

**CHILD NUTRITION REAUTHORIZATION:  
HEALTHY MEALS AND HEALTHY FUTURES**

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**HEARING**

BEFORE THE

**COMMITTEE ON AGRICULTURE,  
NUTRITION, AND FORESTRY**

**UNITED STATES SENATE**

**ONE HUNDRED SEVENTEENTH CONGRESS**

**FIRST SESSION**

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**MARCH 25, 2021**  
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## **CHILD NUTRITION REAUTHORIZATION: HEALTHY MEALS AND HEALTHY FUTURES**

**THURSDAY, MARCH 25, 2021**

U.S. SENATE,  
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,  
*Washington, DC.*

The Committee met, pursuant to notice, at 9:35 a.m., via Webex and in room 301, Russell Senate Office Building, Hon. Debbie Stabenow, Chairwoman of the Committee, presiding.

Present or submitting a statement: Senators Stabenow, Brown, Klobuchar, Bennet, Gillibrand, Smith, Durbin, Booker, Luján, Warnock, Boozman, Hoeven, Ernst, Hyde-Smith, Marshall, Tuberville, Grassley, Thune, Fischer, and Braun.

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

Chairwoman STABENOW. Good morning. I call the hearing of the U.S. Senate Committee on Agriculture, Nutrition, and Forestry to order, and welcome to all of my colleagues. I do understand that we are going to have some challenges this morning with votes. The first vote now has been moved up to 10:45. We will continue on through the hearing but please just if you need to leave and vote and come back, we will keep it going between the Ranking Member and myself chairing the meeting, and making sure people have an opportunity to ask their questions and so on.

I am so pleased to be here today to discuss how we create a healthier future for our children. I know this is something we all deeply care about. All parents want to see their children grow up to lead healthy and successful lives. One of the best ways to do that starts with the food on their plates. When those plates are empty, it is a crisis for the children, it is a crisis for the family, and it is a crisis, quite frankly, for our country.

School meals were created because Congress recognized that far too many children were growing up malnourished. On the heels of World War II, that was a serious risk to our national security. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was established in response to the devastating impacts of poor nutrition on moms and babies. Summer meals were created because children were going hungry in between school years. At each of these turning points, Congress saw a crisis and acted.

While a lot has changed since then, we need to take action again today. The COVID-19 pandemic has only exacerbated the dual

challenge of obesity and hunger. Obesity rates for children have been on the rise for years, again creating calls for action from today's military leaderships, pediatricians, public health experts. After the last year without recess or after-school sports, early evidence is showing that the pandemic has put more children at risk of obesity. According to the American Academy of Pediatrics, who we will hear from today, children in low-income households and communities of color are more at risk of both obesity and COVID-19.

At the same time, too many children in this country do not have enough to eat. Think about that—too many children in the United States of America do not have enough to eat. One in four children in the United States now face hunger because of the pandemic.

It is clear we are facing a child health crisis and a child hunger crisis. While the pandemic has created a new set of challenges it has also created opportunities for us to improve children's lives. Whether they are learning in person or virtually, we know our children cannot focus with an empty stomach. They need wholesome and nutritious breakfasts, lunches, snacks in order to learn and grow.

During the pandemic, Congress gave schools new tools to reach more families in need, minimizing paperwork and focusing on creative ways to meet children where they are, whether it is delivering meals along bus routes, giving out a week's worth of meals at once, or providing a pandemic Electronic Benefit Transfer (EBT) card to help families purchase food in the grocery store. New tools helped schools reach more children in need.

While we all are happy to be beginning to move past this pandemic, we can apply these lessons and creative thinking to how we reach children during the summer, on weekends, and after school. As we transition back to in-person learning, we have to use all of the tools in our toolbox to feed our kids and reduce burdens on schools, daycare centers, and parents.

It is also important to make sure families have healthy food for their children before they reach school age. The successful WIC program helps pregnant moms and babies eat healthy food in the critical first stages of life. Key investments in technology and modernization, like telehealth, data-sharing, even something as simple as text messaging can help us feed more people in need.

It has been over 10 years since Congress last made improvements to our critical child nutrition programs. With all of the challenges we face, it is time to take action on a bipartisan basis. Feeding kids is not and should not be a partisan issue. I know my partner and my Ranking Member, Senator Boozman, agrees. I look forward to passing a strong, bipartisan child nutrition bill that helps our kids get healthier, not hungrier.

Thank you so much, and I now turn to Senator Boozman.

**STATEMENT OF HON. SENATOR JOHN BOOZMAN, U.S.  
SENATOR FROM THE STATE OF ARKANSAS**

Senator BOOZMAN. Well, thank you, Chairwoman Stabenow, for convening today's hearing, a very, very important hearing. I want to thank all of our witnesses for their time and their testimony today, and I also want to thank you for the incredible that you

have done over the past year during the pandemic. Your organizations are made up of the heroes who are on the front line every day, ensuring children receive the food they need to grow and to thrive. Your innovation, your tenacity, and the commitment to ensuring those in need have access to food is truly amazing, and I think all of us on this panel, and I think I can speak for all of us, truly commend you.

I look forward to working with Chairwoman Stabenow and the other members of the Committee to produce a bipartisan child nutrition bill this year. I have been a co-chair of the Senate Hunger Caucus for a number of years, so it is a priority of mine to see a Child Nutrition Reauthorization bill cross the finish line.

This hearing is the beginning of the process, and it is critical that we listen to those of you who are operating the programs, to understand the lessons you have learned during the pandemic and to know what is working and where we may have challenges. Many times things look good on paper, but when you put them into practice reality demonstrates a different story. We need your feedback so that government is helping you with your mission, not getting in the way.

It has been over 10 years since the last child nutrition reauthorization, and without a doubt some of the programs certainly need to be modernized. There are many advances in technology that the Chairwoman just talked about that we should be considering for things like the WIC community. I hope to hear more about telehealth, online purchasing of food items, and other opportunities to move WIC into the 21st century.

We all know there are changes needed in the Summer Food Service Program, an issue I have been working on for a few years. The Summer Food Service Program needs to be modernized to include flexibility in the congregate meals requirement to better ensure that our Nation's children are getting the nutrition they need to succeed.

Twenty-two million children receive free, reduced-price healthy meals during the school year through the Federal programs, but five out of six of these children are missing meals during the summer. The Summer Food Service Program is hamstrung by rules that dictate a one-size-fits-all solution, requiring children to travel to a central location and eating their meals together. However, more than 14 million low-income children across the country live in communities that are ineligible to operate an open summer meals site. In communities where there are sites, access is far from easy. Lack of transportation and extreme weather often keep children from sites. In rural areas where roughly three million low-income children live, the closest site may actually be several miles away. The pandemic has heightened the need for increased flexibility so that all options are on the table, from offsite, grab-and-go models to home delivery to summer EBT.

I am also aware of the need for more streamlining across the child nutrition programs and between WIC clinics and health care professionals. When we streamline and reduce paperwork and duplication it simplifies the process for everyone involved. I hope to hear some thoughts on this also today.

Finally, I continue to hear concerns about the school meal nutrition standards, and in particular the standards for milk, sodium, and whole grains. The Arkansas School Nutrition Association recently described to me the challenges they continue to face with these standards. When schools are facing the financial strain and doing their best to feed children during the pandemic, I find it alarming that schools would also be required to implement strict nutrition standards for which product is not available. This is a concern that needs to be addressed in the short term, but it is equally important to find a long-term solution that gives schools certainty.

School nutrition professionals feed kids healthy, nutritious meals each school day. I trust them to know their students and what will work in their schools to ensure we are feeding children and not trashcans. We know the healthiest option for many students is to eat school meals. Our programs should help empower schools to serve kids rather than create a wedge that further decreases participation and increases stigma.

Again, I want to thank all of you for your heroic efforts this past year. As we move forward, I am committed to crafting a bipartisan bill. I sincerely hope this will remain a bipartisan process and the Committee can work its will in the months ahead. We will have a better product certainly if we are all at the table working together, and I have no doubt that we will be.

Thank you for being here, and I look forward to today's discussion.

Thank you, Madam Chair.

Chairwoman STABENOW. Well, thank you, Senator Boozman, and I want to thank you for your leadership over the years on the Hunger Caucus, and I could not agree more. I think we are going to have a real opportunity to do something important for kids and families, and do it in a bipartisan way.

We will now turn to introducing our witnesses, who are with us virtually today. We thank each and every one of you for your expertise and being willing to spend the time with us.

Our first witness is Dr. Lee Savio Beers. Dr. Beers is the President of the American Academic of Pediatrics and a Professor of Pediatrics and Medical Director for Community Health and Advocacy at Children's National Hospital in Washington, DC. She is the Founding Director of the DC Mental Health Access in Pediatrics Program and Co-Director of the Early Childhood Innovation Network.

She began her medical career as a naval officer in the Medical Corps and has worked as a staff pediatrician at the National Naval Medical Center in Bethesda, Maryland, and Walter Reed Army Medical Center. Welcome.

I now recognize Senator Warnock, who will introduce our next witness.

Senator WARNOCK [continuing]. and it is great to be here. Thank you, Madam Chair. It is my distinct honor to welcome to this Committee a fellow Georgian and also to welcome a fellow alumnus of Morehouse College. We graduates of Morehouse College call ourselves Morehouse Men, and they say you can always tell a Morehouse Man but cannot tell him much.



[Laughter.]

Senator WARNOCK. We are grateful that Mr. Reynaldo Green is her with us. He is the current President of CACFP Forum and is the current Vice President of Nutrition and Family Well-Being at Quality Care for Children in Atlanta, Georgia.

Since 2013, Mr. Green has been focused on his organization's administration of a child and adult care food program, serving four million meals and snacks to over 22,000 children across our State every year. We are so grateful for their work. I applaud his work to ensure that the children of Georgia have access to nutritious meals and snacks, and we look forward to hearing his testimony. Once again, please welcome Mr. Reynaldo Green.

Chairwoman STABENOW. Thank you so much, Senator Warnock. I know turn to Senator Bennet, who will introduce our next witness.

Senator BENNET. Thank you, Madam Chair Stabenow and Ranking Member Boozman. Today I have an unbelievable privilege that I never had in the Senator, which is to introduce not one but two witnesses from Colorado.

Chairwoman STABENOW. That is correct.

Senator BENNET. Both are leaders in child nutrition who work to ensure that kids across our State have access to healthy and nutritious meals. First is Jessica Gould, who for six years has served as the Director of Nutrition for Littleton Public Schools. She is the Past President and Vice President of the Colorado School Nutrition Association. Jessica has extensive experience in school nutrition, when an emphasis in advocacy, menu planning, purchasing, use of commodities, and financial accountability. She is also a registered dietician and school nutrition specialist.

Heidi Hoffman has also joined us. Heidi serves as Colorado's State WIC Director. She has worked in the State's Department of Public Health and Environment since 2017. She has sought to modernize WIC services and connect families to local farmers and food systems throughout the WIC Farmers Market Nutrition Program. Previously she worked as a food access program administrator for the City and County of Denver, and a health promotion manager in Mesa County. She holds an MPA from the University of Colorado and a nutrition and dietetics degree from Colorado State University.

Thank you, Madam Chair.

Chairwoman STABENOW. Well, thank you, Senator Bennet, and we really are bipartisan. You introduced a majority witness and a minority witness, and just for the record we do not intend to let this happen again.

[Laughter.]

Senator BENNET. I am proud of my whole State.

Chairwoman STABENOW. No, we are very proud of your witnesses today. I am going to turn now to Senator Booker who will introduce our next witness. Senator Booker.

Senator BOOKER. Thank you, Chairwoman. For I was hungry and you gave me food. I was thirsty and you gave me drink. I was a stranger and you welcomed me. I was naked and you clothed me. I was sick and you visited me. Many Senators on both sides of the

aisle know that verse from Matthew 25, are animated, inspired, and motivated by it.

I have the pleasure of introducing Carlos Rodriguez, who in all of America is one of the best exemplars of that spirit. He is recognized as a great and noble voice against hunger and in doing the actual work of addressing the needs of the poor.

Over the course of the last 22 years, Carlos has focused on improving policies and delivering services to the scale needed to reach all the neighbors indeed. He was actually born in the South Bronx, where he was raised, and Carlos has had a profound appreciation for the impact that policy on people's lives. Much of hunger and poverty is a policy choice and not an inevitable reality.

Now Carlos saw the light and he rose on up to move to New Jersey, got out of the shadow of our great State and became a part of it. He is the CEO of the Community FoodBank of New Jersey, where he focuses on bringing individuals, corporations, community groups, and government organizations together for a better future. He is responsible for serving over 1.2 million people in New Jersey who are struggling with food insecurity. His work to feed people and shorten the pantry lines involves increasing distribution of nutritious food while helping to address the root cause of hunger and connecting working families with resources, helping them earn a sustainable living. He is a noble man, a man of dignity and honor, and I am grateful that he is in New Jersey, but I am grateful also that he is here today with us.

Thank you, Chairwoman.

Chairwoman STABENOW. Well, thank you so much, Senator Booker. We very much appreciate the introduction and the witness.

Now last but certainly not least, from my book, is Diane Golzynski, who is the Director of the Office of Health and Nutrition Services and the State Child Nutrition Director at the Michigan Department of Education. Diane, we are so glad to have you with us. She is responsible for USDA child nutrition programs, including school lunch and breakfast, summer food service, and child and adult care food programs. She also oversees USDA commodity household programs for families and seniors in need, and the school and health and safety programs to support mental, behavioral, and physical health for students in our schools.

Diane is a registered dietitian and is passionate about health and safety for all children and their families. We welcome you as well.

To all of our witnesses, we will now hear from each of them and then go to questions. First, Dr. Lee Beers. Welcome.

**STATEMENT OF LEE SAVIO BEERS, M.D., PRESIDENT,  
AMERICAN ACADEMY OF PEDIATRICS, WASHINGTON, DC**

Dr. BEERS. Thank you, Chairwoman Stabenow and Ranking Member Boozman, thank you so much for the opportunity to testify here today. My name is Dr. Lee Savio Beers, President of the American Academy of Pediatrics, or AAP, a nonprofit professional organization of 67,000 pediatricians.

As a pediatrician, I see first-hand the health effects of food insecurity and malnutrition in my patients. I also see the positive impact of Federal child nutrition programs. I began my career as a

Navy pediatrician. Many of the enlisted families I cared for were food insecure and eligible for nutrition programs, yet were not aware. I educated my patients about how to access these critical programs which reduced stress on the family and contributed to the servicemembers' readiness.

Since the pandemic began, food insecurity has increased substantially, especially for households with children. Early in the pandemic, many of my patients had difficulty obtaining infant formula. While these challenges have improved, many families still do not have enough food to make it through the week. Significant racial disparities in food insecurity, which existed before COVID-19, have persisted during the pandemic.

I see this in my practice, where we have been screening for food insecurity for several years. Food insecurity affects the health, growth, development, and educational outcomes of children, from infancy through adolescence.

One of the most effective investments the Federal Government can make to reduce food insecurity and obesity in early childhood, improve birth outcomes, and support breastfeeding mothers is to increase access to WIC. The waivers USDA provided during the public health emergency to allow remote enrollment, services, and benefits have been crucial to helping families in need, and should be made permanent.

I am fortunate to practice in a place where our WIC clinic is just across the hall. This proximity allows for better collaboration and more consistent communication between health care providers and WIC staff, and is significantly more convenient for patients, many of whom rely on public transportation.

We urge Congress to provide direct funding from USDA to physician practices to support their ability to have a co-located WIC clinic. Congress should encourage USDA to test the feasibility of systems and data bases that break down the silos that exist between WIC and physicians' offices, and allow them to share limited health-related information in order to streamline and improve patient care and enhance the participant experience. This would reduce duplicative medical procedures, such as the drawing of blood for testing, and the burden on caregivers to communicate health-related information to their child's pediatrician.

Before the pandemic, only 51 percent of eligible individuals were participating in WIC. The AAP strongly supports the WIC Act, which would address many of the barriers to participating in WIC. We also encourage Congress to allocate funding for USDA to conduct recruitment and retainment efforts to reach more families.

Preliminary data shows an increase in pediatric obesity during the pandemic. These findings mirror what I have seen in my clinic and what pediatricians across the country are reporting. One pediatrician I heard from saw a child who had gained 90 pounds in the last year, one who had gained 60 pounds, and three who had gained 30 to 40 pounds, all in one day in clinic. She was in tears describing it as the most depressing day she has had in a long time.

As rates of food insecurity and child obesity rise, the importance of healthy school meals has taken on new urgency. It is critical we build on the progress made under the Healthy Hunger-Free Kids

Act to improve the nutritional quality of all foods available in schools so that they are aligned with the Dietary Guidelines for Americans and to provide schools with the resources they need to serve healthy school meals.

AAP supports healthy school meals for all students, regardless of income eligibility. The nationwide waivers put in place during the pandemic have allowed every student to access school meals, decreasing barriers to participation and stigma, and should be extended beyond September 30, 2021.

We appreciate the Committee's focus on summer meals and hope that Committee will increase resources for, and expand access to, summer feeding programs. Given how effective the pandemic EBT program has been, after the pandemic this model should be used to ensure students have access to healthy meals during the summer months, on weekends, and during school holidays.

These elevated rates of food insecurity and obesity will not vanish as soon as schools open for fully in-person learning or the COVID vaccine is widely available. We are grateful for the investments Congress has made in child nutrition in past COVID-19 relief packages, and we support the effort to reauthorize and strengthen these vital programs for children.

Thank you so much for the opportunity to be here today, and I look forward to answering your questions.

[The prepared statement of Dr. Beers can be found on page 40 in the appendix.]

Chairwoman STABENOW. Thank you very, very much for that important testimony.

Now we welcome Mr. Green. Welcome.

**STATEMENT OF REYNALDO GREEN, VICE-PRESIDENT, NUTRITION AND FAMILY WELL-BEING, QUALITY CARE FOR CHILDREN, ATLANTA, GEORGIA**

Mr. GREEN. Thank you for this opportunity to speak with you today. My name is Reynaldo Green, President of the National CACFP Forum, a leading national organization that works to strengthen and expand the program to underserved communities. I am also the Vice President of Nutrition and Family Well-Being at a statewide nonprofit called Quality Care for Children, a CACFP sponsor located in Atlanta, Georgia.

I sincerely appreciate Chairwoman Stabenow and the Ag Committee's leadership and commitment to CACFP, both during COVID-19 and in normal times.

We are at a critical juncture to strengthen the Child and Adult Care Food Program through Child Nutrition Reauthorization. This will allow us to continue the original intent of the program: to address hunger and improve the nutritional well-being of millions of children across this country.

In 2020, CACFP connected 4.2 million children with high-quality meals and snacks, while providing \$3 billion in reimbursement to local communities. This program promotes early healthy eating habits and helps prepare children for school by being ready to learn.

The program plays a vital role in improving the quality and affordability of child care for many families with a low income. How-

ever, there are thousands of child care programs that do not participate because the benefits are inadequate, the program is wrought with burdensome paperwork, and the losses and penalties are too detrimental to child care programs that already operate on razor-thin margins.

The brunt of these barriers disproportionately impacts both communities of color and providers with fewer resources, contributing to gross inequities in child care quality and nutrition.

The Forum believes equity in CACFP can be achieved through CNR if we remove systemic barriers that often give advantages to better resource programs. This is how we can do that. First, we recommend Congress to expand CACFP to allow a much-needed afternoon snack or supper for children in full day care. Right now, providers can receive a maximum reimbursement of two meals and a snack per children, per day, through the program. Children need this additional snack or meal to meet their nutritional needs if they are in care for eight hours or more. This act will allow the program to support the nutrition standards for children in full day care as specified by the American Academy of Pediatrics and the American Public Health Association.

Another need is for proprietary child care businesses to undergo an annual eligibility verification process instead of a monthly one. The vast majority of this type of child care is small businesses or mom-and-pop-operated care. By switching this process to one time per year we not only eliminate an undue burden, but we also make this process consistent with other Federal nutrition program eligibility requirements.

As stated earlier, burdensome paperwork has become a deterrent to participation. Many issues can be solved by streamlining CACFP processes to be consistent with the USDA Paperwork Reduction Workgroup's Report to Congress. One step is to modernize applications. We must eliminate normal days and hours of time on enrollment forms. Based on Federal rules, State agencies are penalizing program operators, resulting in the loss of thousands of dollars each month, simply because the original and signed enrollment form are not consistent with the changing, on-demand work schedules of families today.

Second, allow the use of electronic data collection and virtual visit systems that follow all the required Federal CACFP standards. The pandemic has shown us that we can do this with efficiency without losing program integrity. This is also very beneficial to rural providers and their families.

COVID-19 has exacerbated inequities in food security and education. Therefore, now more than ever, we need to strengthen and enhance access to CACFP which supports quality child care, good nutrition, and economic stability for families with low incomes.

The positive effects of CACFP can be expanded and strengthened by improving the adequacy of benefit by allowing another meal or snack for children in full day care, making proprietary care eligibility consistent with other Federal nutrition programs by allowing yearly verification, and by eliminating overly burdensome and outdated paperwork.

In the interest of time, I have focused on these key points, but we have a full list of recommendations with additional details in

the written statement, and, of course, I am more than happy to answer any of your questions.

[The prepared statement of Mr. Green can be found on page 56 in the appendix.]

Chairwoman STABENOW. Thank you so much. We very much appreciate your comments, and the points you raised are very important.

Next we will hear from Ms. Gould. Welcome.

**STATEMENT OF JESSICA GOULD, DIRECTOR, NUTRITION SERVICES, LITTLETON PUBLIC SCHOOLS, LITTLETON, COLORADO**

Ms. GOULD. Thank you. Thank you, Madam Chair and Committee members, for the opportunity to share with you today. My name is Jessica Gould and I am a registered dietitian and the Director of Nutrition for Littleton Public Schools in Littleton, Colorado. My district has approximately 15,000 students with 21 schools, all having full-service kitchens. We are 18 percent free and reduced.

I want to start today by saying thank you for focusing on Child Nutrition Reauthorization. When the Healthy, Hunger-Free Kids Act became law, child nutrition operators were excited and anxious because we agreed with many of the changes for our program, and we had many challenges ahead of us. I am excited to share with you today that our students finally understand that fruit and vegetables are required to make a meal, and they are enjoying and eating the options that we are providing.

We have seen this year that the waivers that eliminated area eligibility and allowed students to take non-congregate meals for multiple days have been incredibly advantageous for our students and families. My district has operated k-5 in person, secondary hybrid, fully remote, and now we are back fully in person, and these flexibilities helped ensure we are able to provide access to meals to all students.

I know that students in every one of my schools that are in need, regardless of their free and reduced percentage, and I have not seen this taken advantage of at this time. However, the gratitude of my families that I am able to meet in their neighborhood is overwhelming. I believe as you look at CNR these flexibilities to ensure we are providing access to all students is very important.

As a child nutrition operator, I also request that we maintain the current flexibilities on sodium, whole grains, and milk. Operators across the country are committed to serving our students nutritious, well balanced meals, and I believe we are doing just that.

Meeting Tier two and very soon Tier three sodium poses serious concerns for our programs and ultimately students. How many of you enjoy lettuce, tomato, and pickles on top of your hamburger or cheeseburger? For my program to meet Tier one, we have had to create a vegetable serving of these three items and limit the pickles to only two to meet regulatory requirements. Our students are now used to this. However, I also see many of them walking across the street to a fast-food restaurant because they think that our food does not have enough flavor.

Tier three sodium is incredibly concerning to me. Many meal staples, like a turkey and cheese sandwich on whole grain bread, or a salad with chicken breast and no dressing, and any of our scratch-made items, including our students' favorite marinara, would be cut. We all know that sodium is naturally occurring in food. After removing the roughly 125 milligrams just in our milk we would be left with only 515 milligrams for a fruit, vegetable, and an entree at our elementary level. We have also determined that this would eliminate protein options from breakfast if we are required to meet Tier three.

This change would also have a significant impact on our vegetarian options that we provide. Many of these items are made with legumes or cheese and would have to be cut from our menus. Even our sun butter and jelly sandwich would not be allowed. Any variety and culturally diverse items would be a thing of the past in our programs.

We are seeing more and more manufacturers leaving the industry due to the constant changes within our Program, and for the manufacturers that are sticking with us, yes, they can work on reformulation of products. However, that cost will eventually hit our school nutrition budgets, and we are critically suffering right now. Who is to say, at the end of the day, if that product will actually be palatable for our students. Our meals are not nutritious until they are in the bellies of our students.

In LPS, we are at 75 percent of our grains are whole grain, and I request that we keep the grain requirements to 50 percent, because it allows for regional items to be offered and accepted by students. From biscuits in the South to tortillas here in Colorado, this option allows us to continue providing meals our students will love and will eat. In LPS, we also use the waiver for our pastas. We have a few scratch-made pasta bakes, and whole grain pastas do not hold well. These recipes were brought back after the whole grain requirement was changed back to 50, because when I originally brought them out with whole grain pasta I received calls from principals, parents, and students, saying that our food was inedible."

These are just a few examples of why it is critical for our programs' participation and ultimately sustainability to keep these regulations where they are. In my district where many students can choose to eat with our program, I believe if required to implement these changes we will not survive.

I could go on and on, and I also respect your time and my limit. I am happy to answer any questions from an operator's perspective. Thank you.

[The prepared statement of Ms. Gould can be found on page 62 in the appendix.]

Chairwoman STABENOW. Thank you so much. I very, very much appreciate your input.

Let me now turn to Dr. Golzynski, and thank you so much for your leadership in Michigan, and I appreciate your testimony.

**STATEMENT OF DIANE GOLZYNSKI, Ph.D., DIRECTOR, OFFICE OF HEALTH AND NUTRITION SERVICES, MICHIGAN DEPARTMENT OF EDUCATION, LANSING, MICHIGAN**

Dr. GOLZYNSKI. Thank you very much. Investing in the education of our children is an investment in the future of this great country. Reliable access to healthy foods is truly one of the most important investments we can provide for our children.

[Audio interruption]—in the great State of Michigan. I am honored to be here with you today outlining priorities for that investment in reliable access to and education around healthy food.

The child nutrition programs, including SNAP, WIC, school lunch and breakfast, child care meals, and summer meals provide an incredible safety net for families and children, yet we are seeing an alarming number of childhood poverty and hunger. No child should experience hunger, and it is our responsibility as the adults that care for them to design and build the strongest safety net possible.

My dad grew up hungry, and I was a first-hand witness to the life-long effects that childhood hunger had on him, eventually contributing to his death. Chronic disease, high health care costs, and a lower educational attainment were preventable realities for my dad. No child chooses to be hungry, and we have the opportunity to continue to strengthen the child nutrition programs to help prevent futures for our children that mimic what my dad experienced.

In 2010, the Healthy Hunger-Free Kids Act aligned our school meals with the strong, science-based recommendations from the Dietary Guidelines for Americans. We have learned a lot from those early days of HHFKA, and we have an opportunity to build on those lessons learned. We must continue to align all child nutrition program meals with the most up-to-date dietary guidelines.

We must put the education, attainment, and future health of our children above all else and fund it like it is truly the priority that it is. Strong nutrition standards should be viewed as a goal that can be attained if we continue to equip school nutrition programs, school staff, parents, and children with the necessary tools and education to get there.

Just as we have put training wheels on a bike for a child to learn, we must do the same with nutritious foods. From stir-fry lines to cafeterias designed to mimic a food court, we should never give up on the education of a child, whether it is in reading, math, or nutrition.

In Michigan, we have additional State investment of 10 cents per meal when it includes a local fruit, vegetable, or dried beans. This exposure to healthy local produce has increased the children's acceptance and excitement to the point where parents are telling us that the children now request the produce grown by their local farmer at home.

The school meals of today do not look anything like what you and I experienced when we were in school. We must do more to engage parents and school staff in the incredible food being served in today's cafeterias and the connection of those meals to the well-rounded education of the whole child. Everyone involved must understand that these meals provide invaluable nutrition education for what a life-long, healthy diet looks and tastes like, and we should never give up on that education.



As schools begin to reopen, we expect to see the school meal revenue drop and unpaid meal debts soar, as families cannot or will not easily return to sending money to school for food. With the number of families struggling who have not experienced poverty before, we believe the stigma of applying for free or reduced-price meals will keep even more families from seeking the assistance they need. Children simply should not have to wonder if they are going to be able to eat while at school.

We must also provide a healthy breakfast at school in a manner to which reduces stigma and increases the opportunities for children to participate. In talking with a local superintendent, he told me that the number of children in his district that qualify for free or reduced-price meals was not high enough for him to do the work to even offer the program. He has over 1,000 students in his district that qualify. That is over 1,000 students that have no opportunity to eat breakfast at school, and that does not take into account the additional children whose families are too ashamed to apply or whose incomes are just above the threshold to qualify.

Children should also not have to shoulder the burden of wondering if they are going to eat when school is not in session. Whether it be the weekend, school breaks, a natural disaster, a pandemic, or the summer months, we need a child nutrition program that can be immediately responsive and provide healthy meals that strive to meet the dietary guidelines. Lessons learned from non-congregate meals and parent pickups during the pandemic should guide a future revamp of that program.

As families try to regain some sense of normal, go back to work, get caught up on rent and other payments, we must continue to be that glue for our children. Mental health and child hunger are realities of the pandemic that we should be addressing now and continue that support for years after the pandemic officially ends.

Thank you for your continued support of the child nutrition programs. Thank you for maintaining high nutrition standards that teach our future generations ways to meet the dietary guidelines so that we can continue to tackle the diet-related diseases that plague our country. After all, we must be successful in nutrition because our future cannot be successful without it. Thank you.

[The prepared statement of Dr. Golzynski can be found on page 64 in the appendix.]

Chairwoman STABENOW. Thank you so much, Diane. I very much appreciate your words and your work.

Ms. Hoffman, welcome.

**STATEMENT OF HEIDI M. HOFFMAN, DIRECTOR, COLORADO STATE WIC, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, DENVER, COLORADO**

Ms. HOFFMAN. Thank you. Madam Chair Stabenow, Ranking Member Boozman, and members of the Committee, thank you for inviting me to testify today about WIC. I am Heidi Hoffman. I work at the Colorado Department of Public Health and Environment as the State Director of our WIC program, which serves 130,000 Coloradans each year. I am also here in my capacity as chair of the Legislative Committee for the National WIC Association, a non-

profit organization representing the interests of 89 State agencies and nearly 1,800 local WIC providers.

As you know, WIC provides personalized nutrition education, healthy food, and support to pregnant and postpartum women, and children up to age five. The evidence is clear that WIC leads to healthy pregnancies and births and a healthier start for young children, as well as significant taxpayer savings, with every dollar spent returning at least \$2.48 in future health care savings.

WIC could have even more impact for Americans families by enacting long-recognized, bipartisan eligibility expansions for women and children who are not yet enrolled in school. The challenges, however, are equally clear. Before the pandemic, only 51 percent of those eligible were receiving WIC service, even fewer in my State and others, due to a variety of barriers, including things like reliable transportation and getting time off from work. There is a lot of room to modernize and streamline the program.

During COVID, waivers have allowed us to safely provide services with phone and video appointments and to issue benefits remotely onto EBT cards. This has helped growing families and those caring for small children to put healthy staple foods on their table, even during multiple upheavals to their work, school, and home lives.

The clearest lesson we have learned is that we cannot return to our prior business model, designed over 40 years ago, and still meet the needs of busy parents and other caregivers. Remote appointments allow more engagement during nutrition counseling, without needing transportation or additional time off work. As Dr. Beers discussed, sharing health screening information with health care providers coordinates and improves care. Extending certification periods ensures that benefits are available at critical times in a child's development.

In order to reach all eligible families who want WIC, we must be able to meet the expectations of a modern generation of parents. Just two weeks ago, the American Rescue Plan included \$390 million for outreach, innovation, and program modernization, a substantial investment that will help connect eligible families with WIC support.

These resources can make a world of difference to cash-strapped States. For example, Colorado and many others participate in a national marketing campaign that provides branding, social media content, and COVID information to create a consistent national brand for the WIC program. We also work with our State SNAP and Medicaid agencies to refer eligible families between programs.

Creative outreach and data-sharing efforts are consistently stymied by tight budgets and limited staff capacity, both the result of an inflexible funding formula that routinely underinvests in WIC's proven nutrition, breastfeeding, and health benefits.

In Colorado, we developed an online referral form for health care providers, food banks, and family members to refer people to WIC. This pre-filled information is sent directly to a local clinic to simplify and shorten the process for families to get certified. All State WIC agencies need straightforward, technological innovations such as this, that improve the user experience and make services more accessible.

This is also clear in the shopping experience. As SNAP agencies scaled up online purchasing options last year, that conversation was just starting for WIC, which recently switched over to EBT cards. We must thoughtfully work with our retail and technology partners to develop nationwide solutions that will make modern and accessible shopping options available for WIC families, including online payment and home delivery.

One final thought I would like to share. Colorado greatly values our partnership with the UTE Mountain UTE Tribe, which operates as one of 33 Indian Tribal organizations directly administering WIC services. This option empowers Tribal sovereignty and builds stronger government-to-government relationships. One way this partnership has benefited both agencies is when Colorado obtained approval to join the WIC Farmers Market Nutrition Program for the first time just this year. FMNP provides an additional food benefit for families to spend with local farmers. This is currently capped at just \$30 per person, per year. An additional investment would help strengthen the partnership between our local food suppliers and WIC shoppers.

We are grateful that our UTE Mountain UTE Sister agency has agreed to help distribute these benefits to their WIC families living in Colorado, as we work together to serve the people and the food producers living within our neighboring service areas.

Thank you again for the opportunity to testify. We appreciate your support of WIC and CNR this year, and look forward to your questions.

[The prepared statement of Ms. Hoffman can be found on page 68 in the appendix.]

Chairwoman STABENOW. Thank you so much. We agree, WIC is an incredibly important program. Thank you so much.

Last but certainly not least, Mr. Rodriguez. Welcome.

**STATEMENT OF CARLOS RODRIGUEZ, PRESIDENT AND CEO,  
COMMUNITY FOODBANK OF NEW JERSEY, HILLSIDE, NEW  
JERSEY**

Mr. RODRIGUEZ. Thank you. Thank you, Senator Booker, for the generous and kind introduction, and for your long-time support of the FoodBank's mission and our neighbors in need.

