out resources, including ensuring her son attended a high-quality child care center that was moving to improve policies around meals and snacks. The patient is now on the right path for a healthy life.

Programs authorized by the Healthy, Hunger-Free Kids Act set the stage for millions of children to also get a head start for a life-

time of healthy habits. Based on solid clinical research, I urge the committee and Congress to continue the good work with school districts to prioritize Child Nutrition Programs. It is great up-front investment in our children and our nation's future. To do less is unacceptable.

I also believe that we cannot let perfect be the enemy of good. The USDA and schools can work through challenges while at the same time applying evidence-based strategies for altering the food environment and the presentation with minimal cost.

Let me conclude by noting that the programs in child nutrition reauthorization play a critical role in improving the health of our nation's children, their future, and our nation's future. It is one of the many strategies that, while alone will not be enough, must be implemented to turn the tide on obesity and the many other chronic obesity-related conditions among America's youth. The very lives of our children are at stake. Thank you.

[The prepared statement of Dr. Cook can be found on page XX in the appendix.]

Chairwoman STABENOW. Well, thank you very much, Doctor, for that testimony.

Principal Stanislaus, welcome.

STATEMENT OF YOLANDA STANISLAUS, PRINCIPAL, FRANCIS SCOTT KEY MIDDLE SCHOOL, SILVER SPRING, MARYLAND

Ms. STANISLAUS. Welcome, and thank you for having me. Good morning, Chairwoman Stabenow and members of the committee, and thank you for this opportunity to share my experience and views on the importance of Child Nutrition Programs like School Breakfast and School Lunch.

When I think about this issue of school nutrition from the perspective of a principal and parent of both a middle school and elementary-age child, the benefits of universal or Free and Reduced Meals Programs is obvious. In addition, I was a child of two working-class parents who worked tirelessly to clothe, feed, and nurture five children. As a child, I participated in the meal program at my school. I recall looking forward to going to school every day and wondering what was going to be served for breakfast and lunch. I can testify firsthand that the School Meal Program had a positive impact on my life and my learning.

There are children in classrooms all over this nation, in cities, in suburbs, and in communities, who are coming to school extremely eager to learn. In order for students to learn at high levels, they must be prepared and ready to concentrate by starting their day off with a nutritious breakfast.

The numbers show that one out of five school-age children struggle with hunger in this country. I can tell you that on a more personal note, I have 65 percent of my students who receive Free and Reduced Breakfast and Lunch daily, and they are still struggling with having enough to eat at home. I can also tell you that this makes it harder for them to learn.

I am not alone. There are teachers and principals all over this country who will tell you the same thing. There are children in classrooms all over the nation, cities and suburbs, who are coming to school too hungry to learn. In some cases, the nutritious school

breakfast and lunch are the only meals the students have on a daily basis.

Children who consistently do not get enough to eat tend to go to the nurse more often, have trouble focusing on lessons, which often result in off-task behavior and difficulties with sharing their best thinking on their tests. Research shows that students who do get enough nutrition on a daily basis feel better, learn more, develop good eating habits, and grow up stronger.

We spend so much time and thought and money in this nation around educating our children. We ask questions like, how do we improve our test scores? How do we ensure that students graduate? There are some wonderful programs and innovations to educate our kids, but if they are too hungry to learn, we have lost them before we have begun.

There are two really key times I see hunger as a widespread problem, in the mornings and after the summer and the start of the school year. For students of low-income families, their nutrition comes from school meals. Without school breakfast and lunch, these students would not get the nutrition they need.

You can really see it in the morning. I have seen students come to school and they have not eaten since lunch the day before. They are irritable. They cannot focus. They are only able to think about where their next meal is coming from. I am grateful that my school has a universal Free Breakfast Program. This program enables all of my students to receive nutritious breakfast and start their day off right.

Another danger time is over the summer vacation. Students do not get school meals when school is out of session. You can see a real difference at the start of the school year between students who had enough to eat over the breaks and those who struggled. The ones who may not have been getting consistent meals are more stressed out. They take longer to get into the swing of the school year. They have forgotten a lot of what they have learned the year before, and it makes a real difference with their progress.

As a principal, I make it my duty to greet my students every morning. This is an opportunity for me to quickly gauge my students' current social-emotional state. This particular morning, I noticed a student who appeared tired and unhappy. Before I could ask him what was wrong, he asked me, "Ms. Stanislaus, are we going to be getting breakfast this morning? I do not have any money." I quickly reassured him that breakfast was waiting for him in his first period classroom. A sense of relief came over his face and he quickly proceeded into the building. This and many other stories similar to this one confirms for me how important it is that schools have a nutritious Breakfast and Lunch Program for students and how much they rely on them on a daily basis.

I would like to share with you some current research conducted by the nonprofit organization, No Kid Hungry, and the consulting firm Deloitte. They analyzed the ways hunger affects a child's ability to learn. Their research focused primarily on what happens when students from low-income families get the breakfast every day. Here are some of their findings. Their attendance rate went up. Tardiness and absences went down. On average, students scored 17.5 percent higher on math assessments.

Higher attendance and higher test scores are closely tied to graduation rates. Students who attend school regularly and receive better grades are 20 percent more likely to graduate from high school. This has a huge potential impact on their futures and ours. High school graduates are more likely to find better employment, make higher salaries, and become self-sufficient.

I thank you for this time. Once again, I am the proud Principal of Francis Scott Key Middle School.

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

Chairwoman STABENOW. Well, thank you so much. Thank you to each of you for your important testimony.

First, let me start, General Hawley, with you. I know that, as you have said, since 2012, the Department of Defense has really expanded its efforts to combat obesity, and I think, as you indicated, as well, people would be surprised that we start this whole process of reauthorization talking about what is happening in our military and Department of Defense, but it is a very real, concrete example of what is happening in terms of obesity in our country.

I know you are investing—the DOD is investing a lot of time and funding to prevent obesity. Could you talk a little bit more about those investments versus the amount of money being spent to treat obesity?

General HAWLEY. I retired some years ago, so I cannot claim to be an expert on everything going on in DOD today, but I do know that they have instituted a number of trial programs—the Healthy Base Initiative, which includes all of the services—to institute programs to increase awareness of the problem among our soldiers, sailors, airmen, Marine, and Coast Guardsmen, because, as some of the testimony pointed out, sometimes people do not even understand what their diet is doing to them.

They are doing things like color-coding items in the commissary and in the dining hall, dining facilities, red, green, yellow. The green says, hey, you can eat all that you want. It is good for you. It will help you be a better person in the military, a better soldier, sailor, airman. If it is yellow, well, maybe not so much. If it is red, hey, why do you not avoid that? That is full of sugar and that is not good for you.

The Air Force, I know, has instituted a program recently on a trial basis that they hope to expand, Better Food, Better Body, again, trying to increase awareness among our airmen to let them know that, hey, your nutrition is important. It is going to affect how you perform. Of course, your performance is going to affect how well you do in your career in our service.

There is a lot going on and I know it is going to expand because this is a very important item.

The cost of those programs is insignificant compared to the cost of treating the problem. I think I cited the number \$1.1 billion to treat obesity and overweight-related illnesses in our military medical system and the TRICARE program that supports people like me and others. It is—you cited 14 cents, I think, versus \$14 billion. There is just no comparison.

Chairwoman STABENOW. Well, thank you.

Principal Stanislaus, could you talk a little bit about, as a principal, how your school is working to ensure that kids are receiving healthy breakfasts and healthy lunches. What kinds of things are you doing?

Ms. STANISLAUS. We were fortunate enough this year to receive a grant from the State that allowed us to have a Free Breakfast Program for not only the 65 percent of our students who would receive a Free and Reduced Meals Breakfast, but for all students. It is—we already had in place what we called a Sustained Silent Reading in the morning, and once we received the Breakfast Program, we were able to bring the breakfast items into the first period classroom. Now we call it Books and Breakfast and it works out really nicely.

The students—I have seen an increase in my attendance rate. I have seen—and I check it every week. We are certain to check if students are coming in on time and are there at school and ready to learn. We have seen some great increases.

Another partnership that I formed was a partnership with the University of Maryland at my former school, where they would come in and actually have lessons with the students on the importance of nutrition.

I really think that it starts with the advocacy of the principal and tapping into the resources. I work very, very closely with our Food Services Director and our program in my county and I am consistently asking for opportunities for my students and my community. We were selected for this summer, one of 12 schools to receive a Summer Lunch Program. Not only will my students benefit, but students who live in that community up to age 18 are welcome to come to my school for a free lunch.

Chairwoman STABENOW. Thank you.

One more question here before my time is up. Mr. Thornton, could you talk from the parent standpoint about working together to make the school programs a success, a little bit more about how you see parents in the involvement.

Mr. THORNTON. Madame Chairwoman, first of all, we believe, and we really push for a solid wellness policy around our school systems. PTA uses six standards for effective school partnerships in working on issues such as nutrition. One, welcoming all families into the school and communicating effectively around these particular programs are two of the standards.

Just to give you an example, at home we understand the importance of the family meal. Sometimes, families do not have the time to properly plan and we understand that. One of the tools that we have is a partnership with the Healthy Weight Commitment Foundation to provide grants to a lot of local PTA units around the country to help parents work on nutrition and educate them on nutrition within the schools. What does a healthy plate look like? What does a healthy grocery shopping trip look like? Those are some of the grants we've provided to assist our parents; one of the strategies that we use.

Chairwoman STABENOW. Thank you very much.

Senator Brown.

Senator BROWN. Thank you, Madam Chair.

I thank you all for your testimony. It was terrific. Thank you for that.

I want to make three quick comments before I get to my questions. First, I really appreciate General Hawley's comment and Chairwoman Stabenow's comment about the National School Lunch Program, created after World War II in response to far too many recruits being malnourished. I think it is always important to put anything this government does in historical context because it teaches us for the future, so thank you for that.

I wanted to mention, in Ohio, ProMedica, a health care provider in Northwest Ohio, out of Toledo, and provides also in Southeast Michigan, as the Chairwoman knows, announced a plan to reduce hunger and improve childhood nutrition. They view ending hunger not just as the moral issue that all of you view it as, I think, but also as one of the most important ways to lower health care costs.

The third point I wanted to make before directing some questions to Ms. Stanislaus is the Summer Feeding Program in my State, we have about 600,000 students every day that—in any single day, on the average, and getting the School Free or Reduced Breakfast or Lunch Program, 600,000 during the school year. In the summer, and we are maybe slightly above the national average, only about 60,000 students on any single day are participating in the Summer Feeding Program. You think of the difference there, 600,000 in a particular day in March or April, and in July and August, it is one-tenth of that, and what that says about what we are doing, where we need to go.

My questions are for Ms. Stanislaus. I would first say, if I had teenage children, I would want them to go to Francis Scott Key Middle School because I know the leadership that principals show and what a difference that makes in the whole school environment. Teachers are better. The students are better. The custodians are better. Everything is better. Thank you.

I held a conference call to Ohio reporters yesterday on the issue of summer feeding and asking them to help—I usually do not ask reporters or suggest what they write, but I asked them to help get the word out for these Summer Feeding Programs. Part of it is we only have about 1,700 sites, which is more than we have had some other summers. We get AmeriCorps and some other groups and individuals helping us build the sites. You have got to build them in May or June and then take them down in September, and you have got to find people to do it, churches and schools and libraries and all.

But, talk to me, if you would, talk to the committee, Ms. Stanislaus, what that means in terms of the huge drop-off, not just weekends—do not talk the weekends and during the school year, but in the summer, what that actually means to children, to their development, to their physical and mental development, to their preparation the next fall for school, all that means.

Ms. STANISLAUS. Thank you. When I look into their faces, that is where I start. I can see immediately if a student has been really taken care of over the summer, has had nutritious meals. You can tell by their physical appearance, by their level of energy when they come back, just even—it does not even take a summer. You can see over, like, a spring break, if they come back, very often, it

takes them a lot longer to get ready for their school day, for their school week. If school starts on a Monday, they may be ready by Wednesday.

What I have noticed was just a drop in their socialization. I have noticed them misbehaving more, where when they have a level of consistency, when they know that, they have eaten every day and it is a nutritious breakfast, lunch, their anxiety does not go up. Right now is the second-to-last day of school in my school and many other middle schools, and as principals talk, we are noticing that the anxiety in our children are really increasing. I think a part of it is because they know that they are not going to be able to come in and get that free breakfast and free lunch.

I am fortunate to have a school that will have that this summer, but not all schools in my system have it, only 12. So——

Senator BROWN. Talk to me—if I could take another few seconds——

Chairwoman STABENOW. Sure.

Senator BROWN. Understanding, probably in the State of Maryland, the Summer Feeding Program is roughly ten or 12 or 15 percent of those during the year. How does that compare? If you have an active middle school like yours with however many students that you said it is a universal free breakfast, how many of them are there in the summer and what can we learn from what you do there in your geographic location to reach into communities and do better everywhere?

Ms. STANISLAUS. Thank you. It starts with communicating. That is first. I—this summer will be my actual first summer with this school to see exactly how this program works. I do have over 900 students. It is us really reaching out to the parents——

Senator BROWN. You have 900 during the school year——

Ms. STANISLAUS. Yes.

Senator BROWN. —or 900 in the summer——

Ms. STANISLAUS. During this current school year.

Senator BROWN. Okay. How many do you have in the summer feeding? You do not know yet.

Ms. STANISLAUS. Well, it is open to everyone, and I am not sure yet, because this will be the first summer——

Senator BROWN. But, last year, do you know how many they had?

Ms. STANISLAUS. We did not have the summer program——

Senator BROWN. You did not have it last year.

Ms. STANISLAUS. —and that is where, you know. We are really excited to have it this year, and I will—I can get back to you and let you know the success of it.

Senator BROWN. Will you—if I can interrupt again. I apologize.

Ms. STANISLAUS. Sure. No problem.

Senator BROWN. Sorry, Madam Chair. Do you use the same—I know in most—it seems most that I have watched and been part, I mean, been part as an observer, the breakfasts and lunches and the snacks in the summer are pretty much pre-prepared in boxes and all that. Will you, in the Summer Feeding Program, because you are using the middle school's cafeteria, I assume——

Ms. STANISLAUS. Mm-hmm.

Senator BROWN. —will you prepare these lunches and breakfasts the same way you do during the school year?

Ms. STANISLAUS. Yes. They will get warm lunches. Breakfast is usually a cold breakfast, a cereal and a bagel, a fruit. But, for the lunch package, it is going to be prepared the same way it would be prepared during the school year.

Senator BROWN. So—

Ms. STANISLAUS. They are actually going to have—hire staff to come in and ensure that the teachers are teaching and the staff who are working in our cafeteria—

Ms. STANISLAUS. The reimbursement for this is enough to fund the same kind of feeding program that you do during the school year?

Ms. STANISLAUS. Hmm?

Senator BROWN. The same kind of preparation of food that you do during the school year?

Ms. STANISLAUS. Uh, yes.

Senator BROWN. The funding—

Ms. STANISLAUS. The county is handling the funding.

Senator BROWN. The county is going beyond what USDA does.

Ms. STANISLAUS. Yes.

Senator BROWN. Okay.

Ms. STANISLAUS. Yes.

Senator BROWN. Sorry for the length of that, Madam Chair.

Chairwoman STABENOW. No, thank you very much. That is an important question we are going to get into in reauthorization, and breakfasts versus lunch.

Another great children's advocate—we are so lucky on this committee to have Senator Brown and Senator Casey. Welcome. Thank you.

Senator CASEY. Madam Chair, thank you, and thank you for having this hearing and we have great testimony here and great witnesses.

Senator Brown was asking a lot of the questions that are on the minds of each of us when it comes to kind of a general point, the drop-off between the children that get either a breakfast or a lunch or both during the school year, and then in the summer, a huge drop-off.

In Pennsylvania, we have more than 1.8 million children enrolled in the School Lunch Program. A fraction of that are getting help in the summer, and that is one of our big challenges.

Just at the outset, I just want to make a brief statement about kind of a philosophy of mine, or a guiding principle for me. I think one of the problems we have nationally in terms of our national programs, national efforts—what you might even call a national strategy, which I do not think we have for children, but I think what we need—this question that we are examining in this hearing is, I think, at least one of the four pillars or one of the four parts of the strategy.

