USING SCHOOL WELLNESS PLANS TO HELP FIGHT CHILDHOOD OBESITY

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTHY FAMILIES AND COMMUNITIES

COMMITTEE ON EDUCATION AND LABOR

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C O N T E N T S

USING SCHOOL WELLNESS PLANS TO HELP FIGHT CHILDHOOD OBESITY

Thursday, May 10, 2007

U.S. House of Representatives

Subcommittee on Healthy Families and Communities

Committee on Education and Labor

Washington, DC

The subcommittee met, pursuant to call, at 3:49 p.m., in Room 2175, Rayburn House Office Building, Hon. Carolyn McCarthy [chairwoman of the subcommittee] presiding.

Present: Representatives McCarthy, Clarke, Sarbanes, Yarmuth, Platts, Biggert, McKeon, and Price.

Staff Present: Aaron Albright, Press Secretary; Tylease Alli, Hearing Clerk; Fran-Victoria Cox, Documents Clerk; Jeffrey Hancuff, Staff Assistant, Labor; Lamont Ivey, Staff Assistant, Education; Thomas Kiley, Communications Director; Deborah Koolbeck, Policy Advisor for Subcommittee on Healthy Families and Communities; Stephanie Moore, General Counsel; James Bergeron, Minority Deputy Director of Education and Human Service Policy; Kathryn Bruns, Minority Legislative Assistant; Taylor Hansen, Minority Legislative Assistant; Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairwoman MCCARTHY [presiding]. A quorum is present. The hearing of the subcommittee will come to order.

Pursuant to Committee Rule 12(a), any member may submit an opening statement in writing which will be made part of the permanent record.

Before we begin, I would like everyone to take a moment to make sure that your cell phones and BlackBerrys are on silent.

I now recognized myself, following by the ranking member, Mr. Platts from Pennsylvania, for an opening statement.

If everybody doesn't mind—everybody knows that I am really excited about having this hearing—I am going to not do my opening statement, so, time-wise, we can get to the witnesses. We are going to have another vote in an hour, so I want to get everybody in. I want all the information. So I am skipping my speech. I think that is a first, by the way.

Thank you for joining us today, and now I yield to the ranking member, Mr. Platts, for his opening statement.

[The opening statement of Chairwoman McCarthy follows:]

Prepared Statement of Hon. Carolyn McCarthy, Chairwoman, Subcommittee on Healthy Families and Communities

I am so pleased to welcome you to the Subcommittee on Healthy Families and Communities hearing on using school wellness plans to fight childhood obesity. I am even more pleased at the large level of interest in this hearing, both from my fellow Members of Congress and from those who wish to make the world a better place for our children. I am sorry that we could not accommodate everyone who wished to be on our panels, but I look forward to reviewing the submitted testimony as we move forward.

Childhood obesity is not only sweeping our nation, but is found in other industrialized nations such as Japan and emerging nations like China. As a nurse and Chairwoman of the Subcommittee on Healthy Families and Communities, I wanted to give this issue the attention it deserves. There is no need to discuss whether or not childhood obesity has reached epidemic proportions in our nation: it has. The Centers for Disease Control and Prevention and the National Academies of Science, among many other institutions, openly discuss our nation's childhood obesity epidemic. In 2005, it was estimated that nearly 9 million children over age 6 were considered obese. Childhood obesity is found in all 50 States, in both young children and adolescents, affecting all social and economic levels. Low income communities tend to have the highest obesity rates due to factors such as a lack of access to affordable, healthy foods, lack of safe, available venues for physical activity, and a lack of education on nutrition and its benefits. Furthermore, it has been found that minority children are at greatest risk for obesity.

Clearly we can see that childhood obesity is a multi-faceted problem, and the solution cannot come from a single change in a child's life. However, we can explore a single piece of every child's life: school. Children spend the majority of their day in school, where they not only study the curricula but also absorb messages from their peers, their teachers, and the media. In addition, for many children, two-thirds of their meals happen at school along with the majority of their socialization and all too often, their lack of physical activity.

We are here today to explore how school wellness plans, established in the Child Nutrition and WIC Reauthorization Act of 2004 for each Local Educational Agency participating in a program authorized by the RICHARD B. RUSSELL National School Lunch Act or the Child Nutrition Act of 1966, can be utilized to fight childhood obesity. Each Local Educational Agency was to establish a School Wellness Policy by the start of the 2006-2007 school year.

School Wellness Policies needed to include goals for nutrition education, physical activity, and other school-based activities designed to promote wellness, nutrition standards for foods sold in schools that are not federally reimbursable meals such as the slice of pizzas kids grab along with a soda, nutrition guidelines for reimbursable meals, which cannot drop below the USDA standards, a plan for measuring implementation of the local wellness policy, and a requirement for community involvement in the development of the school wellness policy.

Ideally, School Wellness Policies should look at our nation's youth holistically, addressing the school environment, life-skills courses, and physical activity. For example, for those students who struggle in the classroom because of learning disabilities it is important that they have time to participate in sports or physical activity during the school day, because these students tend to excel in sports or other physical activity. This is necessary to maintain a healthy self-esteem and the confidence to return to the classroom and face their personal challenges.

Although we need to establish a healthy environment in the schools, ideally the School Wellness Policy would be expanded to establish a Community Wellness Policy. You see, although there is great opportunity to address the health and wellness of youth in schools, if we do not address the health and wellness environment for youth outside our schools then there is a good chance we could lose the fight against childhood obesity. There is sufficient room in the legislation mandating these school wellness policies so that a policy can be crafted to suit the particulars of the community surround the school; the needs and opportunities for rural students differ greatly from those of suburban or urban students. However, across the board, we need to have in place School Wellness Policies which can work to educate our youth through experience on nutrition, physical activity, and other aspects of healthy living and wellness.

The School Wellness Policies are a piece of the culture change our nation is experiencing brought on in part by our nation's prosperity and the global knowledge economy. Today, many jobs tend to be at desks, sitting for hours without physical activity. The work day is long in this nation, leading to the abundance of fast food consumption. The lifestyle of citizens with multiple jobs or low-wage positions equal-

ly contributes to increased fast food consumption, lack of exercise, and other associated daily living challenges. Physical activity for health and recreation is often sacrificed for the basic needs of daily living. Change for adults is hard, but with children, if we start to educate our youth early, with continued reinforcement of healthy living and wellness, we will establish in our youth habits and values of healthy living and wellness for the future.

Today we will hear from a Member of Congress, experts in the fields of nutrition and physical education, an Emmy-award winning actor who now turns his energy to healthy food in schools, and most importantly, I think, a young woman who has through her love of running and exercise, campaigned at the local, state, and now the national level, to ensure that all youth have the opportunity to be physically active in their school day or school week. Thank you all for joining us today.

Mr. PLATTS. Mine will be equally brief.

Madam Chair, I appreciate your holding this very important hearing.

And as the parent of a 2nd-grader and 4th-grader, and as one who eats lunch in the cafeteria with my kids about every 2 weeks to 3 weeks, depending on the schedule—this issue is very important to so many families across the country and ultimately, you know, and most importantly, to the long-term health of our children. So I appreciate it.

I will submit my statement for the record as well. I yield back.

[The opening statement of Mr. Platts follows:]

Prepared Statement of Hon. Todd Russell Platts, Ranking Minority Member, Subcommittee on Health Families and Communities

Good Afternoon. Thank you for joining us today for this important hearing on the battle against childhood obesity. As we all know, childhood obesity has become a major health problem in the United States, and studies suggest that overweight children are significantly more likely to become overweight or obese adults.

This is a matter of great concern to this Committee, and to society as a whole. Recent reports have found that our nation's children are increasingly suffering from health conditions traditionally associated with adulthood, including Type 2 diabetes, insulin resistance, high cholesterol, high blood pressure, sleep apnea, orthopedic complications, and are troubled by other effects such as low self-esteem. These ailments can be directly traced to the fact that, among school-aged children, we've seen a significant increase in the prevalence of overweight young children and young adults.

In addition to afflicting distress through chronic disease and premature death, the dramatic rise in obesity rates has had economic repercussions. CDC-sponsored studies report that obesity-related medical expenditures in the United States have reached more than $75 billion a year. These statistics demonstrate that we as a nation must address the growing problem of childhood obesity if we are to promote child and societal well-being.

At the onset, let me say that I believe that parents bear the primary responsibility for ensuring that their children eat well and exercise regularly. However, schools can and should play a positive role by giving children access to nutritious meals and snacks, nutrition education, and provide time and encourage students to engage in daily physical activity.

Over the past several years, schools and programs providing meals and snacks to children have made progress in improving lunch menus to meet federal nutrition standards for fat and calories. And through the Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004, local educational agencies are developing and implementing local wellness policies that include a comprehensive approach to combating childhood obesity, which include establishing nutrition guidelines and education, physical activity goals, and other activities on the school level to promote child wellness.

However, I believe that more can be done to provide every child with a school environment that promotes healthy food choices and regular physical activity. The decrease in the physical activity of our children, both in school and at home, has been shown to be a major factor in the rise of childhood obesity.

In my own State of Pennsylvania, we have great organizations such as Just Harvest, the School Nutrition Association of Pennsylvania, and Pennsylvania Advocates

for Nutrition and Activity all working towards ensuring that our schools provide healthy and nutritious foods, nutrition and physical education programs to help combat and prevent childhood obesity.

As this Committee continues its effort to improve child nutrition programs and address the important and complex issue of childhood obesity, we will examine the available science and take into consideration all factors known to contribute to obesity, while supporting the role of local school districts to make decisions about the foods and activities that are available to children in school. We've tried to find that balance—between the role of the Federal government and that of local schools and school districts—from the reauthorization of the Child Nutrition Act to the recent efforts led by the Chairwoman to expand the focus of childhood obesity in the reauthorization of the Head Start program. It is my hope and expectation that we will continue to seek that balance with our efforts here today.

I would also like to recognize Dr. Stallings who for a long time has been an important part of the Children's Hospital of Philadelphia and who recently was a key part of the Institute of Medicine's study on child nutrition which we will hear more about today.

Thank you and all of our other distinguished witnesses for being here today as we focus on this important issue.

Chairwoman MCCARTHY. I thank you, Mr. Platts.

I also want to note that Mr. Yarmuth from Kentucky has joined us. And Ms. Biggert from Illinois is here, and Mr. McKeon.

Today we will hear from two panels. On our first panel, we will hear from a member of Congress, my colleague and fellow member of the Committee on Education and Labor, the Honorable Lynn Woolsey from California.

On the second panel, we will hear from six witnesses: the actor and comedian, Mr. Chevy Chase—and we thank you for being here; Mr. James Marks, from the Robert Wood Johnson Foundation; Dr. Virginia Stallings, a doctor from Philadelphia with many honors; Ms. Chandler Converse, a student from Georgia; Nora Howley, from the Action for Healthy Kids; and last but certainly not least, Mr. Philip Lawler, from PE4LIFE.

Thank you all for being here today, and I appreciate your patience.

In the interest of time, given the large number of witnesses today, I will keep the informal introductions short.

I would like to introduce the first panel, a colleague of mine, the Honorable Lynn Woolsey from California. I have served with her since 1996. She has been here in Congress since 1993 on the Education and Labor. She serves as the chairwoman on the Subcommittee of Workforce Protection.

Congresswoman Woolsey leads her voice as a member of Congress and calls for action in the areas where she is deeply passionate. I know she cares deeply about the health and wellness of our young people, and I look forward to hearing her testimony on using school wellness policies to fight childhood obesity.

You understand the light system. We are going to stay very tight today, 5 minutes, boom.

So, with that, may I hear your testimony?

STATEMENT OF HON. LYNN C. WOOLSEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. WOOLSEY. Thank you, Chairman McCarthy, and you have set a perfect example for doing the right thing and staying within time this afternoon.

And thank you, Ranking Member Platts.

Thank you for inviting me to testify at this important hearing on school wellness plans and child obesity.

We all know the statistics. Childhood obesity has become a dangerous public health epidemic, and the percentage of overweight children has more than doubled since 1980.

Congress, through the work of this committee, took some very meaningful steps to address the childhood obesity epidemic during the reauthorization of the school meals program in 2004.

There was bipartisan support to help school districts develop school wellness policies. And those agreements included nutrition, education, physical activity and nutrition guidelines for food served at school.

School districts and parents can use school wellness policies to teach their children the healthy habits that they need for a lifetime. But schools cannot carry out this program alone. With our help, school wellness programs can and must succeed.

Last summer, I was honored to speak at a conference sponsored by the Alliance for Healthier Generations led by former President Clinton and the American Heart Association.

Working with the Robert Wood Johnson Foundation and other groups, they successfully bring schools, they bring business and the health care community together to make kids healthier.

They train staff. They help schools create wellness programs and check in afterwards to see how the wellness programs are progressing. We need more of these support systems for our schools, there is no question.

At the conference, I spoke to cafeteria workers and other school employees who were learning about nutrition and how to encourage a healthy diet for their students.

They were excited. They were there. And for many of them, that was the first time they were getting any real training on nutrition, 2 years after wellness programs were created.

School nutrition programs face budget shortfalls because we are not fully funding the student lunch program or the No Child Left Behind program.

In order to continue to buy new ovens or pay for health care for their cafeteria workers, schools often make up for these shortfalls by increasing the cost of the meals and by selling a la carte and vending machine items, food that quite often does not have the same nutritional guidelines that meals have.

Right now, ice cream is allowed in schools but seltzer water isn't. Doughnuts are allowed but lollipops are not. Cookies are fine but breath mints are not.

This doesn't make any sense, Madam Chairman. It undermines the federal nutrition standards for meals if students spend their money on unhealthy options.

It also undermines the role of parents who give lunch money to their children expecting them to eat something wholesome and nutritious and their money instead is spent on unhealthy options.

That is why I have introduced legislation, the Child Nutrition Promotion and School Lunch Protection Act, H.R. 1363, that will protect our children by ensuring that all food sold in schools during the entire school day meets sound nutrition standards.

The bill would require that food sold in schools take into account caloric intake, saturated fats, trans fats and refined sugars. H.R. 1363 assesses the effect of certain foods on obesity.

The bill would also allow for recommendations by leading scientific experts. This bill has a companion bill in the Senate with Senator Harkin from Iowa.

When schools need to sell unhealthy food and drinks in order to make up for budget shortfalls, we are forcing them to abandon their school wellness programs.

That is why, with this legislation, along with Chairwoman McCarthy and Chairman Miller leading the way, we have a real opportunity to stop the obesity epidemic.

Working together, we will ensure that cafeteria and wellness programs are funded, the support and training required to create the wellness programs will be available, and there will be sound nutritional standards for all foods sold in schools.

Again, I thank you, Madam Chair, for this time, and I am sorry I can't listen to your panel. Thank you very much.

[The statement of Ms. Woolsey follows:]

Prepared Statement of Hon. Lynn C. Woolsey, a Representative in Congress From the State of California

Thank you Chairwoman McCarthy and Ranking Member Platts for inviting me to testify at this important hearing on school wellness plans and childhood obesity.

We've all heard the statistics:

1. Childhood obesity has become a dangerous public health epidemic.
2. The percentage of overweight children has more than doubled since 1980.
3. The percentage of overweight adolescents has more than tripled.
4. Only one in three high school students take part in daily physical activity

If these trends continue, the next generation of adults is going to be at much greater risk for heart disease, type 2 diabetes, stroke, cancer, and other diseases.

Congress through the work of this Committee took some steps to address the child obesity epidemic during the reauthorization of the school meals programs in 2004. There was bipartisan support to help school districts develop "school wellness policies," which include nutrition education, physical activity, and nutrition guidelines for food served at school. School districts and parents can use School Wellness Policies to teach children the healthy habits they'll need for a lifetime, but schools cannot carry out this program alone. With our help, School Wellness Programs can succeed.

Last summer, I was honored to be invited to speak at a conference sponsored by the Alliance for a Healthier Generation, led by former President Clinton and the American Heart Association. Working with the Robert Wood Johnson Foundation and other groups they successfully bring schools, businesses, and the healthcare community together to make kids healthier. They train staff, help schools create wellness programs, and check in afterwards to see how the wellness programs are progressing. We need more of these support systems for our schools.

I also met with Alice Waters, who created the Edible School Garden. This great program shows children how to create a fruit and vegetable garden and serve the fruits and vegetables in the school cafeteria. Children learn the importance of a healthy diet and how fruits and vegetables are a key component, as well as seeing how fruits and vegetables go from garden to table.

At the conference, I spoke to cafeteria workers and other school employees who were learning about nutrition and how to encourage a healthy diet for their students. They were excited to be there and for many of them, that was the first time they were getting any real training on nutrition—two years after Wellness Programs were created!

The Alliance for a Healthier Generation, Alice Waters and these schools are doing a great job at trying to make children healthier and they need all the support we can give them. However, these schools are facing serious obstacles in order to make students healthier.

School nutrition programs face budget shortfalls because we are not fully funding the student lunch program or No Child Left Behind. In order to continue to buy new

ovens or pay for healthcare for their cafeteria workers, schools often make up for these shortfalls by increasing the cost of meals and selling a la carte and vending machine items, food that usually does not have the same nutritional guidelines that meals have.

Right now, ice cream is allowed in schools but seltzer water isn't. Doughnuts are allowed but lollipops are not. Cookies are fine, but breath mints are not. This doesn't make sense. It undermines the federal nutrition standards for meals if students spend their money on unhealthy options. It also undermines the role of parents who give lunch money to their children expecting them to eat something wholesome and nutritious and their money is spent on unhealthy options instead.

That is why I've introduced legislation, the Child Nutrition Promotion and School Lunch Protection Act, H.R. 1363 that will protect our children by ensuring that all foods sold in schools during the entire school day meet sound nutrition standards. The bill would require that food sold in schools take into account caloric intake, saturated fats, trans fats, and refined sugars. H.R.1363 assesses the affect of certain foods on obesity. The bill would also allow for recommendations by leading scientific experts.

This is a bipartisan bill, which enjoys support from the American Heart Association and an array of health advocacy groups. Republican Chris Shays is my lead co-sponsor. There is also a Senate version, offered by Democrat Tom Harkin and Republican Lisa Murkowski. This idea isn't a new one—the Democrats on the Committee on Education and Labor have gone on record in support of similar legislation.

When schools need to sell unhealthy food and drinks in order to make up for budget shortfalls, we are forcing them to abandon their School Wellness programs. That's why this legislation along with Chairwoman McCarthy and Chairman Miller leading the way, we have a real opportunity to stop the obesity epidemic. Working together, we will ensure that cafeteria and wellness programs are funded; the support and training required to create the wellness programs is available; and there are sound nutritional standards for all foods sold in schools.

Again, I thank you Madame Chair for this time.

Chairwoman MCCARTHY. Thank you. Wow, right on time. Good job. I want to thank you for taking the time out of your extremely busy day here in Congress and for the time that you have given us, and thank you for the information.

If the second panel would come forward now, it would be great.

I would like to thank each of you for being here today. To begin, we will go in the order of your introductions.

Mr. Chevy Chase is better known to all of us for the laughter we have shared around his Emmy-award-winning work on "Saturday Night Live," the multiple "National Lampoon" movies and other movies such as "Caddyshack," which is certainly a classic for all of us. Though his work as an actor continues, he and his wife established the Center for Environmental Education Online Foundation with several core missions, including getting healthy foods into schools.

Dr. James Marks come to us from the Robert Wood Johnson Foundation, where he is a senior vice president and director of the health group. He has also served as an assistant surgeon general and was a director of the CDC National Center for Chronic Disease Prevention and Health Promotion. Dr. Marks will describe the Robert Wood Johnson Foundation work to address childhood obesity today.

Dr. Virginia Stallings holds an endowed chair and several directorships at the Joseph Stokes Jr. Research Institute at the Children's Hospital of Philadelphia. She joins us today for her role as chair of the National Academy of Sciences Institute of Medicine's committee on nutritional standards for foods in schools, which is charged with making recommendations about nutrition standards

for foods offered in competition with federally reimbursable meals and snacks.

Chandler Converse comes to us believing that physical education, also known as—you might see it as P.E. here, should be made available to all students. Chandler launched AKA, Athletics Plus Kids Equals Academics, her own grassroots student fitness initiative in Georgia, linking physical fitness to academic success.

As a voice for physical education and fitness for youth, I am looking forward to hearing her testimony because I believe our young know more about what we can do to help them live healthy and more active lives.

I will now yield to my distinguished colleague, Congresswoman Judy Biggert from Illinois, to introduce Mr. Lawler.

Mrs. BIGGERT. Thank you very much, Madam Chairman.

I am very excited to have Phil Lawler here today. He is the director of PE4LIFE, of instruction and outreach. He serves as the director of the PE4LIFE Academy in Naperville, Illinois, a role that he has had since 2001. He has been a physical education teacher for 35 years, but he came up with a new concept of how to teach P.E. And because of that, he was named the Illinois Middle School Physical Education Teacher of the Year in 1999.

He has been inducted into the Illinois High School Baseball Coaches' Hall of Fame. In 2002, he was named to the USA Today First Team All-American Teaching Team, the first physical education teacher to make the first team.

The PE4LIFE program at Madison Junior High School has been featured in the Wall Street Journal, USA Today, Time, Newsweek, U.S. News & World Report, The Washington Post, PBS, CBS News and other media.

So we look forward to hearing his testimony. I am delighted that he is here from my district.

Chairwoman MCCARTHY. Thank you.

Tom Price from Georgia would like to say a few words.

Mr. PRICE. Thank you so much, Madam Chair, and I appreciate the indulgence. I am not on the subcommittee, but I—and because of our schedule, I haven't had the opportunity to welcome one of my constituents, Chandler Converse, here from Pebblebrook High School in Georgia.

She is the National Youth Service award winner, and I just wanted to commend her for her activity and commend her testimony to the entire subcommittee.

Welcome.

Chairwoman MCCARTHY. Thank you.

Ms. Clarke from New York has also joined us, and Mr. Sarbanes from Maryland has also joined us.

For those who have not testified before the subcommittee, let me explain the lighting system. You all have that in front of you. When you start, the green light is going to go on. When the yellow light goes on, that means you have to start finishing up. When the red goes on, you are going to hear from me to finish up, you are over, okay?

You are in the movies; you know how to do this.

We will now hear from our first witness, Mr. Chevy Chase.

STATEMENT OF CHEVY CHASE, ACTOR/WRITER, CO-FOUNDER, CENTER FOR ENVIRONMENTAL EDUCATION ONLINE

Mr. CHASE. Good afternoon. Thank you for the opportunity to testify before your subcommittee.

My name is Chevy Chase. In addition to my work as an actor, I also have worked, along with my wife, Jayni, sitting behind me, to improve children's health.

Together, we founded the Center for Environmental Education, a resource for educators and students on health, environmental and nutritional issues. School nutrition is one of three priority areas of our center.

As you know, rates of obesity among U.S. children and teens tripled between 1980 and 2002. Of the children born in 2000, almost 40 percent of girls and one-third of boys are on track to develop diet-related diabetes during their life period. This is no laughing matter.

For the first time in history, our nation's children have a shorter life expectancy than their parents.

With the growing concern about childhood obesity, many schools are realizing how important it is for children to have access to healthy foods. Vending machines and processed meals are being replaced with fresh, healthy food that is also serving as a central part of student learning each day.

Jayni and I applaud school districts' efforts to implement strong school wellness plans during this past school year. These plans support parents' ability to feed their children a healthy diet.