Chairwoman STABENOW, Ranking Member Boozman, and distinguished Committee members, thank you for the opportunity to speak at today's hearing. I am privileged to serve as the President and CEO of the Community FoodBank of New Jersey, our State's largest anti-hunger organization that provides access to food and other critical resources for 15 of New Jersey's 21 counties. For most of my career I have worked on the front lines of the fight against hunger, including at three different food banks across two States.

I am also someone with lived experience, relying on Federal child nutrition programs as a child growing up in the South Bronx. Meals provided by the Summer Food Service Program kept me well fed when school was out, and nourished me to become who I am today.

During the time that I have this morning, I will discuss how we can bolster Federal after-school and summer meals programs to achieve more meaningful effects on childhood hunger year-round.

First, because I can think of no better way to illustrate the impact and importance of these programs, I want to tell you the true story of a little girl who likely would not have enough to eat without them.

In December 2019, just before COVID hit, our team met Paige, a gregarious, eight-year-old at one of our partner sites that offers both the Child and Adult Care Food Program and Summer Food Service Program. She marched right up to us, eager to talk about her experience there. While enjoying a well-balanced meal of an apple, carrots, milk, and whole wheat turkey sandwich, she explained that she and her two siblings visited the site every day while their parents were at work.

She said one thing in particular that we will never forget. “We like coming here because we don’t get this kind of food at home.” I heard loud and clear that without the meals provided by the after-school program, Paige and her siblings would have had to contend with an empty refrigerator at home. Instead, she skipped off from our conversation that day to go play basketball with her friends, a happy and healthy child.

For so many kids like Paige, who live in households struggling to make ends meet, the arrival of COVID-19 several weeks later made putting food on the table an even more urgent challenge.

Today more children than ever, at least one in six nationwide, are going to bed with empty bellies. As we have worked to nourish the record number of children in need during the pandemic, we have learned valuable lessons that have been informed the recommendations that I have for you today.

The goal of Federal nutrition program should be to consistently nourish every child’s success, not just to comfort them in times of distress. Many of the flexibilities that the USDA has enabled during the pandemic, particularly with regard to CFSP and CACFP, should be made permanent, as they have improved the program significantly, allowing them to reach more children, more equitably.

This year, Congress has an important opportunity to improve the health and well-being of millions of our Nation’s children by passing a strong reauthorization bill that provides a seamless, year-round option for providers, lowers area eligibility for site participation, relaxes the congregate feeding requirement, and utilizes the efficiencies of a summer grocery cart. These measures would strengthen the site-based model for child nutrition programs by enabling the participation of more sites, helping food banks and other providers to reach more children, and reducing the administrative burden. They would also enable us to provide for more children in underserved and hard-to-reach area, meeting them where they are with alternative distribution models.

The pandemic EBT program has also proven to be a powerful mechanism to support children and families in a situation that causes school closures. Our own experience in New Jersey has shown that even under these challenging circumstances the exceptions provided by the COVID-19 waivers have unlocked enormous potential for Federal child nutrition programs to yield gains in access, equity, and reach.

We urge this Committee to take these lessons to heart, if the goal is to make real progress in ending child food insecurity and ensuring opportunity for all of our Nation's children.

On behalf of the Community FoodBank of New Jersey, the nationwide network of Feeding America food banks, and our community partners and the neighbors in need that we touch, I thank you for your time and attention.

[The prepared statement of Mr. Rodriguez can be found on page 78 in the appendix.]

Chairwoman STABENOW. Thank you very, very much. We will now turn to questions, because of votes I want to remind colleagues of a couple of things. We are going to really try to stay to the five-minute rounds on questions. If you are virtual, please put on a stopwatch or something so we are going to try to stay to that. We will get through this and make sure that colleagues who are virtual know at what point they will be in the line for questioning.

First let me say, Dr. Golzynski, you noted that schools and communities are likely to face some challenges as schools transition back to in-person learning and more traditional school meal service. That just makes common sense to me that there are going to be some challenges.

What are some of the ways that we can make sure children are not left behind as this happens?

Dr. GOLZYNSKI. Thank you, Chairman Stabenow. I believe that we need to do outreach to parents and communities and school leaders to assure that they know and understand the changes in the program as we transition to whatever our new, better normal is. We can look at expanding community eligibility, maybe eliminating the reduced-price category. We need to make sure that our food service directors and their staff know and understand how to prepare the healthy foods, and we need to make sure that our food supply chain has those products available so that our programs can offer those to the students.

We need to also remind the students—we heard Jessica say that her students know and understand that a fruit or vegetable is required with all of the meals. We need to remind the students, as we go back to school in person, that that is still a requirement, even though they may not have seen that with parent pick-up meals during the pandemic.

We need to look at our districts and not see them as a free or reduced-price percentage but see them as students who are there to learn and need to have the tools necessary in order to learn.

I am looking forward to doing some additional outreach, some additional training for our staff, and making sure that as everyone starts to come back to this new, better normal that we have really provided everyone with the tools necessary to be successful.

Chairwoman STABENOW. Thank you so much. Now Ms. Hoffman and Dr. Beers. First, Ms. Hoffman. In your testimony, you discussed the need to modernize WIC, and some of the work that Colorado is doing to reach more moms and babies. Can you elaborate on the areas where innovation is most needed, and how some of the coordination between programs and health care providers helps WIC families? Then I would ask Dr. Beers, from your perspective,

as a physician, could you also speak to why this coordination would strengthen outcomes. Ms. Hoffman?

Ms. HOFFMAN. Absolutely. Thank you, Senator, for the question. We are excited about the potential for innovation in the WIC program. One promising practice is creating closer coordination between SNAP, Medicaid, and WIC. We need to build in referral policies and assure buy-in from all three programs, and we need sustained funding to help us with data security and outreach.

As WIC works closer with health care providers, we need to be able to share information, like iron tests, growth charts, and developmental assessments, to ensure the best possible outcomes and ease the burden on families.

Our technology and data systems were built years ago, to deliver program benefits and ensure compliance, but not to share, collaborate, or innovate. We need updated regulatory flexibility and additional funding to modernize the program and serve as a functional partner to our health care and other programs.

Chairwoman STABENOW. Thank you. Dr. Beers?

Dr. BEERS. Yes. Thank you for that question, and I would very much agree with everything that was just said and would even elaborate on some of those things. I think, you know, we really are seeing, as I mentioned, in our offices that children's nutrition is really suffering right now, and as pediatricians we want to use every tool in our toolbox to help address that, and good communication with WIC is one of those things. If we can really be communicating well with our WIC partners, and as I mentioned, co-locating WIC is honestly one of the most important and best ways to do this, you know, for me to be able to walk across the hall and poke my head in the office of the WIC nutritionist is just—I cannot even tell you how much that contributes to patient care. I think that is one really important piece.

You know, the other thing that we have seen with our WIC partners is that they can be great partners with us in terms of education and in helping us to connect with families who have been lost to care. That is another really important area for coordination and collaboration together. I appreciate that question, and I guess the last thing I would add is that the electronic communication has been very, very helpful, and I have been hearing from pediatricians that that has been a real plus.

Chairwoman STABENOW. Thank you very much. Finally, my last question. Mr. Rodriguez, during COVID pandemic, EBT and meal delivery and pick-up were very, very helpful to make sure that children got the meals they needed when they were not in school. Could you speak about how these tools help to fill the gaps that we see in summer and other out-of-school times after the pandemic ends?

Mr. RODRIGUEZ. Absolutely. Thank you for the question. Flexibility was the key to being able to respond during this pandemic, and just a few kinds of key examples. First, on the whole concept of creating a seamless, year-round option for all sponsors. I think it is important to realize how much administrative burden and kind of bandwidth it takes away from some of the same providers that are providing both programs, to be able to stop and do a training that they just had a couple of months earlier and kind of re-

engineer very nuanced policy changes to be able to administer the program. This streamlining option, I think, can help us bank that effort to do more outreach and focus on child enrichment programs.

I think specifically, in terms of what we can do with flexibility, I share with you the story of an experience that we had in Woodbine, a small South Jersey community, where approximately one in five families were living in poverty before COVID, and yet they would not have met the area eligibility requirement to be able to provide a summer meal prior to. In fact, we did not have any summer meal sites there prior to COVID. Yet, because of the flexibilities afforded over this last year, we did have that, along with 20 new sites throughout the State during this much-needed time.

Because this is just one of many concrete examples of how the program flexibilities introduced during the pandemic help us create access needed for meals for children.

Chairwoman STABENOW. Thank you very much, Mr. Rodriguez, and I will turn to Senator Boozman.

Senator BOOZMAN. Thank you, Madam Chair, and again, thanks so much to the panel and all you represent. Nobody has done a better job during the pandemic than you all have, and before the pandemic. We really do appreciate your service.

Ms. Gould, you are a registered dietitian responsible for planning your menus to ensure your school meals meet the nutrition standards. If all grains have to be whole grain-rich and target three sodium restrictions take effect, how does that affect your ability to plan your weekly menus, is there an impact in terms of the variety of options available for students, and cost impact to your program? Please tell us more about what this means for you in the local school to implement the final nutrition standards from the January 2012 rule?

This is something, you know, as I visit my schools, that really is at the top of the list regarding concerns going forward.

Ms. GOULD. Thank you, Senator. I appreciate the question and I am happy to answer. As I stated in my testimony, most all of our scratch-made items would be eliminated. When a manufacturer processes an item they have the ability to process out the sodium. However, when we are making a scratch-made item we cannot process out that sodium. Many of the items that we are so proud of right now would be eliminated from our menu. Protein at breakfast would be another big thing. Egg items typically have more sodium in them than those regulations would allow for. Even a half cup of baby carrots, which we all love baby carrots, right? A half cup of baby carrots has 50 milligrams of sodium.

Every little bit starts ticking down on where we can really fall in line, and our variety would really be diminished. Any of our salads, we would not be able to offer salad dressing. The luncheon meat that is on top of those salads, that would be gone. Cheese items would be eliminated. Marinara would be eliminated, whether it is home-made or it is a processed item.

The impact would be devastating to our programs, and again, even if something is formulated, will it be accepted by our students? I think that is the biggest question as well. I am already seeing, in a low free and reduced district, those kids can walk away and go to a convenience store or a fast-food chain, or their parents

will bring in items. This opportunity we have had through summer food service has actually allowed us to really increase the amount of our quote/unquote “paid families” to eat with us, maybe even more so our reduced families are eating with us a lot more, and they are loving our food. We want to keep that participation going, and I know that if we have to get to Tier three, especially, we will significantly have decreased participation.

Senator BOOZMAN. Thank you.

Ms. GOULD. I just want to give a little bit on the manufacturing side. The cost there, it is about \$15,000 for a pre-existing item to be reformulated, and if it is a new item it would be about \$30,000. That is if they do not have to buy new equipment.

Again, those are costs that they can deal with, but it always ends up hitting the school nutrition budget, and that is, I think, something we need to think about as well.

Senator BOOZMAN. Right. Thank you very much. Ms. Golzynski, I would ask you the same question. Have you looked at how to plan a menu that incorporates Target 3 sodium with 100 percent whole grain-rich items? If you can answer it fairly quickly, or the Chairwoman will yell at me.

Dr. GOLZYNSKI. We do not want that to happen.

Senator BOOZMAN. Since you are from her State she will probably cut us a little bit of slack.

Chairwoman STABENOW. I have to apologize that I actually broke my own rule by going over just a little bit.

Senator BOOZMAN. Well, this is such an important thing. It is good.

Chairwoman STABENOW. It is. It is really important.

Senator BOOZMAN. Ms. Golzynski? I am sorry, Dr. Golzynski. I apologize.

Dr. GOLZYNSKI. No worries. The Target 3 sodium is a very strict level of sodium. It does meet the dietary guidelines. It is a goal that we can attain. We have to work toward getting there, and it is going to take us a bit. If you or I were trying to immediately drop our sodium levels, we would need to gradually get there in order to make it be a sustainable change.

As Jessica was talking about bread, cheese, luncheon items, yes, those are all processed items that are high in sodium. We can work on cutting those back slowly. We can work on replacing those with healthier items. Naturally occurring sodium certainly makes sense, but that is going to be in some of our products. As we work to increase our fruits and vegetables, as we work to provide healthy whole foods for our children, with less processed foods, we will start to get there.

We just cannot give up. Our children are not something that we should ever give up on, and it is something that we should just continue to work on, even if we have to lengthen the amount of time it takes to get there, so our manufacturers can catch up and our children can have access to those products at home as well, so they are seeing them in both places.

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

Chairwoman STABENOW. Thank you very much. Next up we have Senator Brown and then Senator Fischer.



Senator Brown.

Senator BROWN. Thank you so much, Madam Chair, for holding this, and thank you to all the witnesses and the wisdom and knowledge and insight and passion you—

Chairwoman STABENOW. Senator Brown, we are not hearing volume. I am not sure if that is on your end, but we can barely hear you.

Senator BROWN. If I talk louder does that work?

Chairwoman STABENOW. It does work. We can hear you better.

Senator BROWN. I like to talk really loudly, as you know, Senator Stabenow. Senator Fischer is laughing at me, which is understandable.

Chairwoman STABENOW. We can hear you.

Senator BROWN. Thanks. Dr. Beers, Ohio is, unfortunately, 41st in the country in infant mortality rates. About 10 percent of babies born in Ohio were born before the 37th week of pregnancy. I have been working with a number of stakeholders on this issue. There has been some improvement but not nearly enough. Ohio, in fact, has seen a marked decline in participation in WIC over the past five years, even during the pandemic.

If you, Dr. Beers, would take to us about the role that WIC could play in helping the Nation lower infant mortality rates and reduce the rate of premature births, what steps should this Committee take to improve participation rates?

Dr. BEERS. Yes, Senator, thank you so much for that, and I agree, this is an incredibly important issue. You know, as pediatricians we often think about the fact that our care of families really starts prenatally and ensuring that pregnant women have adequate nutrition. The access that pregnant women have to WIC services is incredibly important.

I think some of the general improvements that we have recommended to the WIC program will help with enrollment. I think it is also going to take some really targeted community outreach and outreach through, just in the same way that we work with pediatrician' offices, through obstetrician offices as well.

I think it is also a moment to really think about the postpartum time for pregnant women, particularly when you are thinking about pregnancy intervals. Extending automatic eligibility for WIC for children up to age two is an important strategy to make sure that the family is still connected with WIC, and needs that connection as they may be moving toward inter-pregnancy, you know, thinking about the next pregnancy.

I think a final thing, which is not specific to this Committee but the work that has been happening in extending postpartum Medicaid eligibility to 12 months is incredibly important, and I think that is something that we would like to see continue as well.

Senator BROWN. Thank you. Thank you very much, Dr. Beers.

Dr. Golzynski, I appreciate your State's and the Chair's—Chairwoman Stabenow sings your praises far and wide—your State's leadership in increasing the amount of locally grown fruits and vegetables in school meal programs. How have you been able to do this? What more can this Committee do to help local growers sell more products to school districts?

Dr. GOLZYNSKI. I know farmers are the lifeblood of our program. They really are so important to helping students to recognize the healthy foods as well as recognize how it is grown and where it is grown. Our 10-cents-a-meal program has been critical for improving that. We are able to have that State investment to encourage the purchasing from local farmers. We do the education. The farmers come in and talk to the students, or we do field trips, prior to the pandemic, of course, field trips to the farms so that the children can see where it is grown and how it is grown. It does not just come from the shelves of the grocery store.

I think that one of the things that we can do is to—we have the Buy American provision, which requires that food products are grown and processed in America. What can we do regionally to allow for increased purchasing from those local, regional farmers, of the healthy products, so that they are not traveling across the country prior to their ripeness, they have the most nutrition available to them? Can we do something where we can incentivize farmers to connect with schools, and can we take away some of the paperwork around purchasing of those products, and make it easier for our food service directors to be able to incorporate that into their menus that they are planning?

Our distributors could increase the number of local products that they are slotting, and label it as such so that our directors can prioritize that when they are purchasing. They can prioritize a local, State-grown, or even a regional-grown product.

We also need to be aware ourselves of what is grown and processed in our own States and in our own regions. In a global economy, it is easy to lose sight of what is actually grown nearby, and the kids are so excited to have met the farmer that grows the apple that they are going to eat, that they go home and tell their parents whose apple they want to eat.

Senator BROWN. Well said. Thank you. In the interest of time, for Mr. Rodriguez I have a question I will for the record about summer feeding programs, his thoughts about enrolling Medicaid participants in WIC and what we should be doing there. I will submit those questions.

Thank you, Madam Chair Stabenow.

Chairwoman STABENOW. Thank you very much, Senator Brown. Senator Fischer?

Senator FISCHER. Thank you, Madam Chair. Dr. Beers, I agree that we should do everything we can to ensure children across our country who are in need have access to free breakfasts and lunch. You mentioned in your testimony the Community Eligibility Program, CEP. Congress created CEP to provide targeted assistance to low-income communities. Many schools in Nebraska utilize CEP, but the number of eligible schools that are not utilizing CEP, that is a much larger number.

We know that CEP increases participation and reduces administrative burdens. In the past, I have heard it that CEP was too complex or there were too many unknowns. I understand different localities and States could face unique issues, but in your opinion, what are some of the remaining barriers to the adoption of CEP?

Dr. BEERS. Yes, that is a great question and thank you for that. Here in the District of Columbia, where I live and practice, we also

have CEP, and I know that it has been very successful in schools. You know, a lot of this—and this is the case for lots of the programs we are talking about today really comes back to decreasing the barriers to participation and enrollment and increasing the education around these programs.

I think for CEP, in particular, we have seen it be incredibly successful in making sure that children have access to healthy meals at school, and in the schools where it has worked well I think it has been a really powerful tool. I think we talked about this a lot. I mean, more of my patients who need school meals and other nutrition supports do not access them than do, oftentimes. Really working to increase the education and decrease the regulatory barriers I think is a critically important strategy.

Senator FISCHER. Thank you. Dr. Golzynski, I wanted to give you the opportunity to respond to this question, to hear it from a State perspective. What barriers to adoption of CEP do you see and what, if anything, should we be looking at as we work on the Child Nutrition Reauthorization?

Dr. GOLZYNSKI. That is a great question and I greatly appreciate you asking it. We have traditionally tied eligibility to free and reduced-price meals to so many different education side programs that we cannot even disentangle it when we try to offer all meals for free to a child in a district under the CEP program.

In a CEP district, now those families still have to fill out some kind of household information survey to demonstrate what their household income level is at, so that their child or their district can qualify for at-risk funding, title funding, other educational types of programs. Families do not understand that. If I am getting free meals, why I am filling out something about my income level? The connection is not there.

On the school administrator side, there is a stigma. There is a great stigma because CEP means we are a needy district, and not everyone wants to be seen in their community as this needy district. Any way that we can disentangle the eligibility for meal programs from the eligibility for education programs will help our districts feel better in offering that for their students. It does reduce the burden, the paperwork burden, tremendously. It does help families tremendously. It has been a wild success in our State, and I would love to see that expanded so that other districts have the opportunity.

Senator FISCHER. Very important. Thank you so much.

Mr. Rodriguez, the impacts of rural hunger is felt in a State like mine, and some of the flexibilities, you know, that have been discussed, like the non-congregate feeding, have taken on a sharper focus in the last year during COVID. I commend our food banks in Nebraska who, like yourself, have met this challenge head-on.

What are some of the examples of granted flexibility and how you have gotten food in the hands of children during this season that may be replicated as we think about broader rural needs during this reauthorization?

Mr. RODRIGUEZ. I think the key word, and it has been stated here by so many of the panelists, is flexibility. Flexibility to understand that our communities are diverse, they are different, and they have different access to resources and programs, throughout

our State and throughout our country. Many examples, many of them listed in the written testimony, really point to how these flexibilities were able to reach communities that previously we could not touch.

I gave earlier an example of a small community in south Jersey that pre-COVID we had a number of different families in poverty, yet they did not meet current eligibility guidelines. With the waivers, however, we immediately started feeding them this summer, and we will continue to feed them.

This is true, I think, across urban, suburban, rural communities. There is always one barrier or another. I think if we take the approach to streamline, align where it makes sense and put gradual process to changes, I think what we get left with is a bank of time and energy that can be focused on outreach, that can be focused on further innovation. I think what was stated, I think, by so many of the speakers is we can focus on having children really not only get access to the food that they need but an appreciation for the healthy food that is, in many times, unfortunately, foreign to them.

Remember Paige, her favorite food is a salad, and she did not know what that was primarily before we were able to introduce it to her.

Chairwoman STABENOW. Thank you so much. Thank you, Senator Fischer. Thank you. We will turn to Senator Smith.

Senator SMITH. Thank you so much, Madam Chair Stabenow and Ranking Member Boozman for this Committee hearing, and thank you to all of you for the work that you have been doing over this last year.

In preparation for the hearing today I reached out to Second Harvest Heartland, which is a food bank in Minnesota, just to get their thoughts and input. One of the staff members said to me, and this is a quote, she said, “We learned that lost opportunities to receive school meals causes overwhelming food insecurity. When schools close, the community has to step up immediately to provide support.”

I just wanted to take a moment with this in mind to think about the work that food banks, like Second Harvest Heartland, as well as school nutritionists and school cafeteria staff, all of these folks across the country have done so much to lead the way and to try to help families and students and people who are experiencing food insecurity in this moment.

I am blessed to serve on the Agriculture Committee and I also serve on the Health Committee and the Indian Affairs Committee, and with that in mind I would like to just focus in, for a bit first, on the issues around child nutrition and Native communities, and what we can do better around outreach and consultation there.

Just consider this. One in four Native Americans is food insecure. Anemia in Native American infants and children is 1.5 times what it is for white children. Indigenous adolescents in America are 30 percent more likely than non-Hispanic white adolescents to experience obesity. Currently, 66 percent of Native children—66 percent of Native children under the age of six are enrolled in SNAP.

I would like to ask all of the witnesses here, we all see that this is completely unacceptable inequity. Could you talk a bit about

what best practices you have seen, what we know about what kind of outreach and education and consultation works with Native communities, both Tribal nations as well as in the urban indigenous community.

Any takers?

Dr. BEERS. I can go ahead and start. I will say a few words and I know others have much to add. Thank you for raising this issue. It really is incredibly important. As a global statement I would recommend to you, actually, the American Academic of Pediatrics, just last week, released a new statement on caring for children from Native American communities, and it is very well done, so I would recommend that to you.

I think that from our perspective there really are two key things. One is really fully funding the supports to our Tribal communities. I think that is an incredibly important thing for us to do. They have been under-supported for many, many years, as I know you know. I think the second most important piece, from our perspective, is really involving families and communities in those efforts and in terms of outreach, as well as accessing services and the cultural appropriateness of the nutrition and other health services that we are offering. Thank you.

Senator SMITH. Thank you so much. Would anyone else like to add anything?

Ms. HOFFMAN. I would add something from the WIC perspective. We believe that Tribal health and the Tribal farm economy can be enhanced with WIC support by creating and access to health care and the market for rural vendors and farmers. We need options for delivery and funding to support local young stores and farms, and FDPIR eligibility should automatically make families eligible for WIC. The health benefits of WIC, such as reducing overall health care costs, decreasing pre-term births, supporting chronic conditions, and improving readiness for school can honor and benefit all Native communities.

Senator SMITH. That is great. Thank you. Thank you so much.

I am going to actually use that as a little bit of a segue. The second thing I wanted to talk about, in just the brief second I have left, is as we focus on school nutrition and serving nutritious meals, a lot of times we forget that schools do not actually have the equipment—the refrigeration equipment, the other equipment—to make healthy food. I have come to appreciate how important this is for schools in Minnesota. We do a good job in Minnesota. Ninety-three percent of our school districts are serving healthy meals with a strong nutrition standard. The need for equipment is a really big need.

I am excited to be, having just reintroduced my legislation with Senator Collins, the School Food Modernization Act, to help schools modernize their equipment, and as you were saying, it links directly then to the ability to participate in farm-to-school programs to get farms and students and nutrition all moving in the same direction.

Chairwoman STABENOW. Thank you very much, Senator Smith. Such important issues. I hear both the same in Michigan.

A vote has been called. We are going to continue moving forward. I know we have many members that want to ask questions. This is such an important topic.

Senator Thune is next, and then Senator Gillibrand.

Senator THUNE. Thank you, Madam Chair. Ms. Gould, in your testimony you highlighted the importance of maintaining flexibility for sodium, whole grains, and milk in school meals. I have heard similar feedback from child nutrition directors in South Dakota who are concerned that further regulation will create additional meal procurement challenges. This is particularly concerning for rural South Dakota schools that already face procurement challenges.

Could you briefly describe the importance of sodium, whole grain, and milk flexibility and what challenges would schools face if this flexibility is not preserved?

Ms. GOULD. Absolutely. Currently, there are not those products to meet Tier two and Tier three readily available for us. I think with COVID we have been faced—our manufacturing community and just distribution, in general has faced major hurdles, because of the multiple different service models that we have been offering. It will be incredibly difficult for us to transition at this time.

Now, in a few years would there be more products readily available? Most likely. However, again, Tier three is incredibly concerning just because of the limits and the very vast reduction of sodium that we are looking at. Manufacturing right now has not created those products. Your schools currently will struggle to get that product in, and in the future it will be a struggle as well.

Senator THUNE. Ms. Hoffman, in South Dakota we have two Indian tribal organizations, or ITOs, that support the needs of our Native American population. How do geographic special supplemental nutrition programs for women, infants, and children, the WIC programs, and ITO State agencies, partner to efficiently deliver WIC services and reach eligible families, and do you have any suggestions for how we can improve those WIC partnerships?

Ms. HOFFMAN. Thank you for that question. I think it is a great opportunity for WIC programs, whether they are geographic States or Indian Tribal organizations who are doing WIC services for their communities to partner together. In Colorado we have, as I mentioned, the great benefit of having a sister agency in the UTE Mountain UTE WIC program, but we also have an informal partnership with the Southern UTE Tribe that we provide services. They do not have their own WIC program.

I think that depending on where WIC agencies are, and depending on the other resources in their community, you can work together, either formally or informally, to make sure that families can access the services that they want, in the places that they want. Some people would rather do that in the community where they shop or where they work. Some people would rather do that in their home community. I think that there are opportunities to do that, both in soft ways, meaning just building stronger partnerships that honor the needs of the communities, but also in some more traditional ways, like outreach and technology sharing and data sharing, and things like that.

Then, of course, example of working together for the Farmers Market Nutrition Program is unique and another wonderful opportunity for WIC programs to work together.

Senator THUNE. Dr. Golzynski, Ms. Gould, and Mr. Green, given the experience you each have in operating child nutrition programs, are there administrative challenges you have encountered when working to comply with program regulations that this Committee should seek to address through legislation to reauthorize these programs, and have you experienced any redundancies?

Dr. GOLZYNSKI. Yes. I would say that one of the biggest challenges that we have seen is every program has its own meal pattern, its own set of regulations, its own set of requirements. When we went into the pandemic, we went to one specific meal pattern that was not what the kids were used to seeing during the school year, and then some of those regulations continued, from the National School Lunch Program, even though they were not regulations in the Summer Food Service Program, which is what we were seeing for children.

Streamlining of those regulations and those requirements across programs so that one sponsor, who might offer multiple programs, does not have to try to train their staff as to which program they are serving that meal in, that day, so that they know what meal pattern or what paperwork requirement is tied to that specific meal.

Senator THUNE. I see, Madam Chair, my time has expired. Thank you.

Chairwoman STABENOW. Thank you very much, Senator Thune. We will now turn to Senator Gillibrand, and then Senator Marshall.

Senator Gillibrand. If not—

Senator GILLIBRAND. They just let me in. I am sorry. It took them a while to get on my computer.

Chairwoman STABENOW. Not a problem.

Senator GILLIBRAND. I apologize.

Chairwoman STABENOW. Welcome.

Senator GILLIBRAND. Well, thank you to all the witnesses today. I am extremely grateful to all of you for your work, your advocacy. We have covered really important pieces of legislation this morning, and I am grateful.

One piece is the Summer Meals Act, which I have long championed with Senator Murkowski. That has created historic investments in improvements to the summer nutrition programs and addressed longstanding operational barriers based by summer food sponsors and sites in serving more meals and connecting services to more youth. Without the existing structure of the summer nutrition program in place ahead of this pandemic, community-based organizations would not have been able to mobilize and organize in unique and new ways to continue to serve meals, scale meal service operations quickly, and maintain the critical community connection our Nation's school-aged youth need now more than ever.

Mr. Rodriguez, what role have you seen the traditional congregate meal sites and sponsors play in providing non-congregate meal service options to help the most in need during this pandemic, and what role do you envision them to continue to play as frontline

workers in both combating hunger and supporting and strengthening social and emotional well-being of our Nation's school-aged youth as we start to shift toward recovery?

Mr. RODRIGUEZ. Thank you for the question, Senator. Congregate meals have played an important part to the response of the pandemic, and I think what we have learned is with more flexibility we can even do more. We would have had, even despite the tremendous growth in programs we have seen, and so many of our partners across the country have seen with the pandemic, we know we could do more. Just by adopting something that we know works.

Let's take what happens in school meals, for example, in actual school settings, as an example of what could work. Schools operation one national school lunch program, and it is a seamless transition from the school year into the summer years. We are asking for something very similar so that our providers, many of which are nonprofits with very limited resources, can make the same transition. If we do that, we can have both congregate meals, we can innovate more in terms of outreach, and really focus on leveraging with other streamlining efforts, just making more sites available.

It has been said quite a few times today, most recently by Dr. Golzynski, how much the transition, how much duplication there is, and even just training. We have to train the same staff in October, and then very quickly again right before the summer meals, make nuanced changes to meal packs and menu guidelines. If we streamlined the whole process and banked that effort to reaching more children, or perhaps opening up more sites, we would have overall greater reach and more impact for the children that we are trying to reach.

Senator GILLIBRAND. Thank you. This question is for Dr. Lee Savio Beers. The National School Lunch Program is one of the most far-reaching and effective food security programs for school-aged kids that we have. Thirty million students are eating school meals nationally, every day. For some students, those school meals may be the only meal that they get that day, and over the past year, during the pandemic, we have seen just how important these school meal programs are for absolute well-being and nutrition.

National universal school meals for all students is a fundamental education and health equity issue. Research out of Syracuse University shows universal school meals subsequently increase in school meal participation and lead to increase in students' academic performance.

Dr. Beers, how do you anticipate universal free school meals would further impact both children and their families, and can you speak about how universal school meals will positive impact the health of children?

Dr. BEERS. Thank you for this question, Senator, and, you know, as I noted during my testimony, food insecurity really is at quite high rates in this Nation, one in six children, even before the pandemic even began. We also know that good nutrition is one of the most important things we can offer our children in terms of helping them with a healthy lifetime.

I think, you know, in my experience, and the data shows this, far more children are not able to access Federal programs in school



meals who need them than are, and so offering universal school meals would really, first, increase and open up those opportunities for children experiencing food insecurity in their households to have access to meals. It would also decrease stigma around school meals and increase access further. You know, it is not an easy thing for a child to come into school and admit that perhaps their family does not have enough to eat, and so they may turn down the free school meals because of that. I think that is another important reason that universal school meals would be so effective.

Senator GILLIBRAND. Thank you, Madam, and thank you, Madam Chairwoman.

Chairwoman STABENOW. Thank you so much. We are now going to turn to Senator Marshall and then Senator Bennet.

Senator MARSHALL. All right. Thank you, Madam Chair. It is great to be back here in an Ag Committee, talking about things that are so important to me, nutrition. My first question is going to be for Ms. Gould, if you do not mind.

Ms. Gould, we have a generation of children and young adults who have not drank milk, and that is because we try to serve them some imitation milk, fatless milk, that tastes like water with powder in it. As an obstetrician-gynecologist I am very concerned about osteopenia and osteoporosis, that in 20 years from now those young adults, children, never reach their peak of their bone density, and no matter what medicines I give them, when they reach menopause, the women, we will never be able to keep their bones strong. I think that is a great example of Washington, DC, trying to legislate, or trying to tell nutritionists in schools what to serve children.

I am equally concerned about the Tier three specs, and I know other folks have talked about this. I just want people to realize that a Tier three pizza is basically a piece of cardboard without cheese on it. What will happen is—and that is, I guess, my question—which is going to be worse for a young child, to eat all of a Tier two meal or eating a fourth of a Tier three, because I just do not think kids are going to eat Tier three diets. How hard is that going to be to implement in the school system?

Ms. GOULD. Thank you for your question. I think you nailed it. It is going to be incredibly difficult, and ultimately we want nutrition going in our students' bellies. We want them to actually eat the meals and get the nutrition into them. We know that if they do not like it, if it is too restrictive, they will choose to not eat it. I think that is the balance we need to be considering, because we are also in the limits of Tier three. We are eliminating many culturally diverse items from students' menus.

We have got to think about the whole child. I do not think one nutrient is the premise for if they are going to be obese or not. I think we have got to look at the overall meal and ensure that there is nutritional quality in that meal, and it is getting into their stomachs.

Senator MARSHALL. Thank you. I have just got to put an exclamation mark on the whole milk part of this, that the whole milk has fat in it, which allows people to absorb vitamins A, D, E, and K, and that is especially important, of course, in my pregnant patients, how important it is to absorb those vitamins. There is such a thing as good fat.

I want to talk about meatless Mondays, and Ms. Gould, I am sorry, but this question is going to come to you as well, since you are from Colorado, another example of government trying to tell people what is nutritious. I would put meat, especially beef, in that same, right beside whole milk, as healthy and nutritious. The meat industry has spent decades researching, fine-toothing, making sure that this is a nutritious protein source. It just drives me crazy, to be honest, for folks to falsely attack the meat industry, when really the evidence says it is a very healthy food when served properly, especially with all the lean meats we have today.

I think about raising children. I did three sports myself in high school, raised four kids doing sports, and nowadays, today's varsity athletes in high school typically are lifting weights for an hour and a half in the morning, then maybe they have a P.E. class, and then they have two hours of practice at night. My boys, specifically, would eat two meals, buy two of the school lunches, and we still could not keep weight on them.

The thought of taking a proteins source like beef out of the menu is crazy, okay? I think it is crazy. How can you get a protein source? How much tofu would a high school football player need to eat to be able to maintain his weight? You know, it certainly would apply for the girls who are practicing volleyball in the morning and lifting weights and then playing basketball in the afternoon. How would that go over, not having any protein, I mean, real protein like beef or pork or chicken, on your meatless Mondays? How did that go, or how is it going to go?