If we are doing the right thing—and we are not, we are a long way from this—we should make sure that every child has health insurance, every child has a quality early learning opportunity—and when I say every child, I mean every single one, that has to be the goal—that every child has the kinds of basic protections

from predators, and then, number four, and not in this order, is the issue we are talking about today, that children have access to enough food to eat, but making sure that it is nutritious food. If we did those four things for every child, we would be a much better country and our national security would be enhanced.

This is one of those four, and I know we do not have time for every question, but I wanted to ask—I wanted to start with Dr. Cook. The WIC Program, talk to me about that in terms of the Women, Infants, and Children Program as a preventative step to cut back on the potential that child will be obese down the road, if you can talk about that one particular program.

Dr. COOK. Sure, and thank you very much for the question. The Women, Infants, and Children Program represents a great opportunity. In New York, they piloted some of the first changes and we were able to see in our community how the offerings to the mothers were changing, more whole grains, better variety of foods for the mothers who are breastfeeding as well as for the infants and children, more culturally diverse food offerings, as well, which we also know is very appropriate. If a family comes from a certain cultural background, yet what they are offered is not relative to the parents who are preparing and serving these meals, it is not really going to work.

I think it also represents a great window, as pediatricians, where we look at another way to outreach to the families. If we can get WIC workers in our office, in our waiting rooms two days a month, where they can be there and make available the information to families, we feel that is a huge advantage.

I had mentioned before, 80 percent of children in our community—in the City of Rochester qualify for Free and Reduced Lunch, and because of that, the whole city school district has universal Lunch Program, as well. In the two largest practices in the city, ours and the other training practice that is affiliated with another hospital in our system, we have about 13,000 patients in each of them. Sixty-five percent, if not more, are Medicaid/Medicaid-eligible, and we know that just with those two practices, we reach approximately 45 percent of the children in the city. Just with those two sites, linking access to WIC and WIC enrollment represents a great opportunity to get the information out.

For the past couple of years, we have been working with our food pantry agency that is organizing the Summer Meal Programs, as well as some of the advocacy agencies, to get the information about where summer meals are into the pediatric practices. We do not see every kid, but when kids are coming in for a summer camp physical or for illness, we have that information available. We always try to think a season or two ahead, and that has been one of the strategies we have looked at specifically.

I am very fortunate, because where I trained in Rochester, the concept of community pediatrics was born because we felt we had to really reach out to children and families. We have done a great job with vaccines preventing so many illnesses in kids that we are now seeing this wave of new morbidity, and nutrition, physical inactivity, mental health issues are the core of that wave, and so we really have to think outside the four walls of our office.

Senator CASEY. I was going to ask you a question, but I will answer the question in my own way. I think if you just looked at one indicator of how we are doing in terms of national policy that undergirds a national strategy for helping pregnant women, I do not think we would get a very high letter grade, maybe a D. That is my opinion, but I think we have a long way to go, and WIC plays a role in that, as you know.

I know we are almost out of time, but I wanted to ask our principal, Principal Stanislaus, maybe just on a lighter note, when you talked about irritability in the morning and Sustained Silent Reading periods, that might help in the Senate.

[Laughter.]

Senator CASEY. We do not need more irritability. We have got plenty of that. But, Sustained Silent Reading, I think we should consider for Senators. We are pretty irritable when we are not eating.

But, just this whole question, which is so central to the life of a child. I like to say that if kids learn more now, they are going to earn more later, but you cannot really learn if you are hungry. You cannot really learn if you have got a lot of other things happening to you. But, just this basic, fundamental question about the trouble that children have concentrating—

Ms. STANISLAUS. Mm-hmm.

Senator CASEY. —because of lack of access to food or nutritious food. Talk about that for a moment. I know you spoke to it, but—

Ms. STANISLAUS. Right. I think for me, personally, because I was one of those children and I have a personal connection to what that really feels like if you do not have your breakfast because—or you do not have dinner because there is nothing at home to eat and you are truly waiting to come to school for that meal, I can get it because I can just kind of envision what that feels like because I have lived it. I understand. Even when my students are—it is middle schoolers. We all know at times they say, “Oh, I am fine,” or try to be too proud. I know what that really, really means. It may just mean taking them into another location and saying, oh, here. Here is your breakfast.

Yes, it plays a very, very heavy role. That is why, I think, as a principal, you really need to be in touch with the social-emotional side of where your children are and really get to know them and get to know their families. Unfortunately, there is a really big stigma with being a student who receives Free and Reduced Meals. For some reason, they just know that, oh, I am a student who receives Free and Reduced Meals. But, having my Breakfast Program, it made such a difference because now everyone, any child, it does not matter of the income of their parent, can get their meal in the morning and it is no stigma attached.

It is really pushing students past that in order to help them unlock their best thinking, because if you cannot—if you are hungry, you are not going to concentrate. You may get some of the information, but you are going to miss most of the information. At times, the hunger and the misbehavior tend to go hand-in-hand. Once you take care of that fundamental need, you often find that students are able to elevate their progress throughout the course of the day, throughout the course of the year.

Senator CASEY. Thanks very much. Thank you, Madam Chair.
Chairwoman STABENOW. Thank you.

Senator KLOBUCHAR.

Senator KLOBUCHAR. Well, thank you very much. I am sorry I was late. I was at a Judiciary hearing where we had some votes. But, I knew I was at the right hearing when I saw Senator Gillibrand's orange peels right here.

[Laughter.]

Senator KLOBUCHAR. Thank you so much to our witnesses, and thank you to the Chairman for holding this hearing.

In 2010, we overwhelmingly approved major reforms to the Child Nutrition Programs through the Healthy, Hunger-Free Kids Act, and I supported that legislation, felt very strongly about it, and I oppose some of the current efforts to roll it back. I think that we have shown a bit of progress with some stability in the numbers and the rates of childhood obesity, but I think we all know that there is a lot more work to be done.

I guess I would start with you, General Hawley. In your testimony, you included an anecdote about school kids and the consumption of nearly two million candy bars. I think you said it weighed more than the U.S.S. Midway Aircraft Carrier. That is quite a picture. I have worked closely with Senator Harkin to change the standards for vending machines and a la carte lines, and the Smart Snacks in school provision takes effect, as you know, July 1st. In your view, what role do vending machines and a la carte lines play in medical disqualifications in recruitment?

General HAWLEY. Well, I think they play a huge role. We all know that sugar is a primary contributor to this problem, the overconsumption of sugar. I am not an expert on what is going on in today's schools, because my kids grew up a long time ago, but I can relate a tale from one of my partners in this effort who related the fact that when he was a child growing up in North Carolina, they had cigarette machines in the schools. This is a place where kids go to get—

Senator KLOBUCHAR. Okay.

General HAWLEY. —bad habits reinforced. Our experience in the military is that by the time we get them as recruits, it is almost too late to influence their habits, because we all know that we develop eating habits early. I like the things that my mother fed me when I was a child. I am 72 years old and nothing has changed. These habits that our children form by accessing these vending machines with unhealthy foods, sugary drinks, Twinkies, you name it, shape their habits going forward—

That affects our ability as military services to recruit adequately. It contributes to the fact that only 25 percent of enlistment-eligible youth could join the military if they walked into a recruiter's office today. We need to get a handle on that.

Senator KLOBUCHAR. Okay. Ms. Stanislaus, thanks for your work as a principal. My mom taught second grade until she was 70 years old. She had 30 second graders at age 70, so I really appreciate your work.

As implementation of the Healthy, Hunger-Free Kids Act continues, USDA, as you know, has provided additional technical assistance, including \$25 million in grant funding to help schools pur-

chase kitchen equipment that will allow them to provide healthier meals.

As an administrator who works closely with the cafeteria in your school, do you think that there is going to be more investment in kitchen equipment in order to provide healthier meals?

Ms. STANISLAUS. I think that for my county, the Food Services Administrators, they often visit our school to monitor and ensure that the lunches that we are serving are healthy. I have to say that my county has done a really great job with giving our school and all of the schools across the county kind of a guideline as to what is acceptable nutritional values. Days of pizza parties are gone, because we want to ensure that the foods that we are serving are of really high nutritional value.

I think about the vending machine. We do have a vending machine. It is on a timer, and I thank you for ensuring that we do have healthy snacks in the vending machine that are not only befitting what the expectation here is for this committee, but also the expectation for my county. Students, yes, they are allowed to go to the vending machines, but after they have eaten their meals.

Getting back to the equipment in the kitchen, everything for our kitchen, we are really, I would say, pretty much doing okay. But, if there is ever anything that we need, the county is right there to support my staff.

Senator KLOBUCHAR. Thank you, and our State has actually been a leader in bringing the Farm to School Programs in place. I am out of time here, but I will ask you about that in writing. Thank you very much for all your work, and—

Ms. STANISLAUS. Thank you.

Senator KLOBUCHAR. —we know that change is not easy, but I think these standards are very important and I do not think now is the time to roll them back. Thank you.

Chairwoman STABENOW. Thank you very much.

Senator Thune.

Senator THUNE. Thank you, Madam Chairwoman, and thank you all for being here and for providing great insights on this important subject.

General, thank you for your service. Welcome back. It is nice to see you again. I am interested in the fact that 25 percent of our young people 17 to 24 are eligible, and you listed academic preparedness, obesity, and criminal records as the three, and I guess—where does obesity fit into that, and how has that changed in the time that you were in the service relative to those other factors?

General HAWLEY. Well, on the first point, our best—people are disqualified sometimes for multiple reasons, so it is a little hard to pin down exactly what percentage is due to overweight or obesity, but better than one in five of the disqualified applicants are attributable to overweight or obesity.

Senator THUNE. Okay.

General HAWLEY. The change is dramatic, of course, over the course of my service. I became a Second Lieutenant in 1964. It was a very different country then and obesity was not nearly the problem that we have today. I cannot give you the number, but I would guess it was below ten percent were rejected from service because of their weight.

Senator THUNE. Well, and you said 1,200 a year are discharged because of that. Is that—when they are discharged, we assume that when they came in, they met the weight requirements, and then what contributes to that while they are in the service? How do they—

General HAWLEY. I think most of them were borderline when they came in, and, of course, we feed them very well.

[Laughter.]

Senator THUNE. Right.

General HAWLEY. We exercise a lot, but we offer a lot of food. Sometimes it is due to other factors. They have consumed so many sugary drinks rather than milk and too few vegetables so their bones are brittle and we wind up with—it is both a weight-related problem and a diet-related problem, so they suffer fractures, serious sprains, whatever. But, there is a lot of issues with those, and every time we have to discharge one for these problems, we spend about \$75,000 to go recruit a replacement and train them, to the tune of about \$90 million a year.

Senator THUNE. Let me just—I can direct this to anybody on the panel, but, just, what can be done to encourage parents to do a better job, take more responsibility for providing healthy, nutritious meals for children? I mean, people kind of hearken back to their younger days. When I was growing up, I grew up in a small town. We did not have a School Lunch Program, so everybody either went home or they brought a sack lunch to school. We, fortunately, lived close enough to the school that we would go home, but my parents both worked, and somehow, my mother managed to get up in the morning and get something for us for breakfast and then put something in the oven for lunch.

It is a very different world today, but what can we do to encourage, better incentivize parents to complement the meals that are provided at the schools and ensure that our kids are getting the nutrition that they need?

Dr. COOK. I can speak on that topic from the standpoint of I have yet to meet a parent that does not want to try to provide the basic necessities, as we have heard. Feeding and sleeping are probably the most important things to the parent of a newborn. It is really important to craft that message and think about that message very early. We are even looking at and seeing research that it is at the time of conception and during pregnancies, when mothers are planning what they are going to do for their child—where they sleep, how they feed, if they breastfeed, a number of things that go on that actually sustain those behaviors very early.

It is really important to understand, and when I say parents, unfortunately, this does become much a burden of mothers because of their role. I think it is really important to understand that identifying these issues very early at the health of pregnancy can be one of the early windows to try to identify where parents feel is normal and not normal, what is really healthy versus perceived healthy.

We have hit on history a lot here and I find that very important, and one of the best advocates I have often found is when grandma is in the room, because that can be a great resource for the family. Unfortunately, many of the families I see, not really the traditional nuclear family are very disconnected. They may not have the same

type of social support and social structure that can give that type of beneficial anecdotal evidence.

I think it is important to understand, the evidence is very difficult to figure out in kids because you cannot do a research study in a child the same way you can in an adult. They are a protected population. It is using history, using families, and in this case, providing those resources at really critical times, and in infancy and childhood, getting families to adopt these behaviors is really an important time because it can imprint these behaviors throughout their lifetime.

Senator THUNE. Do you think that we put too much—I mean, is it a disincentive to parents when you increase the number of meals and parents start shifting that responsibility to the schools and say, well, the school is going to take care of that?

Dr. COOK. I think it is a really important balance to try to strike, because the parents are assuming, and parents do have a respect for the school to protect their child, and so I think it represents that balance of they are assuming that it is the right thing that is being done there. As we have had parents engage schools around the PTA, around school wellness policies, they become very concerned and shocked when they are actually in there seeing what is available. I think it is a balance of the responsibility of the parent as well as the school, and that is why having parents involved in the process actually is moving this forward very well.

Senator THUNE. My time has expired, so thank you, Madam Chairman. Thank you all.

Chairwoman STABENOW. Thank you very much.

Senator Gillibrand.

Senator GILLIBRAND. Thank you. Thank you, Madam Chairwoman, for holding this hearing. I am very grateful.

Mr. Thornton, with the start of summer upon us, I am reminded that many of our low-income students and children will lose access to school breakfasts and lunches that they rely on during the school year and that both hunger and obesity go up during summer vacation. The Summer Nutrition Program ensures that low-income children have access to healthy food throughout the summer. Most Summer Nutrition Programs occur in tandem with education enrichment programs that keep kids learning, engaged, and safe during the summer months.

However, despite these benefits, summer meals only reach a fraction of eligible children and many children often do not have adequate access and go hungry during the summertime. Can you talk a little bit about the need to ensure access to healthy meals year-round so that children are returning for the school year healthy and ready to learn.

Mr. THORNTON. Senator, thank you for the question. Quickly, to address the former, Senator, one of the things I talk about to our over four million parents around the country is personal accountability. Education begins at home. Dr. Cook mentioned earlier, different people come from different stages in life. I am one of those kids who did not always have access to food during the summers. I mean, my family did the best they could, but, again, we have to keep that in mind as we look at the public school system its, use as a public good and that these type of programs help kids that

may not have the same privilege or opportunity as other kids have had.

Senator, as for the programs we are looking at and working on for our children, we are working with Secretary Vilsack and the Department of Agriculture and other organizations to help find those resources to get additional food for those kids in the summer, recognizing, as we heard the principal talk about today, the impact that it has on their academic performance and coming back to school after having to deal with that. Very directly, we are working with government agencies and our advocates to try to get those programs in the communities.

Senator GILLIBRAND. Thank you.

Dr. Cook, in New York, we talk a lot about the intersection of childhood obesity and actual hunger, that the quality of the nutrition that some of our most obese children are receiving is so low that they are actually obese but still starving. We address this a bit in the farm bill with food deserts, trying to make sure that inner cities or remote areas have access to affordable fruits and vegetables. You would be surprised. There are food deserts in the Bronx, in Brooklyn, in the North Country. In a State as wealthy and rich as New York, it seems outrageous.

But, can you talk a little bit about the intersection of hunger and obesity and what are the dynamics at play, and what are your best ideas for the School Nutrition Program to combat both, or any other programs that you think are worth mentioning.

Dr. Cook. Thank you very much for the question, Senator. The interaction of hunger and obesity is a really important and complex one. As research has actually really shown, the body physiologically adapts to these different states. Anecdotally, the story is always that at the beginning of the month, families have more food. Near the end of the month, there is less. We have seen evidence that shows that the eating patterns, the foods available in the home are different at the beginning of the month versus the end of the month.

The problem is that metabolically, physiologically, that actually has an impact on the body, and biologically, we are still cavemen. When we put on calories, the body's metabolism when we store that alters to hold on to that, to defend that weight, because we know we need to survive. Even though it is not the Stone Age, our bodies physiologically still respond that way, which makes weight loss extremely difficult.

You have a person, especially a child, who has gained a tremendous amount of weight for whatever reason, whether the origins are hunger, stress, depression, overfeeding and cyclic feeding patterns that you would see if you are having more calories at the beginning of the month versus the end. That makes it more difficult to lose weight.

