

**BEYOND FEDERAL SCHOOL
MEAL PROGRAMS: REFORMING
NUTRITION FOR KIDS IN SCHOOLS**

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

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

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CONTENTS

	Page
HEARING(S):	
Beyond Federal School Meal Programs: Reforming Nutrition for Kids in Schools	1

Tuesday, March 31, 2009

STATEMENTS PRESENTED BY SENATORS

Harkin, Hon. Tom, U.S. Senator from the State of Iowa, Chairman, Committee on Agriculture, Nutrition, And Forestry	1
Chambliss, Hon. Saxby, U.S. Senator from the State of Georgia	16
Lugar, Hon. Richard G., U.S. Senator from the State of Indiana	3

Panel I

Cooper, Pat, President, Early Childhood and Family Learning Foundation, New Orleans, Louisiana	4
Felton, Reginald M., Director, Federal Legislation, National School Boards Association, Alexandria, Virginia	12
Garrett, Byron V., Chief Executive Officer, National Parent Teacher Association, Chicago, Illinois	9
Huehnergarth, Nancy, Director, New York State Healthy Eating and Physical Activity Alliance, Chappaqua, New York	7

Panel II

Brown, Miriam Erickson, Chief Executive Officer, Anderson Erickson Dairy Company, Des Moines, Iowa	33
Ehrens, Karen, Public Policy Chair, North Dakota Dietetic Association, Bismarck, North Dakota	31
Izzo, Hank, Vice President, Research and Development, Mars Snackfood U.S., Hackettstown, New Jersey	35
Neely, Susan K., President and Chief Executive Officer, American Beverage Association, Washington, DC	37

APPENDIX

PREPARED STATEMENTS:	
Baucus, Hon. Max	48
Chambliss, Hon. Saxby	50
Brown, Miriam Erickson	52
Cooper, Pat	59
Ehrens, Karen	72
Felton, Reginald M.	76
Garrett, Byron V.	82
Huehnergarth, Nancy	87
Izzo, Hank	94
Neely, Susan K.	100
DOCUMENT(S) SUBMITTED FOR THE RECORD:	
American Frozen Food Institute, prepared statement	108
ConAgra Foods, prepared statement	112
Physicians Committee for Responsible Medicine, prepared statement	114

IV

	Page
DOCUMENT(S) SUBMITTED FOR THE RECORD—Continued	
Potato Industry Child Nutrition Working Group, prepared statement	119
School Nutrition Association, prepared statement	122
The Schwan Food Company	123
“Safeguarding The Health of America’s Children: The Importance of Dairy Foods in Child Nutrition Programs”	125
QUESTION(S) AND ANSWER(S):	
Harkin, Hon. Tom:	
Written questions for Hank Izzo	158

BEYOND FEDERAL SCHOOL MEAL PROGRAMS: REFORMING NUTRITION FOR KIDS IN SCHOOLS

Tuesday, March 31, 2009

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

The committee met, pursuant to notice, at 9:35 a.m., in room 328–A, Russell Senate Office Building, Hon. Tom Harkin, Chairman of the committee, presiding.

Present or submitting a statement: Senators Harkin, Casey, Klobuchar, Johanns, Chambliss, and Lugar.

STATEMENT OF HON. TOM HARKIN, U.S. SENATOR FROM THE STATE OF IOWA, CHAIRMAN, COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Chairman HARKIN. Good morning. The Senate Committee on Agriculture, Nutrition, and Forestry will please come to order.

Welcome to today's hearing. This is the third hearing of this committee toward enacting new legislation to extend and improve nutrition for our kids through school lunches and breakfasts, summer meals, Child Care Food Assistance, and the Special Nutrition Program for Women, Infants, and Children.

In previous hearings, we heard how essential the Child Nutrition Programs are and about the evolving challenges facing our families, schools, and communities and States in supplying good nutrition to children, especially in a tough economy. We have received a lot of valuable suggestions. Modernizing and strengthening these programs is a vital part of our efforts to fight hunger, improve children's health, and boost education and learning.

Over 60 years ago, President Truman and the Congress founded the Federal Child Nutrition Programs on the principle that sound nutrition promotes lifelong health and prevents illness and disease. Of course, that principle still stands, although details have changed. The nutritional and diet-related conditions and diseases plaguing today's kids include previously unheard of rates of overweight, obesity, diabetes, and blood pressure, things that didn't happen when I was young.

That is why the child nutrition bill that we are writing is integral to reforming our nation's health system, and I want to emphasize that. We are trying to do health reform and to focus more on prevention and wellness. Well, a lot of that falls outside of the box of doctors and hospitals and into the realm of schools and how we

feed our kids in their earlier years. Sound nutrition is indispensable to preventing illness and disease and helping Americans lead healthier and longer lives and reduce health care costs.

Schools have improved the nutritional quality of federally sponsored meals over the years and progress continues but there is still room for improvement. But because they must meet USDA standards, meals reimbursed by USDA are, by and large, nutritious and consistent with the Dietary Guidelines for Americans.