Ms. GOULD. I think it is important to remember, and it is important to educate our students that all food should fit into a healthy diet. When we start specifying that they should not be eating certain types of food we can really start getting into the psyche of just how they interact with food. It is important that in my district we are very adamant that all foods fit, maybe some a little bit more than others.

I think that is something that would be important to be educating, and we do not want to take any protein sources away. I think that is a personal opinion for families.

Chairwoman STABENOW. Thank you so much, and thank you, Senator Marshall.

I am going to turn to Senator Bennet.

Senator BENNET. Thank you. Thank you, Madam Chair, and thank you again to both witnesses from Colorado. We are very, very grateful that they are here.

Actually, my first question is for Dr. Savio Beers. I cannot resist asking her this because of her role as the president of the American Academy of Pediatrics. Dr. Beers, in the American Rescue Plan that we just passed we made substantial changes to the child tax credit that is going to result this year in a glut of childhood poverty in this country by almost 50 percent. There is a lot of effort now to try to make that permanent.

I wonder if you would take a moment to share with the Committee what the implications for pediatric medicine and for young children's health care is if there are lifted out of poverty.

Dr. BEERS. Thank you so much for that question. Yes, you know, as I mentioned earlier, nutrition is one of the most important con-

tributors to a child's long-term health and well-being, and actually probably the most important contributor to a child's long-term health and well-being is their economic stability and whether or not they live in poverty, because that, in so many ways, determines their ability to access and receive any wide variety of supports, including nutrition, good education, stable housing, all of these things that we know can help children be successful and thriving members of our society, and through a lifetime.

That is not something that we can just do in one year. It really takes a child's entire childhood. By decreasing childhood poverty, as the child tax credit does, I think this is an incredibly important strategy and one that we would really hope to see continue as one of the most important things we can do for our children in this generation.

Senator BENNET. Thank you, and we would love to have this be bipartisan as we make it permanent. It is an interesting thing, because half of the kids are going to be lifted out of poverty, but 90 percent of America's kids are going to benefit from this. There is going to be, I think, broad support across the country.

I then had a question for Heidi Hoffman, which is about WIC. As you know, WIC reduces infant mortality and low birth weight, and it also improves the rates of regular medical care and timely immunizations and strengthens intellectual development among children. In short, we know that WIC works, and the American Rescue Plan works to build on the strengths of WIC.

For instance, the plan increases the fruit and vegetable allotment that is part of the tailored food package families receive. It also increases WIC's capacity to do outreach to expand the program's reach to more eligible families. With all of these changes over the next several months, each person on WIC will receive \$35 to spend on fresh produce each month, instead of the usual \$9 to \$11. These temporary investments build on the nutritional strengths of WIC while boosting the program's ability to draw more eligible families into the program and address food security.

What would it mean, Ms. Hoffman, for Colorado WIC and the families that it serves if these types of investments were made permanent?

Ms. HOFFMAN. Thank you for this question, Senator Bennet. We are very excited about the opportunity to offer more fruit and vegetable benefit to WIC families. One of the nice things about trying it for these four months, at \$35 per person, per month, is to really gauge the interest that we have been hearing from people for a long time about wanting more access to fruits and vegetables, and really overall increasing the value of the food package for WIC.

I think that is going to benefit our families, definitely and directly, but I also think that it will make the WIC program, and participation in it, more attractive to families, and hopefully retain them longer on the program, so that all of those benefits that you mentioned can really be recognized by anyone who chooses to be a part of the program.

We are looking forward to seeing what the USDA will do with that additional funding to modernize the program and provide more outreach, but we know that \$35 will have an immediate and beneficial impact for our families.

Senator BENNET. Thank you. Thank you, Madam Chair, or Mr. Chair, Chair.

Senator BOOZMAN. [Presiding.] Well, thank you.

Senator BENNET. Thanks.

Senator BOOZMAN. Next we will hear from Senator Braun.

Senator BRAUN. Thank you, Chair. My question will be the same question for three individuals, and it will be for Drs. Beers, Golzynski, and Ms. Hoffman. Try to keep the answers roughly a minute apiece, or maybe a little over that.

As much money as we spend on child nutrition, and as important as it is, I think it is clear that we have devoted resources to it. In running a business over the years, whenever I would invest in something, to me the most important part would be the metrics. Is the money that you are spending actually getting the job done?

I would like each of you to address what you think of the progress that we have made, and how specifically we have measured it? Because I think we minimally need to see what we might do differently, and I am just curious as to the metrics, because in my opinion, whenever you do make an investment in something, that is the other side of the equation.

Dr. Beers, would you start, please?

Dr. BEERS. Yes, absolutely, and you are exactly right. If we are investing resources in something, we want to make sure that it is effective, and childhood nutrition and hunger is one of the most important things that we really can be targeting.

I would say, as a broad statement, because I know I only have about a minute, that these programs really have been very effective at reducing childhood hunger. There is still more for us to do, but we certainly have seen tremendous effects. We know, you know, families who are enrolled in WIC, children have higher birth weights. Their children have better nutrition.

We also know that we have seen great improvements in health and nutrition through the changes in our school meal programs. We have many more children who are accessing regular food and meals. What we have seen, as pediatricians, is that these programs have made a tremendous difference. There are still things to work on, but we are heading in the right direction.

Senator BRAUN. Thank you. Dr. Golzynski.

Dr. GOLZYNSKI. Yes, thank you for the question. I would say that these investments have been critical to introducing the healthy foods to children and assuring that they have an opportunity to try them and continue to practice eating those foods. Our metrics can and should be not only participation in the program and the financial health of our school and nutrition programs, but long-term metrics we should be looking at include things like graduation attainment, attendance at school. We have a State Strategic Education Plan where we are looking specifically at those metrics, in addition to the shorter-term metrics, such as eating breakfast at school and how many children have access to breakfast at school.

Senator BRAUN. Thank you. Ms. Hoffman?

Ms. HOFFMAN. Yes, thank you. Not to be duplicative to what was already said, I would echo all of those things. I would also guide you to a recent report by the Center of Budget Policy and Priorities that collected all of the data that shows how WIC works.

In addition to the things that have already been mentioned, there is a higher rate of breastfeeding among WIC families. Children whose mothers participated in WIC scored higher on their assessments of mental development at age two, so they are better prepared to start school. There are healthier food environments within homes, within neighborhoods, within communities, regardless of whether the people are themselves on WIC or not. Kids that are in families that one child receives WIC typically have a better and healthier diet.

The conversation we had earlier about health between pregnancies, preparing for future healthier births, which then not only have all the benefits for that child and that mother but also reduce future health care costs are also very well demonstrated for WIC.

Senator BRAUN. Thank you.

Chairwoman STABENOW. [Presiding.] Thank you very much, Senator Braun. Senator Luján, and then Senator Hoeven.

Do we have Senator Luján? If I am not hearing from Senator Luján, Senator Hoeven.

I am sorry. I guess we are back to Senator Luján. This is the world we are in, the virtual world we are in.

Senator Luján, welcome.

Senator LUJÁN. I appreciate that last decision, Chair. It is good to be with you all. Thank you so much to the panel for being available today for this important conversation. I am Ben Luján. I am a Senator out of the State of New Mexico.

I wanted to start here by just reminding everyone that one in four children in New Mexico were considered food insecure prior to the pandemic. Tragically, due to the pandemic, now one in three children in my State do not receive enough food to support a productive, healthy, lifestyle.

Dr. Beers, yes or no. Should Congress use the upcoming Child Nutrition Reauthorization as an opportunity to address childhood food insecurity?

Dr. BEERS. Senator, thank you for that question. That is an easy one. Yes, absolutely. I think there are tremendous opportunities to build on and strengthen our Federal nutrition programs to address food insecurity.

Senator LUJÁN. Dr. Beers, yes or no. Should Congress use Childhood Nutrition Reauthorization to improve childhood well-being?

Dr. BEERS. Yes, absolutely. Thank you, Senator, for that.

Senator LUJÁN. Yes or no. Should Congress maintain strong nutrition standards and support nutrition education technical assistance for operators and updating of food service equipment to help kids consume healthier foods?

Dr. BEERS. Yes, I believe that we should do that as well, and really look to our experts to help us guide that.

Senator LUJÁN. Ms. Gould, as I noted before, a third of the children in my State are considered food insecure. However, the challenges faced by New Mexico children are not unique. Nationally, food insecurity is also on the rise among Hispanic and Latino communities and African American communities.

Last summer, 47 percent of Latino households with children reported trouble accessing food. Since more than 40 percent of WIC participants are Latino and nearly 25 percent of National School

Lunch Program children are Latino, I believe the Congress can strengthen child nutrition programs to address this challenge in New Mexico and across the country.

Can you quickly touch on how the pandemic worsened food insecurity?

Ms. GOULD. Absolutely. I believe the biggest challenge was that our students were not coming to school, and that is where we typically have access to them. The flexibilities that were provided have given us a big opportunity to give more food to those families, but we are still, if they are home-schooling, many of those families might be learning from home still, even if they were able to go to school. Some families just had the ability to opt into a distance learning program, and that is very difficult for us to still sometimes access those families.

Senator LUJÁN. Ms. Gould, let me followup there. What do you think the Committee can do to expand access, remove participation barriers, and improve quality of access for mixed status or Spanish-speaking families from being negatively impacted due to lack of accessible resources?

Ms. GOULD. I believe continuing the flexibilities that have been offered during this time period would be essential to ensuring access, and then we are actually getting that nutrition to those students. That would be the biggest recommendation I could provide.

Senator LUJÁN. As far as healthy food for kids, I understand the advocacy here, that they are saying, you know, while you look at the standards of the quality of food and processed food, we also know how that contributes to health challenges as well. I want to make sure folks are getting food, that they get tasty food, food they are going to eat, but I am on the side that does not consider pizza sauce a vegetable. I think it has got too much of the sugar and all the other stuff that goes into it. If I make it at home I throw some blenders and some garlic and whatever else I can find in a blender, and I try to make it as good as I can. I know what is in it.

Now, I am not here to preach to anyone about being healthier. I need to be healthier myself. What can be done by working with food distributors, folks that are working with schools, to make sure, No. 1, they are getting the best price for the food that they are buying, No. 2, that they are getting quality food. Are there standards with food processors, food distributors across America that have contracts with schools, and how can we make sure schools are not getting taken advantage of when they are entering into contracts for these agreements? I would ask anyone to jump in on that one.

Ms. GOULD. I am happy just to jump in quickly. I believe that with providing—we are providing nutritious foods for our students. We have seen that. I think we will continue to provide healthy foods for our students. Making scratch food does have sodium in it, so I think that is where I am really coming from there. Because we do not want all processed items. We want to be able to still continue our scratch-made items.

We need to just have better and more open communication with our manufacturers and distributors to really talk about expectations.

Senator LUJÁN. I appreciate that.

Chairwoman STABENOW. Thank you so much.

Senator LUJÁN. Chair, just thank you for the time and I look forward to following up.

Chairwoman STABENOW. Thank you so much for the questions. We have Senator Hoeven and then Senator Warnock.

Senator HOEVEN. Thank you, Madam Chair. I appreciate it.

Ms. Gould, for you. Given that school meal participation is already low due to distance learning, if the current flexibilities on sodium, whole grains, and milk were to end this fall, what impact would loosening those flexibilities have, or reducing them, on student meal participation, in your opinion?

Ms. GOULD. Absolutely, and thank you for the question. We are trying to, at this time, really encourage all students to eat with us. It reduces any stigma, and the last thing we want to do is all of a sudden change the items that we are providing them to something that they are not used to, they are not prepared for, and they do not want to eat. We want to be able to keep with what we are currently doing, the nutritious meals that we are currently offering, and if we were to be able to have those waivers extended, that would be amazing, because then we can continue to reduce stigma and ensure that every student has access to healthy meals.

Senator HOEVEN. I appreciate that. Also, in terms of that flexibility, which is needed for the schools, and this is about healthy meals, but it is also on making sure students eat the meals, and, you know, obviously appreciate that they are good and wholesome and healthy but also tasty. You know, I think about meals we get around here or anywhere else. Everybody wants those meals to be tasty as well in order to eat them.

In terms of the sodium, the whole grains, and milk, not only from the consumer side, from the student side as far as eating them, but then what about from the industry side, being able to make those foods and supply them to you, so that they are still, you know, something you can afford and available, and again, so that they are tasty. I mean, we need that flexibility for those reasons too, don't we?

Ms. GOULD. Absolutely. Our manufacturing industry has been up and down with the constant changes in our regulations. I think the best thing we could do right now is to remain consistent so they can really focus on ensuring that we will have the quality products that we currently are providing. Especially during COVID there have been challenges with manufacturing. Let's just get them back on their feet so they can ensure that we have the products that we need, when we need them.

Senator HOEVEN. Do you have any concern about whether or not those meals will be healthy if you have that flexibility? I have got to tell you, I am just not a fan, in a country of 320 million people, that one size fits all in every situation, all across the country. I think people are smart and capable and you have got to trust them and give them some flexibility.

Do you have any worry that if that flexibility is there that these meals will not be healthy and good for our kids?

Ms. GOULD. Absolutely not. As I have stated, I am a dietitian. In my district, even though our whole grain requirement is 50 percent, we are at 75. We are constantly striving to meet higher and better nutritional needs for our students, but we also have to make

it work, and we have to ensure that those students are eating it. Just like you said, if it is going into the trashcan, that is not providing any nutrition to our students. We think it is incredibly important that we have the ability to make our meals, and make our menus, based on what our students want, will eat, while we constantly strive to increase our quality of nutrition and quality of items served.

Senator HOEVEN. Well, I think that is really well said. Thank you for what you are doing out there for our kids. I think any time we can empower somebody like you out there, we ought to do it, rather than tell you exactly what you have to do and when you have to do it and how you have to do it. I am a big fan of flexibility, and I think you just epitomized what it is so important that we have flexibility out there for the professionals, like yourself, who are out there every day, making sure those young people not only have meals but that they are nutritious and healthy and tasty.

Thank you for that work. I appreciate it so much. You represent many, many, many, many other nutritionists that care about those young people and are doing a whale of a job taking care of them.

One other quick question I have for Mr. Rodriguez. It is just on in terms of any of the reforms as far as the food service programs, streamlining the programs. What would be the biggest thing that you think would really help in terms of those community food banks?

Mr. RODRIGUEZ. Well, thank you for the question. I think flexibility is just a common theme here. I would add to that that strengthening the site-based model by allowing community providers to operate with one program year-round makes a lot of sense. We have talked about that continuously.

One thing I have not mentioned as often is lowering the area eligibility threshold to serve more children. Doing something as simple as just looking at what other eligibility thresholds already exist. For example, our 21st century Title I program is 40 percent. Just doing simple things like this would not only create alignment but it also creates simplification in how we administer programs and how we do outreach and target populations.

The other thing, I think, that we really need to look at is how do we allow alternate program models in underserved and hard-to-reach areas. You said it best, Senator. Three hundred twenty million and that many more communities, very diverse in what they have in terms of infrastructure and capabilities. We learned during the pandemic that relaxing the congregate feeding requirement worked, utilizing the efficiencies of a summer grocery card, and we have seen that during pandemic EBT, also worked, and created opportunities to reach underserved or not-served-at-all areas.

Senator HOEVEN. Right. Again, thank you, Mr. Rodriguez. Thanks to all of you for what you are doing to help feed people that need it, and it is a really important program and we appreciate very much all that you do. Thank you, Madam Chair.

Senator BOOZMAN. [Presiding.] Thank you, Senator Hoeven.

Senator HOEVEN. No, Mr. Ranking Member. Excuse me.

Senator BOOZMAN. Senator Warnock.

Senator WARNOCK. Thank you very much. I am not going to make that same mistake. It is good to be here with you, and I want



to thank you and Chairwoman Stabenow for this opportunity. It is great to be here to discuss a topic that will hopefully generate increasing bipartisan consensus.

We all remember the painful images of long lines at food banks as the COVID-19 pandemic sent food insecurity rates soaring. Those lines are still with us. Some of the folks who were passing out food a year ago found themselves in those lines. The cars in those lines are getting nicer and nicer, an indication of how food insecurity has impacted so many families.

Dr. Beers, in your testimony you discussed some of the barriers to accessing WIC, and specifically you noted that Congress and the USDA should look for ways to align WIC eligibility with other Federal programs like Medicaid and SNAP, in order to combat declining enrollment in these programs.

The American Rescue Plan included similar incentives as the Affordable Care Act, to encourage 12 remaining States, including my home State of Georgia, to finally expand Medicaid. We were able to get \$2 billion in the American Rescue Plan just for Georgia, more than enough for Georgia to finally expand Medicaid.

Studies have shown that when States expand this critical safety net program there is a decrease in prevalence of severe food insecurity—so we get 500,000 people, in the case of Georgia, nearly 500,000 people, out of the Medicaid gap so they get health care—but the studies also show a decrease in prevalence of food insecurity.

Georgia has yet to expand Medicaid. We are at yet another turning point. We have got \$2 billion on the table, over 400,000 Georgians in the Medicaid gap. The ball is in the court of the legislature.

Dr. Beers, what impact does the lack of Medicaid expansion in a State like Georgia have on hunger, and how would Medicaid expansion help to reduce barriers to nutrition assistance through other programs, such as WIC, and would expansion help families free up household funds so that they can be less food insecure?

Dr. BEERS. Senator Warnock, thank you so much for that question, and yes, you know, Medicaid expansion is an incredibly important priority for us at the AAP because we know that children and families who have access to good quality health care, that they can access without worry, is an incredibly important thing that improves outcomes. It will address food insecurity in a number of ways.

It allows, for example, my own clinic, we screen families for food insecurity, and we are a really important touch point for families in being able to connect them to both Federal and community resources. We do this at every well visit. We do it at other visits as well.

You know, I will also add it is also a really important strategy in addressing the increasing rates of poor nutrition and obesity that we are seeing, which is also the other end of the spectrum that we are seeing right now during the pandemic. I mentioned my colleague's patient who had gained 90 pounds. I will say that my colleagues daily are seeing kids who have gained 30 to 40 pounds over the course of the pandemic, and we know that just simply, you know, advising them to eat healthier is not going to be enough.

Being able to access the whole range of services that families can access when they are insured and can access good quality health care will be really important.

We are also seeing an increase in eating disorders, because of the emotional impacts of the pandemic, and that is very complex medical care, and even Medicaid is an important strategy in ensuring that kids have the ability to access that health care as well.

I appreciate your comment and your tying this issue to the larger issue of access to health care. Thank you.

Senator WARNOCK. Food insecurity, lack of access to health care, particularly in States that have yet to expand Medicaid, larger issues around health, including obesity, all part of a network of care that we address by expanding Medicaid.

Thank you so much.

Senator BOOZMAN. Thank you, Senator Warnock, very much.

On behalf of myself and Senator Stabenow, who had to run and cast a vote—that is the only thing we absolutely have to do around here—we want to thank the panel. I think this was a very, very good hearing, very helpful in the sense of helping us to craft a way forward. These are difficult things, and again, you all have been more than helpful.

The other thing, too, on behalf of myself and the entire panel, thank you all for all you do, being on the forefront, fighting the battle. As always, we appreciate the staff that works so hard to put these things together.

With that I would say that in addition the record will remain open for five business days for members to submit additional questions or statements, and the hearing is adjourned.

[Whereupon, at 11:40 a.m., the Committee was adjourned.]

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**A P P E N D I X**

MARCH 25, 2021

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American Academy of Pediatrics  
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**Testimony of Lee Savio Beers, MD, FAAP**  
**President, American Academy of Pediatrics**  
On Behalf of the American Academy of Pediatrics

**Before the U.S. Senate**  
Committee on Agriculture, Nutrition, & Forestry

**“Child Nutrition Reauthorization: Healthy Meals and Healthy Futures”**

**March 25, 2021**

Chairwoman Stabenow and Ranking Member Boozman, thank you for the opportunity to testify here today. I am Dr Lee Savio Beers, President of the American Academy of Pediatrics. I am a Professor of Pediatrics and the Medical Director for Community Health and Advocacy at Children's National Hospital. I am also the Founding Director of the DC Mental Health Access in Pediatrics program and Co-Director of the Early Childhood Innovation Network. In addition, I oversee our Child Health Advocacy Institute's Community Mental Health CORE, a public-private coalition that serves as a catalyst to elevate the standard of mental health care for every young person in Washington D.C. On behalf of the AAP, a non-profit professional organization of 67,000 primary care and subspecialty pediatricians, thank you for inviting me to be here today.

***COVID-19 and Food Insecurity***

As a practicing pediatrician, I regularly see the benefits of consistent access to nutritious foods on the health and development of children. In my practice, we have been screening for food insecurity for several years, and a significant percentage of families that I see experience food insecurity. Since the COVID-19 pandemic began sweeping through the country last March, food insecurity has remained persistently elevated at record levels. Early in the pandemic, my colleagues and I had to move quickly with innovative solutions when our patients were having a great deal of difficulty obtaining infant formula. This led to many families diluting formula, or feeding their babies regular milk, both things which can cause severe illness, or even be fatal. While those challenges improved after the first few months of the pandemic, we are still seeing too many families and children of all ages who consistently don't have enough food to make it through the week. Many of these parents cut back on their own meals and go hungry, so that they can make sure that their children have enough to eat.

Research from Northwestern University estimates that nationally, food insecurity has doubled overall and tripled among households with children.<sup>i</sup> Feeding America estimates that 45 million people (1 in 7), including 15 million children (1 in 5), may have experienced food insecurity in 2020 and that 42 million people (1 in 8), including 13 million children (1 in 6), may experience food insecurity in 2021.<sup>ii</sup> The rates of children not getting enough food are much higher than anything that's been recorded since the government began tracking food insecurity and five times higher than the rate in 2018.<sup>iii</sup> Further national research finds that more than one in three (37%) of adults report skipping meals or cutting back their portions to allow more food for their children during the public health emergency.<sup>iv</sup>

The District of Columbia's food insecurity trends reflect the national trends referenced above. Researchers at Northwestern University estimate that food insecurity rates in the District almost doubled between February and May 2020 from 10.6% to approximately 21.1%. In the first two weeks of collected data from April 23 to May 5, nearly half (44.5%) of households with children reported that they were not able to access or afford enough food that they wanted. Put simply, nearly one out of every three children and almost one in five residents in the District was food insecure in 2020.<sup>v</sup> I don't think I will ever forget -when I was a relatively young pediatrician practicing here in DC- a mother I knew well called me in panicked tears because her wallet had fallen out of her bag on the bus on her way to the grocery store. In her wallet was her last forty dollars for the month, which she needed to buy food to feed her triplets for the next ten days. She had no other money and didn't know how she was going to feed her children. As I scrambled with our social work team to find her resources for food, she called me back. She had been able to borrow \$20 from a friend and found a large pack of frozen chicken on a really good sale at the store, which she thought would last them the week. She was again in tears, this time of

relief. I was so struck by the fact that she lived less than two miles from the US Capitol building and yet her ability to feed her family for the week was almost fully derailed by what to many of us would be an inconvenient but otherwise unremarkable mishap, and then restored by the generosity of a friend who also had little, and the luck of finding healthy food at a deep discount. And this was well before the pandemic.

Just this month, my colleague saw a family who newly screened positive for food insecurity. Prior to last year, both the mother and father had worked in low-wage jobs—it was tight but they were able to support their family. The mother was an office cleaner, and unfortunately lost her job several months into the pandemic. The family has young children who have been in full virtual learning, and no one else available to stay home to provide supervision - she has not been able to find another job that has hours which will allow her to supervise her children while her husband is at work. The family is eligible for school meals even during virtual learning, but they are not offered at a school within walking distance—the family does not have a car and are worried about their potential exposure to COVID on public transportation, particularly as the father is still working as a front-line essential worker and is at high risk himself for exposure. This is an all-too common patient story that I hear.

Significant racial disparities in food insecurity which existed before COVID-19 persist during the pandemic. Feeding America projects that 21% of Black individuals (1 in 5) may experience food insecurity in 2021, compared to 11% of white individuals (1 in 9).<sup>vi</sup> As with the food insecurity rates for the general population, the public health emergency disproportionately affected Black children and other children of color in the District. Among District households that reported some level of food insufficiency from April 23 to May 5, Black households were 13.5 times more likely to report that they sometimes did not have enough food to eat and nearly 11 times more likely to report that they often did not have enough food to eat compared to White households. Latinx households were 6.5 times more likely than White households to report that they sometimes did not have enough food to eat and more than four times more likely to report that they often did not have enough food to eat compared to White households. Asian households were 10.5 times more likely to report that they sometimes did not have enough food to eat compared to White households, although there were no differences for reporting that they often did not have enough food to eat.

These elevated rates of food insecurity will not vanish as soon as the COVID-19 vaccine is widely available and our lives begin to look a bit more normal. Food insecurity in the United States is a persistent issue with deep systemic roots. Critical federal child nutrition programs in the United States, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program (NSLP) and School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP), are effective in reducing food insecurity and promoting access to healthy, nutritious foods among children and their families. **We are grateful for the investments Congress has made in WIC, the Supplemental Nutrition Assistance Program (SNAP), Pandemic EBT, and other programs in past COVID-19 relief packages. It is imperative for Congress to reauthorize and improve these programs through Child Nutrition Reauthorization.** We are excited that today's hearing is beginning that process and look forward to working with you to ensure all children in this country have access to the nutritious meals they need to thrive.

### ***Health Effects of Food Insecurity***

Before the pandemic, 1 in 6 children lived in poverty, and nearly half of all children lived in low-income households.<sup>vii</sup> Decades of research has documented the adverse impact of food insecurity on the health, growth, development, and educational outcomes of children from infancy through adolescence. Infants and toddlers living in food-insecure families are significantly more likely to be in fair or poor health, be hospitalized and have longer hospital stays, suffer from iron-deficiency anemia and common illnesses, and be at-risk for developmental delays compared to young children living in food-secure families.<sup>viii,j,k,x,xl,xii</sup> Among school-aged children, food insecurity is associated with lower math and reading scores, hyperactivity and absenteeism and tardiness at school.<sup>xiii,xiv,xv,xvi</sup> Some longitudinal studies have found food insecurity increases the risk of obesity or being overweight among children.<sup>xvii,xviii</sup> Food insecurity in childhood not only affects children's short-term health, development and learning, but has also been associated with long-term health consequences including an increased risk of chronic conditions such as heart disease and obesity in adulthood.<sup>xix</sup>

The inability to consistently provide food creates stress in families, contributing to depression, anxiety, and toxic stress, which make optimal parenting difficult regardless of social class<sup>xx</sup>. I often reflect on how hard it would be to attend to other aspects of my and my family's life if I was constantly worrying about just being able to feed my children every day. Toxic stress, a result of prolonged and unmitigated exposure to adverse childhood experiences such as poverty, the inability to provide food for yourself or your children, or having a severely depressed parent, can affect the physical, mental, and economic well-being of children well into adulthood.<sup>xxi</sup> As families struggle with the impacts of the COVID-19 pandemic, both parents and children are reporting worsening mental or emotional health.<sup>xxii</sup> These challenges in turn affect a family's ability to ensure their child has optimal nutrition.

This past August, I saw a teenaged patient of mine, who has Down Syndrome and has long struggled with her weight—as is typical of many children with her condition—for a well child visit. In the six months since the pandemic began, she had reversed her trend of slow weight loss—which was a medical goal for her—and had gained 15 pounds. In talking with her grandmother, who is her primary caregiver, I learned of the tremendous stress the family was under. The grandmother was still working, but worried about her own risk for exposure to COVID as well as needing to support additional family members who had lost their jobs. It was increasingly difficult for her to purchase and prepare healthy foods at home. Additionally, my patient had been in full virtual learning during the prior school year and in summer school, but the family did not have an appropriate device and she was participating in all her classes from her grandmother's phone—which for any child, but especially one who has special educational needs and a limited attention span, was entirely inadequate. Because of the increased need for supervision during the day while virtually learning from home, my patient was spending her days with another family member who was allowing her to eat large amounts of sugary and calorically dense foods. Working together with the family and our social worker, we were able to ensure that my patient was able to attain a more appropriate device for learning, enroll in the hybrid learning program at the school, and get access to school meals for the daytime, which were more nutritionally balanced. We also assisted the grandmother in reengaging with her own mental health care. By October, my patient's situation was stabilizing and she was beginning to lose weight again, and at her most recent visit last month has continued to do well with her goals with the increased support she and her family have been able to access.

Like poverty, food insecurity is a dynamic, intensely complex issue. For many families, like the family I told you about earlier who lost her wallet on the bus, seemingly small changes to income, expenses, or access to federal or state assistance programs may instantly reduce the ability to purchase healthy food and result in increased vulnerability to food insecurity. Federal nutrition programs are a critical protection against the adverse health effects of food insecurity in children. Pediatricians know the value of federal nutrition programs and routinely connect our patients to these programs. This has been true for me my entire career—I actually began my career as a pediatrician as a Naval officer in the Medical Corps—many of the young enlisted families I cared for were income eligible for WIC and other federal nutrition programs, though they weren't always aware of that. It was not uncommon for me to see families who were hungry or diluting their baby's formula to make it last longer, despite the dangers of that practice. As military pediatricians we played an important role in making sure families were educated about how to determine their eligibility and access these critical programs. Even with the other supports and benefits available to military families, the ability to access supplemental healthy foods was of critical importance for their children's health, and through reducing stress on the family I believe actually contributed to the servicemember's military readiness.

***Early Nutrition as a Critical Factor in Childhood Development and Adult Health***

Maternal prenatal nutrition and the child's nutrition in the first 2 years of life (1,000 days) are crucial factors in a child's neurodevelopment and lifelong mental health<sup>xxiii</sup>. Child and adult health risks, including obesity, hypertension, and diabetes, may be programmed by nutritional status during this period<sup>xxiv</sup>. Optimal overall brain development in the prenatal period and early years of life depends on providing sufficient quantities of key micronutrients (e.g. iron and folate) during specific sensitive time periods. These periods coincide with the times when specific brain regions are developing most rapidly and have their highest nutrient requirements.<sup>xxv</sup>

Important primary structures and processes that support fundamental behaviors and provide scaffolds for later-developing structures form during the first 1,000 days<sup>xxvi</sup>. These structures and processes include the sensory systems (especially auditory and visual), the hippocampus (declarative learning and memory), myelination (speed of processing), and the monoamine neurotransmitter systems (affect and reward). Even the prefrontal cortex (planning, attention, inhibition, multitasking) and brain circuits involved in social development have the onset of rapid development in the first 1,000 days. Although neurodevelopment continues throughout the life of a healthy person, by age 2 years the brain has undergone tremendous restructuring. Many of the developmental changes expected to occur during this period will not be able to occur in later life. Failure to provide key nutrients during this critical period of brain development may result in lifelong deficits in brain function despite subsequent nutrient repletion.<sup>xxvii</sup>

Micronutrients such as iron and folate affect brain development and are commonly deficient in pregnant women and young children in the U.S. These deficiencies can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores.<sup>xxviii</sup> Restricted diets because of poverty or neglect may reduce infant intake of many key factors in normal neurodevelopment, including zinc, protein, and iron.<sup>xxix</sup>

Macronutrient (protein, fat, glucose) sufficiency is essential for normal brain development. Early macronutrient undernutrition is associated with lower IQ scores, reduced school success, and more behavioral



dysregulation.<sup>xxx</sup> Intervention in early nutritional deficiency can be effective, and the full effects may be felt for many years. In addition to generalized macronutrient undernutrition, deficiencies of individual nutrients may have a substantial effect on neurodevelopment.<sup>xxxvi</sup> Prenatal and early infancy iron deficiency is associated with long-term neurobehavioral damage that may not be reversible, even with iron treatment.<sup>xxxvii</sup> Severe maternal iron deficiency, limited maternal-fetal iron transport (associated, for example, with cigarette smoking or maternal hypertension), or conditions that increase fetal iron demand (such as maternal diabetes) may lead to newborn iron deficiency and associated long-term cognitive deficits.<sup>xxxviii</sup> The earlier the timing of the deficiency, the more likely long-term effects will occur, probably because structure and regulation of genes involved in neural plasticity have been significantly altered.<sup>xxxix</sup>

Data from animal and human studies indicate that two experiences relatively common in pregnancy – an unhealthy maternal diet and psychosocial distress – significantly affect children's future neurodevelopment. Prenatal exposure to maternal distress and poor nutrient status are associated with decrements in neurocognitive development, particularly in relation to memory and learning, and specifically with regard to variation in the structural, functional, and neurochemical aspects of the hippocampus.<sup>xxxv</sup>

Pregnancy through the first 2 years postpartum may be seen as a time of tremendous opportunity for neurodevelopment and a time of great vulnerability. This time period is one of rapid physical, cognitive, emotional and social development and because of this, it can set the stage for a lifetime of good health and success in learning and relationships, or it can be a time when physical, mental and social health and learning are compromised. In infants and children, toxic stress, emotional deprivation, and infection or inflammation have been shown to be associated with less optimal brain development, and a deficient diet for the child can worsen this. The effects of early adverse experiences, like food insecurity, may be a lifetime of medical and psychosocial problems, lost academic achievement and productivity, and possible effects on the next generation. These long-term issues are the true cost to society, a cost that exceeds that of preventing them, and we again emphasize the importance of recognizing the developmental origins of adult health and disease.

***Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)***

One of the most effective investments Congress can make during the prenatal to school-aged period is to support the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). I thank the committee for its strong, bipartisan support for WIC over the past 4 decades. As the COVID-19 pandemic thrust families into greater economic hardship, access to the nutrition support provided by WIC became even more critical.

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services for millions of low-income women, their infants, and young children who are determined to be nutritionally at-risk. As such, it is the most important program providing nutritional support in the first 1,000 days. In providing this nutrition support and linkages with health care, WIC builds good health and promotes resilience in families at risk, helping to mitigate the effects of toxic stress.