The stress that comes with hunger also drives up hormones that drive up appetite. The distress that goes on in some of our children is obesity is just one of the manifestations of that. The hunger is always there. As we look at these children metabolically, even though their weight may be normal or high, they are nutrient deficient. We still see many children, obese children, who are iron deficient, who are borderline Vitamin D deficient, because while they

get excess calories, they are not getting the important nutrients. We know in childhood, especially in infancy and toddlerhood when the brain is growing, just like it is more susceptible to a small level of a toxin like lead—a small amount of lead fed to a child or a child is exposed to lead as a toddler has a big impact on the brain.

Very concerning that the nutrition science is coming along that is suggesting some of the same findings. Are we imprinting eating behaviors, or because of nutritional deficiencies, affecting the developmental growth, the brain growth in children.

Senator GILLIBRAND. Thank you, Doctor.

Ms. Stanislaus, can you talk about ways to increase participation in School Nutrition Programs, such as offering breakfast or lunch for free for all students, allowing students eligible for reduced price school meals to participate for free, or implementing a Breakfast Program.

Ms. STANISLAUS. I still struggle every year with having my parents complete a form that will make them eligible for their students to receive Free and Reduced Meals. As stated earlier, I currently have slightly over 65 percent of my students who are eligible for that, but I can assure you that I have more children in my building whose parents may not have felt comfortable filling out that form because it, in a sense, stigmatizes them.

Once we received the Free Breakfast Program for all students, it took that stigma away. Wow, would it not be amazing to have a Free Breakfast Program and a Free Lunch Program so that it would take away the stigmatism that goes with having to fill out that form and turn it in and, oh my gosh, what are they going to think about me.

I struggle with that every year. Sometimes, it is me calling a parent into my office and kind of having a heart-to-heart and letting them know, it is okay. I will take the form. I will personally turn it in. It makes that difference, but that is the difference, and the time that I am willing to take, and many of my colleagues, to ensure that the children get what they need.

In saying that, I think if it does not change, just exciting students about learning about nutrition, like Dr. Cook was saying, using food as fuel as opposed to, I just want to eat it because it really tastes good. They may—trying different things will excite them. In turn, I have found as a principal, often it excites the parents.

But, going back to if it were free for all, I can imagine that everyone would partake in the program.

Senator GILLIBRAND. Thank you, Madam Chair.

Ms. STANISLAUS. Thank you.

Chairwoman STABENOW. Thank you very much.

Senator BOOZMAN, we are so glad to see you.

Senator BOOZMAN. Thank you, Madam Chair. Thank you very much.

Ms. Stanislaus, I really do not have a question for you, but I do want to thank you. As a principal, I know how hard you all work. I was on the school board for seven years, and I tell my colleagues, it does not matter what issue we are discussing here, there are many school board issues that are much more tougher. We do ap-

preciate all that you represent and the people that work with you to get this done.

Dr. Cook, in your testimony, you told the story about a small change in beverage consumption that made a huge difference for a young person and got them back into the normal BMI range. Is there any other low-hanging fruit out there that we can do in the same manner?

Dr. COOK. The area that we look at in terms of low-hanging fruit—

Senator BOOZMAN. Maybe it is fruit.

[Laughter.]

Dr. COOK. Low-hanging vegetables, I would add.

[Laughter.]

Dr. COOK. I think both of those are part of the key points, and it is really important to find where the evidence is and then what is feasible. I can give patients all kinds of advice, but if it is not going to fit in their lifestyle, in their day, in their routine, it is not going to work. Relative in terms of the low-hanging fruit, early and often. Giving the message seven times is kind of a joke, but really a useful strategy.

If we have some of these same messages that we are using in our offices are being used in schools and day care centers around screen time, physical activity, active play, where they are running around—not necessarily has to be structured sports. Fruits and vegetables are really important and really tough, probably the toughest of all the behaviors because of access, taste, presentation, so many steps that can go into it. But, liquid calories really are very occult, and I say that because you could drink this package full of water or it could be a sugary beverage and the amount of fullness you will feel will be the same, and will probably be minimal. Yet, you could have 600 calories in there or you could have zero.

Senator BOOZMAN. Right.

Dr. COOK. The amount of time a parent or a child—actually, the amount of time a child needs to be active to burn 600 calories would probably drive a parent nuts—

[Laughter.]

Dr. COOK. —because of the amount of activity. I mean, a big misperception is that children are very active and it burns a lot of the calories. As liquid calories, being, really, an important first step. Screen time and—

Senator BOOZMAN. You run into—and I do not mean to interrupt you—

Dr. COOK. No, go ahead.

Senator BOOZMAN. But, you run into the same problem besides the Coke-type beverages. You would run into the same problem with some of the juice, high-calorie sugar—

Dr. COOK. Absolutely. I mean—

Senator BOOZMAN. —or carbohydrates.

Dr. COOK. Yes. I mean, virtually almost all the liquid calories we drink will fall into that range and it has a very similar pattern. The low-hanging fruit, a lot of times, can be liquid calories.

Again, screen time, very important. When we can bring in more evidence to reinforce it to parents—the screen time is bad because

it is mindless time. They are not active. It is actually more time for consumption. If you sit in front of a screen for five or six hours, you may not burn 100 calories, but you may eat 250 calories, and it is that occult eating that you do not catch. The same thing with kids, and it becomes a repetitive type of behavior. It also does not allow kids to relax and fall asleep easier, and that, again, is a very important concern for our parents.

Having the stealth type of intervention, or having the collateral type of advantage of these small steps can be really beneficial, and if we can give these in age-appropriate simple steps in our office and in other settings that reach families and children, like school, early child care programs, after school programs, then we are hitting them with multiple messages—the same message multiple times.

Senator BOOZMAN. In your testimony, you equated that to a normal BMI range. The BMI, it has some problems with it in the sense that there are body types and things. I hear from parents occasionally that you have a kid that is just a good, healthy, normal looking kid, and yet the BMI says that they are obese. Our body types are different. Is there another test that is coming out that perhaps will do a better job of identifying people that truly are in need?

Dr. COOK. I think that is a very important point, because BMI is a useful tool on a population level, and if measuring a thousand people, the top third fall in this range for health, on the individual level, it can be more limiting because it measures weight either as fat or as muscle. I always caution pediatricians to think about it. When we try to use the data, the higher the cut-off, the worse concern I have. But, in a young child, I will also ask a pediatrician, if they are asking for advice, what is the parent's weight, because having two obese parents as a three-year-old is actually a much bigger risk factor for that child to be an obese adult than their actual weight at the time.

Additional measures really comes out of the research that we are trying to develop and the importance of continuing this research and looking in children, because children are a group that are not studied as closely. We are putting more attention to it, and we need to understand what is the really normal physiological growth. I think the sad point is that we do not have as many children going through normal physiologic growth in our modern era than we would have even 30 years ago.

I would also add the point that, when parents will say, well, they are big boned, or they are pretty large, most toddlers, three-, four-, five-year-olds, do not have that much muscle mass. Even when their BMI is high, it is more likely going to have more components of body fat. Now, when it is teenagers and body and muscle mass and fat mass are changing, it is a different story and it can be very difficult.

But, I agree. It really does need to look at a mix of when we can identify BMI as the first step.

Senator BOOZMAN. Right.

Dr. COOK. What I like to say is, like not every tumor is cancer, not every high BMI is obesity—

Senator BOOZMAN. Right.

Dr. COOK. —and, so, we really do have to work on that.

Senator BOOZMAN. I think you make a good point. Even among the pediatric community, that is so well educated in this, my concern is that at the school level, where you have an administrator or whoever is doing these programs, and in many of our smaller schools, there are people like that. They simply look at a number, chart that in, and it is automatically that way without using any common sense along with it.

Dr. COOK. I agree, and I think schools have a lot of things on their plate, and doing fitness testing, we know, is beneficial, and increased cardiovascular fitness is beneficial for all kids. But, as we have seen in Rochester when asking parents and doing surveys, they want to hear about this and talk about this with their primary care provider. Even if we can off-load some of those burdens from schools of doing it, because that is where we are hearing—

Senator BOOZMAN. I agree.

Dr. COOK. —the few but loud stories of, this is not really an accurate measure of my child, well, that may or may not be true. But, maybe if we put it in a different context when health can be presented, it can take some of the burden off of schools and can put it in a setting where parents may be more comfortable to discuss it.

Senator BOOZMAN. Right. Thank you, Madam Chair.

Chairwoman STABENOW. Thank you very much. Really important questions and discussions.

We are going to be wrapping up, but I would like to ask each of you a closing question, the same question, that would be very helpful to us because we have been talking about child nutrition and the impact both within the school, but also more broadly for our country. If you could give the committee a piece of advice as we consider reauthorizing Child Nutrition Programs, what would you say is the most important thing we could do to address some of the concerns and the ideas that you have raised today.

I will start with General Hawley.

General HAWLEY. Well, I learned during my career that probably the most valuable trait you can have is persistence. As they say, persistence will out. I guess my advice would be, stay with it. This is an important program. I am sure it is not perfect and it can be improved. But, I think it is beginning to work. My view is that this is a cultural issue in our country and cultures take a long time to change. We should not expect instant results from any program, least of all one that tries to change the nation's eating habits. I give my advice, stay with it. Keep up the good work. I think, in time, we will see the results.

Chairwoman STABENOW. Okay. Great advice.

Mr. Thornton.

Mr. THORNTON. Thank you, Chairwoman. As we talk about these nutrition needs of our children, they remain the same whether you live in Iowa or Georgia. It is impractical to try to force parents to fight for access to healthier foods one school at a time. Instead of reinventing the wheel while facing the same obstacles, this is the way the reauthorization of these programs can continue to make a difference.

PTA has worked very hard throughout the history to ensure that kids had access to equal education, proper nutrition, proper fitness, and it is very, very important. I just thank you and the committee and all the panelists for engaging this topic, which is critical to the future of our children and our country. Make no mistake. The decisions during this reauthorization will have a definite impact on our schools, our hospitals, our economy, our military, our homes, and most importantly, our kids.

I thank you for this time.

Chairwoman STABENOW. Thank you very much.

Dr. Cook.

Dr. COOK. Thank you very much for the question. I find it a persistent question that we get a lot related to this as I give presentations, and sometimes it is the, what is the one thing I would do if I could do something, would be to get everyone to realize there is not one thing you can do. Everything is part of the problem. Each one of these strategies and proposals represents one percent of the solution. It cannot be left off. It is not the magic bullet. We need to include all of these.

We need to think global and act local, because that is where I find, like, a lot of social change occurs. It is going to occur at the grassroots level where it really can take hold and have that local relevant context that is really important.

I thank you for the question. Just to conclude, with obesity and with hunger, we discuss this a lot, and I think it is really important that obesity has come up as a disease, but it is probably the one disease that still exists that does not carry the dignity of other chronic diseases, and that is even more so a problem for children and adolescents. I think it is really important to make this about health, about health at any size, and promoting the health across all children and all families.

Chairwoman STABENOW. Thank you very much.

Principal Stanislaus.

Ms. STANISLAUS. Thank you, Chairwoman. We have mentioned a few times today that how the schools are really on the front lines. I thank you for this opportunity to share my thinking and my experiences with our school and my school system. The partnership is definitely something that I would say, let us continue this conversation and think about what actions that we will take and that we can take back to our schools and our school districts, continued opportunities to increase the education for parents.

What—just as a one principal schoolhouse, I often find that we struggle with funding to have different events for families, after school events. It does take money to put these things together. At times, we are robbing Peter to pay Paul in order to make this happen for our local communities. If we can think about opportunities for these partnerships with universities, as I mentioned earlier, or increased funding so we can have buses after school so that we can not only have the nutritious After School Program and Snack Program, but also physical activities and clubs that students can be a part of so they are not sitting in front of the screen at home.

I think this continued conversation, this conversation does not need to stop here. Getting feedback from other principals and

schools would be a great welcome to different educators and all educators. Thank you.

Chairwoman STABENOW. Thanks to each of you, and this discussion does not stop here. This is just the beginning. It was important to me that we start with the big picture of why we have these programs, why should we care about this. We are going to be hearing from all perspectives and working with everyone to make sure that the way things are done makes sense and are workable, and we certainly want to move forward, not backward. We do not intend to move backward, so we are going to move forward. But, we think it is very, very important that we talk about why, as a country, why, as a community, why, as parents and family members, that we need to care.

Thank you again to everyone. Let me just remind colleagues that any additional questions for the record should be submitted to the Committee Clerk five business days from today. That is 5:00 p.m. on Friday, June 20.

The hearing is adjourned.

[Whereupon, at 11:34 a.m., the committee was adjourned.]

A P P E N D I X

JUNE 12, 2014

Senate Committee on Agriculture, Nutrition & Forestry
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
June 12, 2014
Statement for the Record

Senator Robert P. Casey, Jr.

Madam Chairwoman, thank you for calling today's hearing. A child nutrition bill protects and assists the most vulnerable of our society – pregnant women and children who are food insecure, especially in a time of economic difficulties for so many families and communities across the country. Healthy, nutritious food is critically important to the health and well-being of our children. That is why I supported the *Healthy, Hunger-Free Kids Act*.

The investments that the federal government makes in programs like School Lunch and WIC means less money that we pay in health care costs for malnourished kids who develop health problems. Pennsylvania has about half a million children living in poverty. That's about 17% of the children in Pennsylvania. For some of these children, free or reduced-cost breakfast and lunch are the only reason that they don't spend the day hungry. It is important to make sure that the kids who rely on federal nutrition programs get healthy, nutritious meals.

The *Healthy, Hunger-Free Kids Act* helps to ensure more eligible children receive meals, increasing the number of eligible children and increasing the nutritional value of meals. Hungry and malnourished children cannot fully participate in school. If a child can't have the benefit of a school breakfast or lunch, they can't learn. It is as simple as that. None of us could learn. None of us can function if we don't have enough to eat.

If we invest in children, making sure they can learn at a very young age, they can learn more now and earn more later. We have to remain committed to these programs.

In the 2012-2013 school year, 43% of Pennsylvania's children were eligible for free or reduced price lunch. Therefore, about 670,807 of children were eligible for free lunch, 106, 813 children were eligible for reduced lunch and 1,811,485 children enrolled in school lunch program (including paid).

Finally, as the school year ends, it is also important to remember the times when children are out of school – summer, weekends, school breaks – and are going hungry.

Statement for the Record of Senator Thad Cochran
Ranking Member
Senate Committee on Agriculture, Nutrition and Forestry
“A National Priority: The Importance of Child Nutrition Programs to our Nation’s Health,
Economy and National Security”
June 12, 2014, Full Committee Hearing

Madam Chairwoman, while I regret that I was unable to participate, I want to express my thanks to you for holding this hearing. I appreciate your leadership in commencing the first child nutrition reauthorization hearing at this early date, as often the reauthorization process can prove to be lengthy.

The programs authorized under the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 are critical to our nation, and to Mississippi. As with much of our nation’s nutrition assistance, these programs hold a diverse set of benefits for our nation, and especially for agricultural producers and program recipients. The original intent of the school lunch program states in the policy declaration that the program was created 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.” In a global environment that requires vigilant national security and intense economic competition, it is imperative that we work to ensure that our nation’s youth are physically eligible for military service and are not malnourished at key times in brain development.

In Mississippi, nearly 400,000 children participate in the school lunch program. Many Mississippians also participate in the School Breakfast Program, the Special Supplemental Feeding Program for Women, Infants, and Children, and the other programs authorized under these statutes. The programs provide a safety net for our most vulnerable populations—mainly children—that are at times without sufficient food.

In addition to hunger, in Mississippi we also have health disparities and long term health challenges. However, in recent years we have made great strides in addressing both of these issues. Progress has been made in lowering obesity rates in Mississippi and nationwide, and it is my hope that continued work to encourage economic development in impoverished areas will help those who are at times unable to provide their families with adequate, nourishing food. In Mississippi, the State Office of Healthy Schools and Child Nutrition has worked diligently, employing unique procurement and other methods, to ensure that the federal programs operating under their jurisdiction work efficiently to serve nutritious food to those that need it most.