To see how America's children are really eating, though, we must look to the entire school nutrition environment, not just the School Lunch or Breakfast Program. We know from surveys and common experience that the majority of our schools offer children ready access to heavily sweetened beverages, highly salted snacks, sugary and high-fat goods and candy. These items are sold in vending machines, at snack bars, school stores, or right in the cafeteria in a la carte lines, which sell food in direct competition against USDA-sponsored meals that meet the nutrition standards.

On an average day, only 62 percent of American kids who could do so eat the federally sponsored lunch. We know from research what any parent understands from common sense, that junk food obtained from vending machines, snack bars, school stores, or a la carte lines is far less nutritious, far less nutritionally balanced than meals that meet the USDA standards. Clearly, these sales undermine the \$11.5 billion annual investment that taxpayers make in nutritious school lunches and breakfasts. But even worse, they are damaging the health and lives of our nation's kids.

Today, we will hear from educators, parents, representatives of the food and beverage industries. Where schools have succeeded in improving the nutritional quality of foods and beverages they sell, a crucial element of that success has been adopting and carrying out clear nutrition standards and objectives. But unfortunately, such progress in schools across the Nation is extremely limited and dwarfed by the magnitude of the threat to our kids' health.

Research shows a large majority of the local school wellness policies that were adopted by this committee in the 2004 Reauthorization of the Child Nutrition Act are either weak or, even worse, simply collecting dust on the shelf. And despite more than a decade of effort, just a handful of States have adopted their own school nutrition standards.

It is increasingly clear to me that we will continue to fail to provide American children the sound nutrition so vital to their health and well-being in the absence of effective Federal leadership and standards. In a decided shift over the past 15 years, many different stakeholders now broadly agree. Local school officials, education groups, people on both sides of the political spectrum, the medical and scientific community, and many in the food and beverage industry agree that the time has come for the Federal Government to establish sound, science-based nutrition standards for all foods and beverages in schools.

Experience shows that school nutrition standards are feasible and practicable. Already, to suit the marketplace, food and beverage suppliers are offering new products that are nutritious and healthful and appealing to kids. Schools have learned that they need not lose revenue when they set standards and offer healthier,

more nutritious food and beverages. Some have found they have even increased their revenue.

Well, the task is not simple, but with commitment and leadership, it can be done and that is what we will hear from our witnesses today.

Our Ranking Member is not here right now. I will hold the record open for his opening statement. I would yield to our former distinguished Chairman of this committee, Senator Lugar, who has always been interested in good health and nutrition, for any opening comments or statements.

**STATEMENT OF HON. RICHARD G. LUGAR, U.S. SENATOR
FROM THE STATE OF INDIANA**

Senator LUGAR. Thank you very much, Mr. Chairman. I think you have recited the history well. Both of us have been discussing this issue with distinguished witnesses, as well as fellow Senators, for over a decade and perhaps longer, and with some headway. But this is a good year for us to concentrate on a subject in which sometimes we have dwelled on the thought that these programs ought to be handled by the States.

You have pointed out, perhaps by the States that are not responding very rapidly, you almost come back to the common sense argument that we have also dealt with. Should we have a Federal lunch program? Can a child determine which State he or she is going to be in or what will be available? We have come to the thought that this is a national endeavor and that children do not have the option of choosing States depending upon the programs that are presented.

So it is an interesting question today in terms of our Federal system as well as the responsibility of distinguished American firms who provide nutrition and to many who really want to work with us. So I am hopeful the hearing will be a constructive one and that we will make more headway this year.

I thank you for this opportunity to make a comment.

Chairman HARKIN. Thank you, Senator Lugar. You have been a great leader in health for many years and a great example to many people for all of us to stay healthy. I appreciate that leadership.

We would like to call our first panel, if we could: Dr. Pat Cooper, President of the Early Childhood and Family Learning Foundation of New Orleans, Louisiana; Ms. Nancy Huehnergath Director of the New York State Healthy Eating and Physical Activity Alliance from Chappaqua, New York; Mr. Byron Garrett, the Chief Executive Officer of the National Parent Teacher Association from Chicago; and Mr. Reginald Felton, the Federal Relations Director of the National School Boards Association in Alexandria.

If you would all take the witness stand. We have copies of your statements and they will be made a part of the record in their entirety, and so we would ask if you could just sum up your statement in 5 minutes or so.

We will just go in the order I introduced you all, so first of all, we will start with Dr. Pat Cooper.

STATEMENT OF PAT COOPER, PRESIDENT, EARLY CHILDHOOD AND FAMILY LEARNING FOUNDATION, NEW ORLEANS, LOUISIANA

Mr. COOPER. Thank you very much, Senator, for allowing me to come and speak before this committee on such an important issue. I want to say right off the bat that I fully agree with you and would even expand on what you said about the connection to health reform by saying that there is a huge connection to education reform here that we seem to have left out in the equation, speaking as the former superintendent of schools in a couple of school districts where we have put in very visible and very quantitative school nutrition standards along with the additional Coordinated School Health Model that the Centers for Disease Control has allowed us to partake in, that we have seen some major, major results in terms of the kinds of things that you want to have happen in education reform, whether it be in improved test scores or attendance and it even goes to bigger issues, and that is kind of what I want to talk about today very briefly, is how this connects in a more broad way.