WIC helps give children a healthy start at life, and children who receive WIC have improved birth outcomes, increased rates of immunization, better access to health care through a medical home, and participation may

help reduce childhood obesity. It is now well-documented that WIC is effective in improving birth outcomes and the health of infants, including reducing low birth weight births below 2500g.<sup>xxxxv</sup> WIC is particularly effective at improving birth outcomes in moms with inadequate prenatal care and who are particularly high-risk cases.<sup>xxxxvii</sup> One study found that WIC helps eliminate socioeconomic disparities in birth outcomes.<sup>xxxxviii</sup>

Despite these proven public health successes, only 51% of eligible individuals were certified to receive WIC services before the COVID-19 pandemic. Pediatricians routinely report that families opt not to remain in the program after their child's first birthday. Many more have spent considerable time counseling immigrant families about the importance of WIC and clarifying that the program was not subject to the now defunct 2019 public charge rule only to be met with skepticism or reluctant interest. Pre-pandemic, families without reliable transportation often found it difficult to get to the WIC clinic to remain on the program. Others faced a lapse in benefits when their children turned 5 but had not yet started kindergarten where they could participate in the school meals program.

#### *Physician Experience with WIC*

As a pediatrician, I interact regularly with WIC and routinely refer my patients to the program knowing its many benefits. I am extremely fortunate to practice in a place where our WIC clinic is just across the hall from our medical clinic. Not only does this proximity allow me to better coordinate care and connect with the WIC nutritionists or enrollment specialists when there are questions or concerns, but it is significantly more convenient for patients—many of whom rely on public transportation—and reduces barriers to accessing healthy nutrition. There are also many other benefits to having WIC as a part of our medical home... I can't count the number of times I walked by the WIC waiting room and saw a patient of mine who was overdue for a check up or I was trying to reach for other types of follow up, or who saw me and was able to ask a question that was on their mind but that they were for a variety of reasons hesitant to call or come in for. This is particularly true for the young mothers I care for as a part of our hospital's program to support adolescent parents and their children—one time I even saw a patient of mine in the WIC waiting room who was trying to disguise herself with a wig and sunglasses because she knew my office was close by. We were able to connect and talk about a concern that needed treatment and that she was really worried about, but too embarrassed to call me back for.

The pediatricians I hear from are eager to find ways for physicians and WIC to work even more closely together to improve the patient experience and improve communication and collaboration between WIC and medical providers. Both primary care and WIC will be more effective at nutrition education and services when they align with each other and reinforce treatment plans together for families. Collaboration between WIC and pediatricians and other primary care providers needs to be a priority for the program.

In our conversations with physicians and WIC providers, we have heard repeatedly about the desire for WIC and primary care to more easily share data necessary to certify eligibility for WIC. The way WIC currently functions, it is often incumbent on a parent to share information from the WIC clinic with the doctor's office. In some states, WIC may not release information to physicians about patients' test results, making it difficult for medical providers to monitor health concerns. Even in my own clinical setting, where we have relatively close collaboration with our WIC colleagues, I routinely have patients who have laboratory testing done at WIC after they have had the same test done – sometimes within a month of each other– in our primary care clinic. Not

only is this unnecessary, it is painful for the child, increases the likelihood that there will be falsely abnormal results which then require even more lab tests to confirm, increases the risk of miscommunication and is burdensome to the family to have to be the go-between between the pediatrician and WIC.

**As Congress begins to consider Child Nutrition Reauthorization, we urge you to authorize pilot projects to test the feasibility of systems and databases that permit WIC staff and medical providers to share limited health-related information necessary to certify eligibility for WIC in order to streamline and improve patient care and enhance the participant experience.** This would help to avoid potentially duplicative medical procedures such as the drawing of blood for testing and ensure health information is communicated accurately.

Co-location of WIC clinics with pediatric practices is a best practice. Pediatricians report that when WIC clinics are co-located with their practices, there is better coordination with the WIC program and patients find it easier to access WIC services. This is important for bidirectional communication as well as reducing potentially duplicative tests. With co-location, physicians and WIC staff are better able to collaborate and coordinate care and have found that physically integrating services allows them to serve WIC participants more effectively.

As I mentioned, here at Children's National Hospital, we are very fortunate to have WIC clinics co-located with our medical clinics. I can walk a family down the hall to our WIC clinic rather than having them take another day off work to go to a separate site; co-location allows for collaboration and communication between our health care providers and WIC staff; we can be sure that we have consistent messaging around healthy food and beverage consumption; and particularly for new moms, the breastfeeding promotion and lactation support can help a mom reach her breastfeeding goals. We have even been able to partner with WIC in other ways—such as to deliver education about safe sleep, and conduct outreach to teen mothers. The benefits of having a co-located WIC clinic cannot be overstated.

One study from a Vermont pilot project found that children who received services from a co-located clinic were more likely to be continuously enrolled in WIC during their first year of life and that parents were significantly more likely to receive advice about early nutrition practices from both their pediatrician and a WIC nutritionist.<sup>xxxix</sup> Further, pediatric clinic staff had more positive views of coordination of WIC services and services in their practice after participating in the program.<sup>xl</sup> As coordination with WIC is often a concern of pediatricians, this result is quite positive. Another study found that compared with other infants, those who used co-located WIC sites either were closer to their age-appropriate weight or had higher immunization rates when recertified by WIC after their first birthday.<sup>xli</sup> **Because cost is a frequently cited barrier to co-location, AAP urges Congress to provide direct funding from USDA to physician practices to support their ability to have a co-located WIC clinic.**

**In order to help WIC align even more closely with the medical provider community and promote the development of stronger relationships between WIC and primary care providers, Congress should support the formation of state-level WIC advisory councils.** These councils could be comprised of WIC state agencies, the medical provider community for children and pregnant women including pediatricians, family practice physicians, and obstetricians-gynecologists, WIC clinic staff, participants, and others to identify opportunities

for collaboration and enhanced communication and to increase participation rates among eligible but unenrolled families.

#### *Barriers to Accessing WIC*

Despite the demonstrated positive impact of WIC, many eligible families fail to take advantage of the program. While reasons for this vary from family to family, barriers that families face to enroll and remain enrolled in the program should be eliminated. One such barrier that families cite is the need to travel to a WIC clinic to enroll in the program or receive nutrition education. **The waivers provided by USDA to allow remote enrollment, services, and benefits issuance during the COVID-19 public health emergency have been crucial to helping families in need and should be made permanent in order to lessen the existing barriers to participation in WIC. WIC clinics can also reach more eligible families if they are in locations where potential participants already go for other services or that are part of their normal routine.**<sup>xliii</sup> My colleagues and I have personally found this to be an incredibly important strategy in reducing barriers for families. This can also be accomplished by permanently co-locating a WIC clinic in a community health center or a hospital as previously discussed.<sup>xliii</sup>

**The AAP strongly supports giving states the option to reduce administrative barriers for families of infants and helping them stay connected to WIC by extending the recertification period from 12 months to 24 months.** We believe this would have a meaningful impact on ensuring children continue to access the benefits of WIC after their first birthday. **Additionally, we support extending WIC eligibility to age 6 in order to cover children who are neither age-eligible for school - and therefore school meals - nor eligible for WIC. Eligibility for postpartum women should be extended to two years in order to ensure that women have access to healthy foods between pregnancies, thus reducing the risk of negative birth outcomes for subsequent pregnancies.**

**Further, Congress and USDA should look for ways to align WIC eligibility with other federal programs like Medicaid and SNAP in order to combat declining enrollment and reduce certification requirements.** Adjunctive eligibility between WIC and Medicaid streamlines the WIC application process, reduces administrative burdens, increases coordination between these complementary programs, and should be maintained. Any linkage that reduces barriers to access for this critical program is a worthwhile investment for the health and well-being of children.

We want all families who would benefit from WIC services to access to them, but far too many eligible families are not participating in the program. **To ensure WIC reaches all eligible families, Congress should authorize and appropriate funding for USDA to issue grants to states for outreach for recruitment and retainment of women and children, with a priority on at-risk families.**

#### *WIC Food Packages*

One of the hallmarks of any successful nutrition and health care intervention is its evidence and science base. WIC participants may not purchase just any foods. The WIC food packages are based on what nutrition science experts recommend are needed to meet the nutritional needs of pregnant and breastfeeding women and

young children. Recent research found that science-based changes made to the food package in 2009 may have helped to reverse the rapid increase in obesity prevalence among WIC participants observed before the food package change.<sup>xlv</sup> Participants purchased and consumed less fruit juice, refined grains, grain-based desserts, and sugar-sweetened beverages while increasing purchases and consumption of fruits, vegetables, and whole grains. This dietary pattern has been associated with less weight gain in both children and adults. Another recent study provides some of the first evidence that children of mothers who received the revised WIC food package during pregnancy had improved developmental outcomes in the first 2 years of life.<sup>xlv</sup> These findings underscore the importance of ensuring that the nutrition content of federal programs is determined by nutrition scientists and medical professionals.

**As USDA begins the process of updating the WIC food packages, we urge both the agency and Congress to consider increasing the value of the WIC food packages.** Though WIC is a supplemental program, the value of the benefit is not enough to ensure that families have regular access to nutritious foods, which are often higher-cost and out of reach for many low-income families. For example, children certified for WIC services receive only \$2.25 per week for fruits and vegetables – hardly enough to ensure anywhere near the recommended daily nutrient intake. The average value of the food benefit per participant in fiscal year 2020 was only \$38 per month, with an even lower value of \$32 per month for children and \$31 per month for postpartum, non-breastfeeding women. In the short term, Congress has recognized this need by including a short-term increase in the Cash Value Benefit for fruit and vegetable purchases in the American Rescue Plan, the most recent COVID relief package. We are grateful for this increase and know that this change will help our patients achieve a healthier diet. Many of my patients enjoy utilizing the WIC Farmers' Market Nutrition Program and use their benefits to buy fresh, nutritious, locally grown fruits and vegetables. For my patients, an increase in benefits will help them afford the healthy foods they need to thrive.

#### *Breastfeeding and WIC*

WIC has played an important role in promoting breastfeeding but more progress can be made. The AAP recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.<sup>xlvi</sup> In addition to its nutritional benefits, breastfeeding protects against respiratory and gastrointestinal tract infections, ear infections, and may be linked to lower obesity rates in adolescence and adulthood. **In order to support WIC participants to move closer to meeting AAP recommendations and national targets for breastfeeding, we recommend that the committee seek to find ways to promote breastfeeding in the WIC program including through an increase in the authorization for the successful breastfeeding peer counseling program within WIC to \$180 million.** The breastfeeding peer counselors program both creates jobs and supports women to meet their breastfeeding goals. We have had such a program here in DC, and I can speak to how effective and helpful it is to both families and pediatricians.

**Healthy School Foods***COVID-19 and the Impact on Healthy Eating*

The ongoing COVID-19 pandemic has closed schools for in-person instruction throughout the country, led to record unemployment claims filed, limited opportunities for physical activity, and left families without adequate resources to feed their children. Families are struggling to sustain the healthy lifestyles necessary to build the foundations of health for their children and adolescents. In fact, a very recent Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report found that parents of children receiving virtual or combined instruction more frequently reported that their child's mental or emotional health worsened during the pandemic and that their time spent outside, in-person with friends, and engaged in physical activity decreased.<sup>xlviii</sup> Regular physical activity is associated with children's improved cardiorespiratory fitness, increased muscle and bone strength, and reduced risk for depression, anxiety, and chronic health conditions (e.g., diabetes); therefore, these differences in physical activity are concerning.<sup>xlviii</sup>

As a result of the economic hardships and inconsistent access to school breakfasts and lunches because of virtual, half-day, and/or hybrid learning, many children and adolescents may not have regular access to nutritious foods. Families may have had to shift to high-calorie snack foods and nonperishable processed foods, and there may have been significant increases in the consumption of unhealthy snacks and sugary sweetened beverages. Both food insecurity and food scarcity can negatively affect nutrition, lead to increased risk for disordered eating, and increase consumption of nonnutritive, calorie-dense foods that can lead to unhealthy weight gain and contribute to obesity.<sup>xlix</sup>

While few studies examining the impact of COVID on childhood obesity have been completed, preliminary data from the Children's Hospital of Philadelphia (CHOP) Care Network shows an increase in overall pediatric obesity prevalence, particularly in patients who are Hispanic/Latino, Non-Hispanic Black, publicly insured, or lower income.<sup>i</sup> This study suggests that during the pandemic, pre-existing disparities in obesity in terms of race/ethnicity, insurance, and neighborhood socioeconomic status widened.<sup>ii</sup> The study authors note that COVID-19 mitigation efforts have likely contributed to worsening pediatric obesity. Families with children have faced the difficulties of managing virtual schooling, limited physical activity, and increased reliance on more heavily-processed and calorie dense foods.<sup>iii</sup> For disadvantaged families, many of the risk factors that have been shown to promote weight gain during the summer months are present in this pandemic.<sup>iii</sup> These include disrupted family routines, sleep dysregulation, reduced physical activity, increased screen time, increased access to unhealthy snacks, and less consistent access to appropriately portioned meals through school.<sup>iv</sup>

These findings mirror what I have seen in my own clinic and what pediatricians across the country are reporting; in fact, I have heard reports from many of my colleagues about seeing weight gain of 30-40 pounds in their patients, and increasing over many percentiles, over the course of the past year. These reports come from all areas of the country, in all types of settings—rural, urban, primary care, subspecialty. Additionally, mental health conditions such as depression or anxiety are also often associated with changes in eating patterns—such as emotional eating or decreases in appetite. Relatedly, we are also seeing dramatic increases in eating disorders, a very complicated condition that requires multi-disciplinary treatment. My adolescent medicine and child psychiatry colleagues tell me that not only are they seeing many more cases of eating

disorders, but they are more severe and are starting at even younger ages, even down to the age of 8 or 9, and that because of the complexity of the treatment for eating disorders, it is extremely difficult to access fully comprehensive care for patients.

As more families are left unable to afford healthy, nutritious meals at home, the importance of healthy school meals has taken on new urgency. Good nutrition is essential to health, and good health is essential to effective learning. The National School Lunch program provides nutritionally balanced, low-cost or free lunches to about 30 million children each school day. Roughly 14 million children receive breakfast in their school. Given the double burden of food insecurity and obesity facing our children, it is essential that the meals children receive in school are nutritionally sound and based on the best available nutrition science. Children typically consume up to half of their daily calories in school, and for some children, the only food they eat each day comes from the federal school meal programs.

#### *Importance of Science-based Nutrition Standards*

Updated school lunch standards required under the 2010 *Healthy, Hunger-Free Kids Act (HHFKA)* ensure that children have access to healthy school meals with more servings of fruits, vegetables and whole grains and foods lower in sodium. Recent studies conducted by the Pew Charitable Trusts show that under the HHFKA standards, children's eating habits improved. Students of all ages are choosing lunches with higher nutritional quality and lower calories per gram and consuming more fruits and larger shares of their entrees and vegetables. Other studies have found that plate waste stayed the same or even declined after the transition to the HHFKA standards. Nutrition education in schools is crucial to encouraging students to eat healthier foods and instilling life-long healthy eating habits.

HHFKA provided for the first update to national standards for snack foods and beverages in schools since 1979. Through the updated school meal and Smart Snacks standards, we are setting up our children with the best possible chance at success by ensuring that they have healthy, nutritious food options. Ultimately, the HHFKA Smart Snacks standards improved children's nutrition and reduced intake of added sugars<sup>lv</sup>. Especially as the country recovers from the COVID-19 pandemic, we must redouble our efforts to replace unhealthy, nutrient-poor foods in schools with healthy, nutritious options. That is a commitment we can and should take on: to continue offering nutritious school foods for children. Anything less would jeopardize the tremendous progress made to date and would be a step back for child nutrition.

The current nutrition standards for the school meals program are not aligned with the Dietary Guidelines for Americans (DGAs). The recently released 2020-2025 Dietary Guidelines for Americans recommend that added sugars contribute less than 10% of total calories consumed, yet U.S. children and adolescents report consuming 17% of their calories from added sugars, nearly half of which are from sugary drinks. Excess consumption of added sugars, especially from sugary drinks, contributes to the high prevalence of childhood and adolescent obesity, especially among children and adolescents who are socioeconomically vulnerable<sup>lv</sup>. It also increases the risk for dental decay, cardiovascular disease hypertension, dyslipidemia, insulin resistance, type 2 diabetes mellitus, fatty liver disease, and all-cause mortality. Decreasing sugary drink consumption is of particular importance because sugary drinks are the leading source of added sugars in the U.S. diet, provide little to no nutritional value, are high in energy density, and do little to increase feelings of satiety. To protect

child and adolescent health, federal nutrition assistance programs should aim to ensure access to healthful food and beverages and discourage consumption of added sugars. **To better align with the current DGAs, USDA should restore the 100 percent whole-grain-rich requirement; and restore the limit on flavored 1 percent (low-fat) milk or implement a calorie limit consistent with expert recommendations. USDA must also establish an added sugars standard for school meals and replace the total sugar standard with an added sugars standard for competitive foods consistent with the Dietary Guidelines for Americans.**

#### *Ensuring Access to School Meals*

While we work to ensure school meals are healthy, we need to redouble our efforts to ensure that children are participating in the program and not dissuaded by paperwork requirements, fear, stigma, or financial constraints should they not qualify for free- or reduced-price meals. Innovative programs like breakfast in the classroom help reduce stigma and improve academic performance but funding for the School Breakfast Program has not kept pace with the need. The nationwide waivers put in place during the COVID-19 pandemic have allowed every student to access healthy school meals. Offering free meals to all students eliminates the cost barrier for children whose families' income is near the cutoff line to receive free school meals. Further, having meals available to every student for free eliminates the stigma of being singled out for receiving school meal assistance. Many struggling families do not qualify for free school meals, and school meal fees create a barrier to participation. **For these reasons, AAP supports healthy school meals for all students, regardless of income eligibility.**

The Community Eligibility Provision (CEP), created by the HHFKA, allows schools in low-income communities to serve free breakfast and lunch to all students without requiring their families to complete individual applications, thereby reducing stigma and making participation in the school meals programs easier for families. CEP has been absolutely critical to lessening the administrative burden on schools, increasing participation, and facilitating implementation of alternative breakfast service models. **Short of making healthy meals for all students universal, Congress should expand CEP to reach more low-income students.**

#### *Beyond the School Setting*

Children need optimal nutrition year-round. Countless children go without access to food during out of school or childcare time including mornings, evenings, weekends and especially the summer months. Pediatricians can tell almost immediately which children had adequate nutrition during the summer and which children did not when conducting back-to-school physical exams. Existing summer feeding programs are not able to meet the needs of food insecure children. In fact, only one in seven children who ate a free or reduced-price school lunch during the 2018-2019 school year participated in Summer Nutrition Programs in July 2019. Summer breakfast reaches even fewer children, despite its critical importance. **We appreciate the Committee's focus on summer meals and hope that Congress will expand access to summer feeding programs. Additional resources for summer feeding are essential as we get closer to the summer months.**

The Pandemic-EBT program has been greatly effective in providing families with resources to purchase food to replace meals that children would have received in schools but for the pandemic. After the pandemic, when schools fully reopen in person, this model should be used to ensure students have access to healthy meals



during summer vacation, on weekends, or during school holidays. USDA's summer EBT pilots have proven successful in reducing food insecurity and improving nutrition among participating children during the summer. Evaluations of the pilot found that these projects reduced very low food security among children by one-third, and also improved the quality of their diets, relative to those that did not have access to it. **Access to the summer EBT program and Summer Nutrition Programs should be expanded to allow for greater participation in these programs.**

As noted previously, nutrition in early childhood is an essential foundation for healthy child growth and development; thus ensuring that young children have healthy, nutritious food where they live, learn, and play is critically important. More than 3 million children are served by the Child and Adult Care Food Program (CACFP), which provides cash assistance to states to provide healthful food to children and adults in child and adult care institutions. **Congress has a vital role to play in ensuring adequate funding to support high quality nutrition through CACFP, adding the provision of additional food to meet the nutrition needs of children in care for longer hours, increasing participation of family child care providers, and streamlining access to the program for parents and providers.**

#### ***Role of the Pediatrician***

The pediatrician's office serves an important setting for conversations about food and health. Pediatricians see children and their families for 31 well-child visits during the first 21 years of life. Twenty of these visits occur in the first five years of a child's life, providing an opportunity to partner with families to establish healthy living habits. Pediatricians can play a crucial role in screening and identifying children at risk for food insecurity and connecting families with needed community resources which is why AAP partnered with the Food Research and Action Center. FRAC. on a toolkit for pediatricians to address food insecurity called, "Screen and Intervene".<sup>vii lviii</sup>

Good nutrition in pregnancy and childhood is a foundation for lifelong health. Just like we vaccinate to protect against illness, so too can we provide pregnant women and children with nutritional assistance and breastfeeding support to promote healthy development and protect against food insecurity and chronic disease. I urge the committee to put the nutritional needs of children first, from the prenatal months and onward. As the country recovers from the COVID-19 pandemic, our children's health simply cannot wait.

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Statement for the Record  
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
U.S. Senate Committee on Agriculture, Nutrition, and Forestry

March 25, 2021

Enhancing CACFP for Equitable Access to Healthy Meals and Healthy Futures for Young  
Children

Reynaldo Green  
President, The National CACFP Forum  
Vice-President of Nutrition and Family Well-Being, Quality Care for Children

Chairperson Senator Stabenow, Ranking Member Senator Boozman, committee members, and my fellow distinguished panelists: I am honored to have the opportunity to speak before you today. I am Reynaldo Green, President of the National CACFP Forum, a leading national CACFP organization working to strengthen and expand CACFP to underserved communities and to maximize the utility of CACFP to address the worsening inequities for children in the U.S.. I am also the Vice-President of Nutrition and Family Well-Being, at Quality Care for Children, a statewide nonprofit child care organization and CACFP sponsor located in Atlanta, Georgia.

I sincerely appreciate Chairperson Senator Stabenow and the Ag Committee's leadership and commitment to CACFP both during COVID-19 and in normal times.

We are at a critical juncture to strengthen the Child and Adult Care Food Program through Child Nutrition Reauthorization. This will allow us to continue the original intent of the program: To address hunger and improve the nutritional well-being of millions of children across this country.

**The CACFP Landscape**

The Child and Adult Care Food Program (CACFP) uses federal dollars to provide nutritious meals and snacks to low-income children in child care centers, family child care homes and afterschool programs. CACFP is very important – both in terms of the number of children it serves and its positive impact on young children in child care. Nationwide, preschoolers are consuming diets too high in calories, saturated fat, and sweets and too low in fruits, vegetables, whole grains, and low-fat dairy. The healthy food provided by CACFP, of course, makes a substantial contribution towards meeting the nutritional needs of children in child care, particularly low-income children. CACFP helps to assure that children in child care receive good nutrition through ongoing training, technical assistance and support.

Food insecurity, poor nutrition and overweight and obesity disproportionately affects low-income children both before and during COVID-19. Existing inequities have been exacerbated by

COVID-19, one in five families with children and one in four Black and Latino families with children have experienced food insecurity. Intervening in early childhood and providing high quality child care programming is critically important as lifelong health behaviors are developed during this time. By paying for nutritious meals and snacks for eligible children enrolled at participating child care centers and family child care homes, CACFP plays an important role in improving the quality of child care programs and in making them more affordable for low-income parents.

In 2020, CACFP provided high-quality nutrition and learning experiences for over 4.2 million children in child care each working day: more than two-thirds of them in child care centers including afterschool programs, and the rest in family child care homes. Nearly \$3 billion in federal reimbursements for meals and snacks is distributed to child care centers and homes each year. The program plays a vital role in improving the quality and affordability of child care for many families with low-income. However, there are thousands of child care programs across the nation that do not participate in CACFP due to systemic barriers. Over half of the family child care homes operate without CACFP support for healthy meals. Although participation among child care centers has increased, not all eligible children have access to the program. In one study, researchers found that 60 percent of randomly sampled, non-participating centers were located in areas where the median household income was below the federal poverty level.

Many child care programs do not participate in CACFP because (1) the benefits are inadequate, (2) the program is wrought with burdensome paperwork and (3) the losses and penalties are too detrimental to child care programs that operate on razor thin margins. The brunt of these barriers disproportionately impacts both communities of color and providers with fewer resources, contributing to gross inequities in child care quality and nutrition.

#### **Child Nutrition Reauthorization Recommendations for CACFP**

The Forum believes equity in CACFP can be achieved if we remove systemic barriers that often give advantages to better-resourced programs. The upcoming reauthorization of the child nutrition programs provides an opportunity to make much needed improvements to increase CACFP access and strengthen CACFP's role in supporting good health and nutrition through the following recommendations:

- **Allow child care centers and homes the option of serving an additional meal (typically a snack or supper), as was previously allowed.** National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. Many children are in care for more than eight hours per day as their parents work long hours to make ends meet, so they rely on child care providers to meet a majority of their nutrition needs. Previously, child care providers could receive funding for up to four meal services – most commonly two meals and two snacks. Congress cut out one meal service to achieve budget savings. This penny-wise and pound-foolish step harms

children's nutrition and health and weakens child care. We should restore CACFP support to the full complement of meals and snacks young children need and stop short-changing young children at a time when they, and their families can least afford it.

- **Allow annual eligibility for proprietary (for-profit) child care centers.** Many of these child care centers are small, independent "Mom and Pop" operations that provide much-needed child care and afterschool programs to low-income children in underserved areas. Proprietary child care centers are eligible to participate in CACFP if at least 25 percent of the children they serve are living in low-income households. Unfortunately, USDA requires these child care centers to document institutional eligibility *every month* rather than the annual eligibility allowed for other centers and homes. This creates unnecessary and substantial paperwork and administrative burdens.

No-Cost Recommendations:

- **Streamline program requirements, reduce paperwork, and maximize technology to improve program access.** This can be accomplished through a variety of proposals which will improve CACFP's ability to reach low-income families and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. These include the following recommendations:
  - Modernize applications, eliminate normal days and hours on forms,
  - Allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards, and
  - Support sponsoring organizations' ability to mediate and fix problems through improvements to the serious deficiency process.

*Reducing CACFP paperwork and rules will increase the power of CACFP to address inequity.* When confronted with the complex CACFP paperwork requirements, many providers choose not to participate because they can't be assured of receiving reimbursements for their work and if they make paperwork errors the consequences can be severe. It is easier just to resort to serving cheaper, less nutritious meals and operate without the CACFP standards, oversight, and required paperwork. It is not uncommon for providers to forgo offering even the less costly meals and simply let children rely on food sent from home. Research has consistently shown that food brought from home is far less nutritious than the meals and snacks that children receive through CACFP.

The federal requirement for a CACFP specific additional enrollment form with normal days and hours in care has become a significant administrative burden

and a barrier to participation in underserved communities. Requiring normal days and hours of care is based on outdated assumptions that parents work regular and consistent hours. Now, more than ever, many low income families work a wide variety of shifts which may change from week to week. Many states require forms to be updated to reflect each change, creating a paperwork burden for both the parent and the provider. There have been many cases where child care providers and sponsors have been required to payback substantial reimbursements for meals served and, in some cases, were terminated from the program, due to these outdated assumptions. If a child care provider is terminated from CACFP they are then barred from participating in a broad range of other government programs. This outdated and unnecessary requirement discourages participation by creating the risk of losing payment for healthy meals served to children in care and the risk of being terminated from the program losing the right to participate in a range of other important government programs.

Additional Cost Recommendations:

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

Currently, family child care homes only qualify for area eligibility in areas with 50 percent or more low-income children (as defined by local census data or the percentage of children in the local school eligible for free and reduced price meals). The threshold is too high to appropriately target many communities with struggling families. This is especially true in rural and suburban areas which do not typically have the same pattern of concentrated poverty seen in urban areas. Reducing the area eligibility test to a 40 percent threshold would make more child care providers who serve low-income children eligible for the higher reimbursement, and many more children in need would receive healthy CACFP meals and snacks.

- **Increase CACFP reimbursements to stem participation declines.** Cost is one of the most commonly cited barriers to providing healthier foods. Increasing the availability and consumption of fruits and vegetables, whole grains, and lower-fat dairy products among young children in child care is absolutely essential to improve development, promote health and prevent obesity at exactly the time – early childhood – when it can have the most long-term effect. This

effort needs to be supported by adequate meal reimbursements. Higher reimbursements will assure that more children participate in CACFP, both attracting more child care centers and helping to stem the loss of family child care providers.

- **Enhance program reimbursements to support CACFP sponsoring organizations.** Sponsor's administrative reimbursement rates should be brought to the level necessary to cover costs of administering the program. Access to healthy meals is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP. Many sponsors were unable to make ends meet due to high program costs and the loss of economies of scale as providers dropped out of the program, leading to a significant decrease in the number of sponsors in the last dozen years. Access to healthy meals particularly in rural areas, is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP.
- **Make permanent the expansion allowing young adults 18 to 24 years old to participate in CACFP at homeless and youth serving shelters.** Prior to the recently passed American Relief Plan Act, youth serving shelters could not use CACFP because the program was limited to children under 18 years of age. By making permanent the CACFP age expansion implemented during COVID-19, youth serving and family homeless shelters could continue to rely on CACFP to serve healthy meals and snacks. CACFP is an important resource to support the efforts of the committed, hard-pressed, and often faith-based organizations working to care for this vulnerable population.

The majority of CACFP serves children in child care homes, centers and afterschool programs but CACFP is also used to serve a smaller number of seniors in adult day care centers, and children in homeless shelters. The improvements proposed for centers will have a positive impact for adult day care centers and homeless shelters too.

#### **CACFP During COVID-19**

The National CACFP Forum wishes to thank Congress for the emergency funding to CACFP sponsors, centers, homes, and afterschool programs included in the American Rescue Plan Act. This funding will help cover operating-cost deficits that were created by shutdowns, as well as a shift in services, which occurred during the first three and a half months of COVID-19. This important provision in the American Rescue Plan Act is crucial to maintaining the infrastructure and financial viability of program operators and administrators. The value of the emergency funds CACFP in the first three and a half months of COVID is worth approximately a quarter of a million dollars.



Emergency funding was vital based on the most recent data available from USDA that reveals during the first seven months of COVID-19 (March through September 2020), CACFP served 480 million fewer meals, a 41 percent decrease, compared to the same months in 2019. As a result, CACFP child care providers' reimbursements decreased by \$690 million (-37 percent). Yet, CACFP remained a vital source of support for many children and their families by providing nutritious onsite and "grab and go" meals through helpful waivers authorized by Congress. Please see [CACFP During COVID-19: A Key Support for Families Despite Losses Due to the Pandemic](#) for additional details.

### **Conclusion**

When children miss out on CACFP meals and snacks, it strains family budgets, contributing to food insecurity. To reach more families with CACFP and to strengthen its positive effects, the National CACFP Forum urges Congress to act on our priority recommendations - improving the adequacy of benefits by allowing another meal or snack for children in a full day of care, making proprietary care eligibility consistent with other federal nutrition programs by allowing yearly verification, and eliminating overly burdensome and outdated paperwork - in addition to our other important recommendations including increased reimbursement rates for providers and sponsors, improved area eligibility, and making permanent the expansion for homeless shelters.

Thank you Madam Chair and Committee members for the opportunity to share with you today. My name is Jessica Gould and I am a registered dietitian and the director of nutrition for Littleton Public Schools in Littleton, CO. My district has approximately 15,000 students with 21 schools with full service kitchens. We are 18% F/R.

I want to start today by saying thank you for focusing on Child Nutrition Reauthorization.

When the Healthy, Hunger-Free Kids Act became law, child nutrition operators were excited and anxious because we agreed with many of the changes for our program and we had many challenges ahead of us. I am excited to share that our students finally understand that fruit and vegetables make a meal and students are enjoying and eating the options that we are providing. This year in my district we are operating SFSP and we actually didn't change the requirements of fruit or vegetable since it was working and we didn't want to create confusion. We have not had any issues.

We have seen this year that the waivers that eliminated area eligibility and allowed students to take non-congregate meals for multiple days have been incredibly advantageous for our students and families. My district has operated k-5 in person, hybrid, fully remote and now we are back fully in person and these flexibilities helped ensure we were able to provide access to meals to all students. I know that students are in need at every school regardless of their F/R percentage and I have not seen this taken advantage of, however the gratitude of my families that I am able to meet with in their neighborhood is overwhelming. I believe as you look at CNR, these flexibilities to ensure we are providing access to all our students is important.

As a CN operator, I also request that we maintain the current flexibilities on sodium, whole grains and milk. Operators across the country are committed to serving our students nutritious, well balanced meals. Meeting Tier 2 and very soon Tier 3 sodium poses serious concerns for our programs and ultimately students. How many of you enjoy lettuce, tomato and pickles on your hamburger or cheeseburger? For my program to meet Tier 1, we have had to create a vegetable serving of these three items and have to limit the pickles to only 2 pickles to meet regulatory requirements. Our students are used to this now, however I also see many of them leave campus and go to fast food restaurants instead of dining with us because they believe our food doesn't have enough flavor.

Tier 3 sodium is incredibly concerning to me. Many meal staples like a turkey and cheese sandwich on whole grain bread, chicken breast salad without dressing or any of our scratch made items including our students favorite marinara would be cut. As we all know, sodium is naturally occurring in many of our common foods. After removing the roughly 125mg of sodium from our milk we would be left with 515mg for a fruit, vegetable and entree (640 maximum for k-5). We have also determined that offering any protein options for breakfast would not be allowable when required to meet tier 3 sodium.

This change would also have a significant impact on our vegetarian options that we provide. Many of these items are made with legumes or cheese which would have to be cut from our menus. Even our sunbutter and jelly sandwich would not be allowable. Offering variety would be a thing of the past in our programs.

We are seeing more and more manufacturers leaving the industry due to the constant changes within our program. For the manufacturers that are sticking with us, yes they can work on reformulation of products; however, the costs of that process will eventually hit the school nutrition programs which are currently critically suffering with our budgets. And, who is to say that the final product that they create is palatable for students. Our meals are not nutritious until they are in the bellies of our students.

In LPS we are at 75% of our grains as whole grain. I request to keep the grain requirements at 50% because it allows for regional items to be offered and accepted by students.

From biscuits in the south, to tortillas here in Colorado, this option allows us to continue providing meals our students love and will eat. In LPS we also use the waiver for our pastas. We make a few different scratch made pasta bakes and whole grain pastas do not hold well at all. These recipes were brought back after the W/G requirement changed to 50% because when we created them with W/G pasta I received calls from principals and parents and had student groups writing me letters requesting to "go back to what we previously served" because the pasta bakes were inedible otherwise.

These are just a few examples of why it is critical for our programs participation and ultimately sustainability to keep these regulations where they are. In my district where many students can choose to eat with our program, we believe if required to implement tier 3 we will not survive.