Periodic expiration and reauthorization of legislation provides Congress with the opportunity to review and evaluate programs. This opportunity should not be taken for granted; it is our responsibility to closely examine each program. Not every program needs a major overhaul, but every federal program can benefit from increased efficiency, improved integrity, and reduction of waste. These improvements can come through further flexibility, additional oversight, or reduced bureaucracy. I look forward to working with you, other Members of the Committee, and

program stakeholders to identify and execute both major and minor changes to improve these programs and make them work for the hungry children they are intended to serve.

Again, thank you for holding this hearing, and thank you to the witnesses for their testimony before the Committee.

Statement of Senator Patrick Leahy (D-Vt.)
Senate Committee on Agriculture, Nutrition, and Forestry
Hearing on "A National Priority: The Importance of Child Nutrition Programs
to our Nation's Health, Economy and National Security"
June 12, 2014

Thank you, Chairwoman Stabenow, for holding this hearing to discuss the critical importance of child nutrition programs in promoting the health and well-being of our Nation's children.

It is a sad reality that hunger is a regular part of life for far too many children in America today. For many children, the meals they get at school are sometimes the only things they will eat all day. In Vermont, over 25,000 children suffer from food insecurity. Children who live in food insecure homes are at a greater risk of developmental delays, poor academic performance, nutrient deficiencies, obesity and depression. Yet participation in food assistance programs, like the ones authorized by the Child Nutrition Act, turns these statistics on their head. The programs are critical to ensuring these children have access to healthy meals during the school day and in the summer.

When the first national school lunch program was created in 1946, children in this country were plagued with malnutrition from not having enough of the proper nutrients for health, growth and development. At the time, it was considered a matter of national security to safeguard the health and well-being of our nation's children. That has not changed. That was a far different era in the health of our Nation, but the importance of these programs and the children they help has not diminished.

By offering strong support for childhood nutrition programs as we did in the bipartisan Healthy, Hunger-Free Kids Act in 2010, we took an important step toward improving the health of America's children and addressing two of the greatest threats to their wellbeing and security: hunger and obesity. Supporting child nutrition programs is not only the right thing to do, but it is an historic investment in our children's future and in the Nation's future.

Not only are far too many children hungry in America, but childhood obesity rates are still troubling, with more than one-third of children in 2012 identified as overweight or obese. This represents a tripling of obesity rates among children in the last 30 years. Ensuring children grow up healthy requires early intervention, education about healthy eating, and ensuring access to essential nutrients that they may not have at home like milk, which is why reforms to include healthy food in schools are so critical.

One way Vermont has had success in connecting students to their food is through the Farm to School program. This proven, common-sense, community driven approach has improved the health and well-being of children while supporting our local farmers and economy. I believe that our school cafeterias should be treated as an extension of the classroom and as an opportunity for students to learn about nutrition, well-balanced meals, and about where their food comes from.

I am looking forward to reviewing the testimony offered today, which will offer different perspectives on the importance of investing in the health of our children—whether the reason is health, national security, education or the prevention of hunger.

I again thank the Chairwoman for calling us together to discuss this important topic as we begin to work on the reauthorization of child nutrition programs.

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**Prepared statement of
Dr. Stephen Cook, M.D., Ph.D. University of Rochester Medical Center
Before the U.S. Senate Committee on Agriculture, Nutrition and Forestry
Thursday, June 12, 2014**

Chairwoman Stabenow, Ranking Member Cochran and distinguished Members of the Committee, I am both a pediatrician and internist from Rochester, New York. The unintended benefit of this dual training is now being realized during the current childhood obesity epidemic. Today, I see young patients with type 2 diabetes, hypertension, and fatty liver disease. These are conditions with which I was familiar as an internist treating adult patients, but which my pediatric colleagues had never dealt with before. In other words, our children are developing adulthood diseases accelerated in large measure by their poor diets and becoming overweight or obese.

The statistics are alarming. Today, about one in three American kids and teens are overweight or obese – nearly triple the rate in 1963. Hypertension in kids is now at unprecedented levels; 14 percent of children ages 12-19 years in a recent study had hypertension. The presence of abnormal cholesterol levels in young people between the ages of 12-19 years has soared to over 20 percent. Healthcare providers are finding more and more children with type 2 diabetes, a disease that used to be seen only in older adults. As an active volunteer for the American Heart Association in New York State, I have closely followed this disturbing trend.

And not surprisingly, more than 90 percent of U.S. children meet none or only one of the five components that the American Heart Association uses to define a healthy diet. Indeed, the obesity epidemic can be traced back to a number of nutrition factors, such as higher costs for healthy foods, such as fruits and vegetables; cheaper junk foods and beverages, high in sugars and unhealthy fats; bigger portion sizes; and increased school vending and a la carte foods. A lack of regular physical activity is also a major factor that needs to be addressed.

Beyond the toll in human suffering and death, obesity and its associated diseases have a steep price tag for our nation. Obesity is a significant factor driving health care spending, accounting for an estimated 12 percent of growth in recent years. In fact, the cost of treating obesity-related illnesses in the U.S. tripled in just over a decade, from \$78 billion in 1998 to \$270 billion in 2009. Among adolescents, the total excess cost related to the current prevalence of adolescent

overweight and obesity is estimated to be \$254 billion – \$208 billion in lost productivity and \$46 billion in direct medical costs.

I witness all of this first hand in the City of Rochester where, shockingly, almost half of the children – 48 percent – are considered overweight or obese. I currently work in the pediatric primary care clinic at Children's Hospital at the University of Rochester. We have almost 13,000 patients, with about two-thirds living in poverty. We serve mostly children and teens who attend the Rochester City School District, where nearly 90 percent of students qualify for free or reduced-cost lunches – in many instances, the only healthy meal they will receive all day to nourish mind and body.

I learned from a legendary mentor at Rochester – Dr. Robert Haggerty – that we must speak up for those who cannot speak for themselves, or cast a vote and advocate for sound and responsible public policies and laws that will help our children grow into healthy and productive adulthood where they can realize their dreams. And for decades, our nation and lawmakers followed that course of action with amazing, lifesaving results.

Prevention and safety drastically improved the lives of our children with vaccines against deadly and crippling diseases such as polio, diphtheria, whooping cough, tetanus, and measles. Today, many states require schoolchildren to be inoculated against these and a host of other diseases, such as hepatitis A, before they can attend classes. Additionally, all 50 states now require child passenger protection measures, such as car safety seat requirements, and bike helmet laws, while originally unpopular, are gaining popularity and saving lives. The American Academy of Pediatrics recommends that all cyclists wear helmets that fit properly for each ride and supports legislation that requires all cyclists to wear them.

Due to this and other important actions at the federal, state, and local levels, Dr. Haggerty witnessed a rapid decline in acute injuries, illnesses and deaths in our children. Yet he also saw what he termed, "a wave of new morbidity" arising from many social and environmental-related changes in the lives of families and children that could be just as potentially lethal as the diseases we had largely eradicated through medical research. Poor nutrition and unhealthy lifestyles are among the more prominent.

As I trained for my profession, I learned a very important lesson that I would like to share with the Committee today. I learned that I must care for children and their families beyond the four walls of my office. I could bring to bear my arsenal of life-saving childhood vaccines and medications, but what good would they do if these very same children were doomed to a life of chronic disease and early death brought upon in part by the foods that they ate and a lack of regular physical activity.

I have seen firsthand how children's eating and activity habits are established very early in life. This critical window about how eating habits and healthy lifestyles are imprinted behaviorally and biologically provides a great, and I would argue, unique opportunity for improving the health of our nation's children, lowering medical costs and improving productivity.

Based on clinical based research – the bedrock of the American Heart Association's work – I urge the Committee and the full Congress to allow the U.S. Department of Agriculture to continue to work with school districts across our nation to fully implement the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). It is a great upfront investment in our children and our nation's future.

We cannot let the perfect be the enemy of the good. We cannot be distracted by the often misleading rhetoric about this landmark program. The USDA and schools can work through so-called "plate waste" issues, while at the same time, apply evidence-based strategies for altering the food environment and presentation with minimal costs. Such strategies have been tested by Cornell University's Food and Brand Lab and shown to have a positive and measurable impact on what children do and do take from the school lunch lines. These findings are helpful for all kids, regardless of whether they participate in free or reduced-cost school lunches.

Make no mistake about it; the HHFKA is making important strides in a critical area that was largely ignored by policymakers for years. It is a critical component of a larger effort over the past few decades to address a national problem. Healthy and nutritious foods are increasingly available to children and families. Food assistance programs, early childcare settings, schools, and supplemental nutrition programs are all now links in the chain to address and improve children's health. I see the impact on a daily basis. I see them in a now happy and healthy child.

Let me conclude with a few observations. The programs in child nutrition reauthorization plays a critical role in improving the health of our nation's children and their future. They are one of many strategies that, while alone, won't be enough, but need to be implemented to turn the tide on obesity and many other chronic, obesity-related conditions among America's youth.

I would like to illustrate the delicate balance of small consistent changes in the life of a child, and how, if they are made correctly at the right times, it allows for prevention and treatment to overlap.

My colleagues and I had a three year old male patient who, during his annual check-up, was found to have a BMI percentile in the range of obesity. His weight was 37.5 pounds and his height was 37.3 inches – a BMI at the 97th percentile. My colleague discussed the drinking habits the child had and his mom did not really think it was a problem – until he returned for his four year annual check-up, when he was at the 98th percentile. They discussed cutting back on the sugary beverages he was drinking, along with other behaviors relating to nutrition and physical activity. He came in for regular visits over the next two and a half years, and his weight continued to increase, but much more slowly. Over his last two visits, his weight actually decreased 1.1 pounds over seven months, and he was now at the 69th percentile for his age – right where he should be.

The changes in behavior weren't a high intensity type of intervention that is often needed for older children with more severe levels of obesity, but a consistent message is part of all well child visits, with age appropriate recommendations for nutrition, physical activity, screen time, and sleep. This situation also included a motivated parent who sought resources, including ensuring her son attended a high-quality childcare center that moved to improve policies around meals and snacks. This patient is now on the right path for a healthy life. Programs authorized by HHFKA set the stage for millions of children to also get a head start for a lifetime of healthy habits.

Unfortunately, we are seeing a frightening rise in musculoskeletal disorders affecting children suffering from obesity that suggests precursors of disabling conditions in early adulthood. The aforementioned rise in cardiovascular and metabolic abnormalities – not previously seen in youth – represent the onset of premature cardiovascular disease, and not in middle age, but in

the second or third decade of life – a time to be a healthy, productive adult contributing to the economy and vitality of America.

Beyond the obvious physical toll are the deep psychological, emotional, and social wounds inflicted upon children with obesity. Federal anti-bullying legislations originated out of concerns for children and youth with disabilities, different race or ethnic backgrounds, different intellectual capacities and different sexual orientations. However, we should not blind ourselves to the stark reality that obesity is the most common cause and frequently seen reason for teasing and bullying among today's youth. To quote the eminent pediatric psychiatrist, Dr. Hilde Bruch:

"The lot of fat children is a sad one. They are bashful and ashamed of their shapeless figures, yet unable to conceal them. Wherever they go they attract attention.....Obesity is a serious handicap in the social life of a child, even more so of a teenager. Obesity does not have the dignity of other diseases..."

We cannot allow obesity to be lumped into a category of personal choice. No choice or decision is made in a social-environmental vacuum, and obesity is far too complex a condition to simply dismiss as the bad decisions of weak individuals.

I want to thank the Committee for this opportunity to present my views on the importance of child nutrition programs to the health of our children. I urge the Committee and Congress to continue the good work with school districts to prioritize child nutrition programs. To do less is unacceptable. The very lives of our children are at stake.



**United States Senate
Committee on Agriculture, Nutrition and Forestry**

**A National Priority: The Importance of Child Nutrition Programs to our Nation's
Health, Economy and National Security
June 12, 2014**

**Written Testimony of:
Richard E. Hawley
General, U.S. Air Force (Retired)**

**On behalf of:
MISSION: READINESS**

Mission: Readiness is the nonpartisan national security organization of senior retired military leaders calling for smart investments in America's children. It operates under the umbrella of the nonprofit Council for a Strong America.

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Chairwoman Stabenow, Ranking Member Cochran, and Members of the Committee:

Thank you for inviting me here today and for calling attention to this critical issue of childhood nutrition. The Senate Agriculture Committee has a long history of bipartisanship and working together to make our country stronger, so I commend you on beginning this process of reauthorizing child nutrition programs with a hearing that focuses on why this issue really matters to our nation and why we must take action.

Some may wonder what a retired four-star Air Force General is doing at a hearing that is focused on childhood nutrition, but the reality is that the healthy habits we teach our youngest children have a profound impact on our national security.

However, the interest of military leaders in school nutrition is not a new phenomenon. Following World War II, military leaders reported to Congress that, during the war, at least 40 percent of rejected recruits were turned away for reasons related to poor nutrition—mainly being undernourished. This inspired Congress to establish the National School Lunch Program in 1946. Nearly 70 years later, school nutrition remains a national security concern—unfortunately, the pendulum has swung in the other direction.

The alarming fact is that an estimated 75 percent of all young Americans between the ages of 17 and 24 cannot qualify for military service. People are shocked when they hear that number – and they should be. It means that the vast majority of our young people are losing out on the opportunity to serve their country.

It also means our nation could be in jeopardy when it comes to military readiness. We tend to think about our military today in terms fast jets, powerful ships, smart weapons and tanks, but the most powerful tool for our armed forces is still our people—our women and men in uniform. The more than 450 retired admirals and generals of the national security organization Mission: Readiness are focused on how to grow the pool of eligible recruits.

There are three key barriers to enlistment that comprise that 75% figure: Our young adults are either unprepared academically – because they lack a high school degree or can't pass the military's entrance exam; they are too overweight to handle the physical tasks that military service demands; or they have a serious criminal record. Today, I will focus on those that are overweight and obese—which is the leading medical disqualifier.

Between 2006 and 2011, the U.S. Military Entrance Processing Command reported that over 62,000 people were turned away because of their weight. That is the equivalent of 30 combat wings in the Air Force.

But it isn't just a problem for our recruits. Every year, we discharge 1,200 first-term enlistees because of weight problems. We then have to recruit and train their replacements at a cost of \$75,000 per person. That amounts to a \$90 million price tag in one year.

You should also know that every year the Department of Defense spends 1.1 billion dollars on obesity-related expenses through TRICARE, the healthcare program that serves service members, retirees, and their families. Particularly during a time of declining budgets, we shouldn't be spending that kind of money on a problem that we know is preventable.

The Department of Defense is responding to obesity and other health issues with efforts like the Healthy Base Initiative, which is testing a number of innovative approaches to promote healthier living among service members and their families. They have also been working on making the food in our mess halls much healthier. Unfortunately the DOD can't win this battle alone. We must embrace changes in all sectors of society.

We know that the key is to start early. About 80 percent of children ages 10 to 15 who are overweight become obese by age 25. That means that the critical period for preventing obesity starts long before most children ever even consider military service.

While schools obviously aren't single-handedly responsible for the nation's obesity epidemic – parents also have a responsibility to provide healthy choices in the home—the fact is, kids consume up to half of their daily calories in school. Therefore, the school nutrition environment is one of the best places where we can begin to change habits.

In April 2010 we released the report "Too Fat to Fight" and we followed that up two years later with "Still Too Fat to Fight." These reports examined how obesity is impacting the military and the need for updated standards for our school meal program as well as the junk food sold in schools.

That's why the retired admirals and generals of Mission: Readiness supported the most recent Child Nutrition Reauthorization in 2010. This was a bipartisan and pragmatic way to ensure kids are eating right in school. The first step was to ensure the school lunch line put kids on track for healthy futures by offering fresh, wholesome meals.

The second step was equally important because it cracked down on the tremendous amount of soda, candy, chips, and other unhealthy items kids were consuming at school. In fact you might be shocked to know that kids were consuming enough junk food calories in school to account for nearly two billion candy bars – which would weigh more than the USS Midway Aircraft Carrier.

We have been encouraged by the progress that has been made since the last reauthorization bill, and we want to ensure that as a nation, we continue to move forward on this issue and not retreat. We are even beginning to see the first declines in

childhood obesity rates. While we still have a long way to go, we know that if we continue to make progress on reducing obesity among our nation's children, we will have healthier adults who are more likely to succeed in life.

The decisions we make today have a profound impact on our ability to continue to staff our all-volunteer military down the road. That's why military leaders are standing beside policymakers who are acting in a bipartisan manner to ensure that every child has a fair chance to grow up healthy and to be able to serve their nation, should they choose to do so.