When we talk about child nutrition, we talk about the obvious issues, obesity and the fact that a lot of our kids come from poverty situations where they don't have access to meals. Those are no-brainers to me. Those are things that we need to look at. But there is also the bigger issue, as a local school superintendent who is dealing with No Child Left Behind for the last few years and Goals 2000 before that and A Nation At Risk before that. The commonality of all of those education reform issues was that we really didn't pay attention to the health part, and that if you are not healthy—I know that is an oft-used term, but truly, if you are not healthy, you are not going to be able to learn, and a lot of our kids come to school without that luxury.

So that larger issue is what I want to talk about and I want to start backwards with you because I don't want you to isolate child nutrition in a box here at the bottom. I want you to look at child nutrition as something that has everything to do with things like the failure of our corrections system, the failure of our mental health system, the failure of our health systems in general, because it all goes back to the failure of our public school system.

If our public school systems don't have children that we produce as quality adults, then the rest of those systems are going to falter. Even if we have the highest test scores, if we don't have children that graduate from high school, and part of my new standard is I understand we have to have good test scores, but I want every one of my children to graduate, 100 percent, with no baby, with no drug habit, with no criminal record, and hopefully not obese and not mentally ill. If I could do that, I think you would say we have the best school district in America. But the problem is, we don't rely on those health issues to give us any kind of—or take the temperature on what the rest of the products are going to be.

So what we decided was, and I am just going to tell you very quickly, we decided to look at our school districts as places where we were going to do for all kids what you do for yours and I do for mine. We were going to approximate that. We know that what you need is a good two-parent household so that children can be

taught what to do, what decisions to make, what things to eat, and be offered those kinds of things, but we know that doesn't happen for a lot of our kids.

And so what we wanted to do with our schools was to create a family where we could nurture our children, and we used this nurturing idea to come to Maslow's Hierarchy of Needs, which is something we have all known forever and ever and ever, but I guess the problem is it doesn't cost any money so it doesn't ever get popular. You know, Maslow said that you had to be physically healthy in order to get to the point where you could maximize your potential and your opportunities, and the anchor for being physically healthy is the nutrition program. It is what we teach our children to eat, how they make their choices, and what we offer to them.

In the districts where I have been superintendent, we have come into situations where we had lots of kids who were coming from houses and homes that weren't like yours and mine and didn't have the things that you provided to your children and I provided to mine in terms of just the basic needs, food and nutrition being one of those things. And we looked at the realities of why we weren't addressing that issue and we weren't addressing that issue very well because we were selling junk in our schools. We were not allowing time for kids to eat. We were allowing vendors—through no fault of their own, I might add, because this can be a win-win for everybody—to guide our nutrition standards.

And so we had to make some decisions. So went to our community and we said, look, here is the condition of our children. We gathered all this baseline data that looked at the obesity and the diabetes and we looked at the asthma and we looked at all of the other attending factors that created a failed school system, because kids were not attending, or when they were attending, they weren't able to be taught as effectively. We also looked at it in terms of our staff, because we were doing as much damage to our staff as we were to our children.

So we introduced to our community this Centers for Disease Control Coordinated School Health Model, and the very first thing we did with that model is we took Maslow's basic rung, which is physical health, and we took the CDC model and said, where on that model do we address physical health, and obviously there is the food and nutrition area, there is the P.E. area, there is the staff wellness area.

And so we looked at what we needed to do to make that happen first, and it was almost like we were paving the highway, Senator, so that all of the other reform mechanisms could work, because if you don't have healthy children, then it doesn't make any difference how many computers you have or how many curricula you use or how many books you buy that our children are not going to learn, and if they don't learn, they are going to drop out. If they drop out, they are going to end up in whatever situations they end up in which are not good.

So we looked at certain policies, school board policies, and keep in mind we had to do this on our own because there was no national standard. There was no national emphasis on this. Yes, there was a wellness policy, but as a superintendent, I can tell you, most of us ignored that. Most of us just sat it on the shelf, like you

are saying. Most of us said to our food service director, go ahead and put something together because the State wants it. And that is not an indictment of superintendents in general, it is an indictment of the system, because it wasn't important because all we were thinking about was test scores and we weren't thinking about the fact that we can't have those better test scores if we don't have healthier children and healthier staff.

So one of the things that we looked at was how do we make that work, and we got our own school board, and I will just praise them to the high heavens, because they were willing to take this on. We set up policies for more time for meals. We went to the Coke people and we said, look, why don't we redo the contracts and let us sell all water instead of your Cokes. See, I used to think God made water, but then I found out Coke made water.