I could go on and on and also respect your time and my time limit. I am happy to answer any questions you may have from an operator's perspective.

Thank you.

**Senate Agriculture Committee****Written Testimony****Diane Golzynski, PhD, RDN****Director, Office of Health and Nutrition Services****Michigan Department of Education****March 25, 2021**

The educational system is a bedrock for our society in terms of providing children a sense of consistency, belonging, and care while growing their intellect in preparation for a productive life. COVID-19 highlighted the importance of that system and demonstrated to us that we had taken it for granted as a society. One of the most critical pieces of our educational system are the meals available to students during the school day. As schools were shuttered in an attempt to slow the spread of the virus, school food service showed up to assure that children would not go hungry while school was closed.

In Michigan, we served over 65 million meals and snacks from March through June 2020 at over 2,000 sites across our great state. We chose to participate in every COVID-19 waiver offered by the United States Department of Agriculture (USDA) in order to assure that no child would have to miss out on a meal during this difficult time. We also chose to strictly interpret the meal pattern waiver and allow for its use only during times of supply chain interruption. The waiver itself waived the requirements to serve meals that met the meal pattern requirements during the COVID-19 emergency. Our goal was to protect the integrity of the program, provide the most nutritious meals possible, and maintain the consistency of school meals for the children during a very stressful time. We believe strongly that children need to be provided the opportunity to eat healthy food and the adults are responsible for rising to that challenge. As a result, we did not want to see meals served that were not consistent with those goals, therefore we only granted the meal pattern waiver on a case-by-case basis when a specific component did not arrive as ordered to meet the meal pattern. While challenging, we heard from many local food service directors that they were thankful for the consistency and integrity as it helped in training of staff and meeting expectations of the families they were serving. We also heard from many families that continuing to receive nutritious school meals not only helped feed their children but provided them with a sense of stability when they needed it most.

As we begin to transition back to a new and hopefully better normal, I am most concerned about the children we did not reach, we still are not reaching, and the potential of never reaching those children again. Michigan saw a 20% decline in school enrollment in the fall of 2020. Some were students who would have entered kindergarten while others were students whose families did not re-enroll them in a public school. All are students who will not have access to meals at school once when their school returns to face-to-face learning. While we are doing better than most midwestern states, our meal counts are still down nearly 12% since March 2020 compared to the same time period in 2019. Families who have never needed to know or understand the emergency food system are struggling to navigate different social service agencies and qualifications for assistance. Childhood hunger has risen most dramatically in the most affluent areas of our country and those who want to help are simply tired from being called upon for such an extended period of time. Even though schools are providing meals for pick up, many families are not aware of that resource, instead they are waiting for additional food from the local food bank and/or food assistance benefits to feed their families as those are the programs that receive the most media attention and are looked to first during times of need.

As schools begin to reopen and we are faced with the expiration of critical USDA waivers that allowed us to reach children in all areas of our state, we believe school nutrition programs will experience an even greater financial decline whether those waivers expire in the fall of 2021 or the fall of 2022. By returning to free/reduced/paid meals, we worry that families will not understand the change nor will they be forgiving of the circumstances for the change. Affluent districts who traditionally have relied on a la carte sales to make up for the lack of revenue from meals served at the free reimbursement rate will likely see that revenue drop and unpaid meal debt soar as families cannot or will not easily return to sending money to school for food. With the number of families struggling who have not experienced chronic poverty, we believe the stigma of applying for free or reduced-price meals will keep even more families from seeking the assistance they need for their children. In addition to the stigma and rising levels of unpaid meal debt, local school nutrition programs will see a decrease in reimbursement with the change in programs and a substantial increase in paperwork for both the program staff and for parents. With the expiration of the area eligibility waiver which allowed all local districts to provide food in an equitable manner in the same way textbooks are provided, schools will be forced to return to the traditional National School Lunch Program with a lower reimbursement rate and significantly more paperwork. As the meal pattern waiver expires, if the food supply chain challenges have not rectified themselves by that time, we likely will see noncompliance with the much stricter meal pattern resulting in even greater financial loss at the local level as meals will be required to be disallowed during administrative reviews conducted by the state

agency per regulation. All an unintended snowball effect on the quality of the meal programs provided to children at school as we recover from the pandemic.

Children should not have to shoulder the burden of wondering if they are going to be able to eat at school. As the adults who are responsible for those children, we must provide every tool available to us to safeguard their future success including nutritious meals. We know that the child is most successful in academics the closer they have eaten to the test. As a result, we must provide a healthy breakfast at school in a manner which reduces stigma and increases the opportunities for children to participate, and not just on the day of the test but every day in which learning is a critical part of their day. In Michigan, 8 of every 10 students that qualify for free or reduced-price meals were eating breakfast at school daily prior to the pandemic. However, over 70,000 students do not even have access to breakfast at school because their school does not even offer the school breakfast program. In talking with a local superintendent recently, he told me that the number of children in his district that qualify for free or reduced-price meals was not high enough for him to even offer the program. He has over 1,000 students in his district that qualify. That is over 1,000 students that have no opportunity to eat breakfast at school and that does not even take into account the additional children whose families are too ashamed to apply or whose income are just above the threshold to qualify. Nor does it take into account the children whose families do not know or understand the importance of a healthy breakfast and therefore does not prioritize that for their children.

Children also should not have to shoulder the burden of wondering if they are going to eat when school is not in session. Whether it be the weekends, school breaks, a natural disaster, or the summer months, we should have a child nutrition program that can be immediately responsive and provide healthy meals where children are at. The COVID-19 waivers allowed for non-congregate feeding and meal pick up by parents/guardians and were critical to meeting this need for millions of children nationwide. However, we must continue to find ways to keep these efforts consistent in order to build trust and engagement with families. Michigan is thrilled to continue our work with the Summer Electronic Benefits to Children program (SEBTC) as we have specifically focused those benefits for children who have the least access to the Summer Food Service Program. However, annual changes to programs such as SEBTC cause a drop in trust that the program will be there as a safety net for families when in need. Participation in the summer program continues to plague every state and lessons learned from non-congregate meals and parent pick up during the pandemic can and should guide a future revamp of that program. In Michigan, we realized a 163% increase in meals served in July 2020 compared to meals in July 2019 and yet we know there are children who still did not have reliable access to those meals. As families try to regain some sense of

normal, go back to work, get caught up on rent and other payments, we must continue to be that glue for our children. Mental health and child hunger are realities of the pandemic that we can and should be addressing now and continue that support for years after the pandemic officially ends.

I believe that trust is a significant factor in a parent's choice to be engaged with their school community, including the completion of an application for free or reduced-price meals, or paying to eat the meals at school. As we begin our transition out of the pandemic, Michigan will be focusing on ways to continue to build or regain that trust. We want and need everyone to feel invested back into these programs in order for these programs to be successful. We cannot assume that parents or even school administrators understand the change in programs, the change in paperwork, or the reason for such changes. In Michigan, we believe the strongest reason to return to the National School Lunch and Breakfast programs is the impact these programs have on teaching life-long healthy eating habits to our future generations. The strong nutrition standards are second to none and critical for introducing and maintaining access to healthy food for our children. Our meal participation was just starting to pick back up after the significant changes that occurred in the last Child Nutrition Reauthorization and we were seeing greater student acceptance of the healthier foods including a variety of fruits and vegetables. Some short-term flexibilities offered on meal standards were critical for that transition. I would much rather see a child drink 1% chocolate milk than to throw away the skim chocolate milk. I would rather see a child eat a breakfast that includes potatoes some days than a child skip breakfast entirely because they do not like the food provided. That said, we can make healthy meals that are delicious! It does not have to be either/or. Progress happens in steps, but we have to keep moving forward. As adults we know the difficulty with eating healthy ourselves, yet we also know we must continue to provide the best environment for our children to learn and do better. If we focus on continuous improvement, the industry and the preferences of those around us will continue to improve as well. We must not give up on our children.

Thank you for your continued support of the child nutrition programs and Child Nutrition Reauthorization. Thank you for maintaining high nutrition standards that teach our future generations ways to meet the Dietary Guidelines for Americans so that we can continue to tackle the diet-related diseases that plague our country. After all, we must be successful in nutrition because our kids cannot be successful without it.



**Testimony of Ms. Heidi M. Hoffman**

State WIC Director, Colorado Department of Public Health & Environment  
Legislative Committee Chair, National WIC Association

**Before the U.S. Senate Committee on Agriculture, Nutrition, and Forestry**

**Child Nutrition Reauthorization: Healthy Meals and Healthy Futures**

**March 25, 2021**



Chair Stabenow, Ranking Member Boozman, and members of the Committee, thank you for inviting me to testify today about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). I am Heidi Hoffman, and I work at the Colorado Department of Public Health and Environment as the state director of our WIC program, which serves over 130,000 Coloradans each year. I am also here today in my capacity as chair of the Legislative Committee for the National WIC Association (NWA), a national non-profit organization representing the interests of the 89 State Agencies, 10,000 clinics and local agencies that administer WIC services, and the roughly 6.3 million mothers, babies, and young children participating in WIC.

Since 1974, WIC has helped families ensure healthy pregnancies, healthy births, and a healthy start for young children. Nationally, WIC serves nearly half of all infants born in the United States each year.<sup>1</sup> WIC services include a monthly benefit for healthy foods, nutrition education and counseling, breastfeeding support, health screenings, and referrals to healthcare and other medical and social services. Through waiver authorities issued under the Families First Coronavirus Response Act and rapid innovation at the state level, WIC support has continued uninterrupted throughout the COVID-19 pandemic.

### **Proven Health Outcomes**

WIC's targeted support provides science-based healthy foods and education at critical times of growth and development. WIC providers see firsthand the positive impacts of the program's nutrition, public health, and social supports. During pregnancy, WIC tailors healthy foods to address specific micronutrient deficiencies that are vital for fetal growth and development, such as folate and iron. WIC's prenatal support reduces the risk of infant mortality by as much as 33%,<sup>2</sup> primarily through a reduction in the rate of preterm births and low birthweight.<sup>3</sup>

WIC's proven health outcomes are significant in reducing overall healthcare expenditures and returning an investment on federal taxpayer dollars. For every dollar invested, WIC returns at least \$2.48 in medical, education, and productivity costs.<sup>4</sup> These findings build on decades of research indicating cost savings to Medicaid associated with prenatal WIC participation.<sup>5</sup> WIC's return on investment is likely even higher, as these studies are related to prenatal participation and do not assess cost savings related to WIC's efforts to enhance breastfeeding support,<sup>6</sup> obesity prevention,<sup>7</sup> and access to dental care.<sup>8</sup>

WIC is the nation's leading breastfeeding promotion program, providing both professional and peer support to encourage mothers in navigating their choice to breastfeed. Increased investment in WIC breastfeeding services over the past three decades has made a significant impact, increasing the breastfeeding initiation rates for WIC infants between 1998 and 2018 by 30%<sup>9</sup> and doubling the rate of breastfed infants at twelve months.<sup>10</sup> WIC support – including peer counselors – are effective at addressing racial disparities in breastfeeding rates, especially among Black women.<sup>11</sup>

NWA promoted revisions to the WIC food packages, implemented in 2009, that aligned available WIC foods with the Dietary Guidelines for Americans and introduced fruits, vegetables, and whole grains. These reforms predictably resulted in children having improved diet quality,<sup>12</sup> with children participating in WIC for the first two years of life scoring higher on the Healthy Eating Index.<sup>13</sup> Healthier options available through the 2009 changes have led to decreases in the prevalence of overweight and obese children participating in WIC,<sup>14</sup> aligning the obesity rate for WIC toddlers with the national childhood obesity rate for children age two to five.<sup>15</sup>

WIC is a targeted, time-limited program that addresses specific nutrient concerns; even still, the WIC benefit is effective at reducing child food insecurity by as much as 20%.<sup>16</sup> Although WIC's food benefit is issued as an individual prescription, WIC nutrition education programming can shape family dietary behaviors and purchasing habits.<sup>17</sup> The 2009 reforms demonstrated an increase in the availability of healthy foods in retail grocery stores, especially smaller retailers in low-income communities.<sup>18</sup>

WIC's proven success can be more effectively leveraged if certain coverage gaps were resolved. Currently, children age off the program on their fifth birthday but may not yet be enrolled in school and eligible for sustained nutrition assistance through school meals programs. This gap introduces new stressors to both the child's nutritional development and the family's food security at the onset of entering school,<sup>19</sup> an unfortunate outcome given WIC's demonstrated role in improving cognitive development and academic performance among young children.<sup>20</sup> Likewise, longer eligibility periods for postpartum women are essential for sustaining access to healthy foods, addressing diet-related chronic conditions like obesity and diabetes, and setting up healthier subsequent pregnancies.<sup>21</sup> Since nearly 40% of women in the United States between ages 20 and 39 have obesity,<sup>22</sup> WIC's individualized nutrition counseling and support is a critical intervention to strengthen nutrition outcomes, mitigate pre-conception barriers to healthy pregnancies, and reduce overall healthcare expenditures. NWA recommends closing these coverage gaps and effectively leveraging WIC support to improve health outcomes for young children and postpartum women, consistent with provisions in the bipartisan Wise Investment in our Children Act (S. 853).

#### **Reaching Eligible Families**

WIC currently serves roughly 6.3 million participants nationwide.<sup>23</sup> Despite the strong record of public health successes associated with WIC participation, only 51% of eligible individuals were certified for services in 2017.<sup>24</sup> WIC providers have reported ongoing declines in participation since reaching a record high of 9.2 million participants in 2010 at the height of the Great Recession, driven by societal factors such as changes in fertility rates, birth rate, and immigration policy, as well as structural barriers to access, including transportation, limited availability of childcare, and in-person programmatic requirements.<sup>25</sup> Participation declines are most acute among children, with 27% of enrolled infants dropping off the program by the one-year mark and only 25% of eligible four-year-old children certified for WIC services.<sup>26</sup>

In order to reach eligible families, WIC providers must be visible in the community, leverage technology, and meet the new generation of parents in a convenient and accessible manner. NWA, in collaboration with 56 of the 89 State WIC Agencies (including Colorado), has operated a National Recruitment and Retention Campaign since 2016, a multi-platform strategic marketing approach designed to raise awareness, drive enrollment, and improve public perceptions of WIC. The Campaign's targeted, tested messages and uniform national branding – informed by both current WIC participants and eligible families not certified for services – are disseminated through digital advertisements, print advertisements in pregnancy and new-parent magazines, and point-of-care literature in OB/GYN and pediatrician offices, hospital maternity wards, and other healthcare facilities. The Campaign also operates a web-based clinic locator, SignUpWIC.com, to connect families directly with their community WIC provider. Ongoing, consistent messaging is critical to building awareness, recognition, and positive perceptions among the WIC-eligible population – the first step of connecting families with services.

Colorado WIC has also partnered with the Center on Budget and Policy Priorities and Benefit Data Trust to develop a Memorandum of Understanding with the Colorado Department of Human

Services to obtain participation data from the Supplemental Nutrition Assistance Program (SNAP). In this 2018 project, we identified that 44% of WIC-eligible families on SNAP were not certified for WIC services. With this information, we launched additional direct outreach efforts, including through texting, which resulted in over 500 new families certifying for WIC services. Since that project, we've developed an additional Memorandum of Understanding with the state Medicaid program under the Colorado Department of Health Care Policy & Financing and are continuing to work on secure data sharing and other coordinated outreach and referral efforts.

Strong partnerships with Colorado WIC local agencies and Head Start programs also provide an opportunity for effective outreach and referral. One local agency attends the "family nights" at the beginning and end of each school year to provide the nutritional assessments required by both programs, which eliminates an office visit for many families and encourages participation in both.

Colorado WIC builds on the National Recruitment and Retention Campaign's outreach and additional data projects with technology-based tools that streamline the application process. In 2018, we partnered with the Colorado Health foundation and Tri-County Health Department WIC Program to pilot a centralized referral model. The model includes an online referral tool that was shared with community partners and healthcare providers, allowing eligible participants to fill out initial information to start their application and generate a request for follow-up from their local clinic. Physician offices, especially OB/GYN and pediatrician offices, are among the most trusted sources of referrals to WIC. Other strong referral partners include food banks, nonprofit SNAP enrollment programs, and friends and family.

One way that Colorado WIC is addressing the need for program modernization and new technology is through the support of a recent grant award from the USDA and the Council of State Governments. This funding will be used to create a strong client data management system to work in concert with the compliance-focused MIS that is used for nutrition assessments and benefit issuance. This interface will allow clients the option to upload required documentation, review and consent to program policies, change contact information, request an appointment, and communicate via two-way text with their local agency. These time saving tools, common in the private sector, will not only be familiar to modern parents and caregivers, but what they have come to expect when accessing services. Providers are expected to reduce access barriers and allow for streamlined certification and ongoing enrollment in WIC. While traditional face-to-face engagement will be available for families who prefer conducting these requirements in person, this new interface option will help bring WIC into the 21<sup>st</sup> century.

#### **Sustaining Remote Service Options**

One of the most challenging aspects of onboarding new families is the physical presence requirement at certification, originally instituted in 1998. In an increasingly digital world, the physical presence requirements are a deterrent to participation – especially as families are required to recertify every year. This is especially challenging for rural communities, as WIC clinics may not be conveniently located and therefore pose significant transportation barriers for eligible families. The challenges from the certification appointment are most pronounced at the one-year mark, when families must recertify for the program at a time of transition in the infant's diet. When families are looking for nutrition education and advice on how to transition their baby to solid foods, WIC clinics are forced to request additional documentation, presented in person, before continuing to provide services. As a result, 27% of infants drop off the program by the one-year mark. NWA urges extension of certification periods to two years for all participant categories,

which would reduce duplicative paperwork and ensure that face time between WIC providers and participants is focused on the nutrition counseling and support that families need.

During the COVID-19 pandemic, physical presence was complicated by the public health imperative to socially distance. Through waivers implemented under the Families First Coronavirus Response Act, the majority of WIC agencies – including Colorado – were able to implement fully remote services. This has had a significant impact: after years of declining participation, the majority of State WIC Agencies are reporting increased participation and retention of child participants. Some States, including Kentucky and North Carolina, report as high as 20% increases in participation since February 2020.<sup>27</sup> State agencies are also reporting sharp declines in no-show rates, with anecdotal evidence suggesting that the convenience of remote appointments is correlated with higher attendance and engagement by WIC participants in nutrition programming. Parents are able to be more focused during their telephone or video appointments, and providers are able to build strong relationships with families, especially as new parents are separated from their own family support networks during the pandemic and navigating pregnancy, parenthood, breastfeeding, and childcare on their own.

These participation gains have not been uniform, with participation declines still reported by some State agencies, especially those that are not equipped to fully implement remote services. The Families First Coronavirus Response Act deferred all testing and measurement requirements, an important public health priority that require sustained flexibility when reintroduced after the pandemic has been resolved, to ensure that participants are screened for nutrition deficiencies and assessed for adequate growth. Sustaining more flexible services in a post-COVID environment will mitigate the costly public health consequences of participation drops. They will also require greater coordination with healthcare, including technology solutions to more readily transmit relevant health information between WIC clinics and medical providers. This coordination is necessary to reduce duplicative tests, ensuring care coordination, effectively monitoring growth and development, save healthcare costs, and easing burden on families. Some local agencies successfully coordinate information-sharing with healthcare providers, often enhanced when co-located at a hospital or federally qualified health center. However, many WIC clinics are not located in healthcare settings and may be housed in county health departments, standalone clinics, or other locations – necessitating additional infrastructure to coordinate information-sharing with physician offices. State agencies need additional, consistent funding for these technology infrastructure solutions so that they can remain accessible, secure, and effective in streamlining coordination between WIC and healthcare providers.

WIC providers report that a return to the pre-COVID status quo will have a negative impact on participation, and one of the clearest lessons from WIC's COVID-19 response has been the need for flexibility in physical presence requirements. The experience of developing policy and procedures to accommodate a remote service model in 2020 has shown that we can maintain program integrity, local agency training and support, compliance monitoring procedures, and coordinated alignment with outreach messaging even in a virtual setting. NWA recommends relaxing the physical presence requirement to allow for integration of video and telephone technologies into certification appointments, while also creating flexibility to ensure that benefits can be issued as families more conveniently schedule health assessments at either the WIC clinic or a physician's office. Offering options and choices to families who want to participate allows clinics to provide services in a more flexible format to support the needs and schedules of their clients.

Outreach efforts, technological innovations, and data-sharing projects are often stymied by a lack of funding and limited staff capacity. WIC's funding formula rightfully prioritizes food funds, but the

program's Nutrition Services & Administration (NSA) grant is under increasing pressure as State WIC Agencies face rising implementation and maintenance costs. Just two weeks ago, the American Rescue Plan invested \$390 million in outreach, innovation, and program modernization efforts designed to increase participation and improve benefit redemption. This funding is a wise investment to modernize the program. Additional flexibilities within the funding formula could prioritize ongoing technological innovation in future fiscal years. By consistently investing in and supporting program-wide solutions, rather than relying on the resources and capacity of each State agency, the WIC program can offer choice and flexibility to all States to innovate when, how, and if the communities they serve would benefit from the investment.

#### **Modernizing the Shopping Experience**

The need for technological innovation is particularly acute in the shopping experience. The Healthy, Hunger-Free Kids Act of 2010 advanced significant technology improvements in the shopping space by requiring State WIC Agencies to implement electronic-benefit transfer (EBT) technology. With over 48,000 authorized vendors,<sup>28</sup> WIC drives approximately \$4.8 billion in retail transactions each year.<sup>29</sup> Additional steps must be taken to keep the WIC transaction and shopping experience modern, accessible, and equivalent to the general population. Although these initiatives must be developed thoughtfully, national solutions must be scaled up rapidly to accommodate the demand for an equitable shopping experience. NWA recommends that national online purchasing should be available no later than October 1, 2024.

In the early phases of the COVID-19 pandemic, the U.S. Department of Agriculture rapidly expanded a pilot project that permitted over 90% of SNAP households the option to remotely purchase food through Walmart, Amazon, and other retailers.<sup>30</sup> USDA was only able to scale up this pilot program to a national level given years of prior planning, after Congress required development of this technology in the 2014 Farm Bill.<sup>31</sup> Without similar directives, WIC lacked the infrastructure to quickly adapt online models for its more complicated transaction.

This created an inequitable shopping experience, as WIC shoppers were often the only consumers required to conduct their transactions in-person. Starting in June 2020, USDA eventually began authorizing waivers to empower state-driven innovation in this space, but a lack of clarity about long-term regulatory reform has deterred greater investment in scaling up permanent, national solutions. In November 2020, USDA awarded a multi-year grant to the Gretchen Swanson Center for Nutrition to test online ordering models in up to five states.<sup>32</sup> In December 2020, Congress required that USDA convene a task force to evaluate alternative transaction models – including online purchasing, home delivery, and self checkout – and issue recommendations no later than September 30, 2021.<sup>33</sup>

In Colorado, we are partnering with a nonprofit grocer to deliver WIC foods to families who have transportation or other barriers to shopping on their own, including living in food deserts. This small-scale model, while benefiting a small fraction of the state, will hopefully identify policy, process, and communication changes we can make to support similar efforts in other communities. Allowing greater flexibilities for these nontraditional retailers to participate in WIC will increase the accessibility and equity of services.

NWA convened a working group in spring 2020 to clarify the permissible and feasible options for retailers, issuing a summary document in October 2020.<sup>34</sup> This resource has aided on-the-ground partnerships between local WIC providers and individual retailers that drive forward innovations to promote safe and convenient alternatives to online purchasing for WIC shoppers during the

COVID-19 pandemic. Retailers added additional self-checkout lanes, built out online ordering platforms to streamline in-store or curbside transactions, and even piloted shopper helper programs that allowed limited home delivery options.<sup>35</sup>

### **Empowering Tribal Equity**

Among the 89 WIC State Agencies, thirty-three are Indian Tribal Organizations (ITOs) that empower tribal authorities to directly administer WIC services to Native American populations. Geographic states, such as Minnesota, Washington State, and Wisconsin, also work closely with tribal authorities to tailor local services to tribal populations. Access to WIC is critical for reducing racial disparities for Native Americans related to food insecurity,<sup>36</sup> diet-related chronic conditions like diabetes,<sup>37</sup> and maternal mortality.<sup>38</sup> In 2018, the 33 ITOs and other State WIC Agencies served over 696,000 Native American participants, approximately 9 percent of the national caseload.<sup>39</sup>

Colorado WIC, for example, greatly values our close partnership with the Ute Mountain Ute Tribe, an independent State WIC Agency. Claiming WIC ITO status is an important step in affirming tribal sovereignty. While organizing as a State WIC Agency can lead to higher operating costs, especially with the increased need to invest in technology systems and platforms, these programs are critical to assure culturally competent and relevant services. The thirty-three recognized and respected WIC ITOs represent only a fraction of the 574 federally recognized tribes. NWA recommends additional steps to strengthen and support the ITO model, including dedicated technical assistance, focused collaborations with the Indian Health Service that build on federal and State-driven efforts to partner with Medicaid and other healthcare providers, and greater efforts to support local tribal food economies and assure access to WIC-approved vendors among tribal communities. These crucial steps will further support tribal services, strengthen government-to-government relationships, and invest in more equitable food supply chains.

### **WIC Farmers Market Nutrition Program**

In 1992, the WIC Farmers Market Nutrition Program (WIC FMNP) was established as a separate program to provide an annual benefit to WIC families that could be redeemed at local farmers markets or farm stands. WIC FMNP strengthens community connections with farmers, enhancing access to local produce and allowing WIC families to directly interact with their local food system. WIC FMNP has consistently had limited funding, although opportunities to collaborate have only expanded with the introduction of WIC's fruit and vegetable benefit in 2009.

Just this year, with a slight increase in the fiscal year 2021 appropriations bill, Colorado WIC was able to obtain approval to initiate a Farmers Market Nutrition Program. We are grateful that our Ute Mountain Ute sister agency has agreed to help distribute these benefits to their WIC families living in Colorado as we work together to serve the people and the food producers living within our neighboring service areas. Although Colorado WIC is excited about the opportunity, this option is not without challenges. WIC FMNP still relies on paper vouchers, and fewer vendors are offering banking contracts to process the checks. NWA urges swift USDA action to accelerate state-driven innovations that establish accessible, cost-efficient technology to electronically process WIC EBT and WIC FMNP transactions. The statute also caps the WIC FMNP benefit at only \$30 per participant per year. Despite limited funding, the small benefit value is often cited as a disincentive to more regularly shop at farmers markets. WIC FMNP could grow greater partnerships between farmers markets and WIC shoppers if the benefit cap was increased or eliminated.

Thank you for your attention to maternal, infant, and child nutrition and your enthusiasm for strengthening WIC services. This is an exciting time for WIC providers to innovate and build a stronger program that will deliver a proven, effective nutrition support to even more families.

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**Testimony**

Submitted to The Committee on Agriculture, Nutrition, and Forestry  
United States Senate

**Hearing**

*“Child Nutrition Reauthorization: Healthy Meals and Healthy Futures”*  
Thursday, March 25, 2021  
106 Dirksen Senate Office Building

**Statement of Mr. Carlos M. Rodriguez**

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Dear Chairwoman Stabenow, Ranking Member Boozman and distinguished Members of the Committee:

Thank you for the invitation to attend today’s hearing. My name is Carlos Rodriguez. I have the privilege of serving as President and CEO for the Community FoodBank of New Jersey (CFBNJ), which provides food and access to other critical resources for 15 of New Jersey’s 21 counties. I’ve spent 15 years of my 25-year career in anti-hunger work, including at three food banks across two states. I am also someone with lived experience utilizing federal child nutrition programs, so I have seen firsthand how these programs not only fill empty bellies but also nourish a child’s success. Today, I am both honored and humbled to testify on behalf of more than a million food-insecure New Jersey neighbors, including approximately one in five New Jersey children.

In my testimony I will address the critical role federal afterschool and summer feeding programs play in addressing childhood hunger throughout the year, as well as the lessons we’ve learned through administering these programs in the current pandemic. While I will focus on these two federal programs, I also want to add my support for the importance and the significant impact of nutritious food and meal programs that assist families with children in child care and during school or pregnant women, infants and toddlers served through critical initiatives such as the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch and Breakfast Programs (NSLP and SBP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and others. My intent is to share insights about the role Community FoodBank of New Jersey and other food banks play in addressing childhood hunger in

communities through innovative public-private partnerships as well as how the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) are key in those efforts.

I can think of no better way to illustrate the impact and importance of federal child nutrition programs than with the true story of Paige, a little girl who would likely lack adequate access to nutritious meals without them.

During a visit to one of CFBNJ's partner afterschool locations that operates both Kids Cafe (CACFP) and summer meals programs, this gregarious eight-year-old marched right up to our team, eager to talk all about her experience there. It was December 2019, not long before COVID, and she had been enjoying a well-balanced meal of an apple, carrots, milk, and a whole wheat turkey sandwich. She explained that she and her two siblings visited the site every day while their parents were at work.

"We like coming here because we don't get this kind of food at home," Paige said. "My favorite thing that they make with dinner is the salad. If I could have it every day, I would."

Paige skipped off from our conversation that day to go play basketball with her friends, a happy, healthy child nurtured by CACFP and the caring environment of her afterschool program.

Then COVID-19 hit. Though both of her parents work hard, making ends meet was a challenge for them even before the pandemic. Fortunately, this partner site started offering grab-and-go meals from CFBNJ during the pandemic, providing meals for 50 children per day since April, ensuring children like Paige and her siblings can still get the nutritious food they need to grow up healthy and reach their full potential.

Making real progress toward ending child food insecurity and ensuring opportunity for all of our nation's children will require investing new resources toward increasing access, particularly during times when children are out of school like summer. Incremental change is not enough and an investment in funding child nutrition programs is an investment in our children's health and education and a productive competitive future workforce that will pay dividends in years to come.

## **Background**

The Community FoodBank of New Jersey started as a modest enterprise in the back of our founder Kathleen DiChiara's station wagon in downtown Newark in 1975, became an incorporated non-profit in 1982, and has grown to two warehouse facilities, the combined size of five football fields, that serve approximately 1,000 community partners in 15 of 21 New Jersey counties that are home to approximately 760,000 food-insecure residents.

Together, we provide a warm meal or food at home for our New Jersey neighbors struggling to make ends meet; help people through application assistance for the federal Supplemental Nutrition Assistance Program (SNAP); reach communities with limited resources with mobile pantries; and encourage others to get involved. Since the start of the pandemic, we have provided enough nutritious food for 83 million meals, adapting our service models to large-scale distributions across 12 counties, distribution of fresh food boxes, emergency meal kits, and prepared frozen meals for seniors and homebound individuals. Our child nutrition programs alone have delivered 450,000 meals. We have provided 2,700 New Jersey residents with assistance applying for SNAP. We address hunger as a health issue by providing more fruits and vegetables, nutrition education, and medical screenings to inspire positive lifestyles. In fact, fresh produce has comprised 25% of all the food we have distributed since the start of the pandemic.

Community members from all walks of life engage in our mission through volunteerism, committing 30,000 hours in service to our mission – despite the challenges of the pandemic.

We are one of four Feeding America food banks who provide a broad array of hunger-relief services across New Jersey. We are also one of 200 members of the Feeding America national network who provide similar services through 60,000 food programs including food pantries, soup kitchens, shelters, afterschool programs, summer feeding sites, and many other hunger-relief services.<sup>i</sup> Like the colleagues testifying here today, we work daily to address childhood hunger in our country. Most relevant to today’s hearing, for more than 14 years, CFBNJ has directly implemented two federal child nutrition programs as a sponsor: the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP).

### **Food Insecurity and the Federal Child Nutrition Programs**

Food insecurity in our state and, in fact, across our country was a significant concern even before the pandemic, with a staggering number of people and children affected, as shown in Table 1:

Table 1, Pre-Pandemic Food Insecurity (2018)<sup>ii</sup>

	New Jersey	United States
Food Insecurity	774,860	35,207,000
Child Food Insecurity	219,760	10,732,000

Sadly, in New Jersey, 1 in 9 children were experiencing food insecurity.<sup>iii</sup> Nationally, the risks were also quite sobering, with 1 in 7 children unsure when they might eat again.<sup>iv</sup> Though not always visible, childhood hunger remains a significant problem in the United States. Millions of families do not have the resources to purchase the food that they need. In most of these families, parents protect children from hunger. Though their children may not get the nutritional quality or variety that they need for proper health and development, parents will reduce their own portion sizes or skip meals to protect children from actual hunger pangs. The existence of food insecurity among children in a household should raise alarm bells, as it is often an indicator of a profound level of need in that home.

Fortunately, the United States has a robust and complementary set of federal child nutrition programs to protect children from hunger and promote improved nutrition and health. Since their implementation in the 1960s, federal child nutrition programs serving children outside of school hours complemented school meal programs established in the 1940s. Together, they have been successful in reducing the hunger and extreme malnutrition that we saw in the United States several decades ago.

For more than 40 years, CACFP and SFSP have been critical federal Child Nutrition programs that have helped bridge nutritional gaps experienced by hungry children. Prior to the pandemic, CACFP was providing snacks and suppers to nearly 30,000 New Jersey children during the school year, and SFSP was helping more than 100,000 children at the height of summer. Table 2 shows the scope of afterschool and summer meal program support from school districts, day cares, YMCAs, food banks, public libraries and so many other compassionate and dedicated organizations, staff members, and volunteers

Table 2. New Jersey CACFP and SFSP Scope<sup>v,vi</sup>

	Sponsors	Sites	Average Daily Site Attendance	Snacks & Meals	Participation Rate, as a Percent of Students Receiving Free/Reduced Price School Lunch
CACFP (March 2019)	58	311	29,037	600,782	16
SFSP (July 2019)	133	1,438	101,381	3,191,937	26

Comparing this data, to National School Lunch Program data (NSLP) reveals how structural and administrative limitations, along with site availability and recipient constraints, may have been impacting participation rates and successes in both programs. CACFP, for example, only serves one-sixth of the low-income students served by NSLP; while SFSP boasts higher participation than CACFP, it still barely reaches more than one fourth of the low-income students participating in school lunch.

**Child nutrition programs are only effective when they reach the children who need help.** The data for New Jersey exemplify how frequently programs targeting children during out-of-school times, like SFSP and CACFP, fail to reach the majority of children in need of food assistance.