Thank you again for the opportunity to speak here today. I, along with my fellow retired admirals and generals of Mission: Readiness, look forward to working with all of the members of the Committee on this critical issue because our national security depends on it.

Senate Agriculture Committee Hearing
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
Testimony from Yolanda Stanislaus, Principal, Francis Scott Key Middle School
June 12, 2014

Chairwoman Stabenow, Ranking Member Cochran, and Members of the Committee, thank you for this opportunity to share my experience and views on the importance of child nutrition programs like school breakfast and school lunch.

My name is Yolanda Stanislaus and I am the Principal at Francis Scott Key Middle School in Silver Spring, Maryland.

When I think about this issue of school nutrition from the perspective of a principal and a parent of both a middle-school and an elementary-aged child, the benefits of universal or free and reduced meals programs are obvious. In addition, I was a child of two working class parents who worked tirelessly to clothe, feed and nurture five children. As a child, I participated in the meal program at my school. I recall looking forward to going to school every day and wondering what would be served for breakfast and lunch. I can testify, firsthand, that the school meal program had a positive impact on my life and learning.

There are children in classrooms all over this nation – in our cities, in the suburbs and in communities – who are coming to school extremely eager to learn. In order for students to learn at high levels, they must be prepared and ready to concentrate by starting their day off with a nutritious breakfast.

The numbers show that one out of five school-aged children struggle with hunger in this country. I can tell you that, on a more personal level, I have over 65 percent of my students who receive free and reduced breakfast and lunch daily and are still struggling with not having enough to eat at home. I can also tell you that this makes it harder for them to learn. I am not alone. There are teachers and principals all over this country who will tell you the same thing. There are children in classrooms all over this nation – in our cities and in the suburbs who are coming to school too hungry to learn. In some cases, the nutritious school breakfast and school lunch are the only meals students have on a daily basis.

Children who consistently do not get enough to eat go to the nurse more often, have trouble focusing on the lessons, which often result in off-task behavior and difficulties with sharing their best thinking on tests. Research shows that students who do get enough nutrition on a daily basis feel better, learn more, develop good eating habits, and grow up stronger.

We spend so much time, money and thought in this nation around educating our children. How do we improve test scores? What do we need to do to make sure students graduate? And there are some wonderful programs and innovations to educate our kids, but if they're too hungry to learn, we've lost before we've even begun.

There are two really key times I see hunger as a wide-spread problem: in the mornings and at the

start of the school year. For many low-income students, their key nutrition comes from school meals. Without school breakfast and school lunch, these students would not get the nutrition they need.

You can really see that in the morning. I have seen students come to school and they haven't eaten since lunch the day before. They're irritable, they can't focus, and they are only able to think about when they're going to eat. I am grateful that my school has the universal free breakfast program. This program enables all of my students to receive a nutritious breakfast and start their day off right!

Another danger time is over summer vacation. Students do not get school meals when school is out of session. You can see a real difference at the start of the school year between the students who had enough to eat over the break and the ones who struggled. The ones who may not have been getting consistent meals are more stressed out, they take longer to get into the swing of the school year, they've forgotten more from the year before. It makes a real difference in their progress.

As a Principal, I see and hear stories that show the impact of these programs every day. I've heard from a principal who told me about a little girl who would cry when we she got out early for a snow day because she knew she wouldn't get lunch. She also had a lot of trouble focusing on her work on Monday mornings, because she didn't really eat regular meals over the weekend and all she could think about was finally getting food at lunchtime. Another teacher in DC said really only has two full effective days to teach: Wednesdays and Thursdays. Mondays and Tuesdays are lost because of the hunger from the weekend and on Fridays most of the students can't concentrate because they are filled with anxiety and aggravation, knowing the weekend is coming and that means not enough food at home.

The nonprofit organization No Kid Hungry and the consulting firm Deloitte conducted a study in 2012 to analyze the impact of school breakfast on a child's ability to learn. Their research focused primarily on what happens when students from low-income families get school breakfast every day. The research found that when students ate school breakfast, they scored 17.5% higher on math tests and missed fewer days of school each year. Higher attendance and higher test scores are closely tied to graduation rates – students who come to class and get better grades are 20% more likely to graduate from high school. This has a huge potential impact on their futures. High school graduates are more likely to find better employment, make higher salaries and become self-sufficient. This research demonstrates that the simple act of ensuring children have access to school breakfast has a dramatic impact on their lives.

Thank you members of the Committee for listening to my story here today. I see firsthand every single day how child nutrition programs are impacting the lives of my students at Francis Scott Key Middle School and I appreciate the attention you are bringing to this very important issue.



Statement for the Record

On behalf of the

**NATIONAL PARENT TEACHER
ASSOCIATION (PTA)**

Before the
Senate Committee on Agriculture, Nutrition and Forestry
June 12, 2014

**A National Priority: The Importance of Child
Nutrition Programs to our Nation's Health, Economy
and National Security**

By

Otha Thornton, Jr.
President
National PTA

Chairman Stabenow, Ranking Member Cochran, committee members, and my fellow distinguished panelists, I am honored to have the opportunity to speak before you today on behalf of the over four million members of the National Parent Teacher Association (PTA). With more than 24,000 local units, PTA flourishes in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Department of Defense schools in Europe.

I currently serve as the President of the National PTA, an elected volunteer position I assumed in June 2013. In addition to my involvement with National PTA, I have been active in state and local PTAs in Georgia, Maryland, Texas, Michigan and Kaiserslautern, Germany. I am currently employed as a senior operations analyst with General Dynamics at Fort Stewart, Georgia and am a retired United States Army Lieutenant Colonel. Most importantly, I have over two decades of experience as a father to my two wonderful children with my wife Caryn - Candice and Tre.

PTA was founded in 1897 and is the oldest and largest volunteer child advocacy association in the United States. PTA's legacy of influencing policy to protect the education, health, and overall well-being of children has made an indelible impact in the lives of millions of children and their families. This legacy includes the creation of kindergarten classes, a juvenile justice system, child labor laws, and mandatory immunizations for school children. Our mission is to be a powerful voice for every child.

With regard to today's hearing, one of the fundamental purposes of PTA is to preserve children's health and protect them from harm. PTA has been at the table from the beginning – piloting a hot lunch program in schools in the 1920's that led to PTA's advocacy for a national school lunch program and each subsequent reauthorization of the Richard B. Russell National School Lunch Act.

Most recently, PTA and our coalition partners fought for passage of the Healthy, Hunger-Free Kids Act, which, as you know, made significant updates to our nation's school nutrition programs. PTA viewed this as both a win for kids and parents because parents knew that – for the first time – no matter what our kids purchased in the cafeteria, it was going to be good for them. And as the primary decision-makers in our kids' lives, it also provided us – parents – a stronger role through Local Wellness Policy development, implementation and evaluation. And as I always say, "if you're not at the table, you're on the menu."

I mention these past accomplishments not only to underscore PTA's commitment to the well-being of our nation's children, but also to provide a historical context for where we are today. We have made a commitment to our children for over 70 years to do right by them in the cafeteria, and we cannot turn our backs now. I know some of my fellow panelists will address the reality our nation's obesity crisis as it relates to our overall health and national security, so as a PTA leader and father, I am here today to tell you that parents and families are committed to working together to ensure the continued success of our nation's child nutrition programs.

So where are we today? Schools are making exceptional progress in the nutritional quality of the meals they are serving to our kids. There have been challenges along the way, but that's to be expected. We're parents after all! When is the last time you changed up the rules for your kids in the interest of their well-being and your kids were happy about it? Anyone?

As partners in the school building, PTA and parents understand that there are certain challenging realities – there’s never enough time, seldom enough money and often times minimal resources. But that has never and can never be a free pass to not do what is best for our kids. For parents, it means that we need to step up to the plate and support our schools – the board, the administration, the school food service, the teachers and the students - to make sure that school meals are successful.

And that means having a seat at the table and finding solutions to the challenges. Do we need updated kitchen equipment to serve fresh foods? Well – how are we going to secure funding? Do we need volunteers so breakfast can be served in the classroom? Well – let’s get some parents or grandparents together. Do we need to taste test some new items? How can we help? Do we need to adjust our fundraising practices? Let’s do this. Our kids don’t have enough time to eat lunch? How can we solve this problem? We can do this – together. It may take a little bit of time and a lot of effort, but we can do this.

In closing, I respectfully ask all committee members to keep in mind that we make decisions in every other part of the school based on what is best for our students’ success – and the cafeteria should be no different. I commend the committee for looking into these programs and understanding their critical importance for doing the right thing for *all* of our students.

After all, the nutritional needs of our children remain the same whether they live in Iowa or Georgia. It is impractical to force parents to fight for access to healthier school foods one school at a time, reinventing the wheel while facing the same obstacles at each and every turn. High quality national nutrition programs ease this burden, while still allowing for a great deal of local control over the implementation of the programs.

Once again, I would like to thank the committee and all of the other panelists for engaging in this topic, which is critical to the future of not only our children, but our country. Make no mistake, the decisions made during this reauthorization will impact our schools, our hospitals, our economy, our military, our homes and, most importantly, our kids. Thank you, and I would be happy to respond to any questions that you may have.

DOCUMENTS SUBMITTED FOR THE RECORD

JUNE 12, 2014

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TTY USERS CALL VIA MD RELAY

June 12, 2014

The Honorable Debbie Stabenow
Chairwoman
Senate Committee on Agriculture, Nutrition
and Forestry
328A Russell Senate Office Building
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Committee on Agriculture, Nutrition
and Forestry
328A Russell Senate Office Building
Washington, DC 20510

Re: Statement for the Hearing Record – “A National Priority: The Importance of Child Nutrition Programs to our Nation’s Health, Economy, and National Security”

Dear Chairwoman Stabenow and Ranking Member Cochran:

As you may know, we created the Partnership to End Childhood Hunger in Maryland in 2008 with the goal of ending childhood hunger by increasing participation in federally-funded child nutrition programs, including the Summer Food Service Program (SFSP).

Our statewide summer workgroup meets year-round to analyze participation data; map sites and neighborhood assets; convene conversations with sponsors and other partners; mobilize community champions; develop compelling messaging; plan kick-off events; and conduct outreach in-person and through creative media channels. And our interventions are working. From 2012 to 2013, the number of summer meals served in our state increased by 23 percent, from just under 2.3 million to more than 2.8 million.

I am proud of the work that my Administration and on-the-ground partners have accomplished. However, the limit on the number of meals that may be served per site presents a challenge. Children who rely on school nutrition programs and an afterschool meal during the school year cannot receive the same three meals per day during the summer. This restriction adds a layer of difficulty to the work of community leaders and fails to meet the known needs of children who are at increased risk of hunger during the summer months.

Our communities are asking for help—from the tenant council president at Gilmor Homes in West Baltimore who pays out-of-pocket for resources when the tenant council budget runs out, to the Deacon at Sharon Baptist Church who runs multiple programs yet plans to open his doors to all neighborhood children during meal service this summer.

The reauthorization of the Child Nutrition Act presents the next opportunity to address this challenge. I want to take this opportunity to relay what Marylanders are experiencing and urge you and your colleagues in the Senate and in the entire Congress to keep our most vulnerable children in mind as you contemplate improvements to this critical federal legislation.

The Honorable Debbie Stabenow
The Honorable Thad Cochran
Page 2

I look forward to working with you as we continue our efforts to end childhood hunger in Maryland and nationwide.

Sincerely,

A handwritten signature in black ink, appearing to read "Martin O'Malley". The signature is fluid and cursive, with a prominent loop at the end.

Governor

cc: The Maryland Congressional Delegation
The Honorable Frank D. Lucas, Chairman, House Committee on Agriculture
The Honorable Collin C. Peterson, Ranking Member, House Committee on Agriculture
The Honorable John Kline, Chairman, House Committee on Education & the Workforce
The Honorable George Miller, Ranking Member, House Committee on Education & the
Workforce

Statement of the National Education Association
Submitted for the Record
Senate Committee on Agriculture, Nutrition & Forestry
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
June 12, 2014

Thank you for the opportunity to submit comments in conjunction with the hearing “A National Priority: The Importance of Child Nutrition Programs to our Nation's Health, Economy and National Security.” We commend the Committee for holding this very important hearing and hope the Committee will take a thoughtful approach in reauthorizing our child nutrition programs for our nation’s students and schools.

Child nutrition and school meal programs play a vital role in combating child hunger, promoting wellness and preparing students to learn. NEA members see the benefits of these programs on a daily basis, including our nearly 500,000 members who are Education Support Professionals, many of whom are food service professionals who prepare school meals, maintain a safe and healthy learning environment, and help students learn about and practice healthy nutrition and eating habits. The National School Lunch Program serves more than 31 million students each day and almost 13 million students utilize the School Breakfast Program. We must ensure these children are receiving nutritious meals.

Childhood obesity has been a growing problem for decades. We now face a national childhood obesity crisis, with nearly 1 in 3 of America's children being overweight or obese. Obesity can lead to severe and chronic health problems during childhood, adolescence and adulthood, including heart disease, diabetes, cancer, and asthma. The health risks associated with obesity impose great costs on families, our health care system, and our economy. Especially concerning is the fact that the obesity epidemic is disproportionately higher among children living in low-income families, according to data from the National Survey of Children’s Health. Among adolescents, the total excess cost related to the current prevalence of obesity is estimated to be \$254 billion – \$208 billion in lost productivity and \$46 billion in direct medical costs (American Heart Association, 2013).

In addition to fighting obesity, school meals play a critical role in fighting hunger. Sixteen million children, or 1 in 5, live in households that struggle to put food on the table (USDA, 2012). For these students, sometimes the only sufficient meals they may get are at school. We owe it to them to make sure that school meals are as nutritious as possible.

NEA members know first-hand that hungry children struggle to learn and that access to an adequate and healthy diet is essential to academic success. A recent survey shows that 73% of educators report having students in their classroom who regularly come to school hungry (Share our Strength's Teacher's Report 2013). The clear link between good nutrition and learning is evident in schools across the nation every day. According to the Nutrition Cognition Initiative at Tufts University, continuous low nutritional intake affects factors such as motivation and attentiveness, which can have a negative impact on learning. In addition, undernourished children are typically fatigued and uninterested in their social environments. Undernourished children are also more susceptible to illness and, thus, more likely to be absent from school.

In these difficult economic times, food assistance programs aimed at fighting hunger and providing nutritious meals are even more critical for children and families:

- 12.1 million children lived with a parent affected by unemployed during a typical month in 2012, which is 5 million more children than were affected by unemployment in 2007 (Urban Institute, March 2013);
- Nearly 3 million children lived with a parent unemployed six months or longer during a typical month in 2012 (Urban Institute, March 2013);
- 22 million (one in three) children relied upon Supplemental Nutrition Assistance Program (SNAP) for meals in 2011 (CBPP, 2012);
- 16 million children (more than one in five) currently live in poverty. (The Recession's Ongoing Impact on America's Children: Indicators of Children's Economic Well-Being Through 2011, Julia Isaacs, Brookings Institution, December 2011.)

NEA strongly supports the school meal nutrition standards set out in the bipartisan Healthy Hunger-Free Kids Act. These nutrition standards have had widespread, positive impacts on children's access to healthy foods during the school day. The United States Department of Agriculture (USDA) reports that over 90 percent of schools are successfully meeting the updated nutrition standards. The result being a healthier school environment with more nutritious food options for students. The benefits and cost-savings to our children and our nation in the long-run will be significant.

Food service professionals, like NEA member Roselyn Green, a cafeteria bookkeeper at Lester Elementary School in Florence, South Carolina, work every day to help meet the goal of providing nutritious meals to students. According to Roselyn, her school is serving more fruits, vegetables, and whole grains in every meal and fewer foods high in sodium and saturated fats, thanks to the new standards. These food service professionals have also been instrumental in helping their students make healthier food choices as well.

