

Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn. Testimony – Eileen Kennedy, Dean of the Friedman School of Nutrition Science and Policy, Tufts University, December 8th, 2008

Mr. Chairman and Committee members I am delighted to be here today to talk about the 2009 Child Nutrition Reauthorization. Much of my research over the past 30 years has focused on evaluating the health and nutrition effects of a range of government policies and programs. In 2007, I co-edited a book, The Nations Nutrition, with my colleague Dr. Richard Deckelbaum(1). In this book, we examined nutrition in the U.S., past, present and future challenges. I'll take only a moment to discuss what we have learned from prior experiences because the more relevant discussion is how to use this information to better design nutrition programs and inform public policy.

What has happened in the United States over the past 60 years? The major problems of nutrient deficiencies, inadequate energy intake, and poor growth were mitigated by the collective response and advances in the public and private sector in agriculture, food and nutrition as well as improvements in income. National evaluations of school lunch and school breakfast programs as well as WIC show clearly, that participation in the programs has improved dietary patterns and/or nutritional status. Progress in improving nutrition has been made. While problems of under nutrition and food insecurity are still critical problems, overweight and obesity are now becoming more common.

How can the federal child nutrition programs afford potentially effective ways to promote healthier lifestyles that can decrease the prevalence of obesity in children? Let me add that in the current economic downturn, the role of the child nutrition programs becomes even more critical as an essential part of the nutrition safety net. A November 2008 analysis by Sharon Parrott from the Center on Budget and Policy Priorities reports that the number of poor children will increase by about 2.6 to 3.3 million (2); the number of children in deep poverty will rise anywhere from 1.5 to 2.0 million children. Given these alarming statistics, we can expect the demand for free and reduced price school lunch and breakfast to increase and the demand for WIC to also increase.

Let me start with school lunch and breakfast. Faculty at the Friedman School under the leadership of Dr. Chris Economos have been involved in some exciting and innovative research to identify community based, environmental change strategies to be part of the solution of obesity in kids. In a community just outside of Boston – Somerville, MA – a project called Shape Up Somerville (SUS) was launched over five years ago. SUS was designed to test whether systematic changes that encouraged healthy eating and increases in physical activity could be effective in combating childhood obesity. The program included before, during and after school components – walk to school clubs supervised by parents, school lunches with more fruits, vegetables, whole grains and nonfat/low fat dairy, an overhaul of the competitive foods served in schools,

more physical activity in school and in after-school programs, certification of restaurants that included healthier food options on their menus.

Let me quote from an article last week in the Boston Globe (3):

“Pedestrians in this city of 77, 500 stride onto bright recently striped crosswalks... In school cafeterias, fresh produce has replaced canned fruits and vegetables, and the high school retired its fryolator. The Neighborhood Restaurant now serves wheat oatmeal with bananas in addition to bacon and eggs.”

SUS has been successful – school aged children in Somerville gained significantly less weight than children in two comparison communities. In addition to the significant effect on child weight gain, equally remarkable is the fact that Somerville was able to do this with no additional money. This is one reason why SUS has continued, even after the research has ended.

The Shape Up Somerville type approach enhances the ability of lunch and breakfast to be more effective health programs. School lunches now include more fruits, vegetables and whole grains. The a la carte items sold in schools have been drastically overhauled. Popular items like chips, and sodas have been replaced by water, yogurts and other healthier items. What happened to the revenue from sales? Initially sales decreased but then they bounced back. Over the year, school revenue from competitive foods increased.

Dr. Economos and her team are now working in other urban and rural parts of the United States to replicate a Shape Up Somerville type of approach. It will be important to determine which aspects of a community intervention transcend a specific environment, and which are unique. This type of information is enormously important in developing more wide spread health and wellness policies for schools.

Some findings are already clear. Adding more fruits, vegetables and whole grains to the school lunch provide meals that more closely adhere to the Dietary Guidelines, increase participation in the school lunch program and as a key part of an obesity prevention strategy. The availability of healthier competitive foods also improves children’s dietary patterns. This is one area where Child Nutrition Legislation would have a significant impact. A national, science based standard for foods sold in competition with school meals could make an enormous contribution to healthy eating. The federal standards are long overdue for review and revision. The recent Institute of Medicine Report on Nutrition Standards for foods that compete with school meals provides the framework for developing such guidelines.

Let me now turn to WIC. I worked on a project with the National Governors Association in 2006 – *Creating Healthy States: Building Healthier Nutrition Programs* (4). The overall focus was on innovative ways in which WIC and Food Stamps could be revised to promote healthier lifestyles, including reducing overweight. The Shape Up Somerville data showed that 44% of 1st, 2nd and 3rd grade children were already

overweight or at risk of overweight, thus clearly suggesting that interventions needed to start at the preschool level. Given the complexity of the etiology of overweight, it is unlikely that access to nutritious foods alone will be the entire solution. However, an improved WIC food package, as suggested by the recent Institute of Medicine Report, based on more fruits, vegetables and whole grains, and in the process of being implemented by USDA nationwide, is a part of the solution.

WIC provides not only financial access to foods but has the potential to increase informational access for parents. In our work with the National Governors Association we interviewed WIC program implementers from across the United States. Three common themes emerged. First, a different kind of nutrition education is needed with more emphasis on parenting skills. Second, parents reporting getting different messages from pediatricians, WIC and child care providers. Rather surprising given the current obesity epidemic, parents reported being told that “your child will grow into their weight”. WIC providers are time constrained; a fifteen minute encounter for nutrition education is simply not enough, in most cases, to make a difference. Research is clear – handing out nutrition brochures does not work. A closer link between WIC providers and the Child and Adult Care Food Program offers the potential to more effectively reinforce the nutrition impact of each program. Early childhood is a time of rapid development and learning early childhood is also a time when children begin to develop eating habits that may promote healthier lifestyles in the longer term. A combined WIC – CACFP initiative could be an innovative strategy for recruiting, referrals, continuity of nutrition services, nutrition and health monitoring, consistent nutrition education messages and for promoting dietary habits that achieve optimal health, growth and development. Some areas that lend themselves to a WIC-Child Care partnership include providing early experiences for tasting different foods and different flavors, developing healthy food preferences, and encouraging appropriate parental feeding practices.

CACFP’s expansion to more family child care providers has been hampered by the means test that was implemented in 1996. After this many homes dropped out of the program and many more are struggling with the reduced resources they receive. The 2009 reauthorization of child nutrition provides an important opportunity to make it easier for homes to participate and serve nutritious meals.

The reauthorization of the Child Nutrition Programs in 2009 provides the opportunity to build on the demonstrated strengths of existing programs but to also identify bold new directions in which to take the programs. I know this hearing has focused on the child nutrition programs, but I would be remiss not to mention the largest nutrition program for to ensure household food security and that is the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps. There is a close relationship between people who receive food stamps and the number of people who live in poverty. During recessions, food stamp participation increases. We are seeing this nationwide and in Massachusetts, after a long period of downward trends in food stamp participation, we are seeing a sharp increase in food stamp households. Thus, it is difficult to examine the nutrition effects of school feeding programs and WIC, without simultaneously considering the effects of SNAP. A temporary increase in the level of

food stamp benefits would help low income families and protect the health and nutrition of children in these households.

I would be happy to answer any questions.

References

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