Parents should not have to worry that their children will spend their lunch money on low-nutrition foods from vending machines.

It is time to return parental control of their children's diets to parents, and that means setting strong nutrition standards for schools.

Nationally, more than 80 percent of schools at all grade levels sell foods and beverages out of vending machines, school stores, or a la carte in the cafeteria.

Unfortunately, too many of the choices offered to the children are chips, candy, cookies, sugary beverages and other foods of poor nutritional value.

Too many children are building lunches out of cookies and french fries, which is contributing to the nation's obesity epidemic.

I was surprised to learn that the U.S. Department of Agriculture nutrition standards for foods sold in cafeteria snack lines were set in the 1970s and have never been updated.

USDA's current standards allow the sale of doughnuts and ice cream but prohibit the sale of seltzer water and breath mints. This standard doesn't make a lot of sense, although given the choice, I would go for a newspaper sandwich and a glass of smoke. It is outrageous.

Outside of the cafeteria, no nutrition standards are in place for foods sold through vending machines and school stores.

Congress needs to call on the USDA to update its outdated standards and apply them to the whole campus during the whole school day. Jayni and I strongly support Representatives Woolsey's and Shea's Child Nutrition Promotion and School Lunch Protection Act, H.R. 1363, which we urge Congress to pass this year.

While some might say that school nutrition should be solely addressed at the local level, since the Truman administration the school meal programs have been federal programs.

The federal government invested $10 billion in fiscal year 2006 in school lunches and breakfasts. Selling chips, candy and sugary drinks in schools undermines that taxpayer investment.

Last year, the Alliance for a Healthier Generation, the nation's largest soft drink companies and several snack food companies announced voluntary guidelines for nutrition standards for foods and beverages sold in stores.

While their efforts are laudable, these voluntary guidelines are unenforceable. And it remains to be seen whether and to what extent schools will accept and comply with them.

Child nutrition is too important to leave to chance and voluntary efforts. As the USDA and Centers for Disease Control and Prevention documented in their report, Making it Happen, students will buy and consume healthy beverages and schools can make money from selling healthy options.

Of 17 schools and school districts they surveyed that tracked income after switching to healthier options, 12 increased revenue and four reported no change. The one school district that did lose revenue in the short term experienced a subsequent revenue increase after the study was completed.

School beverage vending contracts raise only a comparatively small amount of funds. District contract revenues amount to less than .5 percent of annual district per-student spending.

Moreover, the money generated from school vending contracts comes from the pockets of students and their parents. Through vending contracts, soft drink companies gain exclusively advertising rights to promote and increase the sale of products in schools.

In closing, Jayni and I would like to encourage school districts across the country to continue to strengthen their wellness plans.

In addition, we urge Congress to strengthen the national nutrition standards for foods and beverages sold out of vending machines, school stores and a la carte in schools by passing Representative Woolsey's bill.

The health crisis posed by the childhood obesity epidemic deserves all of our best efforts and attention. Again, I thank you.

[The statement of Mr. Chase follows:]

Prepared Statement of Chevy Chase, Actor/Writer, Co-Founder, Center for Environmental Education Online

Thank you for the opportunity to testify before your Subcommittee. My name is Chevy Chase. In addition to my work as an actor, I also have worked along with my wife, Jayni, to improve children's health. Together, we founded the Center for Environmental Education Online, a resource for educators and students on health, environmental, and nutrition issues. School nutrition is one of three priority areas of our Center.

As you know, rates of obesity among U.S. children and teens tripled between 1980 and 2002. For individuals born in 2000, the chance of developing diabetes during their lifetime is 39% for females and 33% for males. Almost 40% of girls and one-third of boys are on track to develop diet-related diabetes. This is no laughing matter.

With the growing concern about childhood obesity, many schools are realizing how important it is for children to have access to healthy foods. Vending machines and

processed meals are being replaced with fresh, healthy food that is also serving as a central part of student learning each day.

Jayni and I applaud school districts' efforts to implement strong school wellness plans during this past school year. These plans support parents' ability to feed their children a healthful diet. Parents should not have to worry that their children will spend their lunch money on low-nutrition foods from vending machines instead of on balanced school meals. It is time to return parental control of their children's diets to parents, and that means setting strong nutrition standards for schools.

Nationally, more than 80% of schools at all grade levels sell foods and beverages out of vending machines, school stores, or a la carte in the cafeteria. Unfortunately, too many of the choices offered to children are chips, candy, cookies, sugary beverages and other foods of poor nutritional value. Too many children are building lunches out of HoHos and French fries, which is contributing to the nation's obesity epidemic.

I was surprised to learn that the U.S. Department of Agriculture's (USDA) nutrition standards for foods sold in cafeteria snack lines were set in the 1970s and have never been updated. USDA's current standards allow the sale of doughnuts and ice cream but prohibit the sale of seltzer water and breath mints. This standard does not make sense. Outside of the cafeteria, no nutrition standards are in place for foods sold through vending machines and school stores. Congress needs to call on USDA to update its outdated standards and apply them to the whole campus and the whole school day. I strongly support Representatives Woolsey's and Shays' Child Nutrition Promotion and School Lunch Protection Act (H.R. 1363), which I urge Congress to pass this year.

While some might say that school nutrition should be solely addressed at the local level, since the Truman administration, the school meal programs have been federal programs. The federal government invests huge amounts of money—$10 billion in fiscal year 2006 alone—in school lunches and breakfasts. Selling chips, candy, and sugary drinks in schools undermines that taxpayer investment.

Last year, the Alliance for a Healthier Generation, the nation's largest soft drink companies, and several snack food companies announced voluntary guidelines for nutrition standards for foods and beverages sold in schools. While their efforts are laudable, these voluntary guidelines are unenforceable and it remains to be seen whether and to what extent schools will accept and comply with them. Child nutrition is too important to leave to chance and voluntary efforts.

As the USDA and Centers for Disease Control and Prevention documented in their report "Making It Happen," students will buy and consume healthful beverages—and schools can make money from selling healthful options. Of 17 schools and school districts they surveyed that tracked income after switching to healthier options, 12 increased revenue and four reported no change. The one school district that did lose revenue in the short term experienced a subsequent revenue increase after the study was completed.

School beverage vending contracts raise only a comparatively small amount of funds. District contract revenues amount to less than half a percent of annual district per-student spending. Also, most of the money generated from school vending contracts comes from the pockets of students and their parents. Through vending contracts, soft drink companies gain exclusive advertising rights to promote and increase the sale of products in schools.

In closing, Jayni and I would like to encourage school districts across the country to continue to strengthen their wellness plans. In addition, we urge Congress to strengthen the national nutrition standards for foods and beverages sold out of vending machines, school stores, and a la carte in schools by passing Representative Woolsey's bill. The health crisis posed by the childhood obesity epidemic deserves all of our best efforts and attention. Thank you.

Chairwoman MCCARTHY. I thank you for your testimony.

Dr. Marks?

STATEMENT OF JAMES S. MARKS, M.D., MPH, SENIOR VICE PRESIDENT AND DIRECTOR, ROBERT WOOD JOHNSON FOUNDATION HEALTH GROUP

Dr. MARKS. Thank you, Madam Chair and other members of the subcommittee, for the opportunity to testify this afternoon.

The Robert Wood Johnson Foundation has committed $500 million over the next 5 years in an effort to reverse the childhood obesity epidemic by 2015, only 8 years away.

We will focus on improving access to affordable, healthy foods and opportunities for safe physical activity in schools and communities. Our goal is to reach the children at greatest risk for obesity across the nation.

We have already heard that childhood obesity is one of the most pressing threats to the physical health of our country and our children. It truly is an epidemic.

It is also an enormous fiscal and financial threat. In addition to the diabetes that we have already heard about, children are also at higher risk for heart disease, stroke and several forms of cancer as they age.

These diseases and their costs are a debt that we will have to pay as a nation in the near future.

The current direct and indirect costs associated with obesity in the U.S. are already estimated at $117 billion annually, and growing substantially each year.

As a nation, we simply can't afford to continue to hope that more expensive treatment and more intensive technology is the way to solve our medical problems.

What has caused the epidemic? As a society, we have dramatically altered the way we live, learn, eat, work and play. A generation ago, most children walked or biked to school. Today, only about 10 percent do.

A generation ago, most schools required daily physical education. Today, less than 10 percent do.

A generation ago, most kids went out to play games. Today, playing a game means on a video screen. And as we have heard, they are eating more unhealthy food in ever-larger portion sizes.

How do we reverse this epidemic? Schools are a central and critical place to start. Many kids, especially of low income, consume most of their calories at school and spend the majority of their waking hours there.

We need policies that make the types of foods and beverages offered much healthier and greatly limit the access to soda and junk food and that promote physical activity for students.

In my written testimony, I have described several of the foundation's supported initiatives in schools and communities but I can only touch on them briefly here.

Congresswoman Woolsey described her experience with the Alliance for a Healthier Generation's Healthy Schools Program, which is working to improve nutrition and physical activity in schools.

To date, the program has reached nearly 500,000 children in about 900 schools. You have heard about the hands-on assistance and support. We hope to expand its reach even further in coming years.

How do we know that strengthening school policies will work? In fact, we are already seeing signs of progress.

In 2003, several years before the federal-level support, Arkansas passed a comprehensive law to address childhood obesity through school changes like those we are discussing here.

An analysis that we funded of the Arkansas body mass index data found that in just 3 years, Arkansas halted the progression of the childhood obesity epidemic in that state.

We hope to see similar comprehensive efforts take hold across the country and that you as policymakers would provide the support to help make that happen.

We know schools don't exist in silos, and we must consider the communities in which the children and families live, and we are also supporting community programs to bring healthy foods in grocery stores, especially, back to low-income communities where they are often not available.

What else can government do? As the Institute of Medicine pointed out last year, our nation's efforts to prevent childhood obesity have been too small, too slow and too fragmented. Missing is a sense of national urgency.

To put it more bluntly, as the problem has grown, our federal resources have shrunk. In recent years, funding for a number of CDC prevention programs and other similar efforts have been cut dramatically or limited.

Although as a foundation we are committing $500 million to fight this epidemic, those cuts are cumulatively larger than our $500 million contribution. There is no way philanthropy can replace what government can and should do.

For example, at CDC the highly effective VERB media campaign, which reached millions of children and encouraged them to be, and was successful in getting them to be, physically active, was cut to zero last year.

The Steps Community Grants from CDC aimed at communities to prevent obesity and diabetes, is slated for a nearly 50 percent cut this year. We are moving in the wrong direction.

When I visited Texas in the past, I heard a saying used that a person was all hat and no cattle, meaning all talk and no action. We can't succeed if that criticism can be leveled at our government.

We need action that only government can provide. Congresswoman Woolsey's bill is a big step in the right direction, but only a step.

And Congress could take another step as it considers reauthorization of No Child Left Behind. We urge you to put physical education back into schools.

It has taken us over 30 years for this epidemic to occur and for us to begin to grapple with it. And it will take years, and many steps, to reverse it.

We also know that this problem will require the efforts from the private sector, state and local level government, community groups, and from parents and families.

There is an African proverb that says the best time to plant a tree is 20 years ago. The second best time is now.

Twenty or 30 years ago was the best time to address this childhood obesity epidemic, when we could have prevented it. Now we must, all of us, work hard to reverse it. But this is the second best time.

Thank you, and I look forward to your questions.

[The prepared statement of Dr. Marks follows:]

Prepared Statement of James S. Marks, M.D., MPH, Senior Vice President and Director, Robert Wood Johnson Foundation Health Group

I want to start by thanking the Chair and the other members of the Subcommittee for the opportunity to testify. I applaud your efforts to create policies and programs to promote healthy communities, especially for our children, and I would like to thank you for creating this forum to discuss school wellness policies and their role in reversing the childhood obesity epidemic.

I'd also like to take this opportunity to commend you and your colleagues in Congress for requiring all schools to have wellness policies in place by this—the 2006/2007—school year. Over the years, Congress consistently has recognized that schools are not just places where children learn the basics and how to think critically and lead, but also places where we must foster the health that permits them to learn. School breakfast and lunch programs and school-based health clinics—which our Foundation has long supported—are key examples of deep congressional interest and foresight. More recently, critical nutrition provisions in the Head Start Act continue on this path.

As the nation's largest philanthropy devoted to improving health and health care, the Robert Wood Johnson Foundation (RWJF) shares your commitment to improving the health and well-being of our communities. Our goal is to reverse the childhood obesity epidemic by 2015. In fact, we recently announced a commitment of at least $500 million over the next five years to tackle this problem. We're pleased that this Subcommittee and your colleagues in Congress recognize the depth of the challenge and are seeking to develop policies that will help turn back the tide.

RWJF's approach is direct and practical:

• Make the case—with solid research and objective evidence—for the problem, what works to roll it back and what doesn't.

• Widely apply the most promising and effective models—both as a firewall against the epidemic's further spread and as a means to turn things around.

• Educate and motivate leaders to foster large-scale change in the communities for which they have responsibility.

Our commitment will focus on these three areas simultaneously. We must act now, based on the best available evidence, while we continue to build the best possible evidence about what works. We want to serve as a resource to you and to other policy-makers at all levels and to inform the nation's collective efforts.

As we forge ahead, RWJF will focus on improving access to affordable healthy foods and opportunities for safe physical activity in schools and communities. Our goal is to reach children at greatest risk for obesity and related harms, Latino, African-American, Native American, Asian American and Pacific Islander children living in lower-income communities.

To that end, we will support efforts to expand school-based programs and help states and communities coordinate their efforts, advocate for change, and evaluate impact. We also will encourage food and beverage companies to offer healthier products and change their marketing practices.

The task at hand is daunting, and we're not taking it on alone. Many partners, organizations and funders already have joined forces. And many more are needed still. We hope RWJF's investment will serve as a call to action, catalyzing additional efforts and funding support to build the evidence, spread best practices and install effective public policies that will promote wide-scale change in kids' nutrition and physical activity levels.

In particular, RWJF is collaborating with the National Institutes of Health, the Centers for Disease Control and Prevention, the United States Department of Agriculture (USDA) and other agencies to prevent childhood obesity and develop real measures of progress. We urge you to provide these agencies with adequate resources to support these efforts.

As you well know, childhood obesity is one of the most pressing threats facing our nation. It threatens the physical and financial health of our country—well beyond our current capacity to respond. I'm not going to review all of the alarming statistics, but I will give you a brief snapshot. Is it truly an epidemic? Absolutely!

• Over the past four decades, obesity rates have skyrocketed among children of all ages, increasing nearly fivefold among children ages 6 to 11.

• Today, one-third of our children and adolescents are obese or overweight—that's about 25 million kids.

• America's adolescents are now the most obese teenagers in the world.

• An obese teenager's risk of becoming an obese adult is as high as 80 percent.

What do these numbers mean for the health of our children? Obese children are at much higher risk for terribly debilitating chronic conditions like type 2 diabetes and high blood pressure. Just a short time ago, these were considered "adult" ill-

nesses. Besides diabetes, serious illnesses related to obesity include many of the top 10 causes of death—heart disease; stroke; breast, colon and kidney cancers—plus musculoskeletal disorders and gall bladder disease. It's as if millions of our kids have their medical charts for adult chronic care prepared in advance, just waiting for them to come of age and mature into obese and sick seniors.

Financially, the prospects are equally foreboding. The direct and indirect health costs associated with obesity in the U.S. are estimated at $117 billion annually—and escalating. We can't afford to continue down our current path. What we need is less disease than we have now.

What has caused the childhood obesity epidemic? The reality is that our environments have changed dramatically. In recent years, our society has altered the way we live, eat, work and play. One immediate example: a generation ago, nearly half of all school-age children walked or biked to school. Today, nearly nine out of 10 kids catch a ride to school. And once at school, kids aren't very physically active—less than 10 percent of elementary schools require daily physical education.

At the same time, children are eating more unhealthy processed foods in larger-than-ever portion sizes. More than 80 percent of children and adolescents eat too much total fat. In recent decades, spending at fast-food restaurants has increased eighteen-fold, and serving size and caloric content for menu items like French fries and soda have increased nearly 50 percent. Children consume these high-calorie, low-nutrient foods not only in restaurants, but also at home and in school.

As awareness of childhood obesity has grown, so, too, has our understanding of the many factors that contribute to the epidemic and what we'll need to do to reverse it. While individual choice and behavior are important, the world we live in plays a big role, too. As a nation, we must focus on more than just personal responsibility. We must address the social and environmental factors that contribute to our nation's weight problem. The default settings that surround our kids should make it easier—not harder—for them to eat well and move more.

Schools are a central place to start. They play a vital role in shaping children's behaviors and life-long habits. Today, children consume an estimated 35 to 50 percent of their daily calories in school. And children from low-income families likely consume an even larger percentage of their calories there since they often rely on the National School Breakfast and Lunch Programs. Bottom line: it is crucial that schools offer easy access to affordable, healthy, and appealing foods and beverages.

We know the critical steps that can and must be taken to improve school wellness. We can start by developing policies to improve the types of foods and beverages offered, restrict access to soda and junk food, and promote more physical activity for students.

RWJF's three major research initiatives in childhood obesity—Active Living Research, Healthy Eating Research and Bridging the Gap—are exploring the impact of school wellness policies and comparing their relative effectiveness versus state-level legislation and regulation. A fourth major program, Leadership for Healthy Communities, works directly with policy-making organizations, like the National Governors Association, National Conference of State Legislatures and the U.S. Conference of Mayors, to convey what we're learning about the most effective approaches so the members of these groups are armed to do what they must as civic leaders.

RWJF also supports the Alliance for Healthier Generation's Healthy Schools Program. The Alliance, a joint initiative of the American Heart Association and the William J. Clinton Foundation, is working to implement stronger policies for nutrition, physical activity and staff wellness in schools. In its first year, the Healthy Schools Program is providing hands-on assistance to 230 pilot schools in 13 states. More than 900 schools have signed up to use the program's online tools. To date, the program has reached nearly half a million children, and we hope to expand its reach even further in coming years. We also are carefully evaluating the program's efforts to identify effective policies that can be widely replicated.

How do we know that strengthening school policies will work? We're already seeing signs of progress.

In 2003, Arkansas passed a comprehensive law to address the growing epidemic of childhood obesity in public schools across the state. Among other things, the law required: a statewide Child Health Advisory Committee and local committees at the school level; nutrition standards, including things like eliminating access to vending machines in all elementary schools; physical education and physical activity standards; and body mass index (BMI) measurement of all public school students, with confidential child health reports and helpful health tips provided to parents. RWJF supported an independent evaluation of efforts to implement Act 1220. The Foundation also funded a separate initiative to analyze the BMI data for Arkansas public

school students. The BMI analysis indicated that, in just three years, Arkansas halted the progression of the childhood obesity epidemic in the state.

We hope to see similarly comprehensive efforts take hold across the country, and you, as policy-makers, can and should help to make that happen.

While we have made some limited progress in this fight, we still have a long way to go. In 2005, RWJF co-sponsored an Institute of Medicine (IOM) report titled Preventing Childhood Obesity: Health in the Balance. The report provided a comprehensive roadmap for national action, calling on federal, state and local governments to provide the leadership and resources for a sustained effort to prevent childhood obesity. Among its recommendations, the committee urged the USDA to develop nutritional standards for competitive foods and beverages available in schools. We have yet to see that happen. We urge Congress to see that it does.

RWJF was the sole sponsor of a more recent IOM report, Progress in Preventing Childhood Obesity: How Do We Measure Up? That follow-up report highlights how we, as a nation, are still not moving quickly enough. Efforts are often small in scale, fragmented, under-funded and not adequately evaluated. When it comes to measuring up—without sufficient leadership from policy-makers—we will continue to fall far short.

There is no question that personal behavior is important. But government policies, implemented at all levels, often determine the choices in front of us in our daily lives, and this choice-setting has a huge impact on behavior, including health behavior.

The tide will not turn on this epidemic until the effort is energetically and strategically embraced with the full force of a responsive government and motivated elected leaders. But it's not as if we expect you to get there alone. This effort will require partnership with industry, the best efforts of schools, and the on-the-ground energies of non-governmental agencies, community groups and hometown leaders.

Clearly, states need to do more, but the federal government cannot sit on the sidelines. Public policies help shape food environments for children, as well as environments for physical activity. The Federal government demonstrated vision and leadership by implementing the Safe Routes to Schools Program, a federally funded program designed to create safe, convenient and fun opportunities for children to walk and bicycle to and from schools. The Foundation is supporting this effort, but we need a sustained commitment and ongoing support from the Federal government to ensure that innovative programs like Safe Routes to School continue and expand.

While primarily outside this committee's jurisdiction, we must also look at our agricultural policies, and nutrition and food assistance programs affecting child nutrition. We need to examine everything from how food prices impact consumption to how commodity prices influence what's sold, served and marketed to children. The Federal government is responsible for the National School Breakfast and Lunch Programs, as well as the Summer Food Service Program. By investing in child nutrition programs that promote rather than hinder health, our federal government can help children and their families eat healthier and prevent obesity, while also realizing enormous potential savings in averted healthcare and environmental costs. We urge that agricultural policies, in particular, must be realigned to help make the American diet consistent with the 2005 Dietary Guidelines, while supporting broader public health goals of preventing disease and obesity.

In closing, I would again like to thank the committee for the opportunity to testify on this critical issue. While philanthropy can foster national dialogue, and pursue and test new ideas, it is the federal government that has the power and the resources to spur large-scale change.

If we do not act now to reverse the alarming trend of childhood obesity, we are in danger of raising the first generation of American children who will live sicker and die younger than the generation before them. By working to prevent obesity in childhood, we can reduce disease and illness, save countless dollars, spare millions of Americans from needless suffering, and ensure that our children have a promising future.

We already know how to change behavior to save lives. Through education, advocacy, leadership and good public policy, we've reduced drunk driving and protected millions of Americans from the harm of tobacco. And it's hard to imagine getting behind the wheel of a car today without buckling up. These success stories provide examples of how a national commitment to policy and social change can transform individual behavior.

With childhood obesity, past efforts have been too small, too slow and too fragmented—a jumble of unconnected state, school, community, business and philanthropic efforts. Missing is a sense of national urgency to act and the resources to help communities, states and the nation coordinate efforts, advocate for change and evaluate impact.

There is an African proverb that says, "The best time to plant a tree is 20 years ago. The second best time is now." Twenty or 30 years ago was the best time to address this epidemic—when we could have prevented it. Now we must work hard to reverse it.

And it will be hard, but delay is something our nation and children can't afford. That is why our Foundation made the biggest commitment in our history. But we know it won't be enough without leadership from our government at all levels, and from education, public health and industry.

We look forward to working with you. We can't afford to wait. To wait is to fail our current generation of children. We must make a difference in their lifetime.

Chairwoman MCCARTHY. Thank you for your testimony.

Dr. Stallings?

STATEMENT OF VIRGINIA A. STALLINGS, M.D., JAMES A. CORTNER ENDOWED CHAIR IN PEDIATRIC GASTROENTEROLOGY, PROFESSOR OF PEDIATRICS, UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE, DIVISION OF GASTROENTEROLOGY AND NUTRITION, THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Dr. STALLINGS. Good afternoon. My name is Virginia Stallings. I am a pediatrician and director of the nutrition center at the Children's Hospital of Philadelphia.