As Congress reauthorizes child nutrition programs, NEA's priorities will include the following measures aimed at combating child hunger, promoting wellness and preparing students to learn:

- A strong commitment to the nutrition standards set forth in the Healthy Hunger Free Kids Act to continue the progress made in ensuring healthier food is served in our nation's schools
- Targeted technical assistance to encourage state and local expansion of the community eligibility option for school meals so that schools can more easily feed all children who need access to a healthy breakfast and lunch.
- Expansion and improvement of summer nutrition and afterschool food programs to ensure children are well-fed when school is out.
- Expansion of the Farm-to-School Grant Program to provide students more access to healthy, locally-sourced foods, as well as educational enrichment opportunities like school gardens, cooking lessons, and field trips to local farms.
- Strengthening training for school food service personnel to improve their ability to meet the guidelines of the school meals programs. Importantly, this training must be relevant to the job and conducted during work hours.
- Modernizing equipment and infrastructure to meet the needs of proper school food service.
- Sufficient funding to meet training, equipment and infrastructure needs.

NEA looks forward to providing the Committee with specific recommendations in these areas as the reauthorization process moves forward.

Providing nutritious meals and food options at schools based on the standards set forth in the bipartisan Healthy Hunger-Free Kids Act is crucial in combating child hunger, promoting wellness and preparing students to learn. These common-sense requirements are essential to ensuring all children a healthy and successful start in life, particularly those whose families cannot afford to provide fresh fruits and vegetables and other healthy foods at home on a regular basis. Now is the time to ensure these standards, as well as continued improvements to implementation, are protected so that we can continue to see the positive effects nutritious meals have on our students' lives.

We thank you for the opportunity to submit these comments. We look forward to working with the Committee to ensure our nation's students receive nutritious meals.

QUESTIONS AND ANSWERS

JUNE 12, 2014

Senate Committee on Agriculture, Nutrition & Forestry
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
June 12, 2014
Questions for the record
Dr. Stephen R. Cook

Chairwoman Debbie Stabenow

- 1) In your practice you regularly work with kids and families to change habits to improve health. You mentioned in your testimony the work being done at Cornell Food and Brand Lab. Could you tell us a bit more about the work that is being done to better understand what helps nudge kids toward choosing healthier options?

The Cornell University Food and Brand Lab has done and continues to do exciting research specifically focused on creating "Smarter Lunchrooms" in schools. The following areas have been researched with regard to help, as you say, "nudge" kids toward choosing healthier options (see <http://foodpsychology.cornell.edu/content/smarter-lunchrooms>).

- Providing a choice between healthy options and less healthy options. When children feel coerced into taking healthy foods in the lunchroom, they often rebel by consuming unhealthy foods outside of it. However, when they are subtly steered towards the healthier choices, they are more likely to make healthier food choices in the future. These subtle "back office" lunch-line strategies and interventions take effect without being heavily marketed or branded. Schools are doing this successfully with the additional fruit and vegetable serving. But this finding also illustrates the need to make the entire school food environment healthy and eliminate those unhealthy choices that can harm our children.
- Make healthier foods more convenient. For example, making a healthy convenience food line that includes fresh fruit and fruit parfaits and a "make your own" sandwich, salad bar, and hot vegetable side dishes, can motivate children to choose healthier foods and decrease their consumption of unhealthy ones.
- Preordering school lunch entrées and side dishes. Empowering children to decide beforehand can lead them to choosing healthier entrée and side dish options.
- Pre-slicing fruits instead of whole fruits in school cafeterias. Making fruits more palatable and accessible can increase the amount of fruit that children consume while reducing plate waste from partially-eaten fruits. Foodlink, the largest food assistance agency in my region (central and western New York State) has been successful in providing this service with locally-grown fruit and vegetables provided for rural schools in our area.

- **Providing children with admirable role models.** Having role models encourage children to make healthier choices. For example, ask children “What would Batman eat: french fries or apple fries?”
 - **Placing of so-called “trigger foods” in the lunch lines.** Placing certain foods in the lunch line can encourage the purchase of other healthy foods, even if the so-called trigger food itself is not chosen. For example, placing bananas in the lunch line was a positive trigger food in one study, encouraging children to purchase 11-13 percent less ice cream.
 - **Naming or branding healthy foods with attractive names:** Making food more exciting to eat can increase: (1) the number of children who choose to purchase healthy foods; (2) the overall frequency with which healthy foods are purchased; and (3) the consumption of healthy foods. Examples include, attractively naming regular carrots as “x-ray vision carrots,” or branding broccoli with a familiar character, like “Hulk’s Power Punch.”
- 2) The Healthy Hunger Free Kids Act created a new Community Eligibility option to allow high-poverty schools to reduce their administrative burden by serving breakfast and lunch to all students at no charge. Michigan was one of the first states to pilot this option and many school food service directors in my state believe it has been a great success. The entire city of Rochester also adopted Community Eligibility in 2012. Community Eligibility is available to more than 28,000 schools nationwide for this coming school year. What are some of the potential health benefits in ensuring students have a healthy breakfast and lunch every day?

Good nutrition is essential to healthy brain development in children which is, of course, critical to learning. Children who exercise regularly and eat healthily are likely to:

- perform better academically;
- feel better about themselves, their bodies, and their abilities;
- cope with stress and regulate their emotions better;
- avoid feelings of low self-esteem, anxiety, and depression; and
- establish healthy eating and exercise habits early in life that can lead to long-term healthy behavior and outcomes in adulthood.

Indeed, data from The American Association of School Administrators attributes the following educational and health benefits of regularly eating a school breakfast (<http://www.aasa.org/Benefitsofschoolbreakfast.aspx>):

- **Test scores.** Eating breakfast at school improves standardized test scores, including reading, writing and math. (Peterson et al., 2004)
- **School attendance.** Increasing school breakfast participation increases attendance. (Shemilt et al., 2004; Murphy et al., 2000)
- **Attention.** Children who eat school breakfast are more likely to have improvements in attentiveness and concentration. (Murphy et al., 1999)

- **Diet quality.** Children who eat school breakfasts meet the dietary standard for specific nutrients in food. (Gleason and Sutor, 2001)
- **Discipline.** Suspensions from school decreased in 40 Maryland schools after the implementation of universal free school breakfast. (Murphy and Pagano, 2001)
- **Health.** Children who eat breakfast visit the school nurse less frequently, and complain less of tiredness, aches and pains. (Murphy et al., 1999)

Data from the Johns Hopkins Bloomberg School of Public Health show the general health benefits of eating a healthy breakfast and what happens when children – and adults too – skip this important first meal of the day.

- Breakfast can be important in maintaining a healthy body weight.
- Hunger sets in long before it's time for lunch and many people who have not eaten breakfast end up snacking on foods that are high in fat and sugar.
- People who skip breakfast are unlikely to make up their daily requirement for some vitamins and minerals that a simple breakfast would have provided.
- Breakfast provides energy for the activities during the morning and helps to prevent that mid-morning slump.

- 3) As a medical professional, I'm sure you've heard the saying "an ounce of prevention is worth a pound of cure." Child nutrition programs seem to me to be a perfect example of a prevention program. How can we better involve doctors and the medical community in the child nutrition process?

Pediatricians see children and parents 31 times at "well-child visits" from birth to age 21, including 20 visits in the first five years alone. Pediatricians play a vital role in this population-based health approach because of the contact time, and the importance of healthy lifestyles we re-enforce with parents – both for their children and themselves. Insuring adequate and comprehensive care for children is a necessity and we cannot afford to take a step back as the Affordable Care Act (ACA) is implemented.

We also need to support the medical home model – which originated out of pediatrics – to incorporate behavior and nutrition specialists, and just as importantly, cover the cost of these services. The medical care team must also evolve to involve different members than the traditional doctor/nurse model, and only providing care in face-to-face encounters. As technology provides additional access for patients and providers, the delivery and design systems must too respond to provide financial resources for these additional providers, who are not currently reimbursed in the current, pre-ACA health care delivery system. In addition, we need to increase training in medical school and residency programs around behavior, as well as exercise and nutrition science. These fields should also be included in training for nurses and social workers.

Senator Leahy

- 1) Dr. Cook, when discussing the challenges with inadequate nutrition in children, you mentioned the problems associated with liquid calories found in drinks such as soda and some fruit juices as a factor in childhood obesity. Can you discuss the importance of having healthier, nutrient-rich beverage options available to children in schools, such as milk?

Kids need to get adequate hydration from water as part of a balanced and healthy diet. Milk does provide additional nutrients and is a recommended beverage by the American Academy of Pediatrics and other health organizations. However, the addition of sweeteners and flavors to milk products provides no added benefits, yet are pushed on families and children when they start drinking milk at a very early age. This added sweet flavor to plain milk becomes the default norm that reinforces the preference for sweet in pre-school age children.

- 2) And do you think it would be a good idea for USDA to investigate the reasons for the decline in milk consumption in schools and then take steps to reverse it to improve total milk intake and overall diet quality among children?

There is data that suggests declining milk consumption occurs depending on other available beverage options, especially sport drinks, juices, smoothies or sodas. It might be interesting to see what kids would drink if their only option was water or plain milk. The problem with trying to study this is that so much of the childhood population is already so accustomed to sweetened beverages, or flavored milk. You couldn't really test different beverage exposures/ environments because the beverage options in vending machines, at home, before school, and after school would invariably win out.

Senator Amy Klobuchar

1. Several important programs under the purview of child nutrition will need to be reauthorized next year, among them the Child and Adult Care Food Program (CACFP). Can you describe some of the benefits to young children when good nutrition habits take hold early in life?

Kids are blank slates starting from birth. They simply don't know what they are missing, so this is the ideal time to introduce fruits/vegetables without added flavoring, sugar or salt. And parents need to be patient when introducing new foods. As parents, grandparents, and providers, we need to allow toddlers at least 12 tries of a new food. *(Please see the prior comments on health effects.)* In addition, there are a growing number of studies and strategies that apply developmentally appropriate approaches to addressing healthy eating and promoting physical activity in the child care setting. Hip-Hop to Health Jr, out of Chicago, is an evidence-based approach to healthy eating and exercise that was developed and tested in Head Start Centers and is conducted in both English and

Spanish for children 3-7 years old. We can just take adult learning approaches and apply them to children.

2. With less nutritious meals and snacks in our day care centers, what are the likely implications related to long term health and learning potential?

Unhealthy options in these settings will just re-enforce poor eating habits. The default food options and the portion sizes that are served have to be reset across many different venues in our nation, such as schools, childcare, homes, and worksites. Other key strategies in the childcare setting involve serving "family style" with appropriately sized cups, plates and utensils so kids serve themselves. While eating with adults helps promote social interaction, adults can also become their children's role model for healthy eating habits by taking adequate fruits and vegetables themselves. However, adults tend to dish out portions larger than recommended for pre-school aged children, so they need to be mindful of that habit. No one setting alone can do it all, but no single place can be left out if we are to succeed. Moreover, food served in childcare is far too often marketed as "healthy" to the adults who are responsible for purchasing these foods. In reality, these aren't really healthy options at all.

Children establish lifelong habits at an early age. Forming healthy nutrition habits when young can lead to better long-term health, which, in turn, is highly correlated with increased academic success in elementary and high school. The childcare food environment is crucial to setting a positive example for children as they shape these critical habits. Through it, we are literally helping to set the table for healthy lives free of cardiovascular disease and stroke.

Senator Michael Bennet

- 1) When I was superintendent of Denver Public Schools, I saw first-hand the effect an empty stomach can have on a child's ability to engage and learn in school. Kids who eat right, learn better. Yet, in Colorado, 1 out of every 6 children lives in poverty. That's 224,000 kids. Colorado has one of the fastest growing populations of children who live in poverty in the country.

Are we doing enough to support our children and ensure they have access to the food they need to succeed in the classroom? What more could schools be doing to support kids? And how can the federal government (*help*)?

The federal government can:

1. Continue to support robust implementation of the HHFKA. Expanding availability, accessibility, and participation in school breakfast programs will also help.
2. Make breakfast part of the school day and free to all kids. It will facilitate the process without stigmatizing those low-income children who need breakfast the most.

3. Ensure that summer meals programs for children are in place and promoted with enough advanced notice so families are actually aware of their availability and can take full advantage of this important benefit.
4. Facilitate dual enrollment and re-enrollment for free and reduced-priced lunch and the Children's Health Insurance Program (CHIP) or Medicaid. The eligibility criteria for free/reduced-priced lunch and for CHIP and Medicaid are very similar and any strategies to facilitate dual enrollment and re-enrollment could save significant administrative costs.

I would also refer back to a previous comment about the strategies that have been discovered by the Smarter Lunchrooms movement (see <http://foodpsychology.cornell.edu/content/smarter-lunchrooms-can-address-new-school-lunchroom-guidelines-and-childhood-obesity-0>). These findings show that the "Smarter Lunchroom Makeover" is successful in increasing fruit and vegetable intake by students, despite a wide range of alternative options. With the new USDA regulations, the "Smarter Lunchroom Makeover" can be a useful tool to reduce food waste and increase more nutritious choices.

Simple school tips include: employ signs and verbal prompts to draw attention to and encourage students to take fruit; display the whole fruit; and display fruit near the register.

- 2) Recently, our Governor, John Hickenlooper, signed a bill into law that expands access to school lunch programs for Colorado children. From your experiences, are there ways the federal government could better support schools and students to increase participation in school lunch programs? How can we do a better job of encouraging participation in schools without hindering the process?

The Community Eligibility Provision to the National School Lunch and School Breakfast Programs increases access to school breakfast and lunch in low-income areas where the majority of the students qualify for free and reduced-price lunch. It would allow schools to bypass individual applications for each student and grant eligibility for free and reduced-price breakfast and lunch for all students at the school. The federal government can increase participation in school lunch by making schools aware of this provision and encouraging their participation. (see <http://www.fns.usda.gov/school-meals/community-eligibility-provision>)

Promote, encourage, and fund the **HealthierUS School Challenge**, which recognizes schools for their dedication to the promotion of nutrition and physical activity (see <http://www.fns.usda.gov/hussc/healthierus-school-challenge>). If school lunches are thought to be nutritious by the community (especially parents), it may increase participation in school meal programs. However, the outcomes of this program can become more socially equitable if the federal government helps resource-poor school districts to become more conscious of these topic areas. However, it is unclear whether, or not designating a school

through this initiative will actually lead to an increase in participation in school meal programs.

Innovative Strategies for Increasing Participation in the USDA Summer Meal Programs (see <http://www.fns.usda.gov/sites/default/files/SFSP-Innovative-Strategies.pdf>) was released by the USDA and lists strategies for state agencies to undertake in order to increase participation in summer meals programs. The federal government could provide funding, administrative assistance, and quality improvement assistance to state agencies trying to implement strategies for increasing participation in summer meal programs.

The Let's Move initiative conducted a project called, "Let's Move Salad Bars to Schools" that provided salad bars to school districts around the country with the aim of increasing the amount of fruits and vegetables consumed by children nationwide (see <http://www.letsmove.gov/blog/2014/06/19/salad-bars-increase-student-participation-school-lunch-program> and <http://www.saladbars2schools.org/>). Recipient school districts saw an increase in: (1) the number of children that participated in school lunch; (2) the purchasing of fruits and vegetables in school cafeterias; and (3) the access of low-income children to fresh, healthy foods. Expanding this program or replicating it on a larger scale could encourage increased participation in school lunch programs while also encouraging consumption of healthy food options.

- 3) Several counties in Colorado have begun to establish summer lunch programs. Denver, Adams County, Larimer County, Colorado Springs, and many more are ramping up their efforts to fill the lunch and breakfast void left when the school year ends.

I am increasingly concerned about summer learning loss and think we need to do more to support children throughout the entire year. That certainly holds true in the case of meals. Yet in 2012, in Colorado, on average, less than 10% of the children who participated in the school lunch program participated in summer meals. 19,000 compared with almost 250,000.

- a) Why do so few children participate in summer meals?
- b) What impact does this have on their ability to grow and learn in the summer months?
- c) What can we do to address this and make it easier for families and children?

It is my experience that the programs times and locations are determined and made available to the public, educators and health care providers only right before the summer break from school begins. If these locations and times can be established sooner, they can be shared with communities, schools, and pediatric primary care providers to get the information out. It would even be possible to reach families via electronic medical records (EMR) using the patient portal function, which is a meaningful use criterion for the practice EMR. The meaningful use criteria are new standards for practices to use EMRs and

required for reimbursement of care from practices following the most recent guidelines.

As to your second question, these programs support the nutritional needs and health of growing children. Childhood is a critical phase for the growth and development of the child physically, as well as the young brain. Getting the right nutrition and academic stimulation during the summer will reduce or prevent an academic slide that poor kids are more likely to experience during this time away from school.