Nationwide, fewer than 3 million children received food assistance through a summer feeding program in the summer of 2019, before the pandemic upended operations and lives. That is less than 14 percent of the kids that rely on free or reduced-price school lunches during the school year. In fact, summer feeding provides the most striking access gap among the federal nutrition programs. While some families have access to summer feeding sites in their communities, the vast majority do not. The current summer feeding model requires children to consume meals at a designated feeding site. For reasons discussed below and laid bare during the pandemic, it can be difficult to operate a site-based model during the summer, so there are far fewer access points during the summer than during the school year.

Our nation could do much more to reduce child hunger and malnutrition simply by reaching more children during the times when they are not in school. The reauthorization of child nutrition programs provides the important opportunity to make good programs even better through policy updates that will improve access to quality child nutrition programs and ensure no child goes hungry.

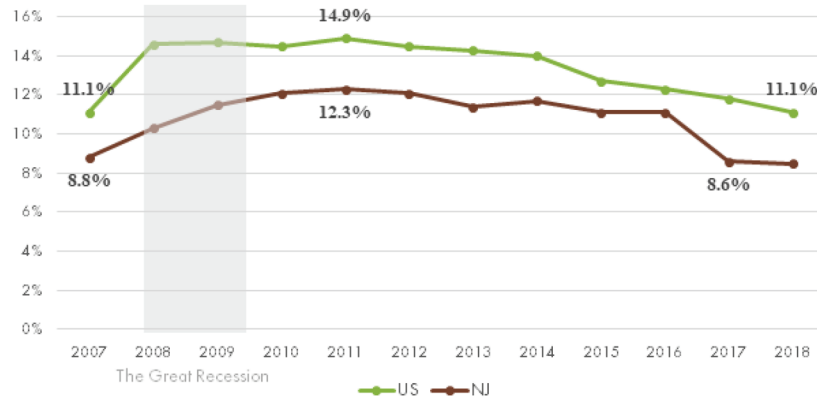
### **The Impact of COVID-19**

In early 2020, the novel coronavirus (COVID-19) began to spread across the United States, and one of the results was an economic recession that ended years of declining rates of food insecurity – the lack of access to sufficient food because of limited financial resources. Many people who have been most impacted by the pandemic were food insecure or at risk of food insecurity before COVID-19, and are facing greater hardship since COVID-19. Significant racial disparities in food insecurity that existed before COVID-19 remain in the wake of the pandemic. Feeding America projects that 21% of Black individuals (1 in 5) may experience food insecurity in 2021, compared to 11% of white individuals (1 in 9).<sup>vii</sup>

To promote social distancing and slow the spread of COVID-19, school closures started across the nation in mid-March. **In the wake of millions of students losing access to school meals, and an economic downturn, child hunger has soared in the United States.** Right now, more children than ever are going to bed with empty bellies. Due to COVID-19, Feeding America projects that 42 million people (1 in 8), including 13 million children (1 in 6), may experience food insecurity in 2021. In my home state, this includes more than 1 million New Jerseyans, with more than one third of them children. Feeding America estimates that 15 million children (1 in 5) may have experienced food insecurity in 2020. According to the Brookings [Institution](#), nearly 5 times as many single mothers with young children report their children don't have enough to eat compared to 2018.

Our all-too-recent experience with recovery from mass unemployment and economic dislocation during the Great Recession shows that food security issues can well outlast the period of economic crisis. Federal data from the U.S. Department of Agriculture (USDA) and U.S. Census shown in the graph below demonstrate that household food insecurity peaked in 2011, two years after the Great Recession ended, and did not return to pre-recession levels until nearly ten years after it ended. **This may be a cautionary tale, but it is not an inevitability: a decade of food insecurity does not have to be the legacy of COVID-19 for our children.** The decisions this committee makes can prevent an extended food security crisis for children and families across the country. I urge you to take this as your charge.

In NJ and the US overall, food insecurity rates peaked two years after the end of the Great Recession. It took nearly a decade for rates to drop back to pre-recession levels.



### The Food Bank Network's Response

Having served as a lifeline for those affected by 9/11, the Great Recession, and Superstorm Sandy, CFBNJ is no stranger to emergencies. COVID-19, however, required us to do more: together with our network of more than 1,000 partner feeding programs, we adjusted and ramped up our operations to give

out as much food as possible, advising our community partners on alternate distribution methods and personal protective equipment (PPE) use, while adapting temporarily to a 24-hour, three-shift system in our own warehouse.

These immediate and fundamental changes in how we operate and feed our communities were happening at food banks around the country. Our child feeding programs in particular needed major changes to adapt to the new reality. As schools initially closed and have continued to adjust their models, we have all been forced to operate in what is essentially a prolonged summer setting. In important ways, these changes were like a summer test that none of us wanted to take – the key logistical challenges we have faced in the summertime for decades were forced upon children across the country almost overnight. Recognizing these challenges, Congress and USDA acted swiftly to provide programmatic flexibilities to ensure children could be fed safely. Operational waivers allowed meals to be taken home for consumption, allowed multiple days' worth of meals, allowed any child in need of food to take a meal home no matter the relative poverty surrounding them – these have been necessary and welcome changes and have helped us ensure children have access to food.

The pandemic created enormous barriers to distributing food at schools. Federal and state waivers allowed school districts to implement grab-and-go meal distributions to children. Food banks across the country actively partnered with school districts to extend meal distribution to the families of the children served by the schools, which included prepackaged shelf-stable boxes, fresh produce boxes, Coronavirus Food Assistance Program (CFAP) boxes, and family-sized meal boxes. If schools were not able to distribute meals to children or to deliver to children and their families, many food banks stepped up to fill gaps where possible, using innovative methods and combined program approaches.

Based on Feeding America data from food banks across the country, overall child nutrition meal distribution increased by 27%, or 43.4 million meals, in Federal Fiscal Year 2020. Congregate feeding programs that used the flexibilities afforded by federal and/or state waivers increased food distribution by 160% on average, compared to the 11% decrease in food distribution experienced by feeding programs that did not use or did not have access to federal or state program waivers.

The challenges of distributing meals to children during COVID mirrored the challenges service providers like us have long experienced in reaching children out of school time – the difference, during this pandemic, has been the program flexibilities that very proactively allow us to meet children where they are. As we continue reflecting on COVID-19, it is critical that we learn from this moment – that we look at programmatic changes with a new lens, incorporating the tools that worked into our toolkit of program options going forward. I look forward to COVID-19 restrictions ending, and not forcing changes upon us and how we work as program operators, and how individuals facing food insecurity must adapt. But I also look forward to our ability to design a better future for these programs based on decades of experience in addition to hard lessons learned during this past year of COVID-19.

## **Innovation and Policy Solutions**

There are several policy changes Congress should make that would help reach more children during the summer, after school, and on weekends. We need a two-part strategy to reach children when they are out of school. First, we need to strengthen the site-based model by streamlining federal programs and making it easier for schools and community providers to expand the number of sites available to children. Second, we need to allow communities to adopt alternate program models to fill the gap where children cannot otherwise access a meal.

### **1. Strengthen the Site-Based Model**

To strengthen the site-based model and reach more children when they are out of school, we recommend that community providers be able to operate one program year-round through SFSP, which would reduce red tape and streamline federal programs. To further encourage more sites to participate, the area eligibility requirement used by many sites should be changed to make it easier for sites to operate in communities with concentrations of low-income children. Bolstering the site-based summer meals model, particularly where educational and enrichment programming is offered, will be especially critical in the coming years, as children – disproportionately Black, Latinx, and low-income – impacted by learning disruptions and academic loss during COVID work to regain ground.

#### **Provide a Seamless Year-Round Option for All Sponsors**

Community FoodBank of New Jersey aims to reach children facing hunger – no matter the time of year. That is why we support afterschool programs with nutritious balanced meals and snacks during the school year, and serve some of those same institutions during the summer months. However, as a sponsor of these sites, the food bank must work with two separate federal programs –CACFP during the school year and SFSP during the summer, even though we are often serving the same sites, and the same kids.

The two programs – CACFP and SFSP – are similar but have inconsistent program requirements that can cause confusion for staff and volunteers operating the program. What’s more, the administrative requirements are often duplicative. Our food bank staff have to apply twice to the same state agency –once for afterschool and again in the summer – and also have to conduct training and monitoring, often for the same staff and same sites back-to-back. Our training for the summer food program occurs at the start of summer, and then we turn around and train the same staff again before October for the afterschool program. In a handful of states, CACFP and SFSP are administered by different state agencies, further increasing inefficiency and duplication.

Community-based organizations that operate federal nutrition programs that reach kids while they are out of school, like our food bank, and local YMCAs, Boys & Girls Clubs, parks and recreation departments, or other charities, should have the ability to operate one program. This will allow them to focus on feeding hungry kids, not pushing paperwork. While schools have the ability to operate after school and summer feeding sites year-round through one program, the National School Lunch Program (NSLP), community-based organizations must operate separate programs. While we know the streamlining of the two programs will assist our food bank to operate the sites more efficiently, we also know it will enable some of our partners who haven’t participated in both programs because of the paperwork burden to begin sponsoring and operating sites for children in their community.

These high administrative burdens, coupled with low reimbursement, can make sponsors shy away from participation, resulting in fewer feeding sites for kids. Likewise, these confusing regulations can make volunteers less likely to participate, which can be detrimental to those kids who might be unsupervised after school or during the summer if it were not for these feeding sites. After so many years, it’s time to align these two programs into one seamless year-around program for all sponsors and sites to administer.

#### **Lower Area Eligibility Across Federal Summer Programs**

Another way to expand the number of sites available to children would be to change the area eligibility criteria to allow more sites in low-income areas to operate. To qualify currently as an open site, a site must



meet the area eligibility test – located in an area where at least 50 percent of school children are eligible for free or reduced-price meals (at or below 185 percent of poverty). While sponsors keep track of the number of children and meals served each day, they do not collect individual income-eligibility data. This reduces the sponsors' paperwork, increasing their likelihood of participation and allowing them to focus on site enrichment activities and nutritious meals.

However, the 50 percent threshold leaves out pockets of poverty in areas that do not meet these geographic criteria. It is also inconsistent with other federally funded summer programs, such as the 21st Century Community Learning Center programs and Title I, which require at least 40 percent. Better aligning the eligibility between these federal programs would maintain the program's focus on areas with above average numbers of low-income children while opening new access points for underserved families. In New Jersey, many of the areas that would become newly eligible are among the hardest to serve: rural food deserts with little access to other food sources. Area eligibility would ease food access issues in pockets of high need with few other resources.

During the pandemic, the USDA has taken the further step of allowing states to waive the area eligibility requirement related to "open site" meal service in the summer meals program. This waiver has allowed the Feeding America network to operate program sites/models in areas that were not being served, pre-COVID, as well as hard to reach areas like rural communities. The value of removing area eligibility also:

- Reaches families that haven't participated or had the opportunity to participate in programming;
- Removes barriers to access;
- Increases opportunity to cross-collaborate with other program sponsors and organizations across communities and service areas;
- Increases opportunities for program partnerships at the local and state level;
- Increases sponsors' overall ability to access, implement, and evaluate program needs in communities/areas that have never participated in programming or are newer to operation.

These benefits have certainly been reflected in our experience. Despite the challenges of the pandemic, we sponsored 20 new SFSP sites in the summer of 2020, including one in Woodbine, a small South Jersey community where approximately one in five families was living in poverty, pre-COVID, yet would not have met the area eligibility requirement. This is a concrete example of how the program flexibilities introduced during the pandemic helped create new access to needed meals for children.

## **2. Allow Alternate Program Models in Underserved and Hard-to-Reach Areas**

A second recommendation to reduce the summer meal gap is to permit community organizations, such as Community FoodBank of New Jersey, to operate alternative program models to reach kids where they do not otherwise have access to a meal site. No two communities are the same, and therefore our partner organizations need a variety of tools and program models to effectively reach those in need. This includes proven strategies such as providing flexibility from the requirement that kids consume meals on-site, allowing communities to deliver or send meals home with children, and giving families a summer grocery card to supplement their household food budget. These models continue to be central to meet needs during COVID-19 and should be allowed to continue.

Where the current site-based model is available, it is great for children. These additional federal program models should complement the site-based model to effectively fill the gaps to ensure low-income children have access to the nutrition they need throughout the year. Allowing complementary program models and strong national standards will ensure that whether children live in New Jersey or New Mexico, Maine or Mississippi, they will have nutrition programs available throughout the year.

### Relax the Congregate Feeding Requirement

The logistical challenges of delivering nutritious meals to children in the summer, when school is out of session, are significant. Modifying the congregate feeding rule would allow states like New Jersey the flexibility we need to serve nutritious summer meals to hungry children who live in hard-to-reach areas. Unfortunately, not all children live in communities that they or their families consider safe. Modifying the rule would also allow those children living in violence-prone neighborhoods to consume their summer meals in the security of their own homes rather than requiring them to be exposed to possible harm just to access a meal.

In March 2020, at the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (subsequently extended by the Continuing Appropriations Act 2021), which gave the USDA the authority to issue nationwide waivers to ensure access to meals through the child nutrition programs as communities respond to the COVID-19 pandemic, and to issue waivers that increase cost. The USDA quickly announced key child nutrition waivers, which created new flexibilities for the program, and enabled the food bank network, schools, and all other providers to implement innovative service delivery models to ensure children have the nutrition they need to learn and grow during the disrupted school year as well as through the summer months. The flexibilities and waivers have also broken down the regulatory barriers and challenges that sponsors have encountered during previous summer nutrition operations – challenges further exacerbated in this pandemic.

In addition to allowing non-congregate feeding (i.e. off-site consumption of meals), other key flexibilities – such as allowing parents/guardians to pick up multiple meals at a time for their children, offering meal distribution outside ordinary meal times, and the area eligibility waiver noted in the previous recommendation – have enabled food banks and other SFSP sponsors to develop promising practices that meet children and families where they are and have been effective in addressing longtime barriers to access.

I can offer a concrete example, from my own experience, of how these flexibilities help remove barriers to access. Two of the new SFSP sites we sponsored this past summer were in Somers Point, a community where one in nine families was living in poverty, pre-COVID. Somers Point actually met the SFSP area eligibility requirements, yet had not been served by a single SFSP site the previous summer. While not a single child from Somers Point had received a SFSP meal in 2019, more than 3,200 meals were provided in that community during the summer of 2020, thanks to the additional program flexibilities introduced during the pandemic. The COVID waivers not only removed barriers to access in Somers Point, they helped create access where there had been none.

I am happy to share some additional highlights from my colleagues in the field.

#### Feedback from the Field:

- “Due to COVID-19, we saw a significant spike in attendance at our CACFP and then SFSP sites. This can also be attributed to the implementation of waivers and other flexibilities, including the ability to serve more than one meal at a time and allowing for drive-through meal service, which increased access to meals.” **Feeding San Diego (CA)**
- “We offered bundles meals for breakfast and lunch one day per week to provide meals for 5 days. Our participation was up due to partnerships with school districts, and we added groceries alongside congregate meals.” **Redwood Empire Food Bank (CA)**

- “The increase in meals served was significantly increased from last year due to COVID-19. We worked with existing program waivers to supply grab n’ go meals, more than one meal at a time, home deliveries, and site meals when possible. The sites we worked with were supportive of our programs and worked with us to supply a greater number of meals while adapting to programmatic changes. The waivers for serving more than one meal at a time, grab n’ go meals/non-congregate meals, deliveries, providing meals in areas that are below the 50% free/reduced lunch area eligibility threshold, and the waiver for on-site activities have been significantly beneficial for distributing meals to children in need during COVID-19. Having the waivers extended would have a positive impact on feeding children and helping families in our communities during the pandemic. We greatly appreciate Feeding America, grants and donations we have received, our volunteers, and local, state, and national assistance.” **Weld Food Bank (CO)**
- “Our Summer Feeding programs skyrocketed across the state thanks in part to the state receiving a waiver from USDA for the on-site meal consumption requirement which allowed our sites to provide once-per week distributions to families, making the program safely accessible to the unprecedented numbers of families seeking assistance. As well, the state allowed us to do virtual inspections of USDA sites via Facetime/Facebook Messenger Video, so we did not have to put staff into harm’s way travelling around the state. Without either of these, we likely would not have participated in the program. Families came one time per week and picked up an entire week’s supply of meals making the program safe to operate for our sites.” **Kansas Food Bank (KS)**
- During the pandemic we were able to partner with Washoe County School District to serve multi-day meal packs that children were allowed to take home with the waivers that the USDA approved which allowed FBNN to significantly increase the amount of meals we served each time a child came to get meals from one of our pick up locations.” **Food Bank of Northern Nevada (NV)**

Prior to COVID-19, privately-funded alternative models were being implemented by my food bank and others to fill gaps left by the federal nutrition programs. Our backpack program implemented in the rural communities of our service area, for example, was designed to meet this very need. Some of our sister food banks, such as Second Harvest Food Bank of Northeast Tennessee, have implemented mobile summer feeding programs to bring food to children with high need in hard to reach areas. In Tennessee, the food bank purchased four retired school buses, and each day in the summer they travel to communities that don’t have traditional summer feeding locations, park the bus, and bring kids on board to eat a nutritious meal. Across the country we have seen the positive impacts of these alternate models – whether a mobile bus or backpack program. However, they require huge investments from our community. When they are employed using private funds, they are often unsustainable and cannot meet the full need within the community. At our sister food bank in Eastern Michigan, to meet the needs of kids at some of their rural sites where they knew kids were not able to participate every day of the week, the food bank sent children home with a box of nutritious food for those days they were unable to attend the site. However, the program depends on private funds and the food bank has not been able to operate the program every year and is uncertain about the future sustainability given a lack of consistent funding.

In addition to flexibilities enabled during COVID-19, we were thankful when Congress appropriated funding to the USDA in 2009 to test similarly innovative program models for reaching kids during the summer months. Several of the demonstrations tested programs that have shown to be effective through smaller, privately-funded efforts as well as large scale COVID-19 interventions, such as providing kids

with multiple days of food or backpacks to serve them during the days when they are not able to reach a site. Other program models delivered meals to kids in rural areas where there were no sites that a child could travel to. In these models, implemented in Massachusetts, New York, and Delaware during this early pilot efforts and expanded greatly during COVID-19, children received meals close to or at their homes. By waiving the congregate requirement in hard to reach areas – such as rural communities, where there are no sites available, or where weather or safety challenges impact participation – providers can utilize all of our resources to reach those in need.

Modifying feeding requirements would allow more children to be served each day. Local municipalities know what can and cannot work in their own communities. Over the more than 14 years CFBNJ has been sponsoring summer meals sites, we came to know the recipe for success for a summer feeding site in our service area: it had to be within walking distance of participating children; have enough indoor space to keep meal times from being disrupted by summer thunderstorms or scorching heat; provide high-quality, nutritious meals; and offer engaging programming, which we recognized was as much a draw for participating children and families as the meals. This model is truly wonderful for the communities that have those resources and the families that can access them. The flexibilities introduced in the COVID waivers revealed just how exclusionary the program’s model had become. An approach rooted in equity cannot be “one size fits all.” We have seen how creating flexibilities for service delivery has created a more inclusive program that has expanded access, particularly in our rural and underserved communities. It’s time to update the way we feed kids in the summertime. States and communities need flexibility to meet rural, suburban and urban children’s needs. We need to use the most efficient and effective policies and reach hungry kids, no matter where they live.

#### Utilize Efficiency of a Summer Grocery Card

We are excited by another program model that was tested by the USDA to reach hungry kids in the summer through pilots starting in 2011 and tested more robustly in the Pandemic-EBT (P-EBT) program authorized by the Families First Coronavirus Response Act.

Since beginning in the summer of 2011, eight states and two Indian Tribal Organizations have participated in Summer EBT Demonstration projects to provide families with a grocery card pre-loaded with \$60 per month per child certified for free or reduced-price school meals.<sup>viii</sup> This creative solution helps to offset an estimated incremental \$300 low-income households spend per month on groceries during the summer<sup>ix</sup>, helping to partially relieve additional economic pressures on their already limited finances and assisting with the trade-offs between food, rent, medical bills and utilities these household face.

States administered the program through the EBT systems in either the Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants, and Children (WIC) program. The demonstration projects were extensively evaluated and in both rural and urban counties. The results were significant. In households that received funds to purchase groceries during the summer, very low child food security decreased by 33 percent. When compared to non-participants, kids also improved their nutrition outcomes. They consumed more fruits and vegetables, more whole grains, more dairy, and fewer sugar-sweetened beverages. What’s more, more than 80 percent of families in the typical demonstration area used the benefit, which is significantly larger than fewer than 20 percent of children who are able to access the current congregate summer meal program.<sup>x</sup>

In March 2020, USDA enacted Pandemic EBT (P-EBT), a program that allows states to provide families with funds on an EBT card to make up for meals missed at school due to disruptions. In the spring of 2020, this allowed for approximately \$250 to \$450 per child in grocery benefits depending on the average number of days schools are closed in the state. Each state’s operation of P-EBT looks different when it comes to

overall program implementation (e.g. issuance of cards, partners involved in program implementation, e.g.). This program requires collaboration across different sectors across states, including the agencies administering the Supplemental Nutrition Assistance Program (SNAP – food stamps) and school meal programs, school districts, and other non-profit organizations including food banks.

Feeding America has been able to work in partnership with network members across states to note program involvement. While the involvement from network members looks differently – some food bank network members work closely with their state to help ensure families who are eligible for the program are signed up and participate, network members help to build awareness around the program by sharing flyers or other resources, and some network members have reported working closely with their local SNA offices to again build awareness/collaboration.

Below, are a few Pandemic EBT practices that have been captured from the network:

- **Arizona Food Bank Association:** The state submitted its P-EBT 2.0 plan to FNS on Jan. 11, and they expect to reach 631,000 kids with a max benefit of \$1,066 for 10 months. (In Round 1, they reached 787,000 kids with a max benefit of \$305 for 3 months.) We are collaborating with the Dept. of Ed. on materials for families, including an FAQ.
- **Georgia State Association:** In Georgia the Department of Family & Child Services issues the benefit, Department of Education has the Free & Reduce Price lunch data, and the Department of Childcare and Early Learning (DECAL) has the data on childcare centers, CACFP. Department of Education (DOE) does not have a database with names and addresses for all kids who have enrolled/eligible for Free/Reduced Price Lunch. They normally only collect that data one time per year at the end of the school year for a report to FNS.
- **Feeding Missouri:** The food bank has been informed that Missouri has just submitted its request to continue P-EBT to the USDA. I will be in a meeting this coming Friday where we hope to receive an update on the status from the MO Department of Social Services.
- **Cleveland Food Bank:** Benefits began going out in February 2021. Benefits will be issued every month- for two months prior (ex: January benefits will be loaded onto P-EBT or EBT cards in March, February benefits will be loaded onto cards in April, etc.) Ohio has an improved P-EBT call center, which families can call to troubleshoot issues with P-EBT benefits.

Though P-EBT was optional for states, and it was a heavy lift to operationalize, all 50 states, the District of Columbia, and the Virgin Islands rose to the challenge — even while living with so many other pandemic-related challenges. Early evaluations found that the program substantially reduced food insecurity.<sup>xi</sup> Additionally, our partners at the Center on Budget and Policy Priorities and the Food Research & Action Center conducted a review of P-EBT last year and captured critical learnings for how the program rapidly evolved and how it was able to reach so many children who had lost out on school meals.<sup>xii</sup> The below bullets are based on key findings from that report outlining children who were able to be reached in the spring of 2020:

- **Children in households already receiving SNAP benefits:** Under federal law, all children in households receiving SNAP automatically qualify for free school meals. These children represent roughly half of P-EBT-eligible children nationwide and are the easiest for states to reach because they are known to the SNAP eligibility system and someone in their family already has an EBT card, since that is how SNAP benefits are delivered. All but two states (Louisiana and Wyoming) issued P-EBT benefits directly to these households without requiring any action by families, referred to as “direct issuance”, and all states but California added P-EBT benefits to the household’s SNAP EBT card.
- **Children in households receiving other assistance.** Thirty states were able to use information about children assisted by programs other than SNAP that also confer eligibility for free school

meals to issue P-EBT benefits directly, without requiring any action by families. These programs include Temporary Assistance for Needy Families cash assistance (25 states), Medicaid (16 states), and foster care (15 states). Although these children are known to a state's eligibility system, their families typically do not have EBT cards, so states generally mailed new P-EBT cards to these households.

- **Additional children receiving free or reduced-price school meals.** This group includes children approved for free or reduced-price school meals because of their household income or because their school offers meals at no charge to all students (such as high-poverty schools operating under the Community Eligibility Provision). Most states did not have statewide lists with the data needed to issue benefits to these households, so they gathered information using one of the following approaches. **Direct issuance:** When states have sufficient information about eligible children, they can issue benefits directly to that household. Thirty-one states used information from state education agencies, school districts, and schools to mail a new P-EBT card directly to the family at the address on file with the school, without requesting additional information from the family. In these states, families did not have to take any action to request P-EBT benefits, unless there was missing or inaccurate data.
- **Application (or other information collection):** When states did not have enough information to directly issue benefits, they gathered it through an application process. Twenty-five states required at least some parents to apply for P-EBT or submit a data-collection form, which typically required the name of the head of the household, the current mailing address, the student's name, and the student's date of birth
- **Newly eligible children.** Thirty-four states reported extending P-EBT benefits to children in households that lost income due to the pandemic and thus became newly eligible for free or reduced-price school meals. At least 12 states added children whose families were enrolled in SNAP after the pandemic began. Likewise, 20 states provided P-EBT benefits to children whose family submitted a free or reduced-price meal application to their local school district, and at least one of those states (Oregon) set up a statewide school meal application for newly eligible families. But not all school districts routinely accepted and processed school meal applications, and not all districts explained to families that there was a reason to apply for free or reduced-price school meals when schools were closed.

New Jersey's P-EBT application to the USDA for the 2019-2020 school year extended the benefit to all children eligible for free or reduced-price school meals. The state estimated that P-EBT could reach as many as 605,500 children with up to \$250.9 million in benefits. Anecdotally, local food pantries reported seeing fewer families with children requesting services during the period when P-EBT was being issued.

P-EBT has been extended for the current school year and adapted to meet the variety of school closure and hybrid approaches that are now in place and may develop over the school year. This is welcome news and a testament to the program's success as an option to reach children anytime they do not have access to school meals. In addition to the Summer EBT pilots, states' experience with P-EBT can become the starting point for an EBT-based program that complements the child nutrition programs by filling gaps during the summer, school breaks and any unanticipated school closures, such as those occurring during this pandemic and that occur during natural disasters. Having this system in place beyond the pandemic will ready us to respond quickly to crises when they occur.

## Conclusion

Congress has an important opportunity in 2021 to improve the health of millions of our nation's children by passing a strong reauthorization bill that protects and strengthens the child nutrition programs. These successful, cost-effective federal nutrition programs play a critical role in helping children in low-income

families get access to child care, as well as to educational and enrichment activities, while improving their overall nutrition, health, development, and academic achievement.

Congress must enact a child nutrition reauthorization bill that strengthens program access and supports participation by underserved children, ensures nutrition quality, and simplifies program administration and operation. The pandemic has highlighted the importance of the federal child nutrition programs, and a number of policy improvements that were made during COVID-19 should be implemented permanently by Congress. The reauthorization also should build on the critical gains — which improved access and nutrition — that were made in the last reauthorization.

The ultimate goal of our federal child nutrition programs should be to nourish the success of every child. Our own experience in New Jersey has shown that even under these challenging circumstances, the flexibilities provided by the COVID waivers can unlock enormous potential for these programs to yield gains in access, equity and reach, while reducing administrative burden. If the goal of these programs is to nourish the success of every child, then we urge this committee to take these lessons to heart as you consider improvements in the reauthorization of our federal child nutrition programs.

#### Summary of Recommendations

##### **Strengthen the Site-Based Model**

- Allow community providers to operate one program year-round through SFSP
- Lower the area eligibility threshold to serve more children

##### **Allow Alternate Program Models in Underserved and Hard-to-Reach Areas**

- Relax the Congregate Feeding Requirement
- Utilize Efficiency of a Summer Grocery Card

Making real progress toward ending child food insecurity and ensuring opportunity for all of our nation's children will require investing new resources toward increasing access, particularly during times when children are out of school like summer. Simply making small incremental change is not enough. An investment in funding through Child Nutrition Reauthorization with seamless year-around afterschool and summer programming is an investment in our children's health and education. An investment that will ensure a productive competitive future workforce that will pay dividends in years to come.

We believe that with more program options – when working together in a targeted, complementary way – we can close the summer meal gap. We call on Congress to reauthorize summer and afterschool feeding programs in a way that marries strong national program standards that ensure program integrity, nutrition quality, and food safety, with the flexibility that communities need to reach all children facing hunger.

On behalf of the Community FoodBank of New Jersey, Feeding America, our partner agencies and the people we serve, I thank you for your time and attention. And if you have not already, I encourage to visit your local food bank to see first-hand the great work they do during these challenging times. Thank you.

Sincerely,



Carlos Rodriguez  
President & CEO  
Community FoodBank of New Jersey

<sup>i</sup> Feeding America, *Hunger in America 2014*, National Report. August 2014. <https://www.feedingamerica.org/research/hunger-in-america>

<sup>ii</sup> Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018*. Feeding America, 2020. <http://map.feedingamerica.org/>

<sup>iii</sup> Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018*. Feeding America, 2020. <http://map.feedingamerica.org/>

<sup>iv</sup> Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018*. Feeding America, 2020. <http://map.feedingamerica.org/>

<sup>v</sup> Parello, Nancy. Food for Thought: The State of Afterschool Meals in New Jersey. Hunger Free New Jersey, September 2019. [https://njfoodforthought.org/wp-content/uploads/sites/2/2019/08/HFNJ\\_AfterschoolMeals\\_Report\\_2019.pdf](https://njfoodforthought.org/wp-content/uploads/sites/2/2019/08/HFNJ_AfterschoolMeals_Report_2019.pdf)

<sup>vi</sup> Food for Thought: The State of Summer Meals in New Jersey, 2019. Hunger Free New Jersey, June 2020.

[https://hungerfreenj.org/wp-content/uploads/sites/2/2020/06/NJSummerMealsRpt\\_2020.pdf](https://hungerfreenj.org/wp-content/uploads/sites/2/2020/06/NJSummerMealsRpt_2020.pdf)

<sup>vii</sup> Hake, M., E. Engelhard, A. Dewey, C. Gundersen (2021). The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, Update March 2021. Available from Feeding America: <https://www.feedingamerica.org/research/coronavirus-hunger-research>

<sup>viii</sup> Participants in the Summer EBT Demonstration Projects include: Connecticut, Delaware, Michigan, Missouri, Nevada, Oregon, Texas, Washington, Cherokee Nation, Chickasaw Nation

<sup>ix</sup> Deloitte Consulting: *Summer Nutrition Program Social Impact Analysis: Summer Hunger is Too Expensive to Ignore*. Share Our Strength, No Kid Hungry June, 2015.

[https://www.nokidhungry.org/sites/default/files/NKH\\_MicroReport\\_SummerHunger.pdf](https://www.nokidhungry.org/sites/default/files/NKH_MicroReport_SummerHunger.pdf)

<sup>x</sup> U.S. Department of Agriculture, Food and Nutrition Service. Summer Electronic Benefit Transfer for Children (SEBTC) Demonstration: Summary Report, May 2016. <https://www.fns.usda.gov/sites/default/files/ops/sebctfinalreport.pdf>

<sup>xi</sup> Lauren Bauer et al., "The Effect of Pandemic EBT on Measures of Food Hardship," Hamilton Project, July 2020, [https://www.hamiltonproject.org/assets/files/P-EBT\\_LO\\_7.30.pdf](https://www.hamiltonproject.org/assets/files/P-EBT_LO_7.30.pdf).

<sup>xii</sup> For more information on the P-EBT research documentation project conducted by the Center on Budget and Policy Priorities and Food Research & Action Center, see [www.cbpp.org/pebt](http://www.cbpp.org/pebt) and [www.frac.org/pebt-study](http://www.frac.org/pebt-study).



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**DOCUMENTS SUBMITTED FOR THE  
RECORD**

MARCH 25, 2021

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## FMI Legislative Priorities for WIC Reauthorization

March 2021

- 1.) **Pilot Technology:** Grant FNS authority to issue waivers to allow states to try piloting new technologies in WIC, such as online sales and mobile payments. Pilots can include individual retailer-driven projects and state programs.
  - a.) FNS should release specifications and requirements for broad enablement following completion of pilots.
  - b.) Grant FNS the authority to authorize permanent use of online and mobile technologies following completion of pilots.
- 2.) **Direct states to allow for WIC self-checkout at store.**
- 3.) **State-Approved Product Lists:** Require states to make their approved WIC product lists electronically, publicly accessible, and downloadable.
- 4.) **Streamline Product Submission Process:** Encourage/direct states to implement best practices such as:
  - a.) Uniform product information/attributes and eliminate extraneous questions.
  - b.) Simplified online application.
  - c.) Remove requirements to demonstrate products are currently sold in the state.
  - d.) Encourage FNS and states to explore opportunities to create consistency between the states on when and how new items can be submitted. As an example, model after states that are always open, transparent, and all online with rapid approval.
    - i. If states opt not to have open submission, ensure submission schedule is clearly announced to stakeholders and long enough for the respective category.
    - ii. Is there something that would be attainable and beneficial to industry instead?
- 5.) **Disaster Preparedness and Product Substitution List:** Direct FNS to provide greater direction on what states must include in their disaster plans, including a plan to quickly allow for product substitutions.
- 6.) **Improve WIC Licensing Process:** Direct FNS to stand up a taskforce with WIC vendors to explore ways to improve and streamline the licensing process. The



taskforce would make recommendations and best practices that states could use to improve the process.

- a.) The Taskforce would review current state processes and identify those that work efficiently and well for all parties. The Taskforce will consider and make recommendations on:
  - i. Application process and how to reduce redundancy.
  - ii. How often states should offer open windows to accept applications.
  - iii. Time allowed for determination on granting WIC authorization.
  - iv. Ability to issue expedited licenses to retailers who are already licensed WIC vendors in the state or in the case of store owner transfers.
  - v. Instances where states can waive in store inspections.

**7.) Publicize Not to Exceed Amounts.** Direct states to publicize what the “not to exceed” (NTE) amount for WIC-approved foods are and share methodology on how they are set.