[Laughter.]

Mr. COOPER. It is called Dasani. And so we said, we will put more machines in our buildings. We will put a machine for every 150 kids and we will have a school board policy that says children and staff can buy Coke—I mean, buy water whenever they want. They can take it wherever they want because the research says they need to stay hydrated. And all of a sudden, our principals were making more money than they ever made because we were filling up those water machines two and three times a day. All of a sudden, our kids were staying hydrated.

And yes, we had some teachers that said, oh, don't let them bring it into the classroom. They will spill it. Well, it is water. Wipe it up. It is not No. 2 red Kool-Aid. There were issues there, but they weren't insurmountable issues.

So all of a sudden, we took our vending out that had unhealthy things. We put vending in that had healthy things and we were selling more of it because we changed some policies and we made some right decisions for kids. We changed our classroom award policies. We changed our fundraising policies. None of those things hurt in any way the implementation of health standards in our schools.

And I will close by just telling you this. When we did these things in conjunction with a Coordinated School Health Model, what we saw was that our reading scores and our math scores went up. What we saw was that our attendance scores went up. What we saw was that our staff wellness was much improved because we included them in this policy. What we saw was that our Breakfast and Lunch Programs went from 74 percent participation to about 94 percent participation.

Now, part of that is a no-brainer. There wasn't anything else to eat because we didn't have the vending. But it was good food and it was food that our kids should be eating and we created the opportunity for it to be successful.

And then the last thing that I would mention to you is that when you do these things in the context of coordinated school health, then what you do is you create a culture of health and environment in your schools.

So I would ask you to do two things. Yes, we need to make this national law have more teeth so that superintendents pay attention to it. We need to make it so that it is part of a broader coordinated

school health program that includes the staff wellness, that includes the P.E., because one of these things is not going to do the trick. I love the idea of going down to the child care with a much more intense effort, because it all starts right there.

And then the last thing I would say is that if it is at all possible, connect this somehow with whatever NCLB is going to be in the future, because if we don't connect it to education reform, then it is going to be by the wayside.

Thank you very much.

[The prepared statement of Mr. Cooper can be found on page 59 in the appendix.]

Chairman HARKIN. Thank you very much, Dr. Cooper. Very enlightening.

Ms. Huehnergath—did I pronounced that—

Ms. HUEHNERGARTH. Yes, you said it beautifully.

Chairman HARKIN. I thank you. Welcome. Please proceed.

STATEMENT OF NANCY HUEHNERGARTH, DIRECTOR, NEW YORK STATE HEALTHY EATING AND PHYSICAL ACTIVITY ALLIANCE, CHAPPAQUA, NEW YORK

Ms. HUEHNERGARTH. Thank you, Senators, for having me here. I am deeply honored and I think this is a very important issue and I am glad we are having this discussion here today.

I am a concerned mother. I am also the Director of the New York State Healthy Eating and Physical Activity Alliance. I have been working to improve school food standards on both the local and State level since March 2002, which is when my then-ten-year-old daughter came home from school and excitedly announced that she had won a fitness contest in gym class. Her prize? A big old candy bar.

[Laughter.]

Ms. HUEHNERGARTH. The coalition that I represent is made up of over 100 public health, consumer, and education organizations, and we have been lobbying for passage of school nutrition standards in Albany, New York, since 2006. We also support what you are doing here, evidence-based national standards for foods sold and served outside the National School Lunch Program.

The good news is that there is very strong support for standards now. It is no longer a controversial issue. The bad news is that two-thirds of the States, including New York, still have weak or no policies addressing the nutritional quality of foods and beverages in schools. And only 12 States have comprehensive policies that apply to the whole campus for the whole day and at all grade levels, and these are the kind of policies we need that are really going to make a difference and bring down—help bring down our obesity rate.

There are forward-looking States, like Kentucky, Oregon, California, Rhode Island, Mississippi, and Connecticut that have very high standards and we can use them as a model. NYSHEPA, my organization, also urges you to propose strong national standards that do not preempt the States' ability to enact even stronger standards in the future. We believe that our kids will be healthier and live longer if both State and Federal Government have the power to improve on standards in the years and decades ahead.

To date, New York State has not been able to enact updated nutrition standards, I am sad to report. It is not because there is a lack of interest. We have had at least nine bills promoting school nutrition standards in our legislature since 2006. It is not because there is lack of support. We have a broad coalition of 41 prominent organizations that support standards. We have got the media on their side. There have been wonderful editorials from the New York Times, the Buffalo News, the Poughkeepsie Journal. And the public is on board. They actually make calls and write letters to our legislators and they support our school nutrition bills.

But we don't have any legislation in New York State, even though two of our neighboring States, Connecticut and New Jersey, have enacted strong standards. So as a mother, I find this deeply upsetting. I want to know, are the kids in Connecticut and New Jersey more deserving of healthy food than our kids in New York State? This just makes no sense to me.