I had the honor of serving as chair of the Committee on Nutrition Standards for Foods in Schools of the Institute of Medicine.

In 2005, Congress directed the Centers for Disease Control and Prevention to undertake a study with the Institute of Medicine to review the evidence and make recommendations about appropriate nutrition standards for the availability, sale, concept, consumption of foods and beverages that are offered outside the federally funded reimbursable school meal and snack program.

The need for such a standard was simple. While the federal school meals meet some nutritional guidelines, the competitive foods and beverages are not necessarily required to conform to any nutritional or health standards, except for the very limited USDA requirements disallowing foods of minimal nutritional value during the meal periods.

To begin the process, the committee developed a set of guiding principles that would result in creation of healthful environment for children in U.S. schools and to guide the deliberations for the development of the standards.

The guiding principles are listed in detail in Annex 1 of my written testimony.

The committee also reviewed pertinent scientific evidence and was guided by the 2005 dietary guidelines for Americans.

Using the dietary guidelines and the scientific data describing the dietary intake of school-age children, the committee identified that fruits, vegetables, whole grains and low-fat dairy foods are the foods that need to be increased.

Then these foods and beverages should be encouraged if the school decides to have a program offering competitive foods and beverages.

For the issue of calorie portion size, the committee considered the fact that once a healthful breakfast and lunch are consumed, for many children there are relatively few calories remaining for snacking.

The committee also considered the efficiency and simplicity of a system with one maximum portion control for the school setting to encourage industry to develop a variety of healthful foods and beverages.

The committee then organized competitive foods and beverages in schools into two tiers according to their consistency with the guiding principles.

Tier 1 foods and beverages are those foods to be encouraged. They are a serving of fresh or minimally processed foods such as apples, carrot sticks, raisins, 1 percent skim milk and some multigrain chips and snack bars, yogurt.

Tier 2 are foods and beverages that differ from Tier 1 in that they do not necessarily offer a full serving of a fruit, vegetable, whole grain or nonfat dairy, but they do continue to meet other nutrition criteria.

Tier 2 foods include things such as baked potato chips, low-sodium whole wheat crackers, animal crackers and other products.

Tier 2 beverages are non-caffeinated and non-fortified beverages with less than 5 calories per serving, and they may or may not be artificially sweetened, or carbonated, or have flavoring.

The committee's standards are intended to ensure that competitive snacks, foods and beverages complement the school lunch and breakfast meals, and they contribute to developing a lifelong healthy eating pattern.

Together, the guiding principles and the two tiers form the basis of the committee's recommendation for nutrition standards for competitive foods.

These standards have two objectives, one to encourage the consumption of healthful foods and beverages, and the other to limit consumption of dietary components that are not optimal for the health or diet of school-age children.

In the interest of time, I am not going to go through the details. I think you can find those in our written statement.

But you will see that they are in relation to the food contents related to fat, sodium and added sugar, and then that there are some very specific recommendations related to time of day.

Tier 1 foods, which are those that offer a serving of fruits, vegetables, whole grain and low-fat dairy, are offered to all children of all ages during the school day.

Tier 2 foods are really offered only to high-school-age students after the school day.

The committee also made recommendations for actions to implement the nutrition standards, and these are discussed in our Chapter 6.

In conclusion, the traditional school breakfast and lunch nutrition programs are to ensure that children have access to healthy foods. These programs are the main source of nutrition provided at schools.

However, when the opportunity arises for students to select competitive snack foods and beverages, it should be from items that will increase the consumption of fruits, vegetables, whole grains and nonfat or low-fat dairy.

The recommendations from the committee ensure that competitive fruits and beverages are consistent with the dietary guidelines

and encourage children and adolescents to develop lifelong healthy eating patterns.

Thank you, Madam Chairman.

[The statement of Dr. Stallings follows:]

Prepared Statement of Virginia A. Stallings, M.D. Professor of Pediatrics, University of Pennsylvania School of Medicine

Good morning, Madame Chair and members of the Committee. My name is Dr. Virginia Stallings. I am a pediatrician, Director of the Nutrition Center at the Children's Hospital of Philadelphia, and Professor of Pediatrics at the University of Pennsylvania, School of Medicine. I served as chair of the Committee on Nutrition Standards for Foods in Schools of the Institute of Medicine which produced the report, Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public.

In FY 2005, Congress directed the Centers for Disease Control and Prevention to undertake a study with the Institute of Medicine to review evidence and make recommendations about appropriate nutrition standards for the availability, sale, content, and consumption of foods and beverages at school, with attention to those offered outside the federally reimbursable meals and snacks. The need for such standards is simple: While federal school meals meet some nutrition guidelines, these "competitive" foods and beverages are not necessarily required to conform to any nutritional or health standards except for the very limited USDA requirements that no foods of minimal nutritional value are allowed during meal periods.

To begin the process of developing recommendations, the committee established a set of Guiding Principles that would result in the creation of a healthful eating environment for children in U.S. schools and to guide deliberations and development of the standards. The Guiding Principles are listed in Annex 1 of my written testimony. The committee was guided by the 2005 Dietary Guidelines for Americans (DGA), and also reviewed pertinent scientific evidence.

Key Premises

Using the Dietary Guidelines for Americans and the scientific data describing the current dietary intake of school-age children, the committee identified fruits, vegetables, whole grains, and low-fat dairy as foods and beverages to be encouraged if competitive foods and beverages are allowed in the individual school.

In regard to the issue of calories and portion size, the committee considered the fact that once a healthful breakfast and lunch are consumed, for many children there are relatively few calories remaining for consumption as snacks. The committee also considered the efficiency and simplicity of a system with one maximum calorie portion size for the school setting, to encourage industry to develop a variety of healthful food and beverage products for the school setting.

Hierarchy of Foods

The committee organized competitive foods and beverages in schools into two Tiers, according to the extent of their consistency with the Guiding Principles. Tier 1 foods and beverages provide at least one serving of "foods to be encouraged" as defined in the Guidelines, and include fresh or minimally processed foods such as apples, carrot sticks, raisins, some multigrain tortilla chips, granola bars, and nonfat yogurt with limited added sugars. Tier 1 beverages are 1 percent or skim milk, 100 percent fruit or vegetable juices and plain water. Tier 2 foods and beverages are different from Tier 1 in that they do not necessarily offer a full serving of fruits, vegetables, whole grains, or low-fat or nonfat dairy, but they do meet certain nutrient criteria. Tier 2 includes foods such as baked potato chips, low-sodium wholewheat crackers, animal cracker cookies, graham crackers, and low-salt pretzels. Tier 2 beverages are non-caffeinated, non-fortified beverages with less than 5 calories per serving and they may or may not be artificially sweetened, carbonated, or flavored. Tier 1 foods and beverages are offered at all grade levels at all times in the school day. Tier 2 foods and beverages are offered only at the high school level after the end of the school day.

The committee's standards are intended to ensure that competitive snacks, foods, and beverages complement the school lunch and breakfast meals, and that they contribute to the development of lifelong healthy eating patterns. Together, the Guiding Principles and the two Tiers form the basis of the committee's recommended nutrition standards for competitive foods and beverages in schools. These standards have two objectives: to encourage consumption of healthful foods and beverages and to

limit consumption of dietary components that either fall outside the recommendations of the Dietary Guidelines or are not optimal for the diets or health of school-age children.

Recommended Standards

Standards for Nutritive Food Components

The standards contain specified ranges for fat, energy, added sugars, and sodium, and are the committee's recommendation based on available scientific evidence: Snacks, foods, and beverages meet criteria for dietary fat per portion: no more than 35 percent of total calories from fat; less than 10 percent of total calories from saturated fat; and zero trans fat. Snacks, foods, and beverages provide no more than 35 percent of calories from total sugars per portion with the exception of: 100 percent fruits and juices and 100 percent vegetables and juices, with juice portions being 4-ounce servings for elementary and middle schools and 8-ounce servings for high schools; unflavored nonfat and low-fat milk and yogurt. Snack or a la carte side items are 200 calories or less per portion and a la carte entree items do not exceed calorie limits on comparable school meal program items. Snack items meet a sodium content limit of 200 mg or less per portion or 480 mg or less per entree portion as served a la carte.

Standards for Nonnutritive Food and Beverage Components

Beverages containing nonnutritive sweeteners (sugar substitutes) are only allowed in high schools after the end of the school day. Because of the uncertainties and limitations in evidence, especially concerning safety and benefits for weight control, the committee does not recommend a standard for sugar substitutes in foods. Foods and beverages are caffeine-free, with the exception of trace amounts of naturally occurring caffeine-related substances, such as may be present in chocolate.

Standards for the School Day

Foods and beverages offered during the school day are limited to those in Tier 1. Plain, potable water is available throughout the school day at no cost to students. Sport drinks are not available in the school setting except when provided by the school for student athletes participating in sport programs involving vigorous activity of more than one hour's duration.

Foods and beverages are not used as rewards or discipline for academic performance or behavior. Marketing of Tier 2 snacks, foods, and beverages in the high school setting is minimized by locating Tier 2 distribution in low student traffic areas and ensuring that the exterior of vending machines does not depict commercial products or logos or suggest that consumption of items conveys a health or social benefit.

Standards for the After-School Setting

Tier 1 snack items are allowed after school for student activities for elementary and middle schools. Tier 1 and 2 snacks, foods, and beverages are allowed after school for high school. For on-campus fund-raising activities during the school day, Tier 1 foods and beverages are allowed for elementary, middle, and high schools; Tier 1 and 2 foods and beverages are allowed for high schools after school. For evening and community activities that include adults and students, Tier 1 and 2 foods and beverages are encouraged.

The committee also made recommendations for actions to implement the nutrition standards and these are discussed in chapter 6 of the report.

Conclusion

In conclusion, the traditional school nutrition programs ensure that students have access to healthful foods. These programs are the main source of nutrition provided at school. However, when an opportunity arises for students to select competitive snacks, foods, and beverages, it should encourage greater consumption of fruits, vegetables, whole grains, and nonfat or low-fat dairy products. The recommendations from the committee ensure that competitive foods and beverages are consistent with the DGA and encourage children and adolescents to develop life-long healthful eating patterns.

Thank you for the opportunity to testify. I would be happy to address any questions the Committee might have.

ANNEX 1: GUIDING PRINCIPLES AND RECOMMENDED STANDARDS

Guiding Principles

The committee recognizes that:

1. The present and future health and well-being of school-age children are profoundly affected by dietary intake and the maintenance of a healthy weight.
2. Schools contribute to current and life-long health and dietary patterns and are uniquely positioned to model and reinforce healthful eating behaviors in partnership with parents, teachers, and the broader community.
3. Because all foods and beverages available on the school campus represent significant caloric intake, they should be designed to meet nutrition standards.
4. Foods and beverages have health effects beyond those related to vitamins, minerals, and other known individual components.
5. Implementation of nutrition standards for foods and beverages offered in schools will likely require clear policies; technical and financial support; a monitoring, enforcement, and evaluation program; and new food and beverage products.

The committee intends that:

6. The federally reimbursable school nutrition programs will be the primary source of foods and beverages offered at school.
7. All foods and beverages offered on the school campus will contribute to an overall healthful eating environment.
8. Nutrition standards will be established for foods and beverages offered outside the federally reimbursable school nutrition programs.
9. The recommended nutrition standards will be based on the Dietary Guidelines for Americans, with consideration given to other relevant science-based resources.
10. The nutrition standards will apply to foods and beverages offered to all school-age children (generally ages 4 through 18 years) with consideration given to the developmental differences between children in elementary, middle, and high schools.

Recommended Standards

Standards for Nutritive Food Components

Standard 1: Snacks, foods, and beverages meet the following criteria for dietary fat per portion as packaged:

- No more than 35 percent of total calories from fat;
- Less than 10 percent of total calories from saturated fats; and
- Zero trans fat. Standard 2: Snacks, foods, and beverages provide no more than 35 percent of calories from total sugars per portion as packaged.

Exceptions include:

- 100-percent fruits and fruit juices in all forms without added sugars;
- 100-percent vegetables and vegetable juices without added sugars; and
- Unflavored nonfat and low-fat milk and yogurt; flavored nonfat and low-fat milk with no more than 22 grams of total sugars per 8-ounce serving; and flavored nonfat and low-fat yogurt with no more than 30 grams of total sugars per 8-ounce serving.

Standard 3: Snack items are 200 calories or less per portion as packaged and a la carte entree items do not exceed calorie limits on comparable NSLP items. Standard 4: Snack items meet a sodium content limit of 200 mg or less per portion as packaged or 480 mg or less per entree portion as served for a la carte.

Standards for Nonnutritive Food Components

Standard 5: Beverages containing nonnutritive sweeteners are only allowed in high schools after the end of the school day. Standard 6: Foods and beverages are caffeine free, with the exception of trace amounts of naturally occurring caffeine-related substances.

Standards for the School Day

Standard 7: Foods and beverages offered during the school day are limited to those in Tier 1. Standard 8: Plain, potable water is available throughout the school day at no cost to students. Standard 9: Sports drinks are not available in the school setting except when provided by the school for student athletes participating in sport programs involving vigorous activity of more than 1 hour's duration. Standard 10: Foods and beverages are not used as rewards or discipline for academic performance or behavior. Standard 11: Minimize marketing of Tier 2 foods and beverages in the high school setting by:

- Locating Tier 2 food and beverage distribution in low student traffic areas; and
- Ensuring that the exterior of vending machines does not depict commercial products or logos or suggest that consumption of vended items conveys a health or social benefit.

Standards for the After-School Setting

Standard 12: Tier 1 snack items are allowed after school for student activities for elementary and middle schools. Tier 1 and 2 snacks are allowed after school for high school. Standard 13: For on-campus fundraising activities during the school day,

Tier 1 foods and beverages are allowed for elementary, middle, and high schools. Tier 2 foods and beverages are allowed for high schools after school. For evening and community activities that include adults, Tier 1 and 2 foods and beverages are encouraged.

Actions for the Implementation of Nutrition Standards in Schools

Action 1: Appropriate policy-making bodies ensure that recommendations are fully adopted by providing:

- Regulatory guidance to federal, state, and local authorities;
- Designated responsibility for overall coordination and oversight to federal, state, and local authorities; and
- Performance-based guidelines and technical and financial support to schools or school districts, as needed. Action 2: Appropriate federal agencies engage with the food industry to:
- Establish a user-friendly identification system for Tier 1 and 2 snacks, foods, and beverages that meet the standards per portion as packaged; and
- Provide specific guidance for whole-grain products and combination products that contain fruits, vegetables, and whole grains.

Chairwoman MCCARTHY. Thank you.

Ms. Converse?

STATEMENT OF CHANDLER CONVERSE, HIGH SCHOOL STUDENT

Ms. CONVERSE. Good afternoon, Madam Chairwoman and members. My name is Chandler Converse. I am 15 years old, and I am a freshman at Pebblebrook High School in Cobb County, Georgia. As a public school student, a young woman and an American citizen, I am honored to be speaking to you today.

I am here on behalf of all of America's children. You see, I believe that kids have a voice.

Since I began own grassroots student fitness initiative in 2004, I have been trying to encourage everyone to take seriously the health and well-being of this country's youth.

I call my initiative AKA, Athletics Plus Kids Equals Academic. The link I am trying to get policymakers to see is simple, that increased physical activity, even 30 minutes a day, and better nutrition can lead to increased energy, improved self-confidence, better sleep, less absenteeism, and, yes, we do better on tests, too.

I have done my homework on this. I have spoken with my peers, and this may sound surprising. I found that most students want more exercise.

But for most American students, the children of working families, for latchkey kids and others, school is the only place they have for exercise.

I have also spoken with many of our nation's leading health and education experts, elected officials and the media. I have told them all that childhood obesity often leads to life-threatening illnesses like heart disease, cancer, diabetes and depression.

I have written to most of my state's 181 school superintendents. I have convinced the principals in my school to switch some of the junk food in vending machines to healthier choices. And I have served on my school district's wellness policy committee.

All of the above is a start, but it is not enough, as you will hear. During the course of the planning process during the last school year, I heard comment upon comment from administrators on the committee, "We don't have the time or the money to add more P.E.

classes, or to build a track or a new playground. We need to get our test scores up."

I also heard that many schools believe they will lose money if they lose their vending machines.

I ended up being the only member to attend off-site policy training workshops. I became the only member to address the first administrative training workshop in our district last October.

We developed our policy by last summer's deadline. It includes a recommendation for 30 minutes of exercise a few times a week for students. Since that time, I have heard very little about our wellness policy.

I have found that most students and teachers in many parts of the country are completely unaware that schools have wellness policies.

For example, last November, as I addressed the state educators' conference, I asked how many in the room knew that their schools had new wellness policies. I asked for a show of hands. I was amazed to see that from a room of 40 physical education teachers only two hands were raised.

While there are some schools across the country which have made positive changes, I believe the situation I have just described is representative of what is really going on.

Let's face it. Just like in traditional school cafeteria food, it is hard to find the real meat in existing school wellness policies.

The longest lines in my school cafeteria are for pizza and french fries. I still see students spending their lunch money on ice cream and soda. As a kid, I know that if healthy foods were made available that my peers would line up for them.

My generation may be the first one to have a shorter life expectancy than our parents. How can a nation that has prided itself on medical research which extends the lives of its citizens allow the reverse to happen with its children?

My goodness. As children, we must learn everything. But while we are learning reading, writing and arithmetic, please teach us how to lead healthy lives, too.

I understand that this is not a quick fix. However, it took 40 years to get effective tobacco legislation passed. My generation does not have 40 years.

In 3 short years, I will be voting. [Laughter.]

My generation is going to lead this country one day, soon. America cannot be strong if it does not have strong, healthy, self-confident citizens, both adults and children.

I believe kids have a voice. Please make the wellness policy stronger at the federal level so that all schools must comply. That way, kids will receive enough exercise to fill our lungs, to raise our voices.

Kids do have a voice, and I thank you for listening to mine.

[The statement of Ms. Converse follows:]

Prepared Statement of Chandler Converse, High School Student

Good afternoon Madam Chairwoman and other Members of Congress.

My name is Chandler Converse. I am a freshman at Pebblebrook High School in Cobb County, Georgia. As a public school student, a young woman, and especially, as an American, I am honored to be speaking to you today.

I am here to briefly offer the youth perspective on an issue that won't quickly go away—a very real crisis for my generation—the epidemic of childhood obesity in the United States.

Last August, when I entered high school for the first time, the School Wellness Policy (required under the Child Reauthorization Act of 2004) was implemented for the first time. I was perhaps more aware than many of my peers, that the Policy was to take effect at the opening bell of the 2006-2007 school year—I am a person who helped to develop that same Policy.

As the student representative on my school district's Wellness Policy Committee, I looked forward to what I had anticipated to be an exciting new change, stemming from something for which I had worked so hard. However; when no official announcement of a new School Wellness Policy was made to students, I quickly discovered there perhaps was not much to become excited about.

Not only had most students been unaware of the newly developed guideline, I was astonished to witness evidence of the same oblivion at a physical education conference a few months later (November 2006). When I asked how many had heard that their various schools had a School Wellness Policy—only two hands in a room filled with 40 physical education teachers were raised!

I had been invited to serve—and still serve—on the Committee following news of the grass-roots initiative I had launched in 2004 to encourage schools to reinstate more physical education into the school day and to offer more nutritious food in school cafeterias and vending machines. I had begun the project I call "A.K.A." (Athletics plus Kids equals Academics) because the link that I am trying to get educators, law makers, parents and health leaders to see is this: That increased physical activity (even 30 minutes a day) and better nutrition can, among other benefits, increase energy, selfconfidence—possibly even test scores.

I had been informed in middle school that because (and I quote), "there is no room in the school day for a full year of Phys Ed," (end quote) my fellow classmates and I only would be permitted one, nine-week grading period for Physical Education during the entire school year. Most of the students had very busy academic schedules and no matter how much I wanted a full school year of quality P.E.; I decided to try to evoke change through the system.

I am a runner. I like the energized feeling I get coming out of exercise and going into class. I believe that I am more alert because my circulation has increased and there is fresh oxygen in my brain.

I began talking with other students, health professionals and more teachers. I've seen too many school lunch periods in which the longest lines are for the pizza, chicken wings and French fries. I've seen too many days in which students buy ice cream and chips instead of bringing a healthy lunch. This is a nationwide problem—it is not just my school district.

I decided to try to take my concerns and ideas for improvement before my district school board. I was not certain that a child would be permitted to speak to the board, but my mother agreed to take me to the next school board meeting and I did have the opportunity to address its members. I told them about the increased risk for children regarding life-threatening diseases like diabetes, heart disease and mental illness that are directly linked to overweight and obesity.

I told them that my generation may easily be the first to have a shorter life expectancy than our parents.

These are facts—supported by almost every major health organization in the United States, former and deputy Surgeons General, and leadership in the Department of Health and Human Services, among others.

These facts are scary. It's going to take the adults of today—and possibly those of my generation—to stop the epidemic. This is not a quick fix—but it must begin now.

As a student, I am doing my best to try to understand the delay on the part of some schools, but it is difficult. I became the committee member that attended state and regional Wellness Policy teleconferences and other meetings and brought back reports to the committee. I was the member who addressed the first Wellness Policy Administrative Training for our district last October. Since then, I've heard very little about enforcement of the policy.

During the course of the Wellness Policy planning meetings I heard comments such as, "We don't have time for recess. We don't have room or the money to add more classes or build a track or a playground—we need to get our test scores up." I must share with you that I came away from many meetings thinking, "They just don't get it. As students, we can sit still in class and be taught all of the core subjects in the world, but if we are not healthy enough to enjoy our lives, we can't be all that we can be."

I need to convey very strongly that the bureaucracy surrounding this crisis not only is chipping away at our health, it's chipping away at our dreams.

I realize that the federal government has not dictated much to local school systems in the past, but the children of today cannot wait for state legislatures and individual school districts to hash out what should be obvious.

There is hope: my principals have agreed to replace some of the vending machine junk food with healthier snacks and my school superintendent appears to be a supporter of the Wellness Policy. Yet—like most traditional school cafeterias, most School Wellness Policies do not have enough REAL meat!

I have lots of ideas for improvement: I propose a national corporate and education summit during which schools, cafeteria vendors, soft drink and snack food companies could come together to improve the health of students and still allow for additional revenue for schools. I suggest smaller improvements such as opening school gyms a few evenings a week so that communities and families can come together for fitness in a fun and safe environment. "Brown Bag Lunch Days" to educate students, teachers and parents is another small idea, but it could help make students more aware of good nutrition.

I believe that kids have a voice. I am using my voice on behalf of America's children to encourage everyone to take seriously, the well-being of this country's children. I have written to almost all of Georgia's 181 school superintendents. I have taken my words to health policy conferences, the media, state houses, and Capitol Hill.

I am calling upon educators, health leaders and policy makers. I also am issuing a challenge to the parents of America: We don't raise ourselves! We need your guidance and your good example. Take a good look at your children. Those not old enough to command the steering wheel of a car certainly cannot drive themselves to the fast food joint!

We are your children! We are the products of our parents, our schools and our nation! While we are little, while we are growing, while we are in your care, we can only be as healthy as you allow us to be.

My generation is going to lead this country one day—soon. America cannot be strong if it doesn't have strong, healthy, intelligent, and self-confident citizens—adults and children.