- a.) Direct states to review vendor wholesale costs and shelf prices of WIC products and adjust NTE’s to reflect price fluctuations on a timely basis.
- b.) Direct states to immediately increase NTEs for all peer groups on any WIC-authorized food products that are subject to single source contracts on the date the wholesale prices increase goes into effect.

**8.) Flexibility and Choice with WIC Food Package.** Direct FNS to stand up a task force comprised of industry stakeholders to explore ways to ensure the food package and state specifications reflects consumer demands, commercial accessibility, and maximum benefit redemption within food categories.

**9.) Require State WIC Advisory Councils to Include Merchants.** Direct state WIC agencies to create WIC advisory boards that include equal representation of stakeholders including merchants and allow for remote access to meetings and publish meeting minutes. State advisory boards would meet at least once a year.



March 24, 2020

The Honorable Debbie Stabenow  
 Chairwomen  
 U.S. Senate Committee on  
 Agriculture, Nutrition, and Forestry  
 731 Hart Senate Office Building  
 Washington DC, 20510

The Honorable John Boozman  
 Ranking Member  
 U.S. Senate Committee on  
 Agriculture, Nutrition, and Forestry  
 141 Hart Senate Office Building  
 Washington DC, 20510

Dear Chairwomen Stabenow and Ranking Member Boozman,

FMI – The Food Industry Association respectfully requests to have this letter submitted into the record for the March 25, 2021 hearing, “Child Nutrition Reauthorization: Healthy Meals and Healthy Futures.” FMI represents retailers, wholesalers, and product suppliers serving as the benefits point of redemption for families that rely on the Special Supplemental Nutrition Program for Women Infants and Children (WIC). We are pleased to share our unique perspective and insights into WIC and how the program can improve to better reach its goal of ensuring mothers and their children receive the nutrition they need at a very critical time.

Reliance on WIC and all feeding programs has grown exponentially over the past year as families and communities continue to be impacted by the COVID-19 pandemic. These experiences have highlighted the importance of WIC and the need to ensure the program runs as efficiently as possible.

FMI’s WIC reauthorization priorities focus on the use of technology and how it will benefit both the consumer and industry that support the program. As an example, states were required to transition from paper WIC checks to electronic benefit (eWIC) cards by October 2020. While most met this deadline, unfortunately, some states are still in the process. This delay is leaving families who rely on WIC at a disadvantage and with a more challenging shopping experience. eWIC provides a more streamlined shopping experience and assurances that the customer is receiving the approved products in their food prescription.



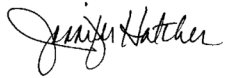
The work must not stop at eWIC, as the pandemic amplified the need to take WIC technology to the next level and enable both mobile and online WIC sales. Today, WIC participants still must come into the store, shop and swipe or dip their card at checkout. FMI strongly advocates for opening up WIC sales with a variety of ways to shop and complete transactions. The Supplemental Nutrition Assistance Program (SNAP) responded to consumer need in 2020 by rapidly rolling out SNAP online in 47 states and the District of Columbia. An online solution for WIC will look much different from SNAP as we do not enjoy ubiquity of technology and rules across the states, however, some of the groundwork has been laid. For instance, enabling the online entering of a personal identification number (PIN) and solutions to exclude sales on transactions has already been addressed in SNAP and could be applied in WIC. FMI is a proud member of the FNS WIC Taskforce on Supplemental Foods Delivery that was created in the American Rescue Plan Act of 2021. The taskforce will do critical work to start problem solving the challenges stakeholders will face in taking WIC online. FNS must have the authority to grant waivers allowing retailers and states to move forward with technology solutions once identified.

Food supply chains were strained like never before during the early days of the pandemic. Grocers and their suppliers worked diligently and nonstop to get product onto the shelves and continue to feed all Americans. The WIC food package proved to be extra challenging for the industry. While a supplier could deliver milk to a store, it may not be the WIC-approved milk for the state. FMI advocated for national waivers to the food package allowing for grocers to ensure WIC families would not leave the store empty handed. Unfortunately, FNS never determined it had the power, instead relying on a state-by-state approach to product waivers. While this certainly provided relief, it lacked efficiency with many retailers and suppliers responding to multiple requests for item availability and substitutions across multiple states. Responding to these requests in normal times can be challenging and time consuming; during a crisis created by a national health emergency, it was simply overwhelming.

FMI requests the committee consider our request to direct FNS to setup a stakeholder taskforce to examine the WIC food package. The taskforce would identify ways to make the WIC food package work better for all involved and reflect consumer demand, commercial availability with flexibility and responsiveness. These are only a few of our priorities for reauthorizing WIC in the Child Nutrition Reauthorization bill. We are pleased to share FMI's current WIC priorities that are attached to this letter.

Thank you for holding this hearing and ensuring no child goes hungry in the United States. We look forward to working with you on this and other priorities moving forward.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Hatcher". The signature is written in a cursive style with a large initial "J" and "H".

**Jennifer Hatcher**

Chief Public Policy Officer & Senior Vice President, Government Relations  
FMI – The Food Industry Association

Cc: Members of the Senate Committee on Agriculture, Nutrition, and Forestry

**Senate Committee on Agriculture, Nutrition & Forestry**  
**Child Nutrition Reauthorization: Healthy Meals and Healthy Futures**  
**March 25, 2021**  
**Statement for the Record**

**Senator Hyde-Smith**

- Thank you, Chairwoman Stabenow, and Ranking Member Boozman, for convening today's hearing.
- I also thank our panel of witnesses for appearing before the committee today.
- The Child Nutrition and WIC Reauthorization Act of 1989 established the Institute of Child Nutrition (ICN), which is located at the University of Mississippi and the University of Southern Mississippi.
- It is the only federally funded national center dedicated to applied research, education and training, and technical assistance for child nutrition programs.
- The Institute of Child Nutrition promotes excellence and continuous improvement of child nutrition programs with a long list of allied partners, including state agencies from all 50 states.
- In 2019, it conducted 508 trainings reaching 16,800 participants, a stark increase from the 54 training sessions with 1,350 participants conducted in 2010.
- In fact, its webinar outreach now gets tens of thousands of views, and its E-Learning participation has soared to more than 123,000 last year.
- The USDA Food and Nutrition Service authorization for the Institute, \$5 million annually, has not changed since the last child nutrition reauthorization in 2010.
- Bottom line: We need to increase the authorized funding level for the Institute of Child Nutrition in new reauthorization legislation.
- Child nutrition professionals are dealing with evolving meal pattern requirements, flexibilities, and waivers, in addition to the continued unknowns of dealing with the pandemic. It is important to provide operators with current research-based educational resources, trainings, best practices, and strategies to operate their programs in an efficient and safe manner to provide nutritious meals to our nation's children.

- The Institute of Child Nutrition could utilize additional funding to expand its research efforts, virtual and video training offerings, its culinary training program, and many more services that benefit agencies and organizations across the nation. More importantly, their services benefit the children.



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**QUESTIONS AND ANSWERS**

MARCH 25, 2021

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**Senate Committee on Agriculture, Nutrition, and Forestry**  
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
March 25, 2021  
Questions for the Record  
**Dr. Lee Savio Beers**

**Chairwoman Debbie Stabenow**

- 1) You have spent a good deal of your career working with military families. Generals have continued to be vocal advocates for the importance of healthy meals for children. Can you elaborate on the child health trends that you have witnessed during the pandemic that are raising alarm bells for pediatricians?

*The COVID-19 pandemic has compromised healthy nutrition and physical activity for children and adolescents. Families are struggling to sustain the healthy lifestyles necessary to building the foundations of health for their children. As a result of the economic hardships and inconsistent access to school breakfasts and lunches because of virtual, half-day, and/or hybrid learning, many children and adolescents may not have regular access to nutritious foods. Families may have experienced shifts to high-calorie snack foods and nonperishable processed foods; there may have been significant increases in the consumption of unhealthy snacks and sugary sweetened beverages. Both food insecurity and food scarcity can negatively affect nutrition, lead to increased risk for disordered eating, and increase consumption of nonnutritive, calorie-dense foods that can lead to unhealthy weight gain and contribute to obesity.*

*Opportunities for physical activity has also been negatively affected during the pandemic. Closures of recreational sports, gyms, and schools as well as important safety and mitigation measures related to reopening recreational activities and resuming organized sports and physical education have resulted in less access to opportunities for organized physical activities. In-person organized sports and physical education classes may be modified or limited because of physical distancing requirements and space issues in schools and recreational buildings. Families report that during COVID-19 mitigation, time spent in physical activity and sports has decreased while sleep time and screen time have increased.*

*While few studies examining the impact of COVID on childhood obesity have been completed, preliminary data from the Children's Hospital of Philadelphia (CHOP) Care Network shows an increase in overall pediatric obesity prevalence, particularly in patients who are Hispanic/Latino, Non-Hispanic Black, publicly insured, or lower income. This study suggests that during the pandemic, pre-existing disparities in obesity in terms of race/ethnicity, insurance, and neighborhood socioeconomic status widened. These findings mirror what I have seen in my own clinic and what pediatricians across the country are*

*reporting; in fact, I have heard reports from many of my colleagues about seeing weight gain of 30-40 pounds in their patients, and increasing over many percentiles, over the course of the past year. In my oral testimony I shared the story of one of my colleagues who saw a patient who gained 90 pounds, one who gained 60 pounds, and three that gained 30-40 pounds over the course of the pandemic all in one day in clinic. These reports come from all areas of the country, in all types of settings—rural, urban, primary care, subspecialty.*

*Additionally, mental health conditions such as depression or anxiety are also often associated with changes in eating patterns—such as emotional eating or decreases in appetite. Relatedly, we are also seeing dramatic increases in eating disorders, a very complicated condition that requires multi-disciplinary treatment. My adolescent medicine and child psychiatry colleagues tell me that not only are they seeing many more cases of eating disorders, but they are more severe and are starting at even younger ages, even down to the age of 8 or 9, and that because of the complexity of the treatment for eating disorders, it is extremely difficult to access fully comprehensive care for patients.*

*As more families are left unable to afford healthy, nutritious meals at home, the importance of healthy school meals has taken on new urgency. To protect child and adolescent health, nutrition standards for federal nutrition programs must align with the dietary guidelines. Additionally, AAP strongly supports health school meals for all students as well as increased resources for summer feeding programs.*

**Ranking Member John Boozman**

- 1) In your testimony you state that a “very recent Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report found that parents of children receiving virtual or combined instruction more frequently reported that their child’s mental or emotional health worsened during the pandemic...”. Would you agree what’s best for our Nation’s children is to re-open schools?

*The AAP continues to strongly advocate that all policy considerations for school COVID-19 plans should start with a goal of having students physically present in school. This should happen with careful measures to keep students and staff safe, and with flexibility to adapt as needed to the community’s prevalence of COVID-19. Schools must continue to take a multi-pronged, layered approach to protect students, teachers, and staff (ie, universal mask use, distancing, testing, cleaning and disinfecting, ventilation). These layers of protection will make in-person learning safe and possible. Schools must be given the resources needed to provide layers of protection for students and staff. Funding must be available for communities and schools that have been under-resourced or in the event of school re-closure because of resurgence of SARS-CoV-2 in the community or a school outbreak.*

*Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. This pandemic is especially hard on families who rely on school lunches, have limited access to the Internet or health care. Children absolutely must be up to date on all vaccines, and AAP recommends all children are vaccinated for influenza and have had their physicals. To help keep the virus from spreading, AAP has [recommended](#) physical distancing, cleaning, and other practices for different age populations.*

- 2) I understand the challenges some WIC clients face in taking time off from work and riding public transportation with their children to make their appointment at the WIC clinic. In thinking about the future of WIC, post-COVID, when a client is high-risk, would it make sense to have home-visit options? In the medical profession, nurse practitioners can conduct home visits. Would it make sense to consider coordinating WIC and other medical services for home visits? Perhaps USDA should consider a pilot?

*Despite the demonstrated positive impact of WIC, many eligible families fail to take advantage of the program. While reasons for this vary from family to family, barriers that families face to enroll and remain enrolled in the program should be eliminated. One such barrier that families cite is the need to travel to a WIC clinic to enroll in the program or receive nutrition education. The waivers provided by USDA to allow remote enrollment, services, and benefits issuance during the COVID-19 public health emergency have been crucial to helping families in need and should be made permanent in order to lessen the existing barriers to participation in WIC. WIC clinics can also reach more eligible families if they are in locations where potential participants already go for other services or that are part of their normal routine. This can also be accomplished by permanently co-locating a WIC clinic in a community health center or a hospital.*

#### **Senator Kirsten Gillibrand**

- 1) While most of the child nutrition reauthorization debate will focus on the nutritional aspects and access to school meals, one thing that I am also concerned about is the safety of school meals and potential pesticide exposure. Children are already exposed to pesticides in schools through grounds maintenance and pest control management, and pesticides have the potential to cause health effects such as damage to the nervous system.
- a. Can you speak to the importance of getting pesticides such as chlorpyrifos, and other harmful toxins, out of school meals? And to what degree is children potentially digesting pesticides through their school meals a concern for you?

*Children have key neurological, physical, developmental, and behavioral differences from adults that make them uniquely vulnerable to chemical exposures. By size and weight, children drink more, breathe more, and have more skin surface area to body weight relative to adults, making their bodies more sensitive to pesticides and other*

*harmful toxins. Their brains and nervous systems are still making connections and maturing, processes that are particularly sensitive to interference by pesticides. Children come into contact with pesticides daily through air, food, dust, and soil, and on surfaces through home and public lawn or garden application, household insecticide use, application to pests, and agricultural product residues. There is a wealth of science demonstrating the detrimental effects of chlorpyrifos exposure to developing fetuses, infants, children, and pregnant women.*

*While school meals are a relatively small part of any child's overall exposure risk, exposure from all sources should be minimized. The AAP recommends that fruits and vegetables be washed and scrubbed under running water and that children eat a wide variety of produce, whether it's conventional or organic. Critically, policymakers should take steps to protect children from exposure to harmful toxins. The AAP has urged the U.S. Environmental Protection Agency (EPA) to revoke all to revoke all food tolerances and end all food uses for chlorpyrifos. The AAP has called for greater efforts by policymakers and industry to reduce toxic elements in the food supply, promote effective risk communication with the public, and develop and implement policy changes to reduce exposure. We look forward to continuing to work with policymakers and relevant federal agencies to reduce exposure to toxic elements in foods and improve the monitoring and regulation necessary to keep children safe.*

**Senator Richard Durbin**

- 1) This hearing occurs at an important moment. While COVID-19 has ravaged all of our states, we know that it has had a disproportionate impact of communities of color. Black and Latino people are 3 times more likely to be hospitalized and twice as likely to die from the virus as White people. Too often, we lament these alarming and unconscionable disparities ... we wring our hands and fail to act. But with these child nutrition programs, we have an opportunity in this Committee to act. Its an opportunity to address some of the structural dynamics and root factors—poverty, hunger, obesity, education—that contribute to the reality that Black and brown communities live sicker and die sooner ... and are more susceptible to the virus.
  - a. We know that WIC, school breakfast and lunch, and summer meals play an irreplaceable role in promoting healthy development, academic success, and long-term wellbeing. But can you talk about how these programs help address health disparities and what policies we should be focusing on in reauthorization that aim to close these gaps?

**WIC**

*Participation in WIC helps to lessen health disparities. WIC helps give children a healthy start at life, and children who receive WIC benefits have improved birth outcomes, increased rates of immunization, better access to health care through a*

*medical home, and participation may help reduce childhood obesity. It is now well-documented that WIC is effective in improving birth outcomes and the health of infants, including reducing low birth weight births below 2500g. WIC is particularly effective at improving birth outcomes in moms with inadequate prenatal care and who are particularly high-risk cases. One study found that WIC helps eliminate socioeconomic disparities in birth outcomes.*

*Despite these proven public health successes, only 51% of eligible individuals were certified to receive WIC services before the COVID-19 pandemic. Pediatricians routinely report that families opt not to remain in the program after their child's first birthday. Many more have spent considerable time counseling immigrant families about the importance of WIC and clarifying that the program was not subject to the now defunct 2019 public charge rule only to be met with skepticism or reluctant interest. Pre-pandemic, families without reliable transportation often found it difficult to get to the WIC clinic to remain on the program.*

*These barriers to participation could be addressed by allocating direct funding from USDA to physician practices to support their ability to have a co-located WIC clinic. Co-location allows for better collaboration and more consistent communication between health care providers and WIC staff, and is significantly more convenient for patients. Congress should also encourage USDA to test the feasibility of systems and databases that break down the siloes that exist between WIC and physicians' offices and allow them to share limited health-related information in order to streamline and improve patient care and enhance the participant experience. This would reduce duplicative medical procedures such as the drawing of blood for testing and the burden on caregivers to communicate health-related information to their child's pediatrician. Further, Congress should allocate funding for USDA to conduct recruitment and retention efforts to reach more families.*

#### School Meals

*While few studies examining the impact of COVID on childhood obesity have been completed, preliminary data from the Children's Hospital of Philadelphia (CHOP) Care Network shows an increase in overall pediatric obesity prevalence, particularly in patients who are Hispanic/Latino, Non-Hispanic Black, publicly insured, or lower income. This study suggests that during the pandemic, pre-existing disparities in obesity in terms of race/ethnicity, insurance, and neighborhood socioeconomic status widened. The study authors note that COVID-19 mitigation efforts have likely contributed to worsening pediatric obesity. Families with children have faced the difficulties of managing virtual schooling, limited physical activity, and increased reliance on more heavily-processed and calorie dense foods. For disadvantaged families, many of the risk factors that have been shown to promote weight gain during the summer months are present in this pandemic. These include disrupted family routines, sleep dysregulation, reduced physical activity, increased screen time,*

*increased access to unhealthy snacks, and less consistent access to appropriately portioned meals through school.*

*As more families are left unable to afford healthy, nutritious meals at home, the importance of healthy school meals has taken on new urgency, especially to prevent health disparities. Good nutrition is essential to health, and good health is essential to effective learning. While we work to ensure school meals are healthy, we need to redouble our efforts to ensure that children are participating in the program and not dissuaded by paperwork requirements, fear, stigma, or financial constraints should they not qualify for free- or reduced-price meals. Innovative programs like breakfast in the classroom help reduce stigma and improve academic performance but funding for the School Breakfast Program has not kept pace with the need. The nationwide waivers put in place during the COVID-19 pandemic have allowed every student to access healthy school meals. Offering free meals to all students eliminates the cost barrier for children whose families' income is near the cutoff line to receive free school meals. Further, having meals available to every student for free eliminates the stigma of being singled out for receiving school meal assistance. Many struggling families do not qualify for free school meals, and school meal fees create a barrier to participation. For these reasons, AAP supports healthy school meals for all students, regardless of income eligibility.*

*The Community Eligibility Provision (CEP), created by the HHFKA, also reduces disparities. CEP allows schools in low-income communities to serve free breakfast and lunch to all students without requiring their families to complete individual applications, thereby reducing stigma and making participation in the school meals programs easier for families. CEP has been absolutely critical to lessening the administrative burden on schools, increasing participation, and facilitating implementation of alternative breakfast service models. Short of making healthy meals for all students universal, Congress should expand CEP to reach more low-income students.*

#### *Out-of-school time*

*The Pandemic-EBT program has been greatly effective in providing families with resources to purchase food to replace meals that children would have received in schools but for the pandemic. After the pandemic, when schools fully reopen in person, this model should be used to ensure students have access to healthy meals during summer vacation, on weekends, or during school holidays. USDA's summer EBT pilots have proven successful in reducing food insecurity and improving nutrition among participating children during the summer. Evaluations of the pilot found that these projects reduced very low food security among children by one-third, and also improved the quality of their diets, relative to those that did not have access to it. Access to the summer EBT program and Summer Nutrition Programs should be expanded to allow for greater participation in these programs.*

- 2) The U.S. is one of only 13 countries in the world where rates of maternal mortality are worse today than they were 25 years ago. Every year, we lose 700 women and 23,000 babies to complications related to childbirth, many of which are preventable. And among those, Black women are 3 times more likely to die from pregnancy-related complications than White women. Thank goodness we have the WIC program—which ensures 6 million pregnant and postpartum women and children can access nutritious food, and helps moms recognize key health risk factors. For years, I have worked with Rep. Robin Kelly on a bill called the MOMMA Act, to improve maternal and infant outcomes and disparities. One of our policies to expand post-partum Medicaid coverage from 60 days to 1 year was in the American Rescue Plan. We also have a provision that extends WIC for two years postpartum for all moms—from the current standard of either 6 months or 1 year, depending on whether the mom breastfeeds.

- a. Do you support extending WIC eligibility for all mothers?

*We are grateful for your efforts to respond to the alarming maternal mortality crisis in the U.S., which disproportionately affects women of color. The AAP strongly supports the expansion of post-partum Medicaid coverage to one year and was pleased to see it included in the American Rescue Plan. AAP has also long supported the WIC Act, which would extend WIC eligibility for mothers to two years postpartum. Eligibility for postpartum women should be extended to two years in order to ensure that women have access to healthy foods between pregnancies, thus reducing the risk of negative birth outcomes for subsequent pregnancies.*

**Senator Cindy Hyde-Smith**

- 1) Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?

*Pediatricians know that eligible children who participate in federal child nutrition programs benefit from the meals that they receive. For example, children who receive WIC have improved birth outcomes, increased rates of immunization, better access to health care through a medical home, and participation may help reduce childhood obesity. However, all eligible children do not participate in these programs for a variety of reasons. Research on what barriers prevent families from signing up for these programs would help to inform education and outreach efforts that could be used to ensure children are able to access the nutrition support they need.*



**Senate Committee on Agriculture, Nutrition, and Forestry**  
 Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
 March 25, 2021  
 Questions for the Record  
**Mr. Reynaldo Green**

**Chairwoman Debbie Stabenow**

- 1) **The science tells us that children need healthy food, but you have first hand experience seeing children who don't have access to meals for hours at the end of the day. Can you share why an additional meal or snack is so important?**

*Many children are in care for eight or more hours per day as their parents work long hours to make ends meet. They rely on child care providers to meet a majority of their nutrition needs. National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. It is vitally important for Congress to extend CACFP support to the full complement of meals and snacks young children need by allowing child care centers and homes the option of serving an additional meal (typically a snack or supper).*

- 2) **You discussed in your testimony the challenges that administrative requirements pose to operators of childcare centers and homes. How can these changes be streamlined to ensure that it is easier for centers and homes to participate in CACFP, but USDA is still able to ensure that participants are meeting program requirements?**

*These improvements are consistent with robust programmatic integrity and can be accomplished through a variety of proposals which will improve CACFP's ability to reach low-income families and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. These include the following recommendations:*

- *Allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards, based on important lessons learned during COVID-19;*
- *Modernize applications including eliminating the outdated requirements for normal days and hours on forms because it fails to account for the "work-on-demand" nature of much of low-income employments; and*
- *Support sponsoring organizations' ability to mediate and fix problems through improvements to the serious deficiency process.*

*Reducing CACFP paperwork and rules will increase the power of CACFP to address inequity. When confronted with the complex CACFP paperwork requirements, many*

*providers choose not to participate because they cannot be assured of receiving reimbursements for their work and if they make paperwork errors the consequences can be severe. It is easier just to resort to serving cheaper, less nutritious meals and operate without the CACFP standards, oversight, and required paperwork. It is not uncommon for providers to forgo offering even the less costly meals and simply let children rely on food sent from home. Research has consistently shown that food brought from home is far less nutritious than the meals and snacks that children receive through CACFP.*

**Ranking Member John Boozman**

- 1) Do you all have any data to explain how many more areas or sites might be available if the area eligibility threshold was reduced from 50 percent to 40 percent?

*This map displays the data indicating the geographic areas that would be eligible if CACFP area eligibility was dropped from 50 to 40 percent: <https://frac.org/maps/cnr-map/cnr-map.html>! The 50 percent threshold is too high to appropriately target many communities with struggling families. This is especially true in rural and suburban areas which do not typically have the same pattern of concentrated poverty seen in urban areas. Reducing the area eligibility test to a 40 percent threshold would make many more child care providers who serve low-income children eligible for the higher reimbursement, and many more children in need would receive healthy CACFP meals.*

- 2) You are requesting that we consider increasing the reimbursement rates in the Child and Adult Care Food Program. Can you provide more specifics on how much you are suggesting for this increase?

*We are suggesting a 10 cent per meal increase in CACFP reimbursement for child care centers and family child care providers.*

**Senator Cindy Hyde-Smith**

- 1) Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?

*The organizations and stakeholders I represent do not see research, education and outreach as priorities for CACFP in the child nutrition reauthorization. Many child care programs do not participate in CACFP because (1) the benefits are inadequate, (2) the program is wrought with burdensome paperwork and (3) the losses and penalties are too detrimental to child care programs that operate on razor thin margins. The brunt of these barriers disproportionately impacts both communities of color and providers with fewer resources, contributing to gross inequities in child care quality and nutrition.*

*Equity in CACFP can be achieved if we remove systemic barriers that often give advantages to better-resourced programs. The upcoming reauthorization of the child nutrition programs provides an opportunity to make much needed improvements to*

*increase CACFP access and strengthen CACFP's role in supporting good health and nutrition including an additional meal or snack for children in full day care, reducing paperwork and burdensome requirements.*

**Senate Committee on Agriculture, Nutrition, and Forestry**  
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
March 25, 2021  
Questions for the Record  
**Ms. Jessica Gould**

**Ranking Member John Boozman**

- 1) I continue to hear from schools that many students will not consume meals that meet certain components of the USDA nutrition standards. Schools have asked for minimal flexibilities to ensure they are serving nutritious meals that their students will consume. The original Institute of Medicine report on which these standards were based noted that if children did not change the foods they consume at home, they are not likely to adapt to food with significantly restricted sodium at school. Is it really rational to expect to change a child's eating habit over a 20 minute lunch period, when foods outside of school do not meet the same requirements?

The original Institute of Medicine Report is correct. It is extremely unlikely that student's taste preferences will change simply due to what is being served at school, when eating habits do not change at home. This puts school meal programs at a disadvantage. Families are not serving their children all whole grain rich grains and extremely low sodium diets. We often hear from our student advisory groups and from talking with students in the cafeteria, "This would be good if it had more salt." The restrictions that Target 3 sodium would put on nutrition services operations will simply encourage those who can afford it to pack meals, drive students who can leave campus at lunch time to nearby fast food restaurants, and leave those who cannot afford to pack meals or leave campus hungry.

Additionally, I think when we make drastic changes to single nutrients in our meals; it can also negatively influence their taste preference. As many parents and adults know, it is hard to get students to try new foods. Often students will try a new food item once (maybe twice) before they determine if they like the item. Once they have made up their mind, it may be years before they try that item again. For example, a child who is served broccoli with a little ranch may decide that they love broccoli. Over time, they may even decide they love broccoli without ranch. A child who is given plain broccoli may decide they hate it and never eat it again.

Meeting tier 3 sodium would not just change the taste of the foods. There are many foods we simply would not be able to offer because they cannot be modified enough to meet the tier 3 requirements. This means that many healthy items that students, love like a turkey sandwich on whole grain bread or a salad with chicken breast, would not even be allowable as an option for students.

- 2) Ms. Gould, everyone agrees that school meals have become more nutritious over the past decade. Sometimes we forget how far schools have improved the meals already. More fruits and vegetables are being served, and more whole grains while sodium has been reduced. Can you expand on how school meals have evolved? Has that been an easy process for you and your staff? Have children easily accepted the changes?

The changes we have made are significant and impactful. School meals now include more fruits and vegetables, more whole grains and are significantly lower in fat and sodium than they were prior to HHFKA. As with any change, it has taken time, training (of both staff, students and parents) and many modifications to meet the targeted need. I cannot tell you how many students cried in our serving lines when we began implementing the requirement of a fruit or a vegetable for a meal to be compliant. They did not understand and simply did not want the item. Then we saw those same items that we forced onto students' trays going directly into the trash cans. As a dietitian that was heartbreaking to watch. Since then with targeted education including signage on the lines, repeated reminders at the point of service and educating our adult helpers the tears have decreased and the consumption of fruits and vegetables has increased.

Next let's look at whole grains. Let's remember when HHFKA came out there were regulations for both minimum and maximum grains and proteins, as well as the whole grain requirement. This certainly complicated menu planning and student acceptance. When districts across the states went to 100% whole grain rich, they saw that many of the students' favorite items were left on trays to be dumped in the garbage for lack of student acceptance. For example, in Colorado we saw that students would eat the ingredients on the inside of a burrito and toss out the tortilla, because they did not like the flavor, color or texture of the whole grain tortilla. In Littleton Public Schools specifically we have small enrollment schools and limited staff at our kitchens. We had to eliminate our pasta bakes because the whole grain pasta became gummy when we held them, which we had to do due to operational constraints. When the 50% whole grain waiver came out, we were able to bring back these types of scratch made items.

Our district along with many other districts across the US strives to provide the most nutritious, student accepted meals possible. Even with the 50% waivers, we offer over 75% of our grain items as whole grain. These are items we have tested with students and we are sure that the items are accepted and actually eaten by students.

The story of the sodium reduction is very similar to that of the other HHFKA requirements I have described. We continue to strive to lower sodium and are constantly taste testing new items with our students. This process is lengthy and time consuming and in the last year has been near impossible because of COVID.

We are unable to provide samples and do not have easy methods for feedback from our students. Making a drastic change right now would be detrimental to our programs.

Many of the students' favorite items would simply be eliminated by Tier 3 sodium. Most of our cheese-based items have been reduced in sodium as much as they can possibly go while still calling the product cheese. As you know, sodium is naturally part of the process for creating cheese. Reducing it any further will not only affect the taste of the product but also the performance (melt-ability, holding, browning, etc). This is simply one example of many including but not limited to: legumes; almost all condiments including our scratch marinara; luncheon meats; combination foods like pizza, grilled chicken breast sandwich, cheeseburger, calzones.

Overall as a dietitian and operator of school meals programs, I can assure you that we have students' best interest at heart and will continue to make positive strides towards healthy options for students to enjoy while dining with us. We will do what it takes to train our staff on proper preparation of recipes. We will continue to focus on ensuring that there is variety in our menu offerings so that we can provide healthy, acceptable options for as many students as possible. Our request to maintain the current guidelines for whole grains, sodium and milk comes out of our desire to ensure that our students consume our meals and that we can provide variety.

**Senator Cindy Hyde-Smith**

1) As Director of Nutrition Services for public schools in Littleton, Colorado, I imagine you are familiar with, and have been directly impacted by, the services provided by ICN.

a) What have been some of the biggest challenges you have had over the past year with keeping your staff trained and meeting the standards and regulations that have changed due to the COVID-19 pandemic?

Training has been incredibly difficult throughout this year and we have had to adapt to meet the environment in which we can operate. Specifically in Littleton, we did not have the technology necessary to ensure all of our 21 kitchen teams could receive online training (for example: desktop computers did not have video or microphones). We had to increase purchases of technology equipment to meet the needs of our department. Training our staff to use the new online platform was also difficult. Kitchen staff come with varied skill levels on technology and it has taken a team effort to get everyone up to speed. Traditionally, many of our kitchen teams also learn by sharing and networking with our other kitchen teams. While we were able to help with the technology

aspect of this, I believe many teams still did not feel as connected or as comfortable connecting online to chat with other teams and this aspect of their learning has decreased.

- b) During the pandemic, have you been able to utilize any of the virtual training offered by the Institute of Child Nutrition?

We have utilized a few trainings for our kitchen teams from ICN this year and will most likely look to their institute as well as the School Nutrition Association and our state school nutrition department for trainings that we can share with our kitchen staff as we move forward.

- 2) Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?

SNA supports nutrition education as part of the curriculum and in LPS we try as frequently as we can to be a part of the conversation regarding nutrition education. We also do a significant amount of outreach and education to our families, community and district staff about how we operate our programs.

**Senator Charles Grassley**

- 1) This past year has been difficult for many school food authorities, but thanks to the flexibility granted by the USDA, we've seen innovative approaches to make sure children don't go hungry. I've heard from many school nutrition professionals who have asked not to have one size fits all requirements from the federal government on what is allowed to be served in their lunch rooms. Do you think that the pandemic has shown that school nutrition professionals, when given flexibility by the federal government, can meet the nutritional needs of their students?

I absolutely do. School nutrition operators are here because we love students and make it our priority to ensure they have proper nutrition so they can achieve their best throughout the day both in academics and in social-emotional learning. Providing operators these flexibilities allows us to focus on what works specifically for our districts knowing what our students will and will not compromise on. We can then work to ensure every meal is prepared to the highest quality standard and is taken and consumed by our students. Program operators are NOT here to cheat the system, we simply want to be able to provide a variety of meals that our students will consume.

- 2) When you compare overall nutritional quality, do you think school lunches are more or less nutritious than packed lunches that you would see as an alternative?

In my opinion, school meals are significantly more nutritious than packed lunches. Our meals offer variety from all food groups, which are typically not represented in packed lunches. Items that school operators purchase are also specifically formulated to meet our requirements. We offer more whole grains,

more appropriate portion sizes and a variety of fruits and vegetables with every lunch. Research has also shown the value and nutritional importance/quality of a school lunch versus one brought from home.

- 3) You mention in your testimony that your school district has approximately 15,000 students with 21 schools that have full service kitchens. In Iowa we have over 300 school districts, but only a handful that could be comparable to a district of that size. Many of the smaller school districts in Iowa face great hurdles when they don't have the resources or expertise to meet School Lunch program regulations and reporting requirements. What are some ways that Congress could ease administrative burdens on smaller school districts?

As a representative for many school nutrition operators I have had the opportunity to chat with many smaller districts and can understand they're overwhelmed when trying to meet all of the necessary regulatory requirements. We have districts in Colorado where the person running the nutrition department is also driving a bus. Small districts simply do not have the capacity to react quickly to sudden changes in regulations. Allowing the flexibilities for whole grains, sodium and milk will allow districts to continue with their current menu items for the next school year. This is critical as all districts continue to try and rebound from COVID challenges. Creating a more streamlined application process would also be incredibly helpful. Specific recommendations can be found in the Child Nutrition Reporting Burden Analysis Study. The School Nutrition Association is also developing recommendations for consideration by House and Senate Committees of jurisdiction that will provide additional areas relative to simplification, streamlining and overall program enhancements and modifications.

- 4) Are there other administrative burdens that could be considered duplicative that would apply to school districts of all-sizes?