NYSHEPA has come up against a number of impediments in trying to advocate for State nutrition standards. We have encountered powerful, deep-pocketed food and beverage industry opponents, who apparently are going to resist changes until they are literally forced by you to get healthy.

We have State legislators who refuse to educate themselves, like my favorite assembly member who introduced the Cupcake Law, which is a measure that will make the cupcake the official State kids' snack in New York State. And it also would have provided that parents can bring any food into school that is legal. I would like to know exactly what those foods are.

We have opposition from some school leaders whose districts have entered into pouring rights contracts or who fear that healthy standards are going to hurt their school finances.

Now, let me get right to debunking a myth that schools will automatically lose money if they implement healthy nutrition standards. It is absolutely just not true. There are a number of surveys out there that completely debunk that, like the survey of 17 schools and school districts that was conducted by the U.S. Department of Agriculture and the Centers for Disease Control and Prevention. The results of that survey? Twelve schools actually increased their revenue and four reported no change.

There is also two pilot studies that have recently emerged that evaluated the financial impact of switching to healthier school food and they found that the revenues increased at the majority of schools because losses from a la carte were offset by an increase in the National School Lunch Program meal participation and reimbursements.

Now, in New York State, NYSHEPA has been conducting its own best practices interviews with schools that have voluntarily switched to healthier food. Most of these school food directors have told us the exact same thing. When the non-nutritious a la carte fare is removed, more kids purchase the reimbursable school meals. Because of increased participation, the district offsets the losses with increased reimbursements. Let me state this one more time a different way. When the junk is gone, kids buy the healthier National School Lunch Program lunch had districts will still run in the black.

There was also a 2005–2006 study sponsored by the USDA's Food and Nutrition Service and it found that a la carte foods usually don't subsidize school meals. It is actually the other way around, because too often the cost of a la carte foods falls short of the cost of producing them. So school meals actually subsidize the a la carte.

NYSHEPA has also learned that school vending contracts are not all that profitable for schools, and that is very good news for me. When a very young child that I know walked into our middle school cafeteria years ago and saw row after row of vending machines with chips, cookies, candies, and my favorite, six different kinds of candy-coated ice cream, she asked if she was at an amusement park. Fortunately, by the time my kids had entered middle school, clearer heads and a whole slew of aggravated mothers have prevailed and the worst of the junk food was gone. And so was the superintendent, who had complained that the nutrition advocates were trying to take away my Twinkies.

[Laughter.]

Ms. HUEHNERGARTH. A national study found that school vending contracts raise only an average of \$18 per student per year for schools and/or school districts. Another study found that soft drink sales in schools raised a median of 70 cents per student per year in middle schools and \$6.38 per student per year in high schools. Also, please keep in mind that it is money from the pockets of kids that is funneled back into these school districts via pouring rights contracts, and where is that money coming from? From their parents.

Typically, school districts only get to keep 33 percent or less of the profits. The overarching question I think we should all be thinking about is, should we really be financing our schools at the expense of children's health?

With our nation's obesity rate through the roof and economic woes affecting every State, NYSHEPA believes that National School Nutrition Standards must be addressed this year. We can't afford to wait any longer. The more we invest now in our kids' nutritional health, the greater the payback in the future, namely a lower rate of obesity and obesity-related medical expenditures, lower rates for health insurance, an adequate number of healthy adults to staff our military and workforce, and longer and healthier lives for more Americans.

Thank you very much for this opportunity and I hope you will act this year.

[The prepared statement of Ms. Huehnergarth can be found on page 87 in the appendix.]

Chairman HARKIN. Thank you very much, Ms. Huehnergarth.

And now we turn to Mr. Byron Garrett, CEO of the National PTA. Mr. Garrett, welcome.

STATEMENT OF BYRON V. GARRETT, CHIEF EXECUTIVE OFFICER, NATIONAL PARENT TEACHER ASSOCIATION, CHICAGO, ILLINOIS

Mr. GARRETT. Thank you, Chairman Harkin and Ranking Member Chambliss, committee members, and my fellow distinguished

panelists. I am certainly honored, like all of my colleagues, to have the opportunity to speak before you today.

I sit here on behalf of over five million members of the National Parent Teacher Association across the country and at Department of Defense schools around the globe, as well as our 25,000 local units that actually run and function in communities across the country, and we are excited to discuss the significant issue of the upcoming reauthorization of the Child Nutrition Act.

As the oldest and largest volunteer child advocacy association in the United States, PTA's legacy of influencing Federal policy to protect the education, health, and overall well-being of children has made an indelible impact on the lives of millions across the country. There is no question about that. This legacy includes the creation of kindergarten classes, a juvenile justice system, child labor laws, and mandatory immunizations for school children.

One of the fundamental purposes of the National PTA has always been to preserve children's health and protect them from harm. You know, as early as 1899, we advocated for a National Health Bureau to provide families and communities with health information. In 1923, we worked to secure hot school lunches. In the 1940's and 1950's, we were involved in the establishment and expansion of the School Milk Program. We also worked to ensure the passage of both the National School Lunch Act and the Child Nutrition Act. I believe we have a little to say about this issue today.