We can address this gap and make it easier for families and children to access these programs by encouraging innovation. For example, co-administering food assistance programs for seniors with food assistance programs for children can reduce administrative burden and overlap. If parents or caregivers of children, who are not eligible for these programs, could also join their children and purchase meals in these settings, then much of the inconvenience and stigma associated with these programs could also be reduced.

Senator Robert P. Casey, Jr.

- 1) You shared an anecdote of an overweight three year-old child who, through eliminating bad nutritional practices and adding good nutritional practices, became normal weight within a few years. Is early childhood treatment of obesity more efficient than later treatment of obesity?

It's not really that it's more efficient, but rather that it's different. The calorie shift and changes can be more subtle, and less notable to parents, but the excess weight gain is also less subtle. We did a study that showed that about 50 percent of parents of kids, 2-9 years old who were overweight or obese, thought their child's weight was about right. So convincing parents that their children's weight status is actually unhealthy is challenging, but well worth the effort.

One of the benefits of addressing obesity among children with a family-based approach is the so-called "halo" effect on parents. Studies show that children treated for obesity alongside a parent reveal that children lose more weight as their parent also changes his or her behaviors and loses weight. In addition, the longer weight has been kept on, the longer the eating and activity habits have been in place. Treating obesity in adults has also shown us that the body's metabolism adjusts to hold onto this extra weight, thus maintaining the weight loss is more difficult because of the body's response.

- 2) In your experience, do you notice a correlation between poverty in patients and their obesity? Can you explain why you think this occurs? How could ensuring access to child nutrition programs combat obesity in poor children?

With regard to correlation between poverty and obesity rates, obesity rates increased by 10 percent for all U.S. children ages 10- to 17-years old between 2003 and 2007, but by 23 percent during the same time period for low-income children (Singh et al., 2010a). Additionally, "rates of severe obesity were

approximately 1.7 times higher among poor children and adolescents in a nationally representative sample of more than 12,000 children ages 2 to 19 years old (Skelton et al., 2009)."

There are several reasons why this occurs, including that low-income neighborhoods frequently lack full-service grocery stores or farmers' markets where healthy foods, such as fresh fruit, vegetables, whole grains, and low-fat dairy products are readily available for purchase. These areas are often called "food deserts." However, when healthy foods are available, they also tend to be more expensive (Center for Science in the Public Interest, or CSPI) and may be priced out of the reach of low-income families. Furthermore, obesity can result from a secondary effect of poverty like high stress, poor access to health care, limited access to safe areas for exercise and play, and management of minimal resources (CSPI).

Food assistance programs can help alleviate food insecurity among needy families. Those families who experience less food insecurity have healthier eating patterns that remain more consistent and stable over time as opposed to "cycle up and down" when money to buy food greatly fluctuates due to its availability.

As previously noted, one of obesity's primary causes appears to be a limited access to healthy foods. Childhood nutrition programs, specifically the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) directly provide a nutritious meal to children at their school without having to take away from a family's minimal income. According to CSPI: "The child nutrition programs play a dual role of fighting hunger and food insecurity as well as providing nutritious foods on a regular basis. These programs also free up resources for low-income families to purchase food for meals not covered for their children." Also, "[A] groundbreaking 2003 study found that school-age girls in food insecure households had a significantly lower risk of being overweight if they participated in any, or all of three federal nutrition programs – School Breakfast, School Lunch, and Food Stamps. *Center for Science in the Public Interest*"

- 3) The WIC program provides nutritional food to pregnant mothers as well as children. How does malnourishment while the mother is pregnant impact a child's health? Is there evidence that it leads to childhood obesity?

Poor nutrition during pregnancy affects both mother and child. The World Health Organization (WHO) notes that proper nutrition promotes safer pregnancy and childbirth. Data from as far back as World War II have shown that women who experience hunger and famine during pregnancy have children that have higher rates of cardiovascular disease as adults. The evidence is growing on the metabolic imprinting that occurs during pregnancy. It's not just a matter of toxins that can harm a growing fetus, but also the lack of proper nutrition and/or excess weight gain during pregnancy that also imprint on the fetus. Furthermore, a recent article in the peer-reviewed *British Medical Journal*, showed that

increased weight gain during pregnancy increased the risk for the child to be obese.

- 4) One of my concerns is a drop in children's milk consumption, which is the main source of nine different nutrients in kids' diets. Do you think it would be important to encourage more milk consumption? Any ideas for what we can do to get kids to drink more milk?

Milk is an excellent source of calcium and Vitamin D, both of which are crucial for proper growth and development. The American Academy of Pediatrics suggests children should have two cups of cow's milk a day. Promoting milk consumption can be done in a variety of ways, such as the "Got Milk?" campaign, schools endorsing drinking milk, or even physicians suggesting to children and parents that drinking milk can be beneficial. My main concern is the addition of sweeteners and flavors to milk which only add empty calories and continue to re-enforce a preference for highly sweetened foods.

Senate Committee on Agriculture, Nutrition & Forestry
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
June 12, 2014
Questions for the record
General Richard Hawley

Chairwoman Debbie Stabenow

- 1) Since 2010, the Department of Defense has really expanded its efforts to combat obesity. Would it be accurate to say that obesity, especially childhood obesity, is a serious threat to our national security?

ANSWER: Yes. Today, more than one in five Americans of prime recruiting age is too overweight to enlist and in the roughly one decade period ending in 2010, overweight and obesity rates for 18- to 24-year-olds increased by 29 percent. If that trend continues, the pool of high-quality people from which our military recruits volunteers, in competition with many other employers, may be too small to support an effective force.

- 2) Obesity is clearly a challenge to recruitment, but I understand potential recruits are also facing other physical challenges related to poor nutrition. Could you describe these challenges?

ANSWER: Stress fractures are a common occurrence during initial military training, and recruits who suffer them lose training time and are more likely to be discharged before completing training. Several studies suggest that diets rich in calcium and vitamin D during adolescence can help build bone density, so it seems reasonable to assume that improved childhood nutrition could help recruits avoid these injuries. The military is working hard to reduce sprain and stress fractures, with healthier meals, redesigned fitness training and even improved footwear. While it is true that even fully fit soldiers suffer sprains or fractures under combat conditions or during training, overweight or less-fit young men and women are at higher risk for these injuries.

Senator Michael Bennet

- 1) When I was superintendent of Denver Public Schools, I saw first-hand the effect an empty stomach can have on a child's ability to engage and learn in school. Kids who eat right, learn better. Yet, in Colorado, 1 out of every 6 children lives in poverty. That's

224,000 kids. Colorado has one of the fastest growing populations of children who live in poverty in the country.

Are we doing enough to support our children and ensure they have access to the food they need to succeed in the classroom? What more could schools be doing to support kids? And how can the federal government?

ANSWER: We are on the right track, but we must continue to make progress in supporting healthy school environments. It is important that we stay the course set forth with the passage of the Healthy, Hunger-Free Kids Act and encourage children to develop healthy eating habits now so they are more likely to become healthy and fit adults. Physical education programs also help children develop lifestyle habits that will keep them healthy and fit as adults.

- 2) Recently, our Governor, John Hickenlooper, signed a bill into law that expands access to school lunch programs for Colorado children. From your experiences, are there ways the federal government could better support schools and students to increase participation in school lunch programs? How can we do a better job of encouraging participation in schools without hindering the process?

ANSWER: I'm no expert, but anecdotal evidence suggests children are more likely to make healthy food choices if those options are attractive and well prepared. One way the federal government can better support schools and increase participation in school meal programs is to provide resources for school cafeteria infrastructure, equipment, and training. A recent survey conducted by the Kids' Safe and Healthful Foods Project found a clear and demonstrated need for these types of investments. Efforts such as the bipartisan School Food Modernization act—which establishes grants and loans for equipment and training—can help schools more effectively and efficiently serve healthy meals that kids will enjoy. I would also encourage the federal government to work with schools to see if there are appropriate market-based solutions.

- 3) Several counties in Colorado have begun to establish summer lunch programs. Denver, Adams County, Larimer County, Colorado Springs, and many more are ramping up their efforts to fill the lunch and breakfast void left when the school year ends.

I am increasingly concerned about summer learning loss and think we need to do more to support children throughout the entire year. That certainly holds true in the case of meals. Yet in 2012, in Colorado, on average, less than 10% of the children who

participated in the school lunch program participated in summer meals. 19,000 compared with almost 250,000.

- a) Why do so few children participate in summer meals?

ANSWER: I can only guess, but in Hampton Roads, Virginia, where I live, some localities don't participate at all and others have very few locations where meals are offered. Even in Hampton and Newport News, which are well served, information about the program is not widely available and public transportation is limited. Improved access to and awareness of these programs might help improve participation.

- b) What impact does this have on their ability to grow and learn in the summer months?

ANSWER: My Mission: Readiness colleagues and I share your concern about summer regression. In fact, we released a report, "Lazy Days of Summer: A National Security Threat?" detailing this phenomenon. A lack of proper nutrition is likely a contributing factor to the weight gain that typically occurs in the summer. Research shows that this weight gain is significant—almost half the total weight gained all year. During these months children also tend to fall behind academically. According to a review of research by the RAND Corporation, students often return to school one month behind where they were when they left.

- c) What can we do to address this and make it easier for families and children?

ANSWER: As I have stated, I am not an expert in the area of summer meals. Increasing participation likely involves improved access and greater awareness among the target population. I suspect those involved in administering these programs could offer some good suggestions on how to achieve these goals.

Senator Robert P. Casey, Jr.

- 1) Is the low rate of eligible youth for the military a problem that you foresee getting worse without intervention? Is it a genuine threat to American military power?

ANSWER: The trends are certainly not encouraging, particularly with respect to our national struggle with excess weight. In a roughly one decade period ending in 2010, overweight and obesity rates for 18- to 24-year-olds increased by 29 percent. This

presents a serious problem for our military. Should these trends among the prime recruiting age group persist-- and should the economy continue to rebound-- it will become increasingly difficult for the military services to fully staff an all-volunteer military with the quality of recruits we need. It is important that we act now to ensure that our obesity crisis does not become a national security crisis.

- 2) In your testimony, you noted that the Department of Defense spent 1.1 billion dollars on obesity-related expenses through TRICARE, the healthcare program that serves service members, retirees, and their families. What role do you think strong school nutrition programs can play in mitigating these future expenses?

ANSWER: While they are certainly no silver-bullet solution, I think school nutrition programs can play a role in helping to reduce the military's obesity related expenses. The habits we form as young children often remain with us well into our adult lives. In fact, research shows that a child who is overweight between the ages of 10 and 15 is significantly more likely to be obese by the time he or she is 25. This tells us that the best time to build healthy habits is well before one becomes of age to pursue military service. The steps we take to foster school food environments that reinforce healthy eating habits can help ensure that a greater percentage of the military's future potential recruiting pool are equipped to maintain a healthy weight throughout their adult lives. In a more direct sense, school nutrition programs can help mitigate obesity related TRICARE expenses by positively impacting the health of those children in military families who live off base and attend schools in communities across the country.

- 3) You mentioned that the reports "Too Fat to Fight" and "Still Too Fat to Fight" outline how obesity impacts the military. Can you elaborate on this?

ANSWER: Obesity impacts the military in a number of ways. First, being overweight or obese is the leading medical disqualifier for military service and one of the key reasons why more than 70 percent of all young Americans between the ages of 17 and 24 cannot qualify for military service. Every year, the military turns away thousands of potential recruits because they are simply too heavy. Even among applicants who recruiters approved to get an entrance evaluation, between 2006 and 2011, the U.S. Military Entrance Processing Command reported that over 62,000 people were turned away because of their weight. The impact of obesity goes beyond recruiting. Every year, 1,200 first-term enlistees are discharged because of weight problems. The cost to recruit and train their replacements is roughly \$75,000 per person, or \$90 million a year. This is in

addition to the estimated \$1.1 billion per year that the Department of Defense spends on medical care associated with excess fat and obesity through TRICARE.

- 4) One of my concerns is a drop in children's milk consumption, which is the main source of nine different nutrients in kids' diets. Do you think it would be important to encourage more milk consumption? Any ideas for what we can do to get kids to drink more milk?

ANSWER: I share your concern about our children's choice of beverages. The data is clear that over the last two decades, as calories from consumption of milk have declined, calories from consumption of sugar sweetened beverages have risen. So has the prevalence of musculoskeletal injuries in our military. Perhaps we should try to reduce the availability of sugar sweetened beverages in our schools while increasing the availability of nutritious beverages like milk. Educating parents and children on the benefits of milk could also help to increase consumption. Improving school meal participation is also a great way to increase the consumption of milk. Research confirms that children who consume foods and beverages that are not part of the regular school meals take in less calcium and other important nutrients needed to build strong bodies.

Senator John Boozman

- 1) General Hawley, I am dismayed by the amount of money that the Department of Defense is forced to spend on obesity through TRICARE – you mentioned approximately \$1 billion annually. You also mentioned that DOD is seeking to address this through the "Healthy Base Initiative." Could you tell us a little more about that initiative?

Answer: As I understand it, the Healthy Base Initiative is a demonstration project designed to support healthier living among service members and their families. The program takes a multi-disciplinary approach to improving health focused on finding the most effective ways to encourage healthy lifestyles and give people the tools they need to make healthy choices. Last summer, the initiative kicked off at 14 different installations across the country. At each site, innovative approaches like the "Go for Green" program-- which uses a street-light style menu labeling system to encourage healthier eating in dining facilities-- will be supported and evaluated. Data from the evaluations of these interventions should prove useful in helping DOD identify best practices that can be brought to scale.

Senate Committee on Agriculture, Nutrition & Forestry
**A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security**
June 12, 2014
Questions for the record
Ms. Yolanda Stanislaus

Chairwoman Debbie Stabenow

- 1) What steps is the school taking to ensure kids that are receiving free or reduced meals receive the meals they need during summer months? Are there changes the Committee should consider to the Summer Food Service Program that would make it easier for schools and other providers to reach students during the summer months?

My school has a large summer school program that serves breakfasts and lunches to students. To encourage more students to participate in the summer food service program, we employ food service staff to serve hot meals, which are well accepted by the students. My school also operates as one of many walk in locations throughout my county where any child 18 years or age or younger can come and receive a meal. The Committee may want to consider expanding the summer food service program to 3 meals a day. This is especially important in communities with schools who serve a high number of students who receive free and meals. I would openly welcome a dinner program I my school.

Senator Amy Klobuchar

1. My home state of Minnesota has been a leader on bringing the farm to school and I have pushed for mandatory funding for competitive grants to assist schools and nonprofits in establishing "farm-to-school" programs in the 2010 reauthorization. In Minnesota in 2013, the Institute for Agriculture and Trade Policy and the Fond du Lac Band of Lake Superior Chippewa both received grants for planning and implementation of the program. Can you speak to any local foods that have been incorporated into your school and the role that their inclusion is playing in increasing student achievement? In my county, Montgomery County Public Schools, our produce bid specifies that local products be purchased when seasonally available. As local produce is purchased, our produce distributor is able to share from which farm the product originated. Montgomery County Public Schools employs a wellness specialist which links various products to locations during the growing seasons. Our school meals manager provides students with information regarding the fresh farm products they serve. As a result of increased interest, students participate at higher rates. Therefore, students who have nutritional meals are better able to concentrate in classes, resulting in increased student achievement.

Senator Michael Bennet

- 1) When I was superintendent of Denver Public Schools, I saw first-hand the effect an empty stomach can have on a child's ability to engage and learn in school. Kids who eat right, learn better. Yet, in Colorado, 1 out of every 6 children lives in poverty. That's 224,000 kids. Colorado has one of the fastest growing populations of children who live in poverty in the country.

Are we doing enough to support our children and ensure they have access to the food they need to succeed in the classroom? What more could schools be doing to support kids? And how can the federal government? In my county, the Division of Food and Nutrition Services takes full advantage of every service and opportunity available to our students. Grant opportunities are also used as available. Outreach to principals, parents, and communities are made to ensure that everyone is made aware of programs such as breakfast, lunch, summer meals, after school snacks, and after school supper programs. My school's leadership team and counseling department meet weekly to discuss the families we serve. These meetings provide us with an opportunity to discuss families in need and to share any new information received regarding any changes or shifts in families that may impact students. My county believes strongly that "*to know them, is to serve them.*" The increased school-home communication allows schools to keep a pulse on the needs of students. The federal government can continue to support students by continuing to provide schools and school systems with funding for free and reduced meals for students, grant opportunities, and increased equity for Title I identification for funding.