I believe that kids have a voice. Please make the Wellness Policies strong at the federal level so that school systems must comply. That way, kids will receive enough exercise in the safe environment they deserve. We will receive enough exercise to fill our lungs to raise our voices.

Yes, kids do have a voice.

I thank you for listening to mine.

Chairwoman MCCARTHY. Thank you, and young people do have a voice. Unfortunately, nobody listens.

Ms. Howley?

STATEMENT OF NORA L. HOWLEY, INTERIM EXECUTIVE DIRECTOR, ACTION FOR HEALTHY KIDS

Ms. HOWLEY. Yes, good afternoon. My name is Nora Howley. I am the interim executive director of Action for Healthy Kids. I want to thank the chair and the members of the committee for this opportunity to testify, and we have provided a written statement.

Action for Healthy Kids is a national organization with over 9,000 volunteers in every state and the District of Columbia. We also have 60 national partner organizations who work with us.

Former Surgeon General David Satcher served as our founding chair and still serves on our board of directors. And since our founding at the 2002 Healthy Schools Summit, we have worked to create systemic, sustainable changes of sound nutrition and good physical activity in all schools.

In other words, we have worked to implement the surgeon general's call to action to prevent overweight and obesity.

Since the mandate for local school wellness policies was passed in 2004, our volunteer team members have worked at the state,

district and building level to support schools in the development and now in the implementation of good policies that put into practice the call to action and ensure that families and communities are engaged in creating and sustaining these changes.

Local wellness policies are part of an effort that includes federal, state and local action and are critical catalysts for creating or expanding links with other community agencies and organizations to create healthy communities for all.

Four things stand out about the mandate. One, it recognizes the critical roles that schools can and should play in creating comprehensive approaches.

Second, the policy mandate recognizes that both sound nutrition and physical activity are necessary to address this epidemic.

Third, the requirement that districts establish committees that include parents, students, school food personnel, school administrators, school board members and the community, as well as any other who will be affected, is an important part of creating springboards for sustained implementation.

The final item, though, that stands out is the fact that the requirement came with no financial support. Some of the necessary changes will be easy and low-cost, but others will take resources.

Action for Healthy Kids has worked with our partners, including the Centers for Disease Control and the U.S. Department of Agriculture, to provide a variety of resources and supports for our volunteers and others to use.

This includes our wellness policy tool, a variety of publications, ongoing technical assistance and phone symposia, as well as a small grant program to our volunteers.

CDC-supported resources, such as the school health index, and USDA-supported resources, such as Changing the Scene, have been part of the efforts of may districts nationwide, and we know they have been a critical part of their efforts to create these changes.

As we look at this first year of policy implementation, we are heartened by a number of things. First, in our review of a sample of enacted policies, we found that most of the policies actually included the mandatory areas of nutrition education, nutrition standards, physical activity and monitoring and evaluation.

In addition, many of the policies went beyond those minimal mandates to address critical and fundamental areas, including the provision of physical education.

However, the contents of the policy are only the first step. For these policies to achieve their potential, they must be implemented. And here, we do have some causes for concern.

While 73 percent of the policies we looked at did provide information on the implementation process, many came up short in the details. And while this lack of detail is not an insurmountable barrier, it may make implementation more difficult.

We know from practice and research that there are a number of things that are critical to successful implementation of policies in schools.

I won't go through my entire list in the interest of time—it is in my written testimony—but it is important to recognize that a policy must be well written and comprehensive. The right people must be at the table for development and implementation. The policy

must be understood. And there must be support and commitment from all constituencies.

Additionally, we know from the same research and practice that there are a number of things that may impede successful implementation of policies—costs that are not offset or addressed, a lack of commitment and understanding on the part of key stakeholders, logistical challenge, such as space and time, and a lack of clarity.

Action for Healthy Kids and our partners have worked hard during the development stage and are now working hard to support implementation.

In our written testimony, we have provided a list of some of the numerous things that our teams are doing with their partners to provide those kinds of supports and changes.

Some have asked if these policies are making a difference. While it is too early to tell what effect they will have on the rates of childhood obesity and over what time, we do have some reason to be hopeful, as Dr. Marks noted.

But we know, more importantly, that they are catalyzing changes in school practice which will be necessary if children's behaviors are to change.

They are also catalyzing continued public attention on this issue and causing parents and educators to take a hard look at what they want from their schools.

An article in yesterday's Great Falls, Montana Tribune described the 33,000 apples that will be given away to children in that school district as part of promotional efforts to inform parents about the policy.

Of course, one apple is not the magic bullet for behavior change, but I like to think that it is the beginning of a cascade of bushels of apples of other healthy choices and opportunities for our kids.

Most importantly, the policies have brought together school communities, teachers, parents, school food staff, administrators and others to create change.

And Action for Healthy Kids is pleased to be part of that effort, and we thank the subcommittee and the larger committee as a whole for your continued interest and support on this issue.

[The statement of Ms. Howley follows:]

Prepared Statement of Nora L. Howley, Interim Executive Director, Action for Healthy Kids

Action for Healthy Kids was founded in 2002 at the first Healthy Schools Summit. We are the only nonprofit organization formed specifically to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school. We work in all 50 states and the District of Columbia to improve children's nutrition and increase physical activity, to improve their readiness to learn. We seek to create the systemic and sustainable changes detailed in the schools chapter in the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity (2001).

Action for Healthy Kids has over 9000 volunteers and 60 national partner organizations. These volunteers and partners help us to undertake our mission to engage diverse organizations, leaders and volunteers in actions that foster sound nutrition and good physical activity in children, youth, and schools. To do this, we have set three goals:

- Systemic, sustainable changes of sound nutrition and good physical activity occur in all schools;
- Schools, families, and communities engage to improve eating and physical activity patterns in youth;

• Action for Healthy Kids is the trusted, recognized authority and resource on creating health-promoting schools that support sound nutrition and good physical activity.

(More information about Action for Healthy Kids can be found at our website: *www.ActionForHealthyKids.org*.)

Our volunteers work through Teams in each of the states. Our Teams include representatives from state and local education and health agencies, bringing together the public and private sectors. They are parents, teachers, nurses, school administrators, school board members, school food staff and other members of the community. Twelve Action for Healthy Kids Teams have created regional teams within their state to work at a grassroots level in their communities. Each Action for Healthy Kids Team develops an action plan that sets the agenda for their work.

Action for Healthy Kids predates the adoption of the federal mandate for Local Wellness Policies. Since the passage of the requirement we have made it a top priority for the work of Action for Healthy Kids Teams. In the 2005-2006 school year, 80 percent of Action for Healthy Kids Teams worked to support school districts in the development of Local School Wellness Policies. During this current school year, all of our Teams are working to support districts and school buildings with the challenges of implementation.

Recognizing that schools are a critical component of the efforts to address the epidemic of childhood overweight and obesity, we have seen Local Wellness Policies as a critical part of the efforts to create the healthy school environment that all children deserve. Local Wellness Policies are part of an effort that includes federal, state, and local activities and can be a critical catalyst for creating or expanding links with other community agencies and organizations to create healthy communities for all.

Among Action for Healthy Kids national partners, are the United States Department of Agriculture's Division of Food and Nutrition Services and the Centers for Disease Control and Prevention's Division of Adolescent and School Health. Working with these two partners, other partners, and members of our volunteer Teams, Action for Healthy Kids developed our Local Wellness Policy Fundamentals (see attached) and our Wellness Policy Tool (*http://www.actionforhealthykids.org/wellnesstool/index.php*). The Local Wellness Policies Fundamentals identifies key topics under each of the required areas that a sound policy should address. The Wellness Policy Tool walks users through the stages of policy development and access to expert advice at each step of the process. These tools provide continued guidance for districts wellness committees in putting together strong and comprehensive policies.

Action for Healthy Kids Teams have provided assistance to school districts in a variety of ways: Seventy eight percent provided guidelines or recommendations, 62 percent conducted trainings, 74 percent produced tool kits or model policy language,31 percent hosted conferences or events, and 24 percent offered mini-grants to support development.

In addition to our own resources, Action for Healthy Kids has promoted and distributed the resources of our partners. This includes the CDC's School Health Index, which many Teams offering mini-grants to schools use as the tool for baseline needs assessment by the districts to support policy development. Other partner tools used included USDA's Changing the Scene, and Fit, Healthy, and Ready to Learn from the National Association of State Boards of Education, and the resources of the School Nutrition Association and the American School Health Association.

Local Wellness Policies: A Critical Part of the Solution

Schools play a critical role in preventing the increase in childhood overweight and in helping children to develop lifelong habits of good nutrition and physical activity. The mandate for Local Wellness Polices recognizes this important role. While schools cannot and should not be the only societal institution held responsible for addressing overweight and obesity, schools can be at the center of the discussion. Local Wellness Policies, by requiring the input of parents, school administrators, school staff, and students can begin the process of creating system wide solutions that will last over time.

Wellness Policies, like all school policies, may need to be implemented incrementally. As we show below, much progress is being made, but as we also show, there is still much to be done. We encourage this committee and your colleagues in both houses to recognize this incremental progress and the need for schools and districts with support to achieve the potential of these policies.

What We Know About Wellness Policies

Because the development and adoption by the local school board of the Local Wellness Policy is only the first stage in the process, Action for Healthy Kids has worked on providing support for the implementation and monitoring stages. As an initial step, we have completed two "Snapshot" policy collection and content analyses. The purpose of these snapshots was to begin to gain a better understanding of the contents of the almost board-approved 15,000 policies and to identify areas where support and technical assistance is needed to ensure the policies achieve their potential.

Starting last summer and continuing into the beginning of the school year, Action for Healthy Kids collected a non-random sample of policies. We collected 256 approved policies and, where possible, the supporting regulations or implementation guidelines. We sought a sample of policies from every state and the District of Columbia and from districts of all sizes. Because minority children are disproportionately at risk and are overrepresented in the nation's urban school districts, we also made a special effort to collect policies from the largest school districts. Policies were collected through submissions from Action for Healthy Kids Teams and partners and direct requests from districts via email or the district website.

When the collection period closed we had the following distribution of policies.

- At least one policy from each state (except Hawaii, which had not completed the policy adoption)
- A distribution of policies from all states, taking into account that not every state has districts in each of the size categories
- 67 from small districts (up to 2,500 students)
- 90 from medium districts (2,501-20,000 students)
- 99 from large districts (over 20,000)

Following the collection, Action for Healthy Kids conducted an analysis of the policies against each of the areas required by law and the topics addressed in our Local Wellness Policy Fundamentals. (See attached report on the analysis)

The good news from this analysis:

- Eighty percent of the policies addressed the required areas of nutrition education, nutrition standards and physical activity;
- Seventy-seven percent of the policies addressed the important issue of access to school meals and after-school snacks;
- Eighty-nine percent of the policies addressed other school-based activities to promote student health and wellness as allowed by the law. Among these policies, 82 percent specifically addressed efforts to continue to involve families and communities and 60 percent called for the establishment of an ongoing school health council or committee (an important vehicle for community involvement).

Of some concern are the areas of implementation and monitoring/evaluation. Policies were often less specific in these areas:

- Seventy-three percent provided some detail on implementation;
- Sixty-seven percent identified who is responsible;
- Fifty-one percent provided a time line for implementation;
- Forty-nine percent addressed how policy implementation will be tracked;
- Fifty-nine percent addressed evaluation, but did not provide detail.

It is important to note the lack of specificity does not mean that the policy will not be implemented. However, it may suggest that implementation has not received the full support needed to make these types of changes. We know from other areas of education research that a number of factors contribute to the successful implementation of new policies at the district and building level:

- The policy is well written and comprehensive;
- The right people are at the table for development AND implementation;
- The policy is understood by all constituencies;
- Support and commitment from school leaders who are willing to "walk the walk";
- Support from school staff and community members;
- Where changes in practice are called for, staff and families are offered alternatives (i.e. for parties or fundraisers);
- Plan for monitoring the implementation and a plan for improvement;
- Person with sufficient authority who is responsible for overseeing implementation.

We also know that there can be barriers to successful implementation:

- Costs that not offset or addressed;
- Lack of commitment and understanding on the part of key stakeholders;
- There are logistical challenges, such as space, time etc.;
- Lack of clarity, so school personnel and others do not know what is expected.

What Action for Healthy Kids is Doing to Support Implementation

Action for Healthy Kids at the national level and through our Teams is committed to working with our partners to address the challenges of implementation so that these policies can be part of a comprehensive school and community effort.

Action for Healthy Kids Teams continue to provide mini-grants and technical assistance to districts and schools. Among the Teams doing this work are:

- Arizona where the Action for Healthy Kids Team developed model policies and participated in a state-wide pilot effort to change the mix of foods and beverages offered in vending.
- California where the Action for Healthy Kids Team is working as part of a partnership with California School Boards Association, Project Lean, and others to provide targeted assistance in high poverty districts. The Team and their partners have provided workshops in five high need districts.
- Colorado as been working and will continue to work with parents to train them to advocate for continued improvement in the school environment.
- District of Columbia where the Action for Healthy Kids Team helped to develop a model policy used by the DC public schools (and charter schools) and will be working to expand a healthy vending program through peer education and outreach.
- Georgia where the Action for Healthy Kids Team created a web-based technical assistance question and answer site and provided training via distance learning.
- Kentucky was one of several Action for Healthy Kids Teams that worked closely with the state school board association in the development of model policies. The Team is also part of the Partnership for a Fit Kentucky. Team members developed and implemented action plans to provide workshops for administrators, trainings for youth league coaches, and the dissemination of tools, resources, and materials to a range of audiences.
- Maryland where the Action for Healthy Kids Team is working to identify technical assistance needs and provide support beyond the support that state agencies can provide.
- Minnesota which has targeted parents through distance learning opportunities for strengthening their understanding of and participation in Local Wellness Policy development and implementation.
- New Hampshire which has raised funds through grants and fundraisers and helped to support the construction of walking tracks, the development of walking programs and expand access to healthy food choices. The Team has also trained teachers to administer and use the data from the Fitnessgram.
- New Mexico where the Action for Healthy Kids Team is working to help schools develop and implement healthy fundraisers using healthy, locally produced foods.
- New York where a Team in New York City is piloting a new research-based parent engagement program in schools to train parents as advocates and leaders for good nutrition and physical activity.
- In Ohio, the Action for Healthy Kids Team worked with the Ohio Department of Education to provide Wellness Policy trainers to support the development of the policies. These trainers reached every school district in the state. The Team has worked as part of a state wide effort to expand access to healthy school breakfasts. These efforts enrolled almost 30,000 additional students in school breakfast.
- Tennessee is working with their state office of coordinated school health to implement coordinated school health programs in every school district. In the upcoming school year the Action for Healthy Kids Team will be promoting and providing training in the Take 10! physical activity curriculum.
- Texas has worked with partners including, Texas School Boards Association, the American Cancer Society and the Departments of Health and Agriculture to provide technical assistance and model policy language to school districts. In the upcoming school year the Texas Team will be replicating a Massachusetts project "Students Taking Charge" which trains students to be school-based leaders.

National Action for Healthy Kids continues to provide information and resources through our publications and monthly phone symposia to help our Teams continue their work.

What Agencies and Organizations are Doing to Support Implementation

State government and agencies including education, health and agriculture are providing assistance and accountability. A soon-to-be-released study from the National Association of State Boards of Education found that at least 45 states are actively providing assistance to local school districts. Many have also passed legislation or state board policies that provide further direction on standards in both physical activity and nutrition. Among the states and their actions:

• Arkansas, Kentucky, Rhode Island, and South Carolina are incorporating reporting and accountability for implementation into their existing school improvement plans and reporting.
• Kansas, Pennsylvania, New Mexico, and New Jersey all required some level of review of the policies as part of the policy development process.
• Kentucky, Nevada, North Carolina, Oklahoma, Tennessee, and Virginia have established requirements for districts to report to the state on implementation, however the state does not provide an evaluation or review.
• Florida, Indiana, Kentucky, New Mexico, and Tennessee require school districts to establish ongoing local level accountability through reporting and review at the district level.
• All states are working with a range of partners and programs to ensure that districts get help in implementation and beyond:
• Requirements for additional contents in the policies;
• Resolutions that encourage districts;
• Policy guidelines;
• State level advisory councils.

Federal agencies including USDA and CDC/DASH are critical to helping states provide the support they need:
• USDA's Local Wellness Demonstration Project grants in California, Iowa, and Pennsylvania are a cooperative agreement with Food and Nutrition Service and will do the following:
• Assess local wellness policy activities in selected school districts;
• Document the process used by these school districts to develop, implement and measure the implementation of a locally adopted school wellness policy;
• Document any school environmental change;
• Assess the level and types of technical assistance necessary to implement and evaluation a local wellness policy.
• USDA, in partnership with the CDC and the Office of Safe and Drug Free Schools has compiled and continues to update extensive web-based resources for districts.
• CDC's Coordinated School Health Program, with its resources such as the School Health Index provides an important framework for districts and schools to ensure the changes made under this requirement are part of a coordinated effort to address the school environment and its contribution to childhood obesity.
• CDC/DASH has convened state education agency staff and others at a School Wellness Institute in January 2006 at which resources were disseminated and shared. CDC continues to provide assistance through its Coordinated School Health Programs.
• The Office of Safe and Drug Free Schools (U.S. Department of Education) also recognizes the importance of these policies and is including sessions on the policies and on healthy eating in their annual grantees conference this summer.

Other national organizations are also taking on the challenge of working to support these policies. One of the most innovative efforts is a partnership between the National League of Cities and the American Association of School Administrators. At a Leadership Academy in February, these two organizations brought together city administrators and school leaders to look at what the cities could do to support schools, but also to look at how the Local Wellness Policies could be expanded to address the larger community in which children live. Fifteen districts attended the academy, which mixed presentations from experts with time for the participants to network, to learn from each other and to focus on planning time. Currently, districts that attended are submitting applications for additional funding to help them to implement their plans. The partnership will be funding five or six of these applications.

The National Association of State Boards of Education is providing support to state school boards and state education agencies for their leadership role in this area. In the first year of this project, they have produced the comprehensive overview on state strategies reference above. They have also hosted a policy symposium for interested state school board members and their partners.

Conclusion

Thank you again for the opportunity to share this testimony. Action for Healthy Kids is committed to supporting the nation's states, districts and school in the development, implementation and monitoring of the Local School Wellness Policies. Creating healthy school environments, that provide sound nutritional options, multiple opportunities for physical activity, high quality physical education and nutrition education as part of comprehensive health education and the ongoing involvement

of families and communities will make a difference in the future of our nation's children.

Wellness Policy Fundamentals: Key Considerations as You Develop Your Local Wellness Policy

Local Wellness Policy Area 1: Setting Nutrition Education Goals

The primary goal of nutrition education, which may be defined as "any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being," (ADA 1996) is to influence students' eating behaviors.

a) Classroom teaching: classroom based nutrition education that includes requirements that the subject be taught, follows standards, and/or addresses specified learning outcomes

b) Education, marketing and promotions outside classroom links with school: nutrition education that occurs outside the classroom, or that links classroom nutrition education to the larger school community, such as school gardens and cafeteria-based nutrition education

c) Teacher training: requirements for professional preparation or ongoing professional development for teaching nutrition

Local Wellness Policy Area 2: Setting Physical Activity Goals

The primary goal for a school's physical activity component is to provide opportunities for every student to develop the knowledge and skills for specific physical activities, maintain physical fitness, regularly participate in physical activity, and understand the short- and long-term benefits of a physically active and healthy lifestyle.

A comprehensive physical activity program encompasses a variety of opportunities for students to be physically active, including: physical education, recess, walk-to-school programs, after-school physical activity programs, health education that includes physical activity as a main component, and physical activity breaks within regular classrooms.

a) Physical education (high school graduation requirements): indicates whether physical education is required for graduation or the amount of physical education that is required to graduate

b) Physical Education (classroom format and instruction): the number of minutes per day or week that physical education is required; the number of days per week physical education is required; the intensity of physical activity during physical education class; prohibiting the use of physical activity as punishment

c) Physical education (teacher-to-student ratio): the number of students permitted per teacher for a physical education class

d) Physical Education (standards/requirements-based; curriculum requirements): the use of national or state-developed standards for physical education; the use of a specified curriculum for physical education.

e) Physical education (staff training/certification): requirements for professional preparation or ongoing professional development for teaching physical education

f) Physical activity outside of physical education: number of days per week, minutes or hours per day, or classroom-based physical activities outside of physical education requirements

g) Recess to promote physical activity: number of days per week, minutes per day, or type of recess or free-play time during the school day and outside of physical education

h) Walking or biking to school to promote physical activity: safer routes to school for pedestrians and bicyclists, walk-to-school days, walking or biking safety policies

Local Wellness Policy Area 3: Establishing Nutrition Standards for All Foods Available on School Campus during the School Day

Students' lifelong eating habits are greatly influenced by the types of foods and beverages available to them. Schools must establish standards to address all foods and beverages sold or served to students, including those available outside of the school meal programs. The standards should focus on increasing nutrient density, decreasing fat and added sugars, and moderating portion size.

a) Nutritional value of foods and beverages: foods or beverages that should or should not be made available to students, standards for nutrient levels for foods or beverages, and/or times those items may be made available

b) Portion size: the per serving amount of a food or beverage to offer to students

c) A la carte, vending, student stores, or concession stands: types of foods or beverages or nutrient standards for items that may be offered to students from these venues

d) After-school programs, field trips, or school events: types of foods or beverages or nutrient standards for items that may be offered to students from these venues

e) Parties, celebrations, or meetings: types of foods or beverages or nutrient standards for items that may be offered to students on these occasions

f) Food rewards: use of food as a reward or punishment

g) Food-related fundraising: use of food sales in schools

h) Food or beverage contracts: agreements with food or vending companies to sell foods or beverages in schools

i) Qualifications of food service staff: requirements for professional preparation or ongoing professional development for foodservice staff

Local Wellness Policy Area 4: Setting Goals in the School Meals Programs

Schools play a role in helping students make healthy food choices. At a minimum, schools must serve reimbursable meals that meet USDA's requirements as well as follow principles of the Dietary Guidelines for Americans.

a) Developing goals that exceed minimum nutrition standards set by USDA set forth under the 7 CFR Part 210 and Part 220, and meet the more rigid HealthierUS School Challenge menu criteria, could have a positive impact on lunch menus and childhood obesity (*http://teamnutrition.usda.gov/HealthierUS/criteria—instructions.pdf)*

b) Access to school nutrition programs: all children who require food are able to obtain it in a non-stigmatizing manner

c) Time and scheduling for meals: time allotted for students to eat, and the scheduling of mealtimes that might interfere with students' participation in school nutrition programs

d) Surroundings for eating: the physical setting in which students eat

Local Wellness Policy Area 5: Setting Goals for Other School-Based Activities Designed to Promote Student Wellness

a) Marketing of food and/or beverages: locations for food and beverage marketing activities and types of marketing permitted to students, strategies to increase the appeal of healthful food and beverage items

b) Sustainable food practices: environmentally-friendly practices such as the use of locally grown and seasonal foods, school gardens, and non-disposable tableware

c) Access to facilities for physical activity after school hours: access by students, families, or community groups to a school's physical activity facilities

d) After-school programs: physical activity or nutrition-related components of school-based programs for students that occur after school hours

e) Coordinated School Health approach: a model to guide school decision-making related to physical activity and nutrition that encompasses all aspects of the school—from education to staff wellness to addressing smoking and tobacco

f) School health councils: the establishment of committees that help oversee and coordinate physical activity and/or nutrition or other aspects of student health

g) Community/family involvement: communications to families on health or nutrition topics (including body mass index results), the involvement of family or community members in school health councils or taskforces

h) Staff wellness: physical activities and/or nutrition services or programs designed to benefit the health of the staff

i) Education Links with schools: curriculum integrates physical activity and nutrition education in all subjects, such as math and science, as much as possible throughout the school day

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Local Wellness Policies One Year Later: Showing Improvements in School Nutrition and Physical Activity

Background

Action for Healthy Kids—a national grassroots organization leading the "Campaign for School Wellness"—is committed to providing resources that support schools in their efforts to implement wellness practices of sound nutrition and good physical activity. Action for Healthy Kids has spearheaded a project to collect, review, and analyze Local Wellness Policies with the intent to establish a process to monitor and assess policy implementation. The objectives of this effort are to better understand and be able to communicate what is included in the policies and the

plans for implementation and monitoring, and to provide a tool for those working with and in school districts to track implementation and evaluation of policies.