While the majority of the debate surrounding the upcoming reauthorization centers on the National School Lunch and Breakfast Programs, I would like to commend this committee for looking at these programs in the context of all available food options students have during school hours. It is imperative to consider the overall effect the regulations governing these programs will truly have when our students are given the choice to buy unhealthy snacks and sodas from vending machines on school grounds. It is critical to approach child nutrition holistically and assess issues in the entire school foods environment.

For this reason, PTA is a strong supporter of the Child Nutrition Promotion and School Lunch Protection Act. School meals must meet detailed nutrition standards set by Congress and be updated regularly by the USDA in order for a school food service program to receive Federal subsidies. In contrast, the nutrition standards for food sold outside the meal programs have not been updated since 1979. Such foods include those sold in vending machines, cafeteria a la carte menus, and school stores.

The only nutritional criteria for school foods sold outside of meals are that foods are of minimal nutritional value and they may not be sold in the food service area during meal times. You see, many low-nutrition foods are not considered foods of minimal nutritional value, and I quote that FMNVs, as they are referred to, despite their high content of calories, saturated fat, salt, or added sugars, and they can be sold anywhere on school campuses at any time during the school day.

Three decades later, this outdated practice no longer stands up to the scrutiny of contemporary science, dietary patterns, or health standards. The best interests of our children demand that the nutrition standards be modernized.

For more than 50 years, school meals have been regulated at the Federal level. Each year, the Federal Government invests billions in school lunches and breakfasts, approximately \$11.7 billion in financial 2008 alone. Selling low-nutrition foods in schools undermines this entire investment. The widespread availability of drinks high in sugar, chips, candy, cookies, and snack cakes in our schools also undermine our parents' efforts to feed their children healthy and nutritious meals. You see, each school day, parents entrust schools to care for their children all across our nation. They should not have to worry that their children will use lunch money to buy snacks, you know, honey buns and Snickers, as opposed to buying a well-balanced meal.

According to a national poll by the Robert Wood Johnson Foundation, 90 percent of parents and teachers support the conversion of school vending machine contents to healthy beverages and foods. In addition, a 2005 Wall Street Journal/Harris Interactive poll found that 83 percent of all adult respondents think that public schools should do more to limit children's access to unhealthy foods, like snack foods, sugary soft drinks, and fast foods.

All across our nation, parents and community groups are making remarkable strides in addressing this issue. For example, the Connecticut State PTA worked with a consortium of children's health groups to pass State legislation which limits the beverages that can be served to students from any source on school campus, including vending machines and school stores. In addition, the law incentivized schools to adhere to State health standards for food sold in schools, providing extra State reimbursement for their Free and Reduced Lunch Program. Only 1 year into the program, 101 school districts out of the 179 that were eligible signed on to the new standards.

At Aptos Middle School in San Francisco, California, the school principal created the Aptos Parent Teacher Student Association Student Nutrition Committee, convened by a PTA member, which included parents, students, teachers, and staff. They created a plan to eliminate junk food from the entire school store. Non-nutritious foods were gradually eliminated, being replaced with healthy alternatives. Although the school's food program was operating at a deficit the year before, it netted a \$6,000 profit for the school district's Student Nutrition Services Department after implementation. As a result of the pilot's success, the school district and that program at Aptos has now been instituted and serves as a model for the district's efforts to improve nutrition at its other middle and high schools.

These and other efforts across our nation have helped, but the burden of removing unhealthy foods and beverages from our schools cannot, should not, and must not rest solely at the local level. Unlike other aspects of education, school foods have been primarily regulated at the national level since the Truman administration. Furthermore, the majority of the nation's 14,000 school districts are not equipped to develop science-based nutrition standards for schools, and only 30 percent of the school districts prohibit the sale of junk food in school vending machines nationwide.

A minimum Federal protected nutrition standard for food sold outside of school meals is necessary to protect the integrity of not

only the School Lunch Program, but the health of all children in our nation's public schools. After all, the nutritional needs of our children remain the same whether they live in Iowa or Georgia. It is untenable to force parents to fight for healthier school foods one school at a time, reinventing the wheel after wheel after wheel while facing the same obstacles at each and every turn. Reasonable national nutrition standards would ease this burden while allowing for a great deal of local control over the implementation of such standards. Without question, the decisions made during this reauthorization will not only impact our schools, our hospitals, our economy, our military, and most importantly, our homes.

Thank you, and I will be very happy to respond to questions along with my colleagues.

[The prepared statement of Mr. Garrett can be found on page 82 in the appendix.]

Chairman HARKIN. Mr. Garrett, thank you very much for a very powerful statement.

Now we turn to Mr. Felton on behalf of the National School Boards Association. Mr. Felton?

STATEMENT OF REGINALD M. FELTON, DIRECTOR, FEDERAL LEGISLATION, NATIONAL SCHOOL BOARDS ASSOCIATION, ALEXANDRIA, VIRGINIA

Mr. FELTON. Good morning, Mr. Chairman, Ranking Member, and other members of the committee. Again, it is an honor for us to be here to discuss this very, very important issue. As you know, we represent over 15,000 school boards across the nation, including 95,000 school board members.

Let me just say that, without question, NSBA believes that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential. Local school boards across this nation continue to actively promote nutrition education, physical education, and obesity prevention.

The issue to us is not whether child nutrition is important. Rather, it is whether child nutrition would significantly improve by additional federally mandated nutritional standards on all foods and beverages. To this question, in our view, the answer is no. While there is the expectation that federally subsidized programs may be accompanied by certain restrictions, such restrictions are not fully supported within local communities regarding all other foods and beverages available to students.

The next question should be, what behavioral changes might one expect at the local school level from such additional restrictions and whether such new patterns of behavior add value to the intent and purpose of the additional restrictions. From a local school board's perspective, what is likely to happen in our view is that there will be significant increases in purchases beyond the school grounds, particularly where high school students and others are permitted to leave the campus for lunch.

Second, we believe there will be increased regulatory disagreements in schools over what foods and beverages should and should not be sold as new products are developed and marketed.

And third, we believe there will be increased misunderstandings and complaints from parents regarding the banning of certain foods

and beverages based on perceptions of school officials being culturally incompetent.

Additionally, local school boards view any Federal efforts to regulate or codify into statute the types of foods and beverages that can and cannot be sold in schools throughout the entire school day and at school events as overly intrusive and burdensome to school districts. School districts believe that such efforts dismiss the work of wellness councils and usurp the jurisdiction of local school boards to create a policy that reflects the values and financial capabilities of local communities.

In our view, these new behaviors will result in several unintended consequences that will require the redirection of additional time and resources away from the schools' primary responsibilities. NSBA urges you to reconsider any efforts to enact expanded legislation.

Now, beyond the concerns over the operational impact of such expanded restrictions, local school boards are also concerned with the potential impact on local budgets and revenue streams. As you are aware, the primary responsibility of local school boards is to deliver high-quality educational programs to ensure that such students are career and college ready to compete in a global society. The reality, however, is that many school districts promote the sale of foods and beverages as a means of supplementing the cost of athletic and other extracurricular activities, which would further redirect the ability of school districts to fund these activities. The expansion of such restrictions on all foods and beverages could substantially reduce revenues.

Therefore, NSBA urges Congress to refrain from enacting legislation that would further restrict the authority and flexibility of local school boards to sponsor and promote revenue-producing activities involving foods and beverages outside the current federally subsidized programs.

Such school districts are caught in a bind between demands to deliver high-quality education and, unfortunately, an economic crisis. A national vision for child nutrition is needed, but that vision cannot convey nor equate to Federal mandates. The Federal Government must acknowledge more broadly that the efforts over the previous decade to employ a top-down approach has not worked. In our view, we suggest the Federal Government play a new role to facilitate, not dictate.

As you are aware and has been mentioned earlier, under the Child Nutrition, Women, Children, and Infants Reauthorization Act passed in 2004, every school district was required to participate in Federal meal programs to enact wellness policies. A study conducted by the Pennsylvania State University on local wellness program implementation, at least among Pennsylvania local school districts, indicates that 84 percent of the districts have written implementation or action plans and that 56 percent of the school districts reported that there are more opportunities for students to be physically active in classrooms outside physical education, and 58.2 percent of the school districts reported that their students are receiving higher-quality nutrition education. School boards across the Nation are actively engaged with their communities, as they should

be, to create policies and requirements to have the full support of the people in their local communities.

In closing, we want to reiterate that local school boards are committed to improving child nutrition and clearly view wellness policy as important. As these school boards' actions increase, positive changes in behavior will take place, reflecting the will of the local communities. We are very committed to changing attitudes and sustaining positive behavior related to nutrition. Therefore, we feel that community-based decisions are much more effective in the long run than mandates from the Federal Government. Federal mandates in our public schools cannot be the vehicle for change in society.

In order to significantly improve child nutrition and health, it will not be achieved through expanded authority of the Secretary of Agriculture. Rather, it will be through the active engagement of local communities that hold strongly to the belief that those at the local level should best make such determinations.

Thank you very much for this opportunity.

[The prepared statement of Mr. Felton can be found on page 76 in the appendix.]

Chairman HARKIN. Thank you very much, Mr. Felton, and thank you all for your wonderful testimony.

We will open a round of questions for just 5 minutes each, and I will start in order. Dr. Cooper, again, I followed your career paths. I remember we had, I think, one of your school nutrition persons up here from McComb, Mississippi, a few years ago. I remember her testimony, because I have cited it a lot, and I think she was under your jurisdiction at that time, in which she said about changing the foods they put in vending machines that they found that they didn't lose any money, that they really maintained the same amount of income from the vending machines when they put water and healthy snacks and things in them.