- 2) Recently, our Governor, John Hickenlooper, signed a bill into law that expands access to school lunch programs for Colorado children. From your experiences, are there ways the federal government could better support schools and students to increase participation in school lunch programs? How can we do a better job of encouraging participation in schools without hindering the process? The process involved for families to receive free and reduced meals is often linked directly to a stigma. Also, many families do not feel comfortable sharing their personal information that are required on the form. Outside of *destigmatizing* the process, the federal government may want to consider increasing marketing to parents to share information about the school meals program, the nutritional benefits of the program, and data that supports the impact of the school meals program on student achievement.
- 3) Several counties in Colorado have begun to establish summer lunch programs. Denver, Adams County, Larimer County, Colorado Springs, and many more are ramping up their efforts to fill the lunch and breakfast void left when the school year ends.

I am increasingly concerned about summer learning loss and think we need to do more to support children throughout the entire year. That certainly holds true in the case of meals. Yet in 2012, in Colorado, on average, less than 10% of the children who participated in

the school lunch program participated in summer meals. 19,000 compared with almost 250,000.

- a) Why do so few children participate in summer meals? Our participation in the summer meals program has increased over the past several years. Our limitation has been in knowing where programs are located. A committee was formed with stakeholders from all parts of our county including the Recreation Department, Housing Department, Linkages-to-Learning, and other agencies to increase opportunities to systemically promote the summer meals programs in my county. These other agencies have also committed some of their resources to encourage student participation. For example, the Recreation Department has committed their time and resources by offering students, aged 5-18, an opportunity to engage in fun, free activities if they participate in the summer meals programs. I currently have this wonderful program in my school. I can attest to the fact that it has elevated participation in the summer lunch program.
- b) What impact does this have on their ability to grow and learn in the summer months? The summer meals programs has a huge impact on supporting nutritional and learning consistencies over the extended break. There are also studies that show students who are not exposed to school meal consistency, have increased obesity rates.
- c) What can we do to address this and make it easier for families and children? The use of media to convey information about program availability. I also suggest the importance of continuing this conversation and eliciting feedback from the families who are recipients of these programs. The provision of specific information, in multiple languages, to be disseminated to families of local school districts.

Senator Robert P. Casey, Jr.

- 1) You mentioned in your testimony that you looked forward to meals served in school when you were a child. In your experience as a principal, do you see these sentiments echoed among current students? Are students who qualify for free or reduced lunch eager to participate in the programs? Students at my school feel respected by cafeteria staff and are eager to receive lunch each day. I must share that once my school received the universal breakfast program, I noticed that more students participated in this program. I cannot definitively say but, I do feel like more students participated in the breakfast program because it was offered to all students. During the school year, approximately 80% of the students in my school, who receive free and reduced meals participate in the lunch program.
- 2) How can we encourage participation in these programs among eligible students? My goal is to increase participation of these programs in all populations. Transportation can also act as a barrier for students to participate in summer programs. Many students live over a mile away from the site. I believe increasing the funding to support the transportation of

students to the schools, coupled with funding to support partner programs, will increase participation in summer meals programs for all students.

- 3) In your testimony you single out the beginning of the year and the mornings as times when students have the most trouble concentrating and are the most irritable. Is it fair to say school breakfast programs along with summer feeding programs are crucial in helping underprivileged children perform in the classroom? Absolutely! As a principal of a school with over 65% of my students who benefit from the free and reduced meals program! I could not imagine not having these wonderful programs in place for students and families. I especially love the universal breakfast program and the summer meals program that allows all students, regardless of family income, to participate. If these programs were not available, it would negatively impact learning and student achievement.
- 4) What role can schools play in ensuring that children have access to summer meals? Communication! Communication! Communication! The power in educating the families around these opportunities. It is vital to communicate the benefits of the program and the positive impact it will have on student learning. I also believe that it is important to hear from the students regarding their experiences with the program. The information collected will provide the program administrators with information to increase/improve the program.
- 5) You note that your school has universal breakfast which you think is important in student success. The Philadelphia school district has such a program in place as well that I agree is beneficial. In your experience, how can more schools adopt such programs so that they can reach the most students? School districts should work with their state departments of education to lobby for increased funding.
- 6) One of my concerns is a drop in children's milk consumption, which is the main source of nine different nutrients in kids' diets. Any ideas for what we can do to get kids to drink more milk? A few years ago my county also noticed a decrease in milk consumption. After converting to a differently shaped container of milk, consumption significantly increased. The simple conversion of the packaging attracted the students to the milk products.

Senate Committee on Agriculture, Nutrition & Forestry
A National Priority: The Importance of Child Nutrition Programs to our Nation's Health,
Economy and National Security
June 12, 2014
Questions for the record
Mr. Otha Thornton

Chairwoman Debbie Stabenow

- 1) Engaging parents and the community in strategies to improve healthy eating seems to be a crucial part of improving healthy eating during the school day and at home. What have you found to be the most successful ways to make healthy meals an important issue for your members?**

Thank you Chairwoman. What is wonderful about PTA is that that we are a membership driven association and our members tell us what issues are important to them. What we can do at a national level is support their work, advocate on issues they've indicated as important to them and serve as a facilitator of information and resources to help guide members' advocacy in schools, and their lives at home and in the community.

As it relates to healthy eating, what we know is that over the last several decades our country has struggled with overweight and obesity. Lack of sufficient physical activity, increased access to unhealthy foods and busy schedules are all likely contributors, so our approach to helping families live healthier lives needs to be diverse.

One example is focusing on the importance of the family meal – even if it isn't every single night. A meal at home around the dinner table is a great way to both promote family engagement and focus on healthy eating. Bringing kids to the grocery store to help shop and talk about healthy eating is an additional approach in which parents can spend quality time with their children and discuss eating habits. Parents can ask their kids to pick out foods they eat at school and the student just may introduce a healthy option that may not have traditionally been part of the family's diet.

Senator Patrick Leahy

- 1) In her opening remarks, Senator Stabenow reminded us that the Healthy and Hunger Free Kids Act is not just about the school lunch program, but it is also about teaching children about healthy eating by bringing local foods into the classroom like the farm to school program does. I was the lead champion of farm to school during the 2010 passage of the child nutrition bill and I have seen the positive effects of this program not just in my home state of Vermont but around the country as a result of the**

dedicated funding for farm to school. Mr. Thornton, you mentioned taste tests in your testimony, which is an activity that falls under the farm to school umbrella. Can you speak to how experiences like taste tests, school gardens, and farm tours impact healthier eating both while in school and also while at home?

Thank you for your question, Senator Leahy. Experiences like taste tests, school gardens and farm tours provide a multitude of benefits for students and schools. I'll begin with taste tests, which are effective because it allows students to have a voice in the decisions that are being made in their cafeteria. If kids feel like they made the decision – much like adults – they are more likely to accept a new concept. It's also an efficient way for school food service personnel to get a better idea of kids' likes and dislikes and waste less food, as taste tests allow a small scale sample of new foods. Taste tests can also provide an additional way for parents to volunteer in the cafeteria.

School gardens provide incredible learning opportunities for students. Even if school gardens do not have the capacity to be a long-term, sustainable source for providing food to the school meal program, they do provide an invaluable connection for students to their food. The concept of eating local has become more of a mainstream idea once again, but for decades many of us have become disconnected from our food supply. Go out and ask a kid where his or her food comes from, you will probably hear the grocery store or the kitchen. School gardens allow kids to see first-hand where those fruits and vegetables that we're begging them to eat come from. If kids have a stake in that process and helped grow that fruit or vegetable with their own two hands, they may be much more inclined to incorporate it into their diet. Farm tours are the same idea – helping kids understand where their food comes from and the important role it has in their daily life.

Senator Amy Klobuchar

- 1. In the 2010 reauthorization, I worked to ensure that the Healthy Local Policies for Schools Act, which made several improvements to local wellness policies, was included. How have local wellness policies improved the nutrition and physical activities in the schools you work with? As a result of the strengthened provisions, have you seen improvement in academic performance?**

First, thank you, Senator Klobuchar for your important work around local wellness policies. When we speak about the different improvements and aspects of child nutrition programs we don't often talk about local wellness policies and the integral role they play in the effectiveness at the local level. Federal programs are only as good as the ability of schools to implement them. And the ability of schools to be successful – whether it be physical activity, nutrition or graduation rates – is only as strong as the partnerships existing at the school level. That means bringing together everyone who has a stake in student success. And local wellness policies do just that.

The implementation of updated local wellness policies is one of PTA's top policy priorities for 2014 and something we're very much looking forward to schools implementing. We were pleased when the United States Department of Agriculture released the proposed rule earlier this year and look forward to the final rule.

What we know from previous iterations is that local wellness policies were typically developed, but not always implemented and evaluated properly. The impending improvements include, as you know, stronger provisions during the implementation and evaluation stage, and a stronger role of parents. We obviously view parents as key partners in the school and believe that improved local wellness policies have the ability to not only make sure school meals and physical activity are prioritized, but healthier schools overall, which we're hopeful will significantly contribute to improved academic achievement and, in turn, healthier communities and families.

Senator Michael Bennet

- 1) **When I was superintendent of Denver Public Schools, I saw first-hand the effect an empty stomach can have on a child's ability to engage and learn in school. Kids who eat right, learn better. Yet, in Colorado, 1 out of every 6 children lives in poverty. That's 224,000 kids. Colorado has one of the fastest growing populations of children who live in poverty in the country.**

Are we doing enough to support our children and ensure they have access to the food they need to succeed in the classroom? What more could schools be doing to support kids? And how can the federal government?

Thank you for the question, Senator. I think one of the most promising policy changes that the federal government has made is the community eligibility provision, which allows schools to offer universal free breakfast and lunch to students, so long as schools identify funding for those who do not qualify for free or reduced meals. Community eligibility helps schools by reducing the administrative burden around paperwork and outreach to families around eligibility for free and reduced meals. We're also excited about the opportunity community eligibility has for reducing stigma around the school meal programs. Our hope is that community eligibility, coupled with healthy and nutritious meals, will mean all students are excited to eat school lunch and breakfast.

We are also finding breakfast in the classroom to be promising approach to meeting the needs of students. This is something that our PTAs are helping with around the country, both in bringing the concept to schools and ensuring adequate resources, but also volunteering their time during the breakfast hours. We are seeing promising stories, including quality fellowship in the classroom over school breakfast, increased attention span (as observed by the teacher) and decreased stigma because all students are receiving breakfast. I think it also has the ability to help all parents and families with those busy morning routines.

- 2) **Recently, our Governor, John Hickenlooper, signed a bill into law that expands access to school lunch programs for Colorado children. From your experiences, are there ways the federal government could better support schools and students to increase participation in school lunch programs? How can we do a better job of encouraging participation in schools without hindering the process?**

Colorado is a great example of how a state has rallied around its students and schools to make sure the federal school meal program is accessible and successful. I think an important role of the federal government is its ability to be a hub of information on best practices and identifying innovative approaches, like in Colorado, and propose scaling them to a national level if it makes sense to do so. The approach we take to improving participation in school meals is going to be different in different communities based on local need. In some, it may be making sure that students who are eligible for free or reduced lunch are taking advantage of the program. In other communities, it may mean re-engaging families who do not qualify for free or reduced lunch to consider the school meal if they've been in the practice of packing their kids lunch. These are areas where I think the federal government could be collecting data and best practices that are occurring at the local level and making sure that school districts have access to this information.

In terms of current policy changes, the community eligibility provision, as I mentioned previously, is a great policy approach by the federal government to improve access and eliminate some of the administrative burden on schools.

- 3) **Several counties in Colorado have begun to establish summer lunch programs. Denver, Adams County, Larimer County, Colorado Springs, and many more are ramping up their efforts to fill the lunch and breakfast void left when the school year ends.**

I am increasingly concerned about summer learning loss and think we need to do more to support children throughout the entire year. That certainly holds true in the case of meals. Yet in 2012, in Colorado, on average, less than 10% of the children who participated in the school lunch program participated in summer meals. 19,000 compared with almost 250,000.

- a) **Why do so few children participate in summer meals?**

I don't think there's any one answer to why kids aren't participating in summer meals. No Kid Hungry did a great survey last year to help identify some of the barriers. What they found was that many families didn't know about summer meal programs – whether that be that they exist at all or the actual sites. So we could certainly improve the way in which we communicate and engage families and the community around availability and access to summer meals. There's been an increased effort around summer meals this summer so we are hopeful that we'll see some improvement in this area.

Additionally, their survey showed that approximately 80% of low-income children are at home during the summer and not at an existing program where federally-reimbursed summer meals exist. This may be an area where communities could address whether or not there are opportunities to increase access to summer programs and activities for these children where they could also be receiving a meal.

Finally, an interesting takeaway from the survey is the importance of parents hearing about summer meal programs from a trusted source, and that the summer meal be served at a trusted location. This is another area where the community should be working together to make sure we're "meeting families where they are" and being culturally competent in our approach. Who does the community we're targeting trust? Do PTAs need to do a better job of engaging families directly? Do we need to improve engagement at places of worship, pediatrician offices and cultural centers?

b) What impact does this have on their ability to grow and learn in the summer months?

Lack of adequate and nutritious foods undoubtedly have an impact on the health and well-being of children. As we heard in the testimony, educators often times see increased anxiety of students leading up to the summer when they know that food is not a guarantee.

c) What can we do to address this and make it easier for families and children?

Again, I think this is an issue where we need to make sure we're engaging families year-round and by individuals or entities that the families trust, like school personnel where relationships are already established, community members, and religious leaders.

Senator Robert P. Casey, Jr.

- 1) You spoke in your testimony about parents and the PTA taking a role in problem solving. What problems do parents face trying to get children to summer feeding programs? In your experience, what role can parents and the PTA play in getting more kids to summer feeding programs? In addition, what do you think schools can do to help about summer feeding programs? And about nutrition at home? Do you think an active partnership will help advance these goals of childhood nutrition?**

Accessibility to summer meal programs is a situation where there is no simple answer. As I have previously mentioned, No Kid Hungry did a great survey last year to help identify some of the barriers. What they found was that many families didn't know about summer meal programs – whether that be that they exist at all or the actual sites. So we could certainly improve the way in which we communicate and engage families and the community around access to summer meals. There's been an increased effort around summer meals this summer so we are hopeful that we'll see some improvement in this area.

In terms of PTA's role, parents who have children eligible for summer meals certainly have a role in making sure their children get the food they need if they are not able to provide at home, but all PTA members play a role as advocates for every child. Since different communities have different challenges and their barriers around summer meals may be different, it's important for PTAs to work with the community to identify what those local barriers are and then work to address them appropriately. That may be identifying more convenient locations, securing transportation or making more families aware through culturally competent approaches.

As for what the school can do to increase summer meal access, I think incorporating summer meal strategies into local wellness policies is a great avenue. Additionally, schools can take a look at the way they communicate with families qualifying for other programs and incorporate awareness around summer meals. Perhaps there is a Title I-funded Family Engagement Coordinator who could assist in communicating with eligible families.

2) What is the feedback from parents how easy is it for them to access programs like WIC and other benefits? How aware are they of these programs?

This is not an area that PTA tracks with its members, so I regret that we are unable to provide you with data in this area based on our membership. However, PTAs play an important role in helping identify strategies to engage all families in their children's education. And as part of the engagement with families, making sure that their basic needs are met is an important component. Accordingly, PTAs can play an integral role in connecting families to the resources and services they need.

3) I have heard of children missing out on school breakfasts because they were unable to get to school in time to take advantage of the program. Does it make sense for school breakfasts to take place in the classroom once all the kids have arrived?

Breakfast in the classroom is a great way to address the issue of students not getting to school in time to access breakfast in the cafeteria. We're seeing a lot of promising stories about breakfast in the classroom, including meaningful fellowship between students and teachers and reduced stigma around school breakfast.

4) One of my concerns is a drop in children's milk consumption, which is the main source of nine different nutrients in kids' diets. Any ideas for what we can do to get kids to drink more milk?

This is an area where we typically see the best ideas coming from local schools based on innovative approaches by educators, students or parents. Nutrition education also serves an

important role in communicating and sharing with kids the importance of nutrition which can contribute to their choices at school .