The Child Nutrition and Special Supplemental Nutrition Program (WIC) Reauthorization Act of 2004 mandates that every school district participating in the federal meal program implement a Local Wellness Policy by the start of this school year. Each policy must include, at a minimum:

- Goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness in a manner the local educational agency determines appropriate;
- Nutrition guidelines for all foods available on the school campus during the school day;
- Guidelines for school meals not to be less restrictive than federal standards;
- A plan for measuring implementation of the Local Wellness Policies and specification of a person responsible; and
- The involvement of parents, students, representatives of the school food authority, the school board, school administrators, and the public in the development of the policies.

The mandate does not include extensive standards within each of these areas; therefore, schools have some freedom in the development of these guidelines. Policies vary widely.

Methods

The 144 policies collected between October 2006 and February 2007 were added to the 112 policies collected in the first phase of analysis in summer 2006, to provide a larger information base for research. A total of 256 policies from 49 states (a final and approved policy from Hawaii was not available for this study) are included. The policy sample represents urban, suburban, and rural school districts ranging in size between 69 students and 1,100,000 students:

- 67 policies from small districts (up to 2500 students);
- 90 policies from medium districts (2501-20,000 students); and
- 99 policies from large districts (over 20,000 students).

The analysis includes policies from each size category for 36 out of the 41 states that have districts representing each of the categories. Only approved policies were included in the final sample, and at least three policies were obtained from every state, with the exception of Hawaii and the District of Columbia. Because urban school systems are often more systemically complex, and have significant numbers of children at risk, Action for Healthy Kids attempted to collect as may policies from the largest school districts as possible.

Policy Evaluation

Each policy was assessed using the Wellness Policy Fundamentals on the Action for Healthy Kids website (*www.ActionForHealthyKids.org*) to evaluate whether the policy meets the minimum requirements, and to benchmark the policy against model Local Wellness Policies. A checklist was then developed to include the requirements of Wellness Policies as established by The Child Nutrition and WIC Reauthorization Act of 2004. Action for Healthy Kids used its Wellness Policy Fundamentals to expand on these categories by including specific goals districts should state in the policies to ensure the overall recommendations stated by the WIC Reauthorization Act were met.

Results & Key Findings

Results of the Local Wellness Policy analysis revealed that:

- 81% address goals for nutrition education;
- 79% address goals for physical education;
- 88% address other school-based activities designed to promote student wellness by establishing school health councils or wellness teams;
- 81% involve the community and/or students' families; and
- 78% set school meal standards based on Dietary Guidelines for Americans.

Physical Education and Activity

In the physical education and activity sections of the policies, only 15% require physical education to be aligned with national standards, and only 35% mention qualifications of physical education staff. Over half of the policies (58%) discuss the availability of physical activity outside of scheduled physical education, often by making school facilities available to students and families for exercise before and after school, making opportunities for other activities outside of school hours such as non-competitive sports, and integrating physical activity breaks and recess into the day.

Nutrition Education and Standards

More than 60% of policies reviewed discuss integrating nutrition education with other health education and the general curriculum, and 40% require teacher training in nutrition education. Only 40% explicitly promote whole grains, low-fat/non-fat dairy, and fresh fruits and vegetables in the nutrition education programs or in school meals. Nearly 85% of policies specifically state what venues are covered by the policy in the areas of nutrition standards (e.g., concession stands, vending machines, fundraising), and 56% of those policies declare that venues outside of school meals are also subject to meeting or exceeding the dietary guidelines set by the USDA. Only 22% of policies are making efforts to holding recess before lunch, however, 57% mention guidelines for allowing adequate time for meals, and 58% address avoiding the use of food as a punishment and/or discouraging using food as a reward. Only 20% of the policies require making nutritional information available to students and families.

Implementation and Evaluation

The analysis indicated that 73% of policies provide some detail regarding implementation:

- 66% state who is responsible for implementation (most often the superintendent, principal, or school wellness team);
- only 20% offer a timeframe for implementation; and
- less than 20% of the policies discuss how implementation will be tracked.

Over half of the policies (58%) address evaluation, but the evaluation component was often not very detailed. While 52% of the policies meet the minimum requirements of identifying who is responsible for the evaluation, only 31% of policies discuss the process for evaluation. Of the 256 policies reviewed, only eight include measurable objectives and only four state how funding will be made available for implementation and evaluation of the policy.

Conclusion

This assessment and review is a first look at the content of Local Wellness Policies for the 2006 school year, and is only a snapshot of what was completed by school districts during the first year. The hope is that these policies are setting high goals and standards, and giving measurable and quantifiable times and goals.

The lack of implementation and evaluation procedures for a significant number of policies is a major concern. With no plan or process to ensure implementation and evaluation, Wellness Policies cannot be truly effective. Some of these gaps may be remedied in the development of the regulations or guidelines that will support and expand these policies. Implementation and evaluation will be an area where Action for Healthy Kids will focus efforts to educate schools on "best practices". School boards and wellness committees will continue to refine their policies, measure the impact of the policies on the school health environment, and continue to make changes to improve the health of children and adolescents. Action for Healthy Kids will be there to provide them with the support and tools needed to do so.

About Action for Healthy Kids

Action for Healthy Kids is a national, grassroots, nonprofit organization that addresses the epidemic of overweight, undernourished and sedentary youth by focusing on changes within schools. Action for Healthy Kids is a public-private partnership of nearly 60 organizations and government agencies which supports the efforts of Teams—comprised of more than 9,000 volunteers—in all states and the District of Columbia.

Action for Healthy Kids was founded in 2002 by former U.S. Surgeon General David Satcher, in response to the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, which identified the school environment as one of five key sites of change. To learn more, visit *www.ActionForHealthyKids.org*

Appendix

TABLE 1: DESCRIPTIVE STATISTICS OF COLLECTED POLICIES

Mean	39549.86
Standard Error	16049.933
Median	11921.5
Mode	34000
Standard Deviation	96798.92
Sample Variance	9.37E+09
Kurtosis	66.91564
Skewness	7.202327

Range	1099931
Minimum	69
Maximum	1100000
Sum	10124763
Count	256

TABLE 2: POLICIES REVIEWED THAT INCLUDED CONTENT ADDRESSING THESE ISSUES

Content	All policies collected		Policies collected Jun-Aug 2006 (phase 1)	
	No. of policies addressing this issue	Percentage of total policies reviewed (n=256)	No. of policies addressing this issue	Percentage of total policies reviewed (n=112)
NUTRITION EDUCATION:				
All grade levels included	90	35.4%	39	34.8%
Teacher training	104	40.9%	40	35.7%
Aligned w/other health education/integrated across curriculum	153	60.2%	67	59.8%
Promote whole grains, low-fat/non-fat dairy, fresh fruits and vegetables	103	40.6%	47	42.0%
Total mentioning one or more of the four items for nutrition education	208	81.9%	94	83.9%
PHYSICAL EDUCATION AND ACTIVITY:				
All grade levels included	130	51.2%	54	48.2%
Qualifications of P.E. staff	90	35.4%	36	32.1%
Aligned to national standards	38	15.0%	13	11.6%
Hours outside of P.E. for physical activity	149	58.7%	58	51.8%
Total mentioning one or more of the four items for physical education and activity	202	79.5%	85	75.9%
NUTRITION STANDARDS:				
Description of what venues are covered in the policy	216	85.0%	101	90.2%
Standards reflect or exceed dietary guidelines from USDA	124	48.8%	65	58.0%
Nutrition information available on products served	51	20.1%	10	8.9%
Food not used as a reward or punishment	148	58.3%	68	60.7%
Total mentioning one or more of the four items for nutrition standards	232	91.3%	105	93.8%
SCHOOL MEALS:				
Access to breakfast, lunch, and after-school snacks	196	77.2%	77	68.8%
Time for meals	147	57.9%	61	54.5%
Recess before lunch	57	22.4%	25	22.3%
Standards meet or exceed dietary guidelines set by the USDA	198	78.0%	83	74.1%
Total mentioning one or more of the four items for school meals	241	94.9%	104	92.9%
OTHER SCHOOL HEALTH:				
School health council/wellness team	152	59.8%	68	60.7%
Community/Family involvement	207	81.5%	90	80.4%
Coordinated school health approach	50	19.7%	24	21.4%
Total mentioning one or more of the three items for other school health	225	88.6%	97	86.6%
IMPLEMENTATION:				
Responsibility	169	66.5%	69	61.6%
Time frame	51	20.1%	15	13.4%
How implementation will be tracked	49	19.3%	19	17.0%
Total mentioning one or more of the three items for implementation	186	73.2%	77	68.8%
MEASURABILITY/EVALUATION:				
Measurable objectives	8	3.1%	0	0.0%
Process for evaluation	81	31.9%	19	17.0%
Responsibility for evaluation	132	52.0%	42	37.5%
Tool for measuring environmental change (i.e., SHI)	33	13.0%	7	6.3%
Funding support	4	1.6%	1	0.9%
Total mentioning one or more of the five items for implementation	149	58.7%	46	41.1%

Chairwoman MCCARTHY. Thank you.
Mr. Lawler?

STATEMENT OF PHIL LAWLER, DIRECTOR OF OUTREACH AND TRAINING, PE4LIFE

Mr. LAWLER. Thank you, Madam Chairman.
And thank you, Congresswoman Biggert.
My name is Phil Lawler. I am not Lance Armstrong, but I am a two-time cancer survivor. The meaning of good health has very deep meaning for me.
Personally, I am the PE4LIFE Academy director in Naperville, Illinois, which is a nationally recognized model program. PE4LIFE is a non-profit organization. We are training schools around the country to understand the value of quality daily physical education.
The last 4 years, I have trained schools from 35 states and actually five foreign countries. Obesity is spreading worldwide.
I have got 35 years of experience of teaching physical education, but the last 15 I have been focusing on a program that is focusing on the health of children.
I was initially trained—my ultimate goal was to teach sports skills to every child that walked in the door. That system didn't work. There was lots of students that weren't interested in sports. In many cases, sometime we actually turned students off to exercise.
I think back 10 years ago when I put a heart rate monitor on a young girl doing a mile run. And her time was 13.5 minutes. She walked most of it.
Under the sports model, she failed miserably. I downloaded that heart rate monitor. Her average heart rate for 13 minutes was 187. By a health and wellness model, she worked too hard.
During the last 15 years, obviously, the world has changed. And fortunately, physical education has changed with it. We now have national standards.
During this period of time, when I first started teaching, we weren't a fast food nation. Children actually went outside and played.
Well, with this change in physical education, the PE4LIFE model has proved some amazing results. Granted, it is one community, but the program is spreading nationwide.
If you include overweight and obese, it is running about 35 percent in our school-age children. Three years ago, we tested 1,500 freshmen in our community. Our rate of overweight and obese combined was 3 percent. I will repeat that, 3 percent.
I thought for surveillance the rest of the nation would jump on board and bring back daily physical education at every school in the country, but I was wrong.
Because of No Child Left Behind—and I know that is not the intent of it, but every administrator in the country is focusing on reading, math and science. So I knew we had to come up with another direction to sell the public on the importance of physical activity for kids.
The last 3 years, I have been working very closely with a gentleman by the name of Dr. John Ratey, one of the to brain research

specialists at Harvard. There is new and growing evidence—there is no question—that a fit child learns better.

We just finished a pilot program in our community over the last 2 years. We took a group of students that were below grade-level reading. We improved their reading skills a half a grade level in one semester using physical activity. We found the same was true with our math scores.

There is even more. We opened up a PE4LIFE Academy in Kansas City, in an urban setting, 97 percent free lunch. The only change made in the entire school day was physical education went from 1 day a week to 5 days a week.

Cardiovascular fitness improved 200 percent in 1 year. But the administration was excited about the fact there was a 63 percent decrease in disciplinary referrals to the main office.

School violence is an issue. Fit kids behave better. There are so many benefits to physical activity. The science and medicine has proven that. We have got to focus on it.

Schools do not receive funds and schools are not evaluated whether their children are healthy or not. I applaud Congress for the PEP Grant.

The PEP Grant has allowed schools to jump-start their wellness programs. It has allowed schools to become models for other schools in the country, to develop and put a focus on children's health.

I think the wellness plan is very similar to where we were with smoking 20 years ago, 30 years ago. I think today with the school wellness plans we have put the warning label on the schools.

We need an action plan where now we have states banning smoking indoors. We have to get the entire country focusing on getting daily physical education back into our schools.

I would like to close with quoting Dr. Kenneth Cooper, the father of aerobics: "The PE4LIFE approach is exactly what we need to happen if we are going to have any hope of avoiding a medical disaster for this generation of children."

Thank you.

[The statement of Mr. Lawler follows:]

Prepared Statement of Phil Lawler, Director, PE4life Instruction and Outreach

I want to thank the members of the panel for allowing me the opportunity to speak today about an issue that I am very passionate about. I firmly believe that physical education must play a critical role in attacking the childhood obesity crisis negatively impacting our young people.

My name is Phil Lawler. I am Director of Instruction and Outreach for PE4life. PE4life is a non-profit whose mission is to inspire active, healthy living by advancing the development of daily, health-and-wellness-based physical education programs for all children, not just the athletically inclined. Not only am I convinced that the "PE4life Way" can greatly increase the fitness levels of students, K-12, across the country, I believe that the PE4life approach to physical education can enhance academic performance and reduce discipline issues in schools. I'll address those two issues later in my testimony.

For 35 years, I served as a physical education teacher in Naperville, IL. I'm proud to say that our physical education program evolved into one of the most respected PE programs in the country over the last 15 years. In fact, our program was chosen by PE4life to be the country's first PE4life Academy. PE4life Academies are exemplary, daily physical education programs that also serve as training centers for other schools and communities.

However, our Naperville physical education program wasn't always as effective as it is today. And I wasn't always as passionate about health-and-wellness-based

physical education as I am today. In fact, at one time, I was one of the staunchest supporters of the "old PE," a model built around sports skills and athletic performance. I'm sure many of you here today can relate to the "old PE" model of physical education, which also included humiliating activities like dodge ball.

Let me give you a quick example of when I saw the light. Our department had acquired a single heart rate monitor. I hadn't used it but one day I took it out and put it on a girl I didn't believe was working very hard in class. In the old days of PE assessment, we said, "let's run a mile, and if you can't run a mile under eight minutes, you're a failure." How many people in this country were turned off to exercise by those standards? I put the heart rate monitor on a young lady who didn't have asthma and wasn't overweight. So, based on her 13.5-minute mile, I deemed her a failure. But when I downloaded her heart rate monitor, her average heart rate was 187. By just using my observation as a physical education instructor she wasn't doing anything, she wasn't expending any effort. But in reality, the heart rate monitor told me she was working too hard.

Now with this technology, we won't make that mistake again. We will personalize PE and we'll give kids credit for what they do and the effort they expend. Technology like heart rate monitors, pedometers, and interactive exer-games are definitely part of the PE4life Way today.

We have all heard the scary statistics about the health crisis facing our nation's youth. You'll hear plenty more today. But suffice it to say, we're facing a major challenge in this country with our children. To me, however, the numbers are too impersonal. They're shocking but they don't hit home. But I came across a couple quotes that hit me like a ton of bricks. I think they really drive home the challenge we're all facing today.

According to Dr. William J. Klish, professor of pediatrics at Baylor College of Medicine, "Children today have a shorter life expectancy than their parents for the first time in 100 years." Think about that, given the medical and technological advancements of the last several decades. "Children today have a shorter life expectancy than their parents for the first time in 100 years." That's a scary but powerful statement.

Dr. K.M. Venkat Narayan, diabetes epidemiologist for the Centers for Disease Control and Prevention (CDC) stated, "One in every three U.S. children born after 2000 will become diabetic unless many more people start eating less and exercising more." One in every three!

I think former surgeon general, Dr. Richard Carmona, summarized the situation the best when he said, "As we look to the future and where childhood obesity will be in 20 years * * * it is every bit as threatening to us as is the terrorist threat we face today. It is the threat from within."

Physical education can be a key part of the solution to that threat, maybe the most important part of the solution. However, for that to be the case, several issues must be addressed. At PE4life, we see three key problems with our nation's current physical education system: 1) The dramatic decline in the number of students taking physical education classes on a daily basis; 2) The continued emphasis on the "sports model" of physical education that overemphasizes team sports skill development and participation at the expense of health and wellness education and lifelong physical activity skill development and participation; and 3) Grading students based on skills and innate abilities versus effort and progress toward individualized goals.

To combat these problems, the PE4life program is about getting kids active now and instilling the lifetime benefits of health and wellness. It's about enabling each student to maintain a physically-active lifestyle forever. It means emphasizing fitness and well-being, not athleticism. It eliminates practices that humiliate students. And it assesses students on their progress in reaching personal physical activity and fitness goals. A P.E.4life program exposes kids to the fun and long-term benefits of movement—it's really that simple.

That said, while our emphasis is teaching the lifetime health-and-wellness benefits of physical activity, PE4ife programs still teach team sports but the focus is on small-sided sports: four-on-four football; three-on-three basketball, four-on-four soccer, so more kids get involved, touch the ball more often, and move to a greater degree.

PE4life advocates exposing students to a variety of sports and fitness activities through physical education so our children can make educated choices about the physical activities that are most appropriate for their personalities and lifestyles.

I think if there was one thing I would like children to take away from their PE4life experience, it would be the importance of regular exercise. Quality, health-and-wellness-based physical education is crucial in helping children reap the long-term benefits of physical fitness and in establishing this healthy habit for life.

An important point of my testimony today is that this isn't just a theoretical philosophy. The PE4life model is working in real schools, with real students. We have strong evidence that the PE4life Way improves students' health and wellness. And increasingly, we're building the research support for the PE4life model's impact on academic performance and discipline issues as well.

I'm going to give you a brief overview of some of the exciting research PE4life's compiling. The nationally-respected Fitnessgram assessment, which evaluates students in six fitness-related categories, was used to compare the physical fitness levels of 9th grade students in Naperville, IL (once again, home to the first P.E.4life Academy) with their 9th grade, non-P.E.4life counterparts in California. In all six categories, the Naperville students far out-paced their counterparts in California. In the two most significant categories, "aerobic capacity" and "body composition," the results were significantly in favor of the Naperville kids. For example, of the 1,500 freshmen in Naperville, only 3% were found to be overweight or obese. On the other hand, 32% of their 9th grade counterparts in California, were overweight or obese. In the "aerobic capacity" category, 80% of Naperville freshmen were in the "healthy fitness zone" versus only 50% of the California students.

As a result of performances like that, parents of the students at Madison Junior High School, my former school and home base for the Naperville PE4ife Academy, voted physical education the #1 curriculum in the school.

Other PE4life Academies around the country, all of which have been recipients of the Carol M. White PEP grant, are seeing similar results in the areas of fitness and health and wellness. But the research that's really starting to get me excited is the findings showing that physically-fit kids perform better academically.

In a California Department of Education study looking at 5th, 7th, and 9th graders, based on the same Fitnessgram assessment that I just cited, the students that were the most fit also performed the best on math and reading assessments.

In another study, undertaken at a PE4life Academy, high school students that took a fitness-based physical education course before the regular school day began, in addition to a literacy class, improved their reading and comprehension scores by 1.4 years on a grade-level equivalency scale. That represented a 50% greater improvement in reading and comprehension scores than seen by the students in the study who took the literacy class alone.

The bottom line is, fit kids perform better academically. This is a critical point in this era of No Child Left Behind. Despite the worsening childhood obesity epidemic in this country, many physical education programs are being dropped or significantly scaled back. And the reason given by school administrators and board members? Academic pressures that stem primarily from federal No Child Left Behind mandates and state standardized academic assessments.

As Dr. John Ratey, an expert on exercise's impact on the brain from Harvard Medical School says, "The greatest fallacy in American education today is that dropping physical education will improve academic performance."

In fact, Ratey goes on to say that "exercise is the one thing we know that optimizes brain function. It's so good, it's like Miracle-Gro."

Another exciting piece of PE4life research comes from our PE4life Academy in urban Kansas City, Missouri. The study at Woodland Elementary School looked at discipline issues before and after the implementation of a daily PE4life program at the school. Suspension days dropped from 1,177 to 392 (a 67% decrease). Discipline incidents (fighting, etc.) dropped from 228 to 94 (a 59% decrease). The only significant difference from one year to the next at Woodland was the implementation of a daily PE4life program.

Woodland's principal, Craig Rupert said, "PE4life has had a tremendous positive influence on the lives of the students at Woodland Elementary School. It has not just increased the levels of fitness we are seeing in our kids, but they are also more motivated throughout the day. Enthusiasm is way up and office referrals are way down."

Much more research needs to be done in the area of quality physical education and its impact on discipline issues but this is exciting stuff.

I would like to take just a minute to discuss how well PE4life is positioned to be an ideal School Wellness plan implementation partner for schools across the nation. For the 2006-2007 school year, school districts were required to have a wellness policy in place.

Undoubtedly, getting to this point was a big challenge. Nevertheless, a bigger challenge is now staring schools in the face: How do we most effectively implement these policies?

The School Wellness law was designed to be an important new tool to promote wellness-based physical education programs, healthy eating and other school-based physical activities. In order to enhance the chances of success, the legislation also

requires that local wellness policies have an implementation plan in place. This can't simply be a "get the policy done and place it on the shelf" exercise. These plans must be implemented and then evaluated on a regular basis. Additionally, the law requires that a broad group of local stakeholders be involved in the development and execution of the wellness policy.

From its inception, the "PE4life Way" has been a community-based, stakeholder-driven approach to quality physical education focused on measurable outcomes. Our Academies provide training to a wide-variety of school and community leaders in the development of their own PE4life programs, including a step-by-step implementation plan for their School Wellness initiatives. Moreover, PE4life helps Academy trainees cultivate partnerships designed to advocate for change in their communities, along with finding the community funding to make change real and lasting. The PE4life Way is all about getting local stakeholders involved.

It's also important to note that while we believe physical inactivity is the primary culprit in the childhood obesity epidemic, nutrition education is an important component of PE4life programs. In fact, we are partnering with the American Council on Fitness and Nutrition (ACFN) and the American Dietetics Foundation on a nutrition pilot study this fall.