Absolutely. I believe my best reference to all of the recommendations of how to streamline processes and decrease duplicative work would be found in the Child Nutrition Reporting Burden Analysis Study.



**Senate Committee on Agriculture, Nutrition, and Forestry**  
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
March 25, 2021  
Questions for the Record  
**Dr. Diane Golzynski**

**Chairwoman Debbie Stabenow**

- 1) During the hearing, you both discussed the need to use flexibility and all of the tools available to feed kids during the summer. If Summer EBT and non-congregate options were more widely available, would you still continue to operate congregate sites as well? Please explain why this is important.

Likely, yes. Ultimately it will be a local sponsor decision. We offer all the flexibility possible for local sponsors to meet the needs of their communities. My best guess is that there will be communities where the opportunity for congregate feeding will be needed – whether it is because of summer school, summer camps, or other care situations so parents can be returning to work. As a result, I cannot envision a world where there will not be a need for some kind of congregate feeding option.

- 2) What tools and resources are needed to help schools serve healthy food and educate students about the importance of healthy eating? How have schools in Michigan been creative and innovative?

Food service staff need more education and hands-on training with healthy foods. They also need the great tasting healthy foods to be available. Lower sodium will be a challenge. They need to understand that simply replacing “traditional” items/ingredients with something lower in sodium is likely only going to lead to disappointment in the final product. Instead, learning to make new products with herbs and spices will be key. Unfortunately many local operations are heat and serve only and little cooking actually takes place any more. Local operators need the equipment and training to return to that. Our state school nutrition association has provided hands on knife skills and seasoning classes and would like to do so again once we are able to safely do so. In addition, focusing on local produce provides produce that inherently tastes better because it is allowed to ripen the way nature intended, giving the child a tastier product.

**Ranking Member John Boozman**

- 1) Thank you for sharing with us the challenges that lie ahead as schools reopen, the financial burdens, the importance of regaining trust – all of which I agree with. It is going to be a difficult road ahead. In your testimony you also stated that, “Our meal participation was just starting to pick back up after the significant changes that occurred in the last Child Nutrition

Reauthorization...". Given all that schools are facing, is now the time to implement the next level of nutrition standards? Considering the sharp decrease in participation we saw last time, shouldn't there be a concern about that happening again?

I do believe we need more time to implement stronger sodium restrictions, but I don't believe we can continue to wait to push strong nutrition standards. Our children deserve this now and waiting only leads to a lost generation when it comes to nutrition and health into adulthood. Exiting the summer food service meal pattern and returning to the National school Lunch Program meal pattern returns students to the great tasting nutrition they were used to prior to the pandemic. Returning operators to the meal pattern they are so familiar with allows for better menu options. Just like we wouldn't delay a doctor's appointment because it is too hard to admit we need help, we do not want to delay implementing what we know is right.

2) Please submit for the record a weekly menu that schools could implement that meets the Target 3 sodium level, with all grains being whole-grain rich.

3) I continue to hear from schools that many students will not consume meals that meet certain components of the USDA nutrition standards. Schools have asked for minimal flexibilities to ensure they are serving nutritious meals that their students will consume. The original Institute of Medicine report on which these standards were based noted that if children did not change the foods they consume at home, they are not likely to adapt to food with significantly restricted sodium at school. Is it really rational to expect to change a child's eating habit over a 20 minute lunch period, when foods outside of school do not meet the same requirements?

We have found that if a child is exposed to a great tasting food at school, they will go home and request that food. We see that often with local produce and are seeing it more and more with locally produced products ("home style cooking"). Simply put, if all we ever do is replace one product with the same product where the sodium has been reduced, the substitution will never live up to the original. We cannot simply expect to make pizza with a low sodium crust, sauce, and cheese. Instead, we have to change the expectations for pizza. Maybe make it on a whole grain pita with garlic and herbs as the sauce and freshly seasoned vegetables. Only until we, as the adults serving the children, change our own impression of what great tasting healthy food looks like will we ever be able to do the same for the kids. As far as getting it at home, we also need to involve the parents. As an industry we need to do more to engage and educate the parents with these same techniques. Only then will we make a true difference in the lifelong health of our children, but they deserve us to do just that.

**Senator Patrick Leahy**

1) Vermont schools are keenly focused on including local agricultural products in school meals to deliver highly nutritional meals to students and boost the local agricultural economy.

However, many administrative and cost barriers prevent schools from fully utilizing Vermont's local agricultural products.

- a. You face difficult challenges every day in how you deliver healthy, nutritious meals to the children of Michigan. How can we improve the links between farmers and institutional markets so that children can have access to locally produced produce, meat and dairy?

We need to improve our regional supply chain. Michigan has been working with the "food hub" concept where locations can act as local produce aggregators. Next we need to determine distribution to/from these local food hubs. This work will greatly impact the ability for institutional markets (such as schools/hospitals) to purchase more locally produced produce, meat, and dairy.

In addition, we have to make it a financial win. What we learned through the pandemic is that there are factions of the supply chain that are more profitable than schools (such as the commercial market) so when there is strain on the supply chain, the more profitable market will always win over the less profitable portions. In order for our kids to get priority, we need to make the school portion of the market profitable enough for the companies involved to not choose other routes.

#### Senator Cindy Hyde-Smith

- 1) ICN has been working directly with the Michigan Department of Education, Office of Health and Nutrition Services, to conduct a workforce development training program that will launch this summer to enhance the knowledge and skills of managers throughout your state to improve meal quality.
  - a. Please elaborate on the importance of the E-STAR (Enhanced, Strategies, Training, Action plans, Resources) program, and the benefits of providing training and formal mentorship to managers and site-level supervisors?

Since October of 2019, Michigan has been working with ICN to implement this E-STAR training in Michigan schools. Developed by ICN, E-STAR assists school nutrition managers in goal setting and implementing an action plan with strategies to improve school meal quality and students' perception of school meal quality – most notably, the more nutritious foods required with the new meal pattern. Through E-STAR, Michigan will provide extensive professional development training for 80 school nutrition professionals and award sub-grants to School Food Authorities to implement strategies that improve meal quality and acceptance of great tasting healthy foods. This kind of training and formal mentorship assists operators with expanded knowledge and strategies to reach kids where they are at rather than where we wish they were. Mentorship is critical as so many decisions are made 'in the moment' with little advanced

knowledge or strategy. We are greatly looking forward to this opportunity to work in this manner with E-STAR and the entire ICN team.

- 2) Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?

There is a critical need for research, education, and training in child nutrition program administration. These opportunities provide child nutrition administrators, directors, managers, staff, and other education and child development personnel with high quality professional development opportunities that support the growth and improvement of these invaluable programs that have become indispensable to children, families, and communities throughout the country.

The research conducted on these programs provides respected information used to develop focused training programs for personnel working in Child Nutrition Programs. Federal support of these activities can assure these resources are available at no cost and result in an efficient and streamlined approach to program training for the federal nutrition programs our agency administers.

**Senate Committee on Agriculture, Nutrition, and Forestry**  
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
March 25, 2021  
Questions for the Record  
**Ms. Heidi M. Hoffman**

**Ranking Member John Boozman**

- 1) I understand the challenges some WIC clients face in taking time off from work and riding public transportation with their children to make their appointment at the WIC clinic. In thinking about the future of WIC, post-COVID, when a client is high-risk, would it make sense to have home-visit options? In the medical profession, nurse practitioners can conduct home visits. Would it make sense to consider coordinating WIC and other medical services for home visits? Perhaps USDA should consider a pilot?

*WIC learned quickly during the COVID-19 emergency response that flexibility is necessary to serve the wide range of people who depend on Program services for the wellbeing of their family, and statutory changes are necessary to strike the right balance for a modern service-delivery model after waiver authorities expire. Investing in telehealth is one lower-cost way to decrease barriers to WIC and traditional home visitation models. Policy changes that would allow benefit issuance without requiring an in-person visit to a WIC clinic in certain circumstances would be welcomed for high-risk clients, new parents, those without reliable transportation, and other unique situations, and this could be accomplished in a variety of ways to ensure Program integrity and provide personalized nutrition counseling from highly trained and specialized WIC staff through in-person, video, and telephone touchpoints. When possible, WIC should be able to coordinate with healthcare providers to establish nutrition and developmental risks and assess relevant metrics. If policies are revised, there is a lot of potential for future collaboration with home visiting partners, especially with including WIC breastfeeding specialists on home visits, as early, in-person contact may prove crucial to supporting mothers in their choice to breastfeed. As with other programs and services, including Medicaid and SNAP, WIC can more strategically partner with home visiting programs to promote referrals, enrollment of eligible families, and streamline sharing of relevant participant data. However, WIC providers have reported clear administrative challenges when exploring home-visit models in the past, given high participant volume and pressures on staff time, travel, and cost – similar considerations that continue to limit the reach of traditional home visiting programs. WIC and home visiting models are complementary, but not duplicative, services.*

**Senator Patrick Leahy**

- 1) Access to culturally appropriate foods remains a big challenge for WIC participants, especially to our new American community in Vermont. Despite recent improvements to the WIC food package, it is still relatively inflexible to variation in cultural food preferences.

This problem exists for tribal populations and religious communities across the country as well.

- a. How can we use this reauthorization opportunity to enhance traditional and culturally appropriate food access in the WIC program?

*The Child Nutrition Act requires WIC to consider cultural appropriateness in food packages and the changes advanced in 2007 made substantial progress in providing cultural options. As identified in the 2017 National Academies of Sciences report, there remain challenges and WIC can integrate additional options. Several states have reported challenges in obtaining approval for culturally-appropriate grains like teff, buckwheat, cornmeal, and corn masa flour due to policy issues like labeling requirements and size restrictions. Although kosher and vegetarian food packages are fairly commonplace, there are limited options for traditional foods for tribal populations to access using WIC benefits. The 2017 National Academies of Sciences report makes a series of recommendations that will ease sizing restrictions, codify additional grain options, and streamline the process for states to pursue additional options relevant for local cultural preferences. USDA should swiftly advance a rulemaking to advance these policy changes, while also considering additional factors such as enhanced value for the WIC benefit.*

**Senator Amy Klobuchar**

- 1) The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides critical food at a critical time for over 6.3 million participants - including over 100,000 Minnesotans. The flexibility to provide telehealth options and remote services to WIC participants during the pandemic has helped to sustain participation rates and retain more child participants.
  - a. Ms. Hoffman, can you talk about the steps we need to take to sustain these improvements? What actions do we need to take to create more options and choices for participants when they certify for the program?

*WIC needs the flexibility to provide choices for applicants and participants beyond the public health emergency waivers. One of the most challenging aspects of onboarding new families is the physical presence requirement at certification. This is also a barrier for continuing participation, leading to people dropping off the program while they are still eligible including approximately 28% of participating infants dropping off the program at the one-year certification mark. Consistent investments in technology options and policy flexibility to meet the expectations and time demands of all modern families could expand WIC's appeal and positive public health impacts. However, there is value in ensuring that WIC does not become an entirely remote program, as the personal and nonjudgmental support provided in a face-to-face relationship is one of the hallmarks of the program's success. A combination of options including coordination with healthcare providers, family-friendly technology, and updated policy*

*requirements to relax physical presence and decouple benefit issuance from same-day testing could transform WIC into a truly modern, efficient, and effective program for years to come.*

**Senator Kirsten Gillibrand**

- 1) In New York State 1 in 6 children are food insecure, and one of the most successful programs in battling food insecurity among children is WIC. Just two weeks ago, I led a letter to USDA - joined by 26 of my Senate colleagues - calling on Secretary Vilsack to review the WIC food packages and increase the value of the WIC benefit. But as we look at additional support for the more than 360,000 New Yorkers that receive WIC, we need to be thinking about more modern and accessible shopping options to put healthy nutritious food on their tables.
  - a. How can WIC drive forward new innovations to ensure a more equitable shopping experience for participating families?

*The letter to USDA was an important reminder that the WIC benefit, while supplemental, needs to be enhanced to have a stronger impact on retaining participants and maximizing positive health outcomes for eligible families. We also need to work in concert with the retailers and EBT processors to move quickly to scale up modern transaction systems as they are figured out to provide an equitable shopping experience for WIC families. Similar to EBT rollout, having a deadline for implementation of online shopping models will help ensure that all stakeholders are working towards the same goal, and the recommendations from the USDA shopping task force as well as the special pilot projects happening across the country will help inform the regulatory, procedural, and technology issues that need attention.*

*There are also opportunities to improve WIC shopping at farmers markets to directly benefit the local farm economy by investing in technology that would allow producers to accept the WIC Cash Value Benefit, the WIC Farmers Market Nutrition Program (WIC FMNP), and SNAP without having separate machines and needing hard-wired internet access. As a state that is just starting WIC FMNP, we hear from market managers and farmers that electronic solutions are needed to simplify transactions and drive down the cost of accepting these payments.*

**Senator Richard Durbin**

- 1) The U.S. is one of only 13 countries in the world where rates of maternal mortality are worse today than they were 25 years ago. Every year, we lose 700 women and 23,000 babies to complications related to childbirth, many of which are preventable. And among those, Black women are 3 times more likely to die from pregnancy-related complications than White women. Thank goodness we have the WIC program—which ensures 6 million pregnant and postpartum women and children can access nutritious food, and helps moms recognize key health risk factors. For years, I have worked with Rep. Robin Kelly on a bill

called the MOMMA Act, to improve maternal and infant outcomes and disparities. One of our policies to expand post-partum Medicaid coverage from 60 days to 1 year was in the American Rescue Plan. We also have a provision that extends WIC for two years postpartum for all moms—from the current standard of either 6 months or 1 year, depending on whether the mom breastfeeds.

a. Do you support extending WIC eligibility for all mothers?

*Yes, extending eligibility for postpartum and breastfeeding women to two years supports better health during intervals between pregnancy which then improves subsequent birth outcomes. This provision would have the dual purpose of strengthening postpartum support for mothers as the nation seeks to curb maternal mortality and morbidity, while also building stronger prenatal and preconception health before a subsequent pregnancy. A woman's overall health is critical for assuring successful pregnancy and birth outcomes including reducing rates of preterm birth and low birthweight, both of which drive significant first-year and long-term medical costs. WIC's nutrition education, especially when individualized to adult participants, can be a useful tool to address systemic diet-related concerns including diabetes management and obesity prevention, while also assuring that women preparing for a subsequent pregnancy have access to adequate micronutrients, such as folate and iron, to support healthy pregnancies and births.*

2) The WIC program help mothers and children not only access healthy food, but also with links to health care and other services. Never has that been more important than during the pandemic, where the health and economic toll on working mothers has created incredible stress: balancing remote learning ... child care ... keeping food on the table ... and ensuring safety for the family. But access to WIC is not being fully used. In Illinois, 42 percent of women and children who are eligible for WIC actually enroll—we have a high rate of coverage for infants (80%), but lower retention as they age and for mothers. And during the beginning of the pandemic, Illinois was one of the few states to actually lose enrollment in WIC (though this coincided with conversion to the new EBT system), whereas our SNAP enrollment nearly quadrupled. It seems to me that we need to re-double our outreach and access points—whether through social media ... data-sharing ... or partnering with Head Start, diaper banks, and non-profits. Thankfully, the American Rescue Plan included \$390 million for outreach and innovative partnerships.

a. How do you foresee this money helping to increase enrollment of eligible families...and what outreach and partnership strategies are working that should be expanded or replicated?

*The American Rescue Plan Act's inclusion of \$390 million in outreach, innovation, and program modernization is a much-needed investment that will drive innovation and bring all states up to a higher baseline level of technology and access, but these systems also require consistent funding to maintain for the long run. Funding should also be used, in conjunction with updated regulatory flexibility, to modernize the program*



*through development of technology that will connect families with WIC clinics, streamline certification, share data with healthcare providers, and create new tools to simplify the shopping experience.*

*Partnerships take time and investment to develop but can be a very successful way to reach families and decrease barriers to participating in WIC. For example, in Colorado, one WIC agency attends the family nights at the beginning and end of the Head Start year to perform the heights and weights for that program and then invite those families to join WIC without having to do those requirements again. Mutually-beneficial collaboration and referral systems with Medicaid, SNAP, Head Start, and other places that families are already visiting is a great investment for all concerned.*

*There are challenges to keeping children on the program, and decreasing the administrative requirements to certification appointments would help, as would extending certification periods and simplifying the application process. More direct outreach through traditional and digital methods will help WIC reach busy, modern families. Since 2016, the National WIC Association has coordinated state-driven efforts to promote WIC through unified program branding, digital tools like clinic locators, and print, digital, and texting advertisements and outreach. Colorado WIC has adopted the branding for the state and local agencies to promote a national, recognizable program identity. ARPA investments should build on past work to coordinate WIC outreach efforts across states.*

#### **Senator Cindy Hyde-Smith**

- 1) Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?

*WIC rests on a strong body of evidence demonstrating positive health and developmental outcomes and a substantial cost savings for Medicaid. For every dollar invested in WIC, it returns about \$2.48 in medical, education, and productivity costs. These cost-savings are driven largely by reductions in the preterm birth rate, but we know that WIC generates additional cost-savings through increased breastfeeding and mitigating diet-related conditions like diabetes and obesity.*

*The Program needs dedicated funding for outreach and education to reach all eligible but not enrolled families who want to participate. Before the pandemic, only about half of eligible individuals were certified for services with specific gaps among children as they age. Societal factors, such as lower fertility rates and perceived stigma of accessing public benefit programs, and structural factors, such as in-person certification requirements before the pandemic, reduced value for the child food benefit, and difficulties finding transportation, childcare, or time off work, also factor into participation choices.*

*Outreach efforts must complement national strategies to raise awareness about WIC services. In an increasingly connected world, a unified brand and more prevalent digital tools are necessary for connecting families to WIC and sustaining WIC services when a family moves. Tailored outreach is critical for special populations, especially tribal populations and military families, who do not realize they are eligible and can benefit from personalized support particularly when their spouse is deployed.*



**Senate Committee on Agriculture, Nutrition, and Forestry**  
 Child Nutrition Reauthorization: Healthy Meals and Healthy Futures  
 March 25, 2021  
 Questions for the Record  
**Mr. Carlos Rodriguez**

**Chairwoman Debbie Stabenow**

- 1) **During the hearing, you both discussed the need to use flexibility and all of the tools available to feed kids during the summer. If Summer EBT and non-congregate options were more widely available, would you still continue to operate congregate sites as well? Please explain why this is important.**

Thank you so much for the question, Chairwoman Debbie Stabenow. The Community FoodBank of New Jersey (CFBNJ) currently operates both congregate and non-congregate summer feeding options, and would plan to continue to do so even if non-congregate options were more widely available. In fact, I am seeing this happen right now: the partnerships we've built and strengthened with youth service organizations like YMCAs, Boys and Girls Clubs, and others by providing non-congregate meal options over the past year are now deepening as we plan for a return to congregate meal service at more sites. The need for children to have out-of-school time supervision and enrichment will only increase as the pandemic recovery progresses, and we see healthy meals and snacks as being an essential part of that. Where the site-based congregate model is available, it is great for children – and we don't envision that changing.

The logistical challenges of delivering nutritious meals to children out of school time, however, are significant, and relaxing the congregate feeding requirement will enable complementary program models that can reach more children, especially in hard to reach or hard to serve communities. We saw this happen in Somers Point, a South Jersey community which was not served by a single SFSP site in 2019, despite meeting area eligibility requirements for the program. When the USDA's pandemic flexibilities enabled a non-congregate option, we were able to sponsor two sites in Somers Point, providing more than 3,200 meals for children last summer in a community that had received none the summer before. Being able to receive reimbursement from the Summer Food Service Program (SFSP) for meals that are provided through non-congregate options would allow our food bank to expand our summer food programming across the board, including with congregate sites.

Congress can ensure more children receive the meals they need to grow and thrive over the summer by pursuing a two-pronged strategy that both makes it easier for communities to establish summer feeding sites in underserved areas, and gives states the flexibility to reach children in alternative ways. The first part of this approach is to strengthen summer feeding sites, by streamlining regulations for community-based providers so that they can feed children year-round. As I

mentioned in my testimony, the standard program rules require sites to switch between SFSP and the Child and Adult Care Food Program (CACFP) if they wish to provide meals to children year-round. The inconsistent program requirements place an onerous – and, as we’ve learned with the flexibilities afforded during this pandemic, far from necessary – administrative burden that only limits low-income children’s year-round access to meals. In addition, foundational programming should be strengthened to increase participation out-of-school time, such as the summer months. I encourage this Committee to direct the US Department of Agriculture (USDA) to work closely with the US Department of Education to ensure summer and afterschool programs funded with federal dollars newly available through the American Rescue Plan offer meals through SFSP and/or CACFP. Second, allowing for alternative strategies to serve underserved children by providing a grocery card to low-income families with children during the summer months to supplement their household food budgets (e.g. Summer EBT), will further strengthen access to eligible children and families.

In conclusion, continuing to allow sponsors to implement alternative models that help meet the need in their communities will allow sponsors to reach children who lack access to summer feeding sites and afterschool feeding programs. During the summer, kids are dispersed. Some are at day camps or other enrichment programs. But many others are at home being looked after by older siblings, a neighbor or grandparent, and are harder to reach through a single, site-based delivery model.

Our communities could protect far more children from hunger if community providers are able to send meals home with children or to deliver meals to families in communities that lack a summer meal site, whether they are in rural, suburban or urban areas.

**Ranking Member John Boozman**

- 1) For several years I have been working to provide flexibility on the congregate feeding requirement in the Summer Food Service Program. I appreciate your testimony, Mr. Rodriguez, in explaining the importance of having more options available to get children the nutrition they need during the summer. If States are allowed to operate a variety of delivery models, how do you propose we avoid duplication so that children in urban and rural areas may be served while preventing some areas from being saturated with options?**

Thank you for this question, Ranking Member John Boozman.

Our food bank, and the entire Feeding America network, believe in the importance of serving children nationwide, no matter if they reside in urban or rural areas. We work closely with our state agency and other community partners to follow guidance to avoid any duplication of service throughout our respective service areas. USDA guidance for SFSP providers already requires state agencies to avoid duplication of summer sites. With only 17% of eligible children receiving summer meals pre-COVID, frankly our concern has been reaching the 83% who have not been accessing summer meals.

Our experiences operating alternative feeding options during COVID-19 shows that allowing additional program flexibility is not resulting in duplication of benefits. The example I shared in response to the question above illustrates how offering complementary delivery models has served to expand access to the program. In Somers Point, New Jersey, one in nine families was living in poverty, pre-COVID, and yet the community did not have a single summer feeding site in 2019. Not all communities have the infrastructure or resources to support a congregate feeding model – in fact, in our experience, many under-resourced families live in under-resourced communities. The congregate feeding requirement limits low-income children’s access to meals, particularly when they don’t live in a community large enough or with sufficient resources to support a congregate feeding site. We have seen how the relaxation of the congregate feeding requirement during COVID has created access where there previously had been none.

**2) Do you all have any data to explain how many more areas or sites might be available if the area eligibility threshold was reduced from 50 percent to 40 percent?**

The current threshold of 50 percent leaves out too many communities, particularly rural and suburban areas. The pandemic has exacerbated and highlighted these barriers. The area eligibility waiver has unlocked a wave of opportunities for our food bank to establish program sites in hard-to-reach areas other program sponsors are not currently serving or may not have the capacity, infrastructure, or community connections to serve. As I shared in my testimony, CFBNJ sponsored 20 new SFSP sites in the summer of 2020, including one in Woodbine, a small South Jersey community where approximately one in five families was living in poverty, pre-COVID, yet would not have met the area eligibility requirement. Our experience has been replicated across the national network of Feeding America food banks as well.

This waiver specifically has allowed our food bank and other food bank members nationwide to increase their overall program sites and has strengthened partnerships with school sponsors who may not have the capacity to operate specific days of the week or may be closed.

Reducing the area eligibility threshold from 50 percent to 40 percent would reduce barriers to feeding children. For more information and data, please visit the Food Research and Action Center’s (FRAC’s) [state by state resource on area eligibility](#). The three state maps below (New Jersey, Michigan and Arkansas) are examples of FRAC’s analysis: the areas shaded blue are those that would become eligible as a result of reducing the eligibility threshold from 50 to 40 percent.

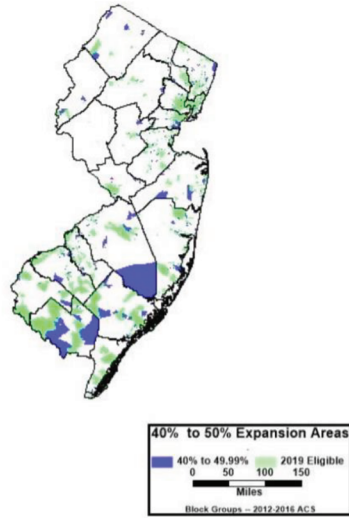


Figure 1. New Jersey

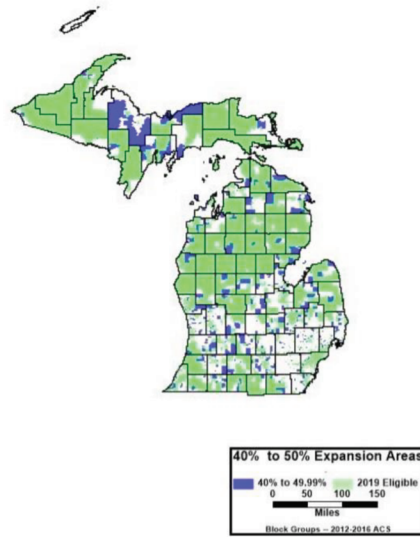


Figure 2. Michigan

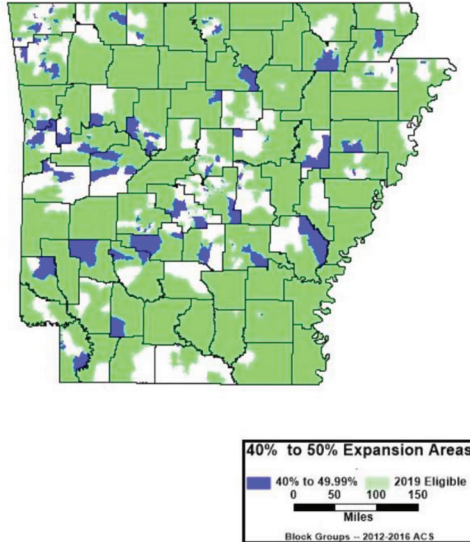


Figure 3. Arkansas

**Senator Patrick Leahy**

- 1) Before the COVID-19 pandemic, a significant barrier to accessing summer meals in Vermont was the requirement that students must reach a central location and eat on site. In a rural state like Vermont, it can be difficult for children to reach a site, if a site even exists. In suburban and urban areas, inclement weather or violence can keep children from these sites and cause them to miss a meal. I have sponsored legislation to make federal child nutrition programs more efficient, flexible and better equipped to reach children in need during the summer months. The pandemic introduced a lot of this flexibility to ensure that no students went hungry when summer programs were shut down. Vermont so successfully utilized these flexibilities that it was the only state to serve more summer meals in 2020, than in 2019.
  - a) Our food banks have faced unprecedented challenges during this difficult time – more need, and often fewer resources. What have we learned from these COVID-19 summer meals waivers and how can we incorporate those improvements into the upcoming childhood nutrition reauthorization?

Thanks so much for the question, Senator Patrick Leahy.

Since the start of COVID-19, child and family food insecurity has increased dramatically. When schools and childcare programs closed, food banks quickly stepped in to help get meals to children and their families. Child nutrition waivers have played a critical role reaching children in every community, but most particularly in rural areas. Food banks have developed innovative practices to safely serve their community while social distancing. We have been working with other food banks in our network to share best practices to modify distribution models, innovative ways for food packaging, and innovative outreach methods to ensure food banks are reaching children and families throughout the pandemic.

Program flexibilities and waivers (both nationwide and approved on a state-by-state basis) authorized by Congress and implemented by the United States Department of Agriculture Food and Nutrition Service (USDA-FNS), have been instrumental in allowing innovative designs to ensure children have the nutrition they need to learn and grow during this summer. The flexibilities and waivers have also broken down the regulatory barriers and challenges that sponsors have encountered during previous summer nutrition operations – challenges further exacerbated in this pandemic.

With these key program flexibilities and waivers, our food bank and others in Feeding America's food bank network have been able to serve pre-packed boxes with enough food for the entire family, operate mobile distributions in rural and other hard-to-reach out communities, partner with a local school districts to use their school buses to deliver meals to their community when schools shut down, offer groceries alongside non-congregate meal distributions (e.g. grab and go models), implement produce drops at summer meal sites in rural communities in combination with educational resources such as recipe cards, census info, and SNAP application information, and increase innovation around their programming through drive-through models and fruit stands.

What we've learned across the Feeding America food bank network is that the allowance of alternative strategies to help serve children in underserved areas is critical and is also effective. Especially, for reaching rural communities. In order to ensure the Feeding America food bank can continue to implement, innovate, increase participation and engagements – it's critical for Congress to give program sponsors the opportunity (such as food banks), the opportunity to leverage our infrastructures, capacities, and innovations to reach more children.

**Senator Amy Klobuchar**

- 1. During the pandemic, many kids have lost consistent access to nutritious foods. Congress and the Department of Agriculture have provided emergency flexibility so that kids don't fall through the cracks, but school nutrition professionals and food bank networks mobilized in an unprecedented way to ensure that kids would continue to receive regular meals.**
  - a. Mr. Rodriguez and Mr. Green, using the lessons you have learned through the pandemic, how can we better prepare nutrition programs for future crises? Are there models or flexibilities that you have used that could expand access and reach more kids?**



Thanks so much for the question, Senator Amy Klobuchar.

The most significant barriers to reaching children through congregate feeding programs were a result of COVID-19 restrictions and precautions to keep families, staff, and volunteers safe. The onset of the pandemic caused a delay in the ability of food banks to plan feeding programs in a timely manner. Many programs allowed partners to begin meal distribution as early as March of 2020 to support children and their families after the closure of schools and other childcare programs. Additionally, the number of sites decreased as programs needed to close their doors to keep their staff and participants as safe as possible, which made it difficult to reach children in usual places.

Food banks partnered with schools and other community organizations to step up to fill gaps left by other congregate feeding programs that were unable to open their programs this year. Some even implemented home delivery programs so that the food could go directly to the children and families that needed it most but had the least amount of access. The range of innovation, dedication, and commitment to serving families was a key component to the overall success the Feeding America food bank network has experienced throughout the pandemic. The availability of non-congregate meal waivers and the permission for parents/guardians to pick up meals on behalf of their children, allowed food banks to set up and implement innovative programming and partnerships. Many food banks implemented once-a-week meal pickups so that families could visit a site once-a-week and pick-up boxes of food for their children and their families. According to food banks serving rural areas, this method was particularly effective for families living in rural areas that may only have access to transportation a few times a week or even month.

Overall, these waivers allowed the distribution of meals in a non-congregate setting and the reimbursement of those meals, parent pick-up, changes to site administration and approval processes, and more, allowing feeding partners to innovate to meet the needs of their communities. In the event of another future crises, we hope Congress will document the key successes learned from Feeding America's food bank network around non-congregate feeding models, innovative distributions, key child nutrition waiver successes, and the importance of key partnerships, to ensure program sponsors are full equipped with all resources needed to ensure children and families have access to meals. Not just during disaster related times, but permanently.

**Senator Richard Durbin**

- 1) We know that child hunger is compounded during the summer. I'm troubled by the drop-off in participation between students who receive breakfast and lunch at school, and children trying to access meals during the summer. In Illinois, only 11 percent of children who rely on free and reduced-price meals at school typically access summer meals. In rural parts of my state there may not be a group meal site for miles and miles ... And in Chicago, parents may not want their children meeting up if there has recently been violence in the area. During the pandemic, programs have been forced to adapt. Thankfully, we have obtained some waivers from USDA to allow for innovative**

**programs and reduced paperwork ... as a result, participation in Illinois last summer doubled.**

**a. How can we take lessons from COVID to address the summer-meal gap, particularly in rural and urban areas?**

Thanks so much for the question, Senator Richard Durbin.

Children must have the nutrition they need to grow and thrive. Hunger is challenging for anyone, but can be particularly scary and stressful for children when they don't know where their next meal is coming from. The Feeding America food bank network operates in every county across the nation, including providing access and meals to children and families in rural communities. The flexibilities and waivers announced by USDA throughout the COVID-19, has allowed the food bank network to overall increase program operations and innovations in rural counties across the network's service area. For the Feeding America network to reach more children in rural counties, we ask that Congress reduce the area eligibility from 50 percent of area children eligible for free or reduced-price school meals to 40 percent would allow more community providers to offer meals in the summer.

Aligning the area eligibility requirement in this way will allow the food bank network to continue implementing key practices in rural communities such as grab-and-go models, drive-through pantries in the parking lots of schools, home deliveries of food to doorsteps for families, and other innovative model distribution models that are effective and help meet families where they reside. Food banks have reported being able to provide additional food that children would not have normally received if they attended school, increases in program sites, increases in overall meals distributed, and overall increases in serving families in rural areas.

**Senator Cindy Hyde-Smith**

**1. Would other witnesses on today's panel like to elaborate on the additional benefits of expanded child nutrition program research, education and outreach to the organizations and stakeholders that you represent?**

Thanks so much for the question, Senator Cindy Hyde-Smith.

In early 2020, the novel coronavirus (COVID-19) began to spread across the United States, and one of the results was an economic recession that reversed years of declining rates of food insecurity – the lack of access to sufficient food because of limited financial resources. Many people who have been most impacted by the pandemic were food insecure or at risk of food insecurity before COVID-19 and are facing greater hardship since COVID-19. Significant racial disparities in food insecurity which existed before COVID-19 remain in the wake of the pandemic. Feeding America projects that 21% of Black individuals (1 in 5) may experience food insecurity in 2021, compared to 11% of white individuals (1 in 9). Right now, more children than ever are going to bed with empty bellies. Due to COVID-19, Feeding America projects that 42 million people (1 in 8), including 13 million children (1 in 6), may experience food insecurity in 2021.

Without additional child nutrition research, education, and outreach provided to ensure no child goes to bed with empty bellies, sponsors such as food banks and other partners will not be able to effectively ensure we're reaching the most impacted children and families. Reach is critical and key toward ensuring that children have access to meals all year long, in particular in rural communities.