She said something that I will never forget. She said, you know, we found that kids are funny. They love putting money in machines.

[Laughter.]

Chairman HARKIN. They don't much care what comes out, they just like putting money in them.

[Laughter.]

Chairman HARKIN. And so when they put the healthier foods in, kids kept putting their quarters and stuff in the vending machines. I have always remembered that.

But the other thing I remembered was her testimony, and now yours today, about all that you have done. If you would just talk just a couple of minutes more about the skepticism and resistance you have met when you started doing this and how you worked through that. What would you say to people who say, well, let each school district decide it. You have done this on your own. You have done this in different school districts. Mississippi has done a great job in this, but other States haven't.

So again, a two-pronged question. How do you overcome the resistance, and what was that like, and second, address yourself again to the idea of whether we should just leave this to States and local jurisdictions or whether we should extend the nutritional

guidelines to all foods sold in schools. That is really the essence of what we are talking about here in this legislation this year.

Mr. COOPER. Yes, sir. Overcoming the resistance, well, part of it is persistence, but part of it was gathering the baseline data that we could present to the community and to the school community that would indicate that our children were very unhealthy and that we presented the data also that connected better physical education, better food and nutrition options in schools to better academic achievement. The data is out there. We just don't ever take the time as educators to collect it all and present it to the lay community in a coherent, uniform manner.

The other part of this was to go to the school communities, specifically the principals and the PTAs, and outline a way for this to be a win-win, to say from the start, we don't intend to cut your revenue. We don't intend to harm your programs. But we intend to reach your goals in another way. After our Food and Nutrition Director came and spoke to you earlier, years earlier, about 2 years after that, we then eliminated all of our vending machines that had food in them and all we had was the water machines. But we put one water machine for every 150 students, created that policy that allowed students to buy water and take it wherever they wanted, and we increased the intake of funds to our principals by some major, major percentages just because of that one move.

So I think the first thing, we have to make it a win-win. We had to go to the Coke folks and say, it is a win-win. We are not going to take your product out, we are just going to change the product that you are selling and we are going to allow you to sell it 24/7 instead of just after one o'clock in the afternoon. So we tried to present this as a win-win to people.

And I think if you take your time and you have the baseline data, because all of us, when we bring the baseline data to our community saying our children are less healthy now than they have ever been, when you bring the pediatricians in your community to speak to your school board to say, this is what I am seeing in my practice now, it not only gives the school boards information, but in some ways it gives the school board liability, because now they know that we have a hand in creating a generation of unhealthy children.

So that is how we did that part, and then the second part of your question was——

Chairman HARKIN. Well, I guess, and I would ask everyone, since my time is running out, do you see this as a part of the whole overall health reform that we are trying to do in America, in terms of prevention and wellness? Do you see this as——

Mr. COOPER. I think it has a direct connection to how our children perform in schools. I do not think we are going to do this locally, by and large, because we have too many other things that we put ahead of it because they are supposedly important, and they are important. But unless you codify this some way nationally, then I think people are going to pick and choose. And you will have some superintendents that do it, some boards that do it, but, in fact, most will not because they will go to the point of highest pressure, and that is the laws that are there that require the academic kinds of things.

Chairman HARKIN. Thank you very much, Dr. Cooper. My time has run out.

I will yield to our Ranking Member, both for an opening statement and questions that he might have. Senator Chambliss?

STATEMENT OF HON. SAXBY CHAMBLISS, U.S. SENATOR FROM THE STATE OF GEORGIA

Senator CHAMBLISS. Well, thank you very much, Mr. Chairman, and let me apologize for running behind this morning. I will submit my opening statement for the record.

[The prepared statement of Hon. Saxby Chambliss can be found on page 50 in the appendix.]

Senator CHAMBLISS. Let me just thank all of our witnesses for your attendance here this morning. It is very informative testimony there.

I want to start out with an anecdote. I mean, this issue of obesity obviously among our children is of concern to all of us, and I think you have all expressed some very strong opinions about the direction in which we ought to go. I particularly appreciate the mention by you, Mr. Felton, and you, Dr. Cooper, about an issue that I think is just as important, if not more so, than the issue of what our children are eating and that is what they are doing when they are not eating. It both reflects on their abilities and their concentration in the classroom, certainly, but primarily their physical activity outside.

You are exactly right, Dr. Cooper. If we just concentrate on nutrition, we are not going to solve this issue. It goes well beyond that and we have to incorporate some kind of physical exercise program in every school in America to be coordinated along with a nutrition program.

Mr. Felton, I am particularly appreciative, too, of what you said about the Federal Government knowing better about how children in every school district in America react to, No. 1, what is served to them, and the importance of the ability to have flexibility on the part of local school boards relative to what is fed.

My anecdote about that is I have got a 12-year-old grandson who is picked up by his grandmother on a regular basis when she is at home. She is a 30-year classroom teacher, a retired 30-year classroom