PE4life is a young organization. We were founded in 2000. Nevertheless, we've made a tremendous impact. Our five PE4life Academies have hosted school/community teams from 34 states (and five countries), impacting 1,639 urban, suburban, rural, private and public schools and reaching 1.7 million students. Of the 188 school/community teams that PE4life Academies have trained, 60 of them have been Carol M. White PEP grant winners.

It's important to note that schools that have benefited from receiving a PEP grant have had a jump start in effectively implementing their School Wellness plans.

Each of our five PE4life Academies have themselves been recipients of a PEP grant. They are enjoying increases in fitness scores, decreases in discipline problems, and increases in academic performance. In turn, these Academies, as model physical education programs and training facilities for other schools, have been effective in helping other schools implement their Wellness policies.

Nevertheless, given the magnitude of this country's problem with sedentary young people, there is no doubt that PE4life needs to scale up quicker.

Ultimately, our goal is to have at least one PE4life Academy in every state. Over the next three years, our goal is to expand the number of PE4life Academies by 25 in order to positively impact the lives of thousands of additional students.

So, that's what we're all about. Our plan is to create "change agents" through our training programs. We see the PE4life Academies as change-agent factories, where community teams made up of administrators, board members, teachers, parents, health care professionals, and other community leaders come to learn about a seven-step plan for transforming the health and wellness of young people in their communities.

I know the PE 4life Way works. But I'm biased.

So, I'll let the "Father of Aerobics," Dr. Kenneth Cooper, from the Cooper Aerobics Center in Dallas, Texas, have the final word: "The PE4life approach is exactly what we need to happen if we are to have any hope of avoiding a medical disaster with this generation of children."

I want to thank the Committee for your leadership on the School Wellness Program and for this opportunity to testify. I also want to thank you for your ongoing support of the Carol M White PEP grant program in No Child Left Behind. As a PEP grant recipient, and someone who has worked closely with others who have received these grants, I know first hand how much this funding has done to energize and improve the quality of physical education throughout the country. This is the type of critical financial support we need as state budgets for education decline.

PE4life has set the stage for the type of health-and-wellness-based physical education our children need and programs like PEP go a long way toward helping us succeed. Schools that receive PEP grants are well positioned to implement successful School Wellness plans and become role models for other schools.

I know that No Child Left Behind is up for reauthorization this year. As you consider this important legislation, it is our hope that you include PEP with a significant authorization so more schools can provide the kind of physical education that will positively impact our children for the rest of their lives. The PEP program works. It needs to grow.

I look forward to answering any questions you may have.

Chairwoman MCCARTHY. Thank you, and thank you for your testimony.

I thank all of you for your testimony.

I had talked to a number of you earlier before we started, and I had said that I was shocked on all the research that we started doing, you know, a few months ago when we knew we were going to have this hearing.

In my area, we do have physical education. I didn't know that so many schools had dropped physical education from their program, because I happen to believe that physical education does—number one, we all know that it certainly makes you feel healthier. It builds up the appetite, so hopefully we go to better foods.

And so all this information that you have put in front of us is something that I hope that all of us can work on and get a better program out there.

Mr. Chase, you know, you and your wife had talked about your program is part of getting parents involved. We are legislators. You know, we can't mandate—we can't certainly make a law to make parents do the right thing by their children by example or even anything else.

So how do you go about educating parents to do the right thing for their children and make them aware of what they need to do?

Mr. CHASE. Well, when you say how do you, how do I, or how does one?

Chairwoman MCCARTHY. How does your program encourage that?

Mr. CHASE. Well, the Center for Environmental Education is wide-ranging in what it does. But it basically enables teachers from any part of any school, from kindergarten up, to find what resources they need through a library that we have set up at Antioch College.

It is a difficult question to answer. Excuse me a second. My wife is going to answer it for me, I have a feeling. One second.

My wife says we infiltrate the home through the kids. It is a good answer.

Chairwoman MCCARTHY. Very good answer, and it goes back to what I had said earlier. If we would listen to our children a little bit more, we would actually be a little bit further ahead.

Ms. Converse, how did you start working with your school to get them to be more aware, listening to you?

Actually, reading your testimony, you brought in that you basically were shocked that a lot of the physical education teachers, a lot of the teachers themselves, didn't even know they had a wellness program going on.

How did you make them aware of it?

Ms. CONVERSE. Well, my initiative basically started by me speaking to my school board about it, so they became aware about the issue that we currently have.

And then from there, I have gotten chances to speak for obesity summits and such things, so I have taken a lot of my information and sent it back through the schools, as many people as I can touch.

But you know, I am only one person. I need the help of people like you—grownups, if you will—to spread the word as well. And I am hoping kids will join me in this initiative that I have got going, so it will be more widespread that way.

Chairwoman MCCARTHY. We have found, certainly, working with—I am in schools, basically, almost every single Monday. And I had found if we find some key young people and make them the ambassador, they can spread the message among their classmates a lot faster than me saying to a young person, "Hey, you should be doing this."

Hopefully, maybe that is some way we can work that in to what we are going to be doing.

You know, when you talk about—with this particular job, you have the opportunity to travel around the world. Last year, I was in China.

And one of the things that did shock me is we were doing an educational tour on how many of the youngest of the young and then the high school and the college students are extremely obese. And it is just something that we were not expecting.

And when I talked to the minister of education, I brought it up. And he said, "It is all your fault. We have McDonald's. We have Burger King."

And yet when you went out to the province, you know, here they didn't have these particular things, you basically saw that the young people were healthier. They were eating their vegetables. They didn't have any of the candies, sodas and things like that.

So it is something that we all need to work on a little bit better.

And, Mr. Lawler, as far as—I grew up with learning disabilities. I will be very honest with you. The only thing that, certainly, worked for me—I happen to be a great athlete.

That did help me with my improvement in school, and it gave me self-confidence, which I think a lot of kids are lacking these days, too.

So if you could expand on your program.

Mr. LAWLER. There is no question that the self-confidence issue goes along with it. It reaches out in so many directions, even special education.

There is a gentleman in New York by the name of Dr. Wendt who did some research specifically with ADHD, which is a major impact on our schools today. And one of the conclusions of the study—that 12 minutes of aerobic activity had the same effect on the body as a dose of Ritalin.

We all want that instant gratification. It is a lot easier to take a pill than it is to exercise. But I think we are going to see dramatic changes in the world—in our country if we get people to exercise.

Every branch of education that has good programs in place—it doesn't do us any good unless those kids are healthy. If we don't get blood flow to the brain, oxygen to the brain and hydrate the brain, they are not listening. And so we are definitely seeing a difference.

And as far as getting to the parents, I believe it is true—we call what we have a trickling up effect. The more we have focused on physical education, the more the parents are understanding.

In our community, in a survey, parents rated physical education the number one curriculum in our district for satisfaction. They understand the importance of children's health.

Chairwoman MCCARTHY. Thank you.

I now recognize Ranking Member Platts for 5 minutes.

Mr. PLATTS. Thank you, Madam Chair.

And again, my sincere thanks also to all of the witnesses here today.

First, with Ms. Converse, I don't think you will just be voting in 3 years at age 18. You are going to soon be running for office, I believe. [Laughter.]

And Mr. Price isn't here, but it is a good thing you have to be 25 to run for Congress, or I think Tom would be in trouble.

There seems to be a number of issues here that we are trying to address. One is the nutrition standards and requirements we have in our schools, and then the second one is physical education requirements.

And then within both of those, there are sub-issues. And with nutrition, it is the USDA standards that are in place.

And, Mr. Chase, as you referenced, they haven't been updated in 30 years.

And then what additional standards should we perhaps put in place as far as what can be sold?

What I want to try to pursue quickly in my time is the interaction between those, nutrition and physical education.

And I want to start, Dr. Marks—you referenced the Arkansas study or action, and I am curious, because I am not familiar with that.

Has there been a comparison of what Arkansas did to what is being proposed in Ms. Woolsey's legislation, how they align? Does it go farther? Is it not as much as what we would be requiring?

Dr. MARKS. The Arkansas legislation was a comprehensive school health bill that changed the vending machine policies, changed the policies so that they have P.E. in the schools, and changed the school nutrition programs.

And in addition, it measured and weighed children and let the parents know how their children's weight and their body mass index are rated.

And so Congresswoman Woolsey's bill looks specifically at the standards for competitive foods and so is only part of the comprehensive school policy changes that are needed.

And in that sense, that is why I framed it as a good step, but we need many more steps.

Mr. PLATTS. On the specific issue of the competitive foods aspect of Congresswoman Woolsey's—did Arkansas go farther than——

Dr. MARKS. It has many more elements.

Mr. PLATTS. Okay.

Dr. MARKS. And it did not have the specific parts about—that she has in her bill about the standards for minimally nutritious foods.

Mr. PLATTS. Okay. One other part of your testimony—and it is one of the challenges here—is your comments about schools are a central place to start.

They certainly are an important place, but I would back up—as, you know, parents being the first place to start, and part of that is from being in my children's school on a regular basis in the lunch room.

And I am one who, if someone else is cooking, I am always happy to eat, so I like school lunches.

But I watch what is consumed at that table, and especially—one of the issues why focusing on parent education is because how many of my—of my two children, my 10-year-old packs. My 8-year-old usually buys.

And when Leslie, my wife, packs—trying to have a good, balanced nutrition. But also, when I go in and watch what my son would eat if I wasn't there versus what, you know, he is eating with me present—but I watch his classmates, because their parent isn't there.

And I am usually shocked at what is in their lunch bag that they brought from home, not what the school is selling them—and that we need to really get to that education, and a national public education effort, because I think the obesity numbers are more and more common, but we haven't really taken those numbers and gone farther.

And what you are trying to do, I think, through your foundation's efforts is the education of using that knowledge now to tell kids—or parents hey, you are making sure your child's seat belt is on—but you are making sure they are eating healthy at lunch or all of their meals.

Dr. MARKS. That is a great analogy that you drew there right at the end. For parents, we have to make the healthier choices easier for them to make and for their children to make.

If they go to schools and all the food offerings are unhealthy, what are they going to choose? They have no choice, only unhealthy options.

Mr. PLATTS. The one choice they would have—and I won't leave parents off the hook—is they could make sure their child packs a healthy lunch.

Dr. MARKS. And I would urge that they look at the policies at their schools as well, so that their child——

Mr. PLATTS. Agreed.

Dr. MARKS.—healthy lunch they can eat it. Your example with the seat belts, though, is great. How many people would use seat belts if they weren't required that they be in cars? A lot fewer.

And so it has always been an important role that we have for our society to say what are the things that are most important. Do we make those choices the easier choice, so that people then, when they make that choice, it is right there for them?

Mr. PLATTS. I am going to try to squeeze in one other question. I am not sure if we are going to come back for a second round.

Mr. Lawler, real quickly, your numbers are staggering of what your school has done. And there is a whole host of issues I want to pursue about your program.

But one in particular I will start with and, if we get a chance, come back, is the comparison of your school to the California school district—the difference in, you know, 3 percent of your entering freshmen of 1,500—a large group, too; a large sampling—were found to be overweight or obese, and 32 percent of the California school.

Was there a follow-up or an additional comparison, not just comparing what your phys ed program is doing to California's, but also

of your school's nutrition standards in the cafeterias, or what they are selling, you know, vending machine, compared to the other school to have both sides compared? Or was it more just on the phys ed side?

Mr. LAWLER. It was mainly on the physical education side, and it is an interesting point. And we obviously have to make changes in our vending machines at school.

But you mentioned a very, very important part, the education part of it. Prohibition doesn't work. We have to be educating these children about making good choices.

We had some of those numbers even with vending machines in our school. With every choice out there, the number one seller in our vending machines for beverage by our students was water, because they have been educated.

Now, another thing is, remember, our program started 15 years ago, before this obesity crisis was there. We started to focus on children's health.

We have really dedicated—now, remember, Illinois is one of those few states—it is the only state that mandates daily physical education. So we have the students every day to get a chance to make a difference with them.

Mr. PLATTS. I will hopefully have a chance to come back. I would just add your example of the water is—I used to consume about a case of soda a week till 3 years ago. And then sitting at the dinner table, my then-4-year-old, 4.5-year-old, said—they had milk or water, and I had my soda—"Dad, if it is so bad for me, why are you drinking so much?" And so I drink nothing but water now. Went cold turkey. I got educated by my 4-year-old.

So thank you, Madam Chair.

Chairwoman MCCARTHY. See? Listen to your kids.

Mr. Yarmuth from Kentucky?

Mr. YARMUTH. Thank you, Madam Chair.

And thanks to all the witnesses.

I would say in relation to drinking bottled water that I have had several groups of dentists, including pediatric dentists, recently in my office who say one of the biggest problems they face now with kids is that they are drinking so much bottled water that they are not drinking the water that has fluoride in it, and so they have—so I mean, you pick up some, and you lose some.

I do come from a state that I think ranks number one in childhood obesity. If not, it is very close to it. It is not nearly as impressive as our basketball teams.

And it seems that while we are talking about schools and their role in combating childhood obesity—and I think that is very appropriate—if the numbers are right that 35 percent to 50 percent of food is consumed by kids in schools, that means 50 percent to 65 percent is consumed outside of the school.

And it seems to me that this is a very difficult problem. For instance, I have talked to many people in my district, an urban district, who say that in some of the lower income areas there is no availability of fresh food and fresh vegetables.

And it seems to me that there are so many factors here that we have to rely on some universal approach to get at this problem.

And I would kind of leave this as an open-ended question for the panel as to who much of this problem relates to factors such as economics, such as lifestyle, where parents don't have time enough at night to do anything more than put macaroni and cheese on the stove to feed to their kids.

And so, certainly, we can't rely exclusively on schools, and I am just kind of wondering whether you can assess the relative importance of these non-educational factors as well.

Dr. Stallings, please go ahead.

Dr. STALLINGS. Well, I think your overview is absolutely true, and any of us in sort of the business looking at obesity and health in children—and in fact, in adults—recognizes right off the bat that it is very complex.

And the causes are relatively complex, and the solutions certainly will be. And the panel is well constructed, because it is about energy in and energy out, the activity and the food.

I think keeping all of the stakeholders involved—and really, a lot of work has been done really over the last 5 years to make the whole country understand that childhood obesity actually, first, does exist, and second, is important.

And I think that work has been done, and some of the work that Robert Wood Johnson and others are going to do is just phenomenal.

But I would contend that one of the few opportunities we have where we have virtually all children, regardless if they are urban or rural, if they come from a high-income or a low-income setting—that we have an opportunity to use the school setting as one of the steps in the right direction.

Over the course of about a year, about half of the eating opportunities are in a school setting, and about half are at home. Now, that is not necessarily calories, but eating opportunities—meals and snacks.

So our committee and, I think, Congress, through the request of the report, recognizes that schools have a unique role in some of the steps forward.

But I agree completely, we should not target any one part of our complex society of food and activity and work and play and expect one to pull it off.

But there really isn't anything else where we can model good food behavior—we can have some influence on the food that is provided—than the school system.

Dr. MARKS. If I could just——

Mr. YARMUTH. Dr. Marks, yes, go ahead.

Dr. MARKS.—thank you—add a little bit to that, it is very clear that to solve this it is going to require efforts from all of the parts of our society and not just schools.

One of the things I did want to comment on is that we also have been concerned that in some of the poorer inner-city neighborhoods there are not fresh fruits and vegetables.

And we have supported a group called the Food Trust that, in Philadelphia, worked to put together to bring back a grocery store to an area that didn't have one.

I visited an elementary school there and talked to a 3rd-grade young girl who had a new favorite fruit. It was a banana. She had

never had one before, because the corner stores can't stock perishable foods.

And even if she had wanted to, or her parents, they couldn't have gotten it very easily. There is good data that when there is a grocery store that serves fresh fruits and vegetables that people in that neighborhood buy and consume more.

In addition, part of the way the Food Trust made the case in inner-city Philadelphia was these were jobs that would be in that neighborhood. They might not be the best ones, but they are good for an area that had very few.

So they helped make that case with the city council on an economic and development point of view as well. And we are supporting that group to now go to other cities as well.

Mr. YARMUTH. Thank you.

Chairwoman MCCARTHY. The gentlelady from Illinois, Ms. Biggert.

Mrs. BIGGERT. Thank you, Madam Chairman.

I have been to visit Mr. Lawler at the middle school, and I had the opportunity to ride on the bikes and race against one of the 7th-graders. Guess who won? And I am competitive.

But what intrigued me about so much of this program is that it really engaged all of the students.

And you know, you have always got the athletes that are way into sports, but so many times we lose, I think, kids that really are not—not to say that they are not competitive, but they don't think that they are good at sports. And this program is so good to reach all the students.

And maybe, Mr. Lawler, you could tell us a little bit how the program—what you use in P.E.

And the other thing that I have to say is that we in Illinois are so fortunate to have daily P.E. And I know in serving in the state legislature there was always somebody that wanted to take it away, and we wanted to make sure that they didn't.

But if you could just talk a little bit about the different things—and how kids know how they are doing, the data that comes out after your participation.

Mr. LAWLER. We are, again, fortunate. Without a daily physical education program, we couldn't be providing—we wouldn't have the numbers of data that shows the results without that potential.

But one of the things I comment about our program is that the biggest difference between the old physical education that I used to teach and the one we have now is every child feels comfortable about being there, and they know why they are there.

We are educating them that every choice they make every day is going to affect their health the rest of their life.

And we are not molding each student into becoming an athlete anymore. We still use the sports model for some people, but we are also providing a lot of other choices.

To be honest, walking may be the best exercise ever invented. As Dr. Cooper says, walk your dog every day, even if you don't have one.

So I guess the variety—but the educational part of turning the responsibility of the health over to the children themselves, letting them know that every decision they make every day is going to

have consequences—and our students have really bought into that. They really are. They are truly taking ownership of their own health.

Mrs. BIGGERT. Well, I was thinking of, you know, something like the elliptical or the treadmill, and how they see over the year that they really——

Mr. LAWLER. It is just one dimension of our program. We have gone to a focus of using a health club concept that as adults a lot of them won't be playing sports when they are older.

Now, we do something very unique, and I don't necessarily recommend this for all schools, but we have taken one of the enemies, interactive video games—our kids will actually get on a bike that plays PlayStation, but they have to ride in order to play it. It only plays racing games.

I think the invention of this new game Wii—I have not used it yet, but that is the dimension—the video game industry has a responsibility of helping us fight this also.

And I am using eight different companies right now that are getting into physical activity, what we are calling exer-gaming.

Mrs. BIGGERT. We have had a couple of hearings on this in the past 2 years, and so many of the states say, "Well, we can't afford it. We can't afford to have the P.E. every day or even twice a week or three times a week."

Ms. Howley, do you have any recommendations on how we can change the minds of some of these schools?

Ms. HOWLEY. Well, I think there is a couple of things, Congresswoman. I think one is, you know, we know from survey data that parents want this. Parents are the first taxpayers in their school districts.

We fund our schools locally, and so parents who are the taxpayers have to demand that this is where their resources are going to go.

I think secondly, you know, there is a lot of responsibility on states to equalize spending. And so parents have to speak to their state legislators and their state leaders about this is what we want our schools to look like.

You know, from our perspective, the power of the wellness policy mandate is as much about what is in any individual policy as it is about the process of bringing parents and other community members together to address these problems comprehensively.

We have been able to work with the National League of Cities and the American Association of School Administrators to bring together school leaders and city leaders to talk about the kinds of comprehensive solutions that are needed in a community, including how do we fund the things we need, whether it is the P.E. teachers, or the equipment or the space when we are building new schools. I mean, we don't build schools with gyms anymore. We need to do that again.

We will pay for this, whether we pay for it now in terms of, you know, the cost of our buildings or our staff, or in terms of our health care costs.

And I think, obviously, there is going to be a role—this is not my area of what the delineation of federal, state or local roles should be, but since many of those health care costs will sit at the federal

government through Medicare and Medicaid, there is probably a role of the federal government as well in helping to equalize some of the spending and looking at those opportunities.

But we know it is what families want.

Mrs. BIGGERT. Thank you.

I yield back.

Chairwoman MCCARTHY. Thank you.

The gentlelady from New York, Ms. Clarke?

Ms. CLARKE. Thank you very much, Madam Chair, and to all of our witnesses today. This has been a very stimulating conversation.

And it is really putting this issue on the front burner and putting a spotlight on what I consider to be, really, a national challenge.

As you well know, New York City is our nation's largest school system, and this is really presenting a challenge for us in many directions.

As I think Ms. Howley just stated, we constructed many of our public schools without gymnasiums, and our school play lots are now parking lots for a lot of the school personnel.

So to a large extent, we kind of fed into what has become this challenge around dealing with childhood obesity. Just to give you some statistical data, 43 percent of the elementary school children in New York City's public schools are either overweight and/or obese.

That means that nearly one out of four of New York City elementary school children—these are our babies—translating to 100,000 students, are categorized as obese.

And so we are looking to many different tactics for really addressing this head on. Some of it, I believe, as Mr. Yarmuth has said, is socioeconomic.

In many of our communities, we are not having access to fresh vegetables and produce, and so to begin just that behavioral shift for many families—you are talking about generations of people who have not been eating properly for quite some time.

And then you don't have the encouragement in the schools anymore for physical activity.

What are some of the practical day-to-day measures—I mean, we are trying to use a school program, lunch and a snack program, to begin to infiltrate.

And I think it was you, Dr. Marks, that said well, we can get the kids to help the parents to change the way that people address their eating habits, their nutrition and need for physical activity.

Can we talk about some real practical day-to-day—what we can do in an area like New York City? And let me also add that a large part of the students in our public school system, over 50 percent, are children of color. Many are immigrants. I mean, there are so many dynamics.

I would like to see or hear from you some of what, in a multicultural type of environment, in a socioeconomic lower income environment, where the investments have not been made, the behavioral modification needs to take place, what has been done, how we track it, and how we can pursue it much more vigorously.

Dr. MARKS. Thank you. I mentioned already the issue about bringing supermarkets that sell fresh fruits and vegetables into neighborhoods that don't have them.

Also, I wanted to share with you, I was just 10 days ago in Seattle in an elementary school that was just as you described, largely minority, very poor, approaching 90 percent on free and reduced lunch.

It was a place that we had also helped put together a program in support, and they have done remarkably well. They had purchased a salad bar server so that everybody in the school could get them, and all the children did it, and so could the faculty.

They incorporated nutrition education in the art program, so the day we were there, they were having them experiment with Ethiopian food. For those of you who haven't had it, it is served on a large, round bread with vegetables around.

They had to draw it, and describe it, and figure out which ones they thought they were going to like ahead of time, and then they ate it and had to decide whether they were right or not.

I talked to the librarian. He said that they no longer have and expect cupcakes or things like that as the snacks around birthdays. It is almost all fresh fruit. And no one asks for that anymore. It is just the fresh fruit.

They have in their—at the end of the day, and at a break during the day, sliced apples and oranges and grapefruit that—the kids come by the bins and get them and eat a couple.

They have an assembly where a new vegetable is tried, and the children try it, and then they line up behind a smiley face if they like it and a frowning face if they don't.

And they had a mini-farmers' market in the school in the evening that the parents came for, and they had vendors there, and the children had Monopoly-type money that they would use to decide what to buy, and the parents went along and would gather that up, and it was free for the parents.

It has been evaluated, and they have said that more children at that school than others are eating three or more fresh fruits and vegetables a day. The parents talk about with the children, talking about it when they get home, wanting to go shopping so they can help select that.

Now, that is not something that is everywhere. But that school has been so successful, other schools in the Seattle area are going to be trying to do it.

They can use some WIC money. That is, when they teach about nutrition, that can be used to help support the person in the school that is doing it.

But it is the kind of model that we are very excited about. There are models like this scattered about. They are not all evaluated. But we have a long way to go.

And as I said in the beginning about the Institute of Medicine's previous report, there are too few, they are too small, they are too scattered, and there is not the national and state-level leadership to really pull these things together.

Chairwoman MCCARTHY. Thank you.

Mr. Sarbanes from Maryland?

Mr. SARBANES. Thank you, Madam Chair, and thanks for holding this hearing.

And thank you to the panel. I have one question, a quick question. The fast food industry is a huge food distribution system. And I would like to hear your description of what is happening in that industry. Is anybody doing anything so they have some insight into it?

Who are the actors who are stepping up? You can describe categories if you don't want to get into specific names.

And how are they stepping up? What are the ways in which there is enlightenment, if it exists, within that industry with respect to the issues that we are talking about?

And how can enlightened companies step off the cover of Fortune magazine and onto the cover of Life and Time magazine because they are being good corporate citizens with respect to this issue? Anybody.

Mr. CHASE. Anybody? Well, I am assuming you have read the book Fast Food Nation.

Mr. SARBANES. Excerpts.

Mr. CHASE. Excerpts. I would recommend we all take another look at that book. It is very interesting.

I want to also mention that I am from New York. I grew up in New York City. And as usual, the poorest people—and as usual, the poorest are generally people of color—have the least access to sliced oranges, if, in fact, they have a school yard to play in and a halftime during a game they can have a snack. That would be valuable.

And as Dr. Marks has already stated in his example in Seattle—which is not exactly the same as East Harlem, which is where I grew up, just of the cusp, and Harlem, but it is still a very poor area, the area that you spoke of. That would be a major issue.

I think that kids have to learn at home, to begin with, that no, we are not going to, if I may say, McDonald's, for instance, tonight. It may seem cheaper, but in the end, it is going to be a lot more expensive, because in the end we are talking about diabetes.

In the end, we are talking about not just No Child Left Behind, but no child's left behind should be larger than the child's left and right behind combined. That is what we see in this country.

So you know, I think this is a question of education in the family and beginning there, but also access to fresh fruits. Oranges are not a big deal. I know that bananas can be.

But there are also—let me just mention this one thing, and I am not really addressing your question exactly, but I am a fairly wealthy guy. I have made movies that have made all of you laugh, and I think you all owe me a little bit more respect than you have given me today. [Laughter.]

And we live up in the country, Jayni and I, with our three daughters, but when it comes to having dinner, we go into our canned food area sometimes, and we just take out a can of beans, and we find an old onion, and we find a tomato that may be just at the edge, and we chop it all up and put it in a frying pan.

And I will tell you, that is very, very healthy. There are things in cans that can be quite healthy and good, and that is a way of educating your kids how to cook, how to do it on a very low budget.

I am just telling you what I know in my life. Otherwise I have nothing else to say, because, really, my wife put me up to this, and you know, I have got to get to California and get some work, and—no, I just want you to know that there are things to do.

And also, I want to just emphasize with Congresslady Clarke, because I understand that it is the poorest of the poor who are getting the bad shake. And I think bills of the nature that we are talking about address those people. Thank you.

Dr. MARKS. I was just going to comment—following Chevy is a little difficult, but in the area of industry, fast food and other food industry, they are going to have to be part of the solution.

They have to view this as in their interest. Part of that is what the public will buy. We are starting to see some of those changes. But they also have to have a profit.

Some of them are recognizing that the healthier-for-you foods are where some of their increased profit growth is coming from. That is terrific.

But there are other things that they could do that might speed this along. So for example, when you go into fast food and you purchase a special meal for your child, perhaps the default could be water and fruit slices, or carrots, and you have to ask especially for soda or french fries.

It would change what people would buy just by adding that little extra bit, I believe.

I think if children get healthier foods at schools, they are likely to look for that when they go out to eat with their family. So we have to make this a push-pull. But we can't do this without industry taking it seriously and being part of the solution.

And I know that in industry there are some parts and some individuals who want very much to be part of the solution and others that are finding that hard to embrace and finding that they are not yet ready for it.

And it will eventually be the public that tells them they have to be ready.

Mr. SARBANES. Thank you.

Chairwoman MCCARTHY. Thank you. As you can tell by the bells going off, we do have a vote coming up.

But Mr. Platts and I were speaking, and we want to follow up with one more question, so we are using our power.

And, Mr. Chase, you have made us laugh, but we do appreciate your time here. And obviously, you listen to your wife, so you have to be a good guy. [Laughter.]

Mr. CHASE. Thank you very much for having me.

Mr. PLATTS. Mr. Chase, what I was going to say is not only are you a funny gentleman, but a wise—because listening to our wives is very important, so I do appreciate you and all here.

In fact, sitting here, I was—how can I bring all of you to my district and, you know, in the education, Mr. Chase, you will bring everybody out to get the public's attention, and then we have got the phys ed expertise, we have got the student who can connect with her peers on the importance of this, and we have got the medical and research community that are all represented, in how to do this back home, because what each of you have shared is really what we need to replicate at every level and across every state.

And I am not sure who just referenced—but we can either pay a little bit now or a lot more down the road.

And so it is one of the wisdoms of—I am a fan of Ronald Reagan, who said, you know, if we want to do something for our nation's future, we need to do something for our nation's children, because they are the future, as our great example right here exemplifies.

But a quick question on the phys ed side. I wanted to follow up with Mr. Lawler. I want to make sure I understand. In Illinois, it is a state mandate for daily phys ed class?

Mr. LAWLER. It has been a state mandate in Illinois for years. We are the only state. But let me tell you the reality of it. The government got involved. We have a waiver process. The reality is there are a lot of schools in Illinois that are not offering daily P.E. That is a reality.

But there are a lot of schools that are, especially at the high school level. It is almost a dinosaur at the high school level anymore.

Mr. PLATTS. And you are in Naperville. It is every day.

Mr. LAWLER. At the high school, we have 3,000 students that take daily physical education all 4 years.

Mr. PLATTS. Okay. How long of a class—you know, what does that mean?

Mr. LAWLER. Oh, it is the same as all other subject areas.

Mr. PLATTS. Okay.

Mr. LAWLER. It is about a 50-minute period. At the middle school level, it is a 40-minute period. And they have it daily.

Mr. PLATTS. And the specific program, the PE4LIFE—was that a result of school board action saying, "This is what our program is," or is it more at the teacher level saying, "Hey, this is how we are going to do it?"

Mr. LAWLER. It was bottom up. Physical education was not an important part of our community earlier. It is now part of our community culture, just like it should eventually become part of the national culture. It is definitely accepted and respected.

When I first started teaching, you know, I was the Rodney Dangerfield of education—absolutely no respect for what I did. But it has truly changed. We changed the delivery, and people really value it.

Mr. PLATTS. Well, hopefully, as we move forward, you know, we are going to take what you share with us and put it to good success for our children across the nation, all of you.

Mr. LAWLER. And I would be glad—you contact me. I would be glad to bring this information back to the district that your children are in.

Mr. PLATTS. Gettysburg, York, Central Pennsylvania. We need it. You know, we want to do right by children throughout the country. So again, my thanks.

Madam Chair, thanks for allowing me that second round.

Chairwoman MCCARTHY. Just to follow up, how long is your school day?

Mr. LAWLER. Our high school starts at 7:45, and the dismissal time is 3:10.

Chairwoman MCCARTHY. Okay.

I want to thank everybody for being here. You know, a lot of things that you talked about, we are already working on.

The Agricultural Committee, the Ag Committee, has put money in especially for underserved schools so that we will have fresh fruit into those particular schools. So we are taking not only what we are doing here, it is in other committees that are working and looking at how can we make our children healthier.

I live in a suburban area, and yet I am surrounded by low-income schools. And I see, number one, with those particular children, they already have a higher rate—whether it is asthma, whether it is diabetes.

And certainly, if you look at their parents, they have higher rates of heart disease, diabetes—which, unfortunately, leads to dialysis, which is costing this nation too much money because it is all preventable.

And there are three nurses here in Congress. I am one of them. We are trying to educate our members that it might cost a little bit more in the beginning, but what it can cost—save money in the future is a tremendous amount of money.

But more than that, we will have a healthy country. And if you want to talk about homeland security, if our children are healthy and our nation is healthy, we are more secure.

So we have already—you know, and you saw us talking back and forth. We are looking at, again, things that we might not be able to do in this particular committee, but hopefully we could follow through and leave no child behind.

This committee is very dedicated to the children, and everybody on this committee—and I have said this before—we care about the issues. We are here because we want to be here.

So I thank you for your tolerance for us being late. I thank you for your testimony. We will take it. We will use it. And you have to remember one other thing. The wellness program is only 1 year old, and that is—you know, in our time down here, that is nothing.

So we can build upon it. We can make it better. And we have all of you as resources. So give us time. We will keep building on it. Hopefully, we will make this a better nation for all of us. I thank you again.

Oh, yes, I have to say we adjourn the hearing.

[The prepared statement of Mr. Altmire follows:]

Prepared Statement of Hon. Jason Altmire, a Representative in Congress From the State of Pennsylvania

Thank you, Madam Chairwoman, for holding this important hearing today on how we can best use School Wellness Programs to fight childhood obesity.

I would like to extend a warm welcome to today's witnesses. I appreciate all of you for taking the time to be here and look forward to hearing from you.

Stopping the increasing rate of childhood obesity and improving our entire nations health is an issue of great importance to me. This week the House of Representatives passed H. Res 371, a resolution sponsored by me recognizing the first week in May as National Physical Education and Sports Week. The goal of this resolution is to bring increased awareness about the importance of physical activity to all people but in particular to children.

The lack of physical activity by our nation's young people is one of the key factors that has contributed to the dramatic rise in childhood obesity. It is recommended by the Center for Disease Control that children and teenagers get at least 60 minutes of physical activity a day. Currently, only 25% of children in this nation get at least 20 minutes of physical activity a day. Clearly, we are falling woefully short

in terms of providing our nation's children with opportunities to be physically active and the education that being physically active is important.

School Wellness Programs provide an opportunity to fight childhood obesity by providing increased opportunity for physical activity as well as by helping students develop other healthy habits. Today, I look forward to hearing how these plans can be used more effectively to reduce childhood obesity.

Thank you again, Madam Chairwomen, for having this important hearing and for your support of my efforts in this area. I yield back the balance of my time.

[Additional materials submitted by Mrs. McCarthy follow:]

Prepared Statement of Kathy Cloninger, President & CEO, Girl Scouts of the USA

Girl Scouts of the USA respectfully submits this testimony to the Subcommittee on Healthy Families and Communities of the House Education and Labor Committee.

Introduction

Girl Scouts of the USA (GSUSA) is the world's preeminent organization dedicated solely to girls, serving 2.9 million girl members in every corner of the United States, Puerto Rico, and the Virgin Islands. GSUSA has a long standing commitment to the well-being of girls and continues to be an authority on their healthy growth and development. With over 60 badges related to healthy living and a historic emphasis on health in the Girl Scout experience, girls are educated and empowered to take action to strengthen their physical and emotional health and positively impact their communities and the world.

Our original research report released earlier this year entitled The New Normal? What Girls Say About Healthy Living confirmed that girls believe being healthy is not just about physical health, but also emotional and social health. The report combined focus group research with surveys of more than 2,000 eight- to 17-year-old girls. We learned that teaching girls about making healthy decisions is about teaching them how to decide, not about telling girls what to decide.

Through its long history, GSUSA has learned that comprehensive approaches are the most effective in combating obesity and instilling positive health choices in girls. Physical fitness must be combined with good nutrition skills, a healthy body image and an overall healthy lifestyle. Since adequate progress is not being made to ensure our young people live healthy lives and we believe all sectors must be involved in developing solutions, GSUSA is looking for opportunities to assist Congress in improving how we as a country promote the health of young people, especially girls. In order to best meet the needs of girls and youth, GSUSA recommends the following principles on healthy living:

1. Policy solutions should embrace a holistic definition of health rather than focusing on a single aspect of children's health.
2. Community based organizations that serve youth should be seen as vital partners in developing solutions in the area of health. Schools cannot address this crisis alone.

GSUSA urges this committee to consider these principles when making all decisions impacting young people. These principles are especially relevant to the debate on No Child Left Behind (NCLB), and NCLB provides a prime opportunity to positively impact the health of all girls. GSUSA is seeking other legislative developments through which to recommend these principles. The expansion of the local school wellness policies is one such development that could be revised to positively impact the health of youth.

Request to Expand Local School Wellness Policies

Under the No Child Left Behind reauthorization, the Safe Schools/Healthy Students Initiative could be revised to include an incentive to schools to revisit and refine their school wellness plans. Schools should be urged to make more comprehensive wellness plans and utilize the resources of outside community partners. Activities related to establishing and implementing a local wellness policy would be eligible for funding from this discretionary grant program.

Childhood obesity is a multi-faceted problem that must be viewed by communities on various levels. Since children spend much of their day in school, nutrition standards and the amount of time children engage in physical activity are two areas that deserve special attention, but they must not be the only areas under consideration.

Conclusion

Girl Scouts is a powerful community building tool and we seek to be a part of the solution to promoting healthy living in your important work ahead. GSUSA would like to thank this committee for its willingness to examine this important issue.

Prepared Statement of Howell Wechsler, Ed.D, MPH, Director, Division of Adolescent and School Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

Mr. Chairman, Members of the Committee, thank you for the opportunity to provide this Statement for the Record for today's hearing on using school wellness plans to fight childhood obesity. I am Dr. Howell Wechsler, Director of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (HHS). My statement discusses what we know about the implementation of local school wellness policies mandated by the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act of 2004, along with complementary school-based efforts to address obesity among children and adolescents.

Analyzing the Early Stages of Local Wellness Policies

The mandate required local educational agencies, usually school districts that participate in federally-funded school meal programs, to have wellness policies in place by the beginning of the 2006-2007 school year. It is still much too early to draw conclusions about the effectiveness of the law in spurring the adoption of scientifically sound and effective policies or, more importantly, in leading to the actual establishment of health promoting school environments. A number of data collection efforts and research studies are under way, but it will be some time before they are completed and published. In the meantime, I will share with you the limited information we do have about the adoption of school wellness policies.

Two national non-profit organizations—Action for Healthy Kids (AFHK) and the School Nutrition Association (SNA)—are dedicated to protecting and promoting the health of the nation's youth. These organizations have conducted analyses of wellness policy adoption during this school year. AFHK analyzed wellness policy adoption and content in 112 urban, suburban, and rural school districts, and SNA looked at the 100 largest school districts in the Nation. From these two analyses, it appears that the overwhelming majority of school districts have indeed adopted wellness policies as the law requires and that the policies they have adopted do include most but not all of the components required by the law. That is they address: 1) goals for nutrition education, physical activity, and other wellness activities; 2) nutrition guidelines for all foods and beverages outside of school meals; 3) guidelines for school meals that are no less restrictive than federal requirements; 4) a plan for measuring implementation of local wellness policy, including designation of a coordinator; and, 5) involvement from parents, students, community members, and others. The law does not specify what the policies need to say, only that they need to address these issues.

These two early analyses did show that some district policies are lacking some of the components required by the law. For example, AFHK found that many of the policies they analyzed lacked timeframes and measurable objectives to evaluate; 40 percent of the policies did not specify who was responsible for implementation. In addition, some policies do not address some of the more recognized components of a comprehensive school-based approach to wellness promotion and obesity prevention. For example, the SNA found that about half of the policies they analyzed did not include a requirement for recess in elementary schools, which can provide children with opportunities for physical activity.

The analyses found a range of approaches to policy content. In the SNA analysis, 37 percent of the districts had a broad policy with no procedures for implementation included, while 35 percent included some specific procedures, and 26 percent included a great deal of specificity about procedures for implementation. This range of specificity is not surprising, because school boards tend to vary substantially in the degree of specificity of their policies on other educational issues as well. The wellness policies ranged in length from less than one page to 20 pages, with the average length of a policy being five pages.

All in all, it seems that the wellness policy adoption process is off to a good start, though many school districts could certainly benefit from further technical assistance on policy development. Wellness policy adoption is clearly feasible for school districts. It is also clear that a great many school districts have engaged in thought-

ful and diligent processes to craft policies that are consistent with the science-based recommendations that CDC, the US Department of Agriculture (USDA), other federal agencies, and trusted scientific organizations such as the Institute of Medicine have established. AFHK has a local wellness policy database on its website that highlights policies from school districts across the nation, and a number of states have developed similar online databases of thoughtful policies from school districts in their states.

Research in the Field

The most rigorous and comprehensive analysis of wellness policies to date is currently being conducted by university researchers with funding support from the Robert Wood Johnson Foundation (RWJF). This study will analyze the content of wellness policies in a nationally representative sample of 585 school districts. Findings should be available sometime in 2008. RWJF is also supporting several other studies that will yield additional information on the impact of wellness policies and effective strategies for promoting policy implementation.

USDA is currently supporting the Wellness Policy Demonstration Project, which is analyzing wellness policy adoption and implementation in California, Iowa, and Pennsylvania to: 1) assess local wellness policy activities in selected school districts; 2) document the process used by these school districts to develop, implement, and measure policy implementation; 3) document changes resulting from policy adoption in the school physical activity and nutrition environment; and, 4) assess the types of technical assistance necessary to help school districts implement and evaluate a local wellness policy. Findings from this three year study won't be available until 2009.

We have received many positive reports that strong policies have been effectively implemented in some school districts, but it will be some time before we know the magnitude of change in school policies and practices. For example, CDC's School Health Profiles survey collects data on physical activity and nutrition policies and practices in schools across participating states and cities. CDC conducts this survey every other year, and it will be conducted again in 2008 with final data available in 2009.

State Actions

The wellness policy law makes no mention of a role for state agencies in promoting school wellness policies; however, the law has had a profound effect in stimulating action by states to help school districts adopt and implement scientifically sound wellness policies. For example, at least 40 states have produced policy guidance documents and resources to aid local education agencies in creating wellness policies, and state agencies in at least 18 states disseminate their own model wellness policies. At least nine states have passed laws or adopted regulations that reference the wellness policies required by the Child Nutrition and WIC Reauthorization of 2004 and establish content requirements that go beyond those required by the federal government.

Many states have gone beyond issues of policy content to address the critical challenge of how to ensure that scientifically sound policies that are adopted by school boards actually get implemented in schools. At least 15 state legislatures or state boards of education have adopted requirements intended to strengthen policy evaluation and accountability, including mandating that school districts report to the state on policy implementation and requiring ongoing local level accountability for implementation of wellness policies.

Strong actions have been taken in the 23 states that CDC supports to implement coordinated school health programs that promote physical activity and healthy eating. For example, Arkansas, Rhode Island, and South Carolina have integrated local wellness policies into their general accountability system. Arkansas' Consolidated School Improvement Plan requires each district to incorporate a Wellness Priority into each of their School Improvement Plans. Rhode Island mandates that each school district establish a district-wide coordinated school health and wellness subcommittee that is responsible for the development of policies, strategies, and implementation plans that meet the requirements of the Child Nutrition and WIC Reauthorization Act of 2004. South Carolina requires each school district to establish and maintain a Coordinated School Health Advisory Council (CSHAC), charged with implementing and monitoring health policies and programs, including the district wellness policy. Districts must collaborate with the CSHAC to develop a school health improvement plan that addresses strategies for improving student nutrition, health, and physical activity and is integrated into the district's five-year strategic improvement plan.

Many of these state-level efforts were stimulated by the January 2006 School Wellness Policy Institute in Atlanta, sponsored by CDC in collaboration with the USDA and the National Governor's Association. This meeting brought together teams of education and health agency officials and representatives of governors' offices from 44 states to develop collaborative efforts to meet the technical assistance needs of school districts in their states related to wellness policy adoption and implementation.

State agency professionals who lead school physical activity and nutrition programs tell me that the local wellness policy requirements have been a very positive development. I have also heard from many school health professionals, as well as from principals, superintendents, and school board members, who tell me the local wellness policy requirement was the tipping point for their district, the decisive factor that prompted educational policy makers to help schools strongly and consistently promote healthy eating and physical activity.

Evidence Base for Effective Strategies and Tools for Implementation

The local school wellness policy law builds upon strong progress achieved in recent years in developing an evidence base that describes the policies and practices schools can implement to effectively promote physical activity and healthy eating. CDC has reviewed the research literature and consulted with leading researchers and practitioners to identify 10 critical strategies: *http://www.cdc.gov/healthyyouth/keystrategies/index.htm.*

- Address physical activity and nutrition through a Coordinated School Health Program (CSHP).
- Designate a school health coordinator and maintain an active school health council.
- Assess the school's health policies and programs and develop a plan for improvements.
- Strengthen the school's nutrition and physical activity policies.
- Implement a high-quality health promotion program for school staff.
- Implement a high-quality course of study in health education.
- Implement a high-quality course of study in physical education
- Increase opportunities for students to engage in physical activity.
- Implement a quality school meals program.
- Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program.

In addition, CDC and other federal agencies have, in recent years, developed a strong product line of technical assistance tools that support wellness policy implementation by empowering schools and school districts with guidance on how to effectively implement these recommended policies and practices. These tools include:

- CDC's School Health Index (SHI), a self-assessment and planning tool that enables schools to identify the strengths and weaknesses of their health promotion policies and programs, and use those findings to develop an action plan for improving student health;
- Fit Healthy and Ready to Learn, a school health policy guide developed with CDC support by the National Association of State Boards of Education, that provides education policymakers and administrators with sample physical activity and nutrition policies and information to support the policies;
- CDC's Physical Education Curriculum Analysis Tool (PECAT), which enables educators to evaluate and improve physical education curricula based on the extent to which the curricula align with the National Standards for Physical Education developed by the National Association of Sport and Physical Education (NASPE) guidelines and best practices for quality physical education programs;
- CDC's Building a Healthier Future Through School Health Programs, which describes promising practices that states should consider when planning school-based policies and programs to help young people avoid behaviors that increase their risk for obesity; and
- Making It Happen: School Nutrition Success Stories, developed by CDC and USDA in partnership the U.S. Department of Education, describes six key strategies used to improve the nutritional quality of foods and beverages offered on school campuses and highlights 32 schools or school districts that have implemented important improvements in the quality of their nutritional environment.

CDC also provided support to the Institute of Medicine of the National Academies to carry out a Congressionally-mandated study to develop scientifically sound guidance on what foods and beverages should be offered and sold at schools. The study focused on identifying nutritional standards for "competitive" foods; these are foods and beverages sold at school in competition with the nutritious meals offered through the federal school lunch and breakfast program. The IOM report, Nutrition

Standards for Foods in Schools: Leading the Way toward Healthier Youth, was released in April 2007 and emphasizes the importance of offering healthful snack foods and drinks, such as fruits, vegetables, whole grains, and nonfat or low-fat dairy products, that are consistent with the 2005 Dietary Guidelines for Americans (DGA).

In addition, the USDA supports efforts to improve school nutrition through its Team Nutrition program and dissemination of a tremendous variety of high quality technical assistance resources. Many federal agencies, such as the National Institutes of Health (NIH), Food and Drug Administration (FDA), and the President's Council on Physical Fitness and Sports, have developed and disseminate high quality health curricula, instructional materials, and after school programs for elementary and secondary schools.

Challenges Remain

In recent years CDC has helped to develop a much stronger knowledge base on what constitutes effective policies and practices schools can implement to help students develop and maintain physically active and nutritionally sound lifestyles. We have translated that knowledge into effective tools that make it easier for schools to implement these policies and practices. At the federal and state levels, our greatest challenge continues to be the dissemination of this knowledge and these tools into the more than 14,000 public school districts, and over 120,000 schools across our Nation. At CDC our primary vehicle for dissemination is the support we provide to state education and health agencies to deliver the scientifically sound training, technical assistance, and supportive state policies that local school districts and schools urgently need.

Another vehicle for dissemination is Secretary Leavitt's Adolescent Health Promotion Initiative which aims to create a national culture of wellness that helps young people take responsibility for personal health through actions such as regular physical activity, healthy eating, and injury prevention. The School Health Index is central to this initiative and will enable schools to assess their policies and programs and develop action plans for improvement. After developing action plans that include specific research-tested strategies schools will be able to apply to their State Education Agency for a School Culture of Wellness Grant. These grants will support the implementation of HHS-developed tools relevant to the school wellness improvements featured in their action plans.

At a time when schools are relentlessly focused on student achievement so they can ensure no child is left behind, it is important to remember that wellness policies can help students be healthy and ready to learn. In fact, a growing number of educators have come to realize that strong school wellness policies can enhance academic performance, as well as critical health outcomes. The Association for Supervision and Curriculum Development (ASCD) asserts that decisions about education policy and practice should begin with strategies that are comprehensive in nature. ASCD is working to recast the definition of a successful learner from one whose achievement is measured solely by academic tests, to one who is knowledgeable, emotionally and physically healthy, civically inspired, engaged in the arts, prepared for work and economic self-sufficiency, and ready for the world beyond formal schooling. The Council of Chief State School Officers and the Association of State and Territorial Health Officials affirm that policies and programs built through a coordinated approach to school health will make a significant contribution not only to individual students, but also to entire communities, and that these initiatives will clearly demonstrate that healthy kids make better students and better students make healthy communities. The National Association of State Boards of Education maintains that coordinated school health programs can help young people achieve higher standards of health and learning through improving health knowledge, attitudes, skills, and behaviors, and improving health education and social outcomes.

With the requirement for wellness policies and the work of the CDC-funded state programs in coordinated school health, CDC has seen a growing number of educators who appreciate the important role of health and wellness in the mission of our schools. As a nation, we have a long way to go and many critical barriers to overcome, but some important progress is being made. I recently had the privilege of visiting a school in Wisconsin that had just been named the winner of the Governor's School Health Award, which recognizes and celebrates schools with policies, programs, and the infrastructure to support and promote healthy eating; physical activity; alcohol-, tobacco-, and drug-free lifestyles; and parental and community involvement. In the previous two years, they had adopted a strong wellness program that included more time for students to engage in physical activity, enhanced nutrition education efforts for students and their families, and distribution of fruits and vegetables as snacks during the school day. I asked the principal of this school how

he could justify spending so much time and resources on wellness when he, along with all principals, was under great pressure to improve the academic performance so critical to students' future success. "I have no doubt," he replied, "that these measures we've taken to promote physical activity and nutrition will help our students' academic performance. And, besides, it's good for the kids."

Prepared Statement of Monica Garrett, Sr. Manager, US Corporate Responsibility, NikeGO Programs

Chairperson Rep. McCarthy and other distinguished Members of the Committee, thank you for the opportunity to address the important role public-private partnerships play in tackling this issue. The severity of this epidemic and its impact on our children's future requires new thinking and new approaches. This hearing presents a unique opportunity for schools and communities to develop and implement real solutions to promote increased physical activity, reduce and prevent unhealthy weight in children, and improve nutritional choices in schools.

Like all of you, we at Nike are very concerned about the current epidemic of youth inactivity among children in the United States. It is a troubling fact that as a result of inactivity and diet, today parents have a longer life expectancy than their children. As the world's leading sports and fitness company, we are passionate about finding a solution to this national health crisis and are proud to bring the commitment of Nike to work with you and others on this issue.

The Challenge

Today, physical inactivity plays a major role in fueling this national epidemic that that threatens our youth. Health professionals agree that kids should take part in a minimum of 30 minutes of moderate to vigorous physical activity daily. Only one in four U.S. public school students attends regular P.E. classes. A recent study conducted by the CDC found that less than one in 10 elementary schools and roughly one in 20 junior and senior high schools provide daily P.E. all year in all grades.

We know the benefits of regular physical activity. Children who are physically active:

- reduce their risk of cancer and their vulnerability to depression, anxiety and low self-esteem;
- are more likely to graduate from high school;
- are less likely to use drugs;
- are less likely to have an unwanted pregnancy;
- are less likely to join gangs; and
- are less likely to develop an eating disorder.

Nike's Response

In many ways, Nike's own thinking and approach toward addressing this national epidemic are very similar. Nike has a long history of supporting sport and physical activity programs. But six years ago, as we began to get a better understanding of the scope and scale of this health problem, we raised the stakes. We started by talking to experts in the field about the root causes and cures, and the role Nike could play in helping to address the issue. We evaluated the most effective programs that address youth inactivity and unhealthy weight. We looked for innovative and creative approaches that address youth physical inactivity from all directions and at all stages of childhood.

As a sports and fitness company, we know firsthand the value that daily physical activity can offer—both to kids and adults. And we recognize that through the power of our brand, we are in an excellent position to help tackle this issue. But we realize that as passionate as we are about getting kids active, we simply can't do this alone.

That is why we created a long-term, multi-stakeholder initiative to address youth inactivity called NikeGO. We have partnered with organizations whose expertise brings greater impact to the programs we build for inactive kids and the parents, teachers and coaches who influence their behavior. And we are using this same partnership strategy with the advocacy efforts we launch regionally and nationally to drive policy-level changes on this issue and I would like to talk to you about three NikeGO programs.

NIKEGO PE

Nationwide, kids are rapidly turning into the least physically fit generation in history, which has implications for their health and academic performance. In addition, many schools across the nation are drastically reducing or eliminating physical education and physical activity from their budgets. In 2003, to help address this prob-

lem, Nike, in partnership with SPARK (Sports, Play, and Active Recreation for Kids), launched NikeGO PE, a program designed to increase the quality and quantity of physical activity in America's schools. SPARK is a research-based organization (of San Diego State University and Sportime, LLC, a member of the School Specialty Family of companies), dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. SPARK strives to improve the health of children and adolescents by disseminating evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K through 12th grade students.

Unfortunately, in many school districts across the country, the role of the PE specialist has been eliminated or drastically reduced. With recent national guidelines recommending that young people accumulate at least 60 minutes of physical activity daily, having a quality physical education program in every school should be a national priority. Through NikeGO PE, Nike seeks to increase the quality and quantity of PE in schools

NikeGO PE is part of the "New P.E.," a movement where students no longer stand on the sidelines or in line waiting for a turn to play. All kids get the same opportunities to participate, develop skills and feel successful, and all kids are moving for the full 30 minutes.

NikeGO PE is an innovative physical education program designed to increase the quality and quantity of physical activity in America's schools with an end goal of improving children's activity levels. NikeGO PE accomplishes this task by providing "the essential components": curriculum, teacher training, equipment, and follow up support to elementary PE specialists and classroom teachers. Classroom teachers are involved because in many districts PE specialists see students only once a week—insufficient frequency and duration to achieve health benefits.

Since its inception in 2003, the program has been implemented in more than 400 public schools, reaching more than 75,000 students. The program is available in six US cities: Akron, Chicago, Los Angeles, New York, Memphis and Portland.

Reuse-A-Shoe/Nike Grind

Nike Reuse-A-Shoe takes old, worn-out athletic shoes and other footwear manufacturing materials, grinds it up into Nike Grind, and then works with industry leading sports surfacing companies to use Nike Grind in high quality sports and play surfaces. Many of these fields, courts, tracks and playgrounds are already installed in top sports facilities around the world. Then as part of its community investment strategy, donations are made by Nike to bring some of these surfaces to communities where new facilities are really needed and kids can enjoy the many physical and social benefits of play and sport. Since 1993, Nike has contributed to more than 250 surfaces around the world and recycled nearly 20 million pairs of athletic shoes.

Reuse-A-Shoe is an integral part of Nike's long-term commitment to promote healthier lifestyles for kids through physical activity. Kids win because many of these sports surfaces are donated in communities where they wouldn't otherwise have access to high-performance sports surfaces. It's also a win for the environment, as thousands of pairs of athletic shoes are diverted from landfills and kids learn about the need to protect the Earth's resources in an exciting and inspirational way. On May 11, 2007 in Washington D.C. at the Boys & Girls Club, Clubhouse #11 in Anacostia, in partnership with the U.S. Soccer Foundation, Nike will be dedicating a new mini soccer field made using Nike Grind Rubber and you are all welcome to attend and encouraged to visit.

Native American Diabetes Prevention Program and NikeGO in Indian Country

Under the leadership of Indian Health Services, Nike Native American community program helped forge a unique partnership with IHS, with the signing of an important Memorandum of Understanding (MOU) in November of 2003. Nike and IHS signed the MOU to collaborate on a promotion of healthy lifestyles and healthy choices for all American Indian and Alaska Natives. The MOU is a voluntary collaboration between business and government that aims to dramatically increase the amount of health information available in American Indian and Alaska Native communities. The goal of the MOU is to help those communities gain a better understanding of the importance of exercise at any age, particularly for those individuals with diabetes.

The MOU supports the President of the United States' "Healthier U.S. Initiative," the Secretary of Health & Human Services' Preventative Initiative "Steps to a Healthier U.S." and the Indian Health Services' "Health Promotion/Disease Prevention Initiative."

Nike stands by the words of co-founder Bill Bowerman who said that if you have a body, you are an athlete. Applying this thinking in conjunction with the goal of the MOU and through deeper understanding in working with the IHS, Nike is developing an innovative new shoe that offers increased comfort and a new fit, uniquely designed for Native Americans. Nike's goal with this product is to encourage and motivate these citizens to exercise and maintain their physical fitness by providing comfortable, appropriate athletic footwear. The shoe is still in development and will be offered through limited distribution to qualified Native American Business partners.

Nike's U.S. Community Affairs program has also partnered with several national stakeholders and government officials to introduce the NikeGO on Native Lands. Through this pilot program, NikeGO provides a culturally relevant physical activity curriculum, training, equipment and incentives, all designed to help Native American youth ages 8-15 discover the joy of movement and the fun of physical activity. Since 2004, NikeGO on Native Lands has expanded to include grants to 67 Boys and Girls Clubs on Indian Reservation across 20 states. Fifteen of those grants were awarded this year. Last year, Nike donated more than $1 million in product to support this program.

Closing

By inspiring, enabling, and encouraging kids to be physically active, Nike has an opportunity to shape kids lives now, and help them form positive habits and attitudes that last a lifetime. This opportunity can be realized in traditional ways—through products that perform well, images that show movement and athleticism—and through innovative community affairs programs that provide the resources, facilities, gear and coaching that kid's need. Through reaching out to partners in the corporate, nonprofit and government arenas, we can help kids make changes and choices that remove obstacles between young people and physical activity. If we do, we can all help kids lead physically healthier lives and leave a legacy of strong mental, social and physical health. We thank you for your leadership on this issue and look forward to working with you.

Prepared Statement of the School Nutrition Association

Madam Chairwoman, Members of the Committee, the School Nutrition Association (SNA) appreciates this hearing and your interest in a major public heath challenge: childhood obesity. As we all know, the cause of the problem is complex and there is no easy solution. It will take a multi-disciplinary approach and full a court press on many fronts.

Our 55,000 SNA members serve over 30 million school lunches a day, plus almost 10 million breakfasts. Our members are, literally, on the front line in the fight against childhood obesity. We are also at the forefront of child nutrition policy.

• In 1994, SNA urged the Congress to require all schools to follow the Dietary Guidelines for Americans.

• Since the 1983 Court of Appeals decision in National Soft Drink Association v. Block, SNA has urged the Congress to expand the "time and place" rule so that the Secretary would have the legal authority to regulate the sale of all foods and beverages sold in school, throughout the day and the entire campus. Under current law, as interpreted by the court decision, the Secretary only has authority to regulate foods sold in the cafeteria as a part of the school meal program.

Studies indicate that the school meal program has improved greatly and does follow the Dietary Guidelines. In fact, the meals are more nutritious than they appear, so children will eat them. A few of the many examples of the improvements schools are making include:

1. The use of low fat cheese and whole-wheat flour in pizza.
2. "Fried" chicken with whole grain breading and French Fries that are baked.
3. Hamburg patties that are mixed with soy, or fruit to cut the fat.
4. Wide use of salad bars, "shaker" salads and fruit and yogurt parfaits.
5. More fresh fruits and vegetables served.
6. More training for employees on healthy food preparation techniques.
7. Products from manufacturers processed to contain lower fat, sodium, and sugars while still meeting the "student acceptance" test.

Nonetheless, as the IOM report, and other studies indicate, we must do more. Further, the effort must be consistent throughout the country and we must practice what we preach. It is not enough to teach nutrition education and have nutritious reimbursable meals if the foods sold outside of the cafeteria are sending a different message.

SNA supports several specific actions that we believe would help in the fight against childhood obesity.

First, we urge the Congress to reactivate the Nutrition Education Program. Nutrition Education has gone from an entitlement program to an authorized program without any funding.

Second, we urge the Congress to expand the time and place rule as called for in the Child Nutrition Promotion and School Lunch Protection Act of 2007 pending in both the House and Senate.

Third, we ask that whatever nutrition rules are adopted by the Secretary, after a public rulemaking period, are implemented nationwide. Our goal is one single uniform national nutrition standard for all foods and beverages sold in school during the entire day.

In recent years, many States and local school boards, despite the best intentions, have gone off in very different directions regarding how to implement the Dietary Guidelines. Some states are concerned about sodium, and some are more concerned about fat. Some jurisdictions average the nutrients over a week, while some require administrators to follow the Dietary Guidelines on a daily basis.

In America, we have a wonderful tradition of deferring to local jurisdictions on education. However, children need the same nutrients whether they live in New York, California or South Dakota.

Allowing every State and local jurisdiction to each interpret the Dietary Guidelines differently is creating a very practical problem. As you know, the federal reimbursement rate for each meal served is very limited. The diversity in standards is driving up costs significantly. If this trend continues it will force schools out of the federal program and then there will not be any nutrition standard in that school.

We are urging the Congress to require USDA to establish one uniform national standard for all meals. USDA should then be required to enforce that standard. States or local communities that want to deviate from the federal standard should have to seek a waiver based on sound science.

The ideas we have shared here today will not, of course, solve the obesity epidemic in America. While the role of parents should not be ignored, schools have an important role to play. The current generation of children has been identified as having the greatest obstacles to overcome regarding obesity and diabetes. However, they are not the first generation to overcome such obstacles as their parents before them are a part of the "super size" generation.

Recent research from Ohio State concluded that children gain weight during the summer and lose or maintain weight during the school year when they have access to healthy school meals and organized physical activity. We now need to educate children and parents as to proper portion and caloric intake. Children are eating more and more of their meals at school as society changes and both parent's work outside the home. In addition, we must recognize the important role schools play in nutrition education and incorporate greater physical education. I am referring to both the formal role we play by what is taught in the classroom and the example set by what foods and beverages we allow to be served and placed in the vending machines.

We hope you will agree that the time to act is now. Thank you very much.

For more information, please contact:

Cathy Schuchart, SVP, Child Nutrition and Policy Center, SNA, 703-739-3900, ext. 113 or cschuchart@schoolnutrition.org

ATTACHMENTS

1. Proposed Amendment: National Nutrition Standards for School Meals
2. Correspondence from Industry Members Supporting a National Nutrition Standard
3. A Foundation for the Future: Analysis of Local Wellness Policies from the 100 Largest School Districts (October 2006)
4. A Foundation for the Future II: Analysis of Local Wellness Policies from 140 School Districts in 49 States (December 2006)

PROPOSED AMENDMENT

National Nutrition Standards for School Meals

Section 9 (f) of the Richard B. Russell National School Lunch Act is amended by adding——

1. A new subsection (3) (A) (iii) as follows:

"(iii) enforce the current nutritional requirements in order to implement the Dietary Guidelines for Americans and Recommended Daily Allowances in a uniform manner for all meals provided under this Act, averaged over each week; and"

2. A new subsection (6) as follows:

"(6) WAIVER OF NATIONAL NUTRITION STANDARDS.——

Effective upon enactment, notwithstanding any other provision of law, in order for a state or local school foodservice authority to deviate from the nutrition standards established by the Secretary, the state or local food service authority must seek a waiver from the Secretary."

RICHARD B. RUSSELL NATIONAL SCHOOL LUNCH ACT

Sec. 9

SEC. 9. (f)

(1) NUTRITIONAL REQUIREMENTS.—Except as provided in paragraph (2), not later than the first day of the 1996-1997 school year, schools that are participating in the school lunch or school breakfast program shall serve lunches and breakfasts under the program that——

(A) are consistent with the goals of the most recent Dietary Guidelines for Americans published under section 301 of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341); and

(B) provide, on the average over each week, at least——

(i) with respect to school lunches, 1/3 of the daily recommended dietary allowance established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; and

(ii) with respect to school breakfasts, 1/4 of the daily recommended dietary allowance established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

(2) State educational agencies may grant waivers from the requirements of paragraph (1) subject to criteria established by the appropriate State education agency. The waivers shall not permit schools to implement the requirements later than July 1, 1998, or a later date determined by the Secretary.

(3) To assist schools in meeting the requirements of this subsection, the Secretary——

(A) shall——

(i) develop, and provide to schools, standardized recipes, menu cycles, and food product specification and preparation techniques; and

(ii) provide to schools information regarding nutrient standard menu planning, assisted nutrient standard menu planning, and food-based menu systems; and

(iii) enforce the current nutritional requirements in order to implement the Dietary Guidelines for Americans and Recommended Daily Allowances in a uniform manner for all meals provided under this Act, averaged over each week; and

(B) may provide to schools information regarding other approaches, as determined by the Secretary.

(4) USE OF ANY REASONABLE APPROACH.——

(A) IN GENERAL.—A school food service authority may use any reasonable approach, within guidelines established by the Secretary in a timely manner, to meet the requirements of this subsection, including——

(i) using the school nutrition meal pattern in effect for the 1994-1995 school year; and

(ii) using any of the approaches described in paragraph (3).

(B) NUTRIENT ANALYSIS.—The Secretary may not require a school to conduct or use a nutrient analysis to meet the requirements of this subsection.

(5) WAIVER OF REQUIREMENT FOR WEIGHTED AVERAGES FOR NUTRIENT ANALYSIS.—During the period pending on September 30, 2009, the Secretary shall not require the use of weighted averages for nutrient analysis of menu items and foods offered or served as part of a meal offered or served under the school lunch program under this Act or the school breakfast program under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773).

(6) WAIVER OF NATIONAL NUTRITION STANDARDS.——

Effective upon enactment, notwithstanding any other provision of law, in order for a state or local school foodservice authority to deviate from the nutrition standards established by the Secretary, the state or local food service authority must seek a waiver from the Secretary.

A Foundation for the Future: Analysis of Local Wellness Policies from the 100 Largest School Districts

Executive Summary

From Los Angeles to Miami, most of the nation's 100 largest school districts by enrollment are requiring nutrition education, adding recess and tightening nutrition standards. More than 92% of these districts, which educate 23% of American students, have passed a local wellness policy that addresses nutrition standards for a la carte foods and beverages, according to new analysis conducted by the School Nutrition Association (SNA).

School nutrition professionals continue to play leadership roles in the ongoing trend toward healthy school environments and the development of mandated local wellness policies. Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 required that all school districts that participate in the National School Lunch Program approve a local wellness policy by July 1, 2006. The law mandates that these policies include goals for nutrition education, physical activity and other school-based activities, as well as nutrition guidelines for all foods and beverages available on school campuses.

A Foundation for the Future outlines key characteristics of local wellness policies approved by the largest 100 school districts by enrollment in the United States. According to the National Center for Education Statistics, the top 100 school districts make up less than 1% of the school districts in the nation but account for 16% of the schools, 21% of the teachers and 23% of the nation's K-12 students.*

Among the key findings, of the local wellness policies approved by the top 100 school districts are the following:

- 99% address school meal nutrition standards. (Note that the U.S. Department of Agriculture has set federal nutrition standards for meals served through the National School Lunch Program and School Breakfast Program.)
- 93% address nutrition standards for a la carte foods and beverages.
- 92% address nutrition standards for foods and beverages available in vending machines.
- 65% address nutrition standards/guidelines for fundraisers held during school hours.
- 63% address nutrition standards/guidelines for classroom celebrations or parties.
- 65% address nutrition standards/guidelines for teachers using foods as rewards in the classroom.
- 50% of school districts address a recess requirement for at least elementary grade levels.
- 96% require physical activity for at least some grade levels.
- 97% require nutrition education for at least some grade levels.
- 95% outlined a plan for implementation and evaluation, utilizing the superintendent, school nutrition director or wellness policy task force as the entity responsible for monitoring the policy.

A Foundation for the Future II: Analysis of Local Wellness Policies from 140 School Districts in 49 States

Executive Summary

During 2006 the nation's school boards approved local wellness policies that require nutrition education, add recess and tighten nutrition standards for foods and beverages available in schools. School nutrition professionals continue to play leadership roles in the ongoing trend toward healthy school environments and the development and implementation of mandated local wellness policies. Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 required that all school districts that participate in the National School Lunch Program approve a local wellness policy by July 1, 2006. The law mandates that these policies include goals for nutrition education, physical activity and other school-based activities, as well as nutrition guidelines for all foods and beverages available on school campuses.

A Foundation for the Future II outlines key characteristics of local wellness policies approved by a sample of 140 school districts in seven regions of the United States. These districts account for 3.5% of the nation's K-12 students. This report

*Dalton, B., Sable, J., and Hoffman, L. (2006). Characteristics of the 100 Largest Public Elementary and Secondary School Districts in the United States: 2003-04 (NCES 2006-329). U.S. Department of Education. Washington, DC: National Center for Education Statistics

follows the release in October 2006 by SNA of an analysis of the local wellness policies approved for the 100 largest school districts by enrollment.

Among the key findings of this second report on the local wellness policies approved by 140 school districts in 49 states:

- 98.6% address school meal nutrition standards. (Note that the U.S. Department of Agriculture has set federal nutrition standards for meals served through the National School Lunch Program and School Breakfast Program.)
- 88.6% address nutrition standards for a la carte foods and beverages.
- 87% address nutrition standards for foods and beverages available in vending machines.
- 69% address nutrition standards/guidelines for fundraisers held during school hours.
- 65.7% address nutrition standards/guidelines for classroom celebrations or parties.
- 55% address nutrition standards/guidelines for teachers using food as rewards in the classroom.
- 72.5% of school districts address a recess requirement for at least elementary grade levels.
- 91.7% require physical activity for at least some grade levels.
- 95% require nutrition education for at least some grade levels.
- 89% outlined a plan for implementation and evaluation, utilizing the superintendent, school nutrition director or wellness policy task force as the entity responsible for monitoring the policy.

[Whereupon, at 5:21 p.m., the subcommittee was adjourned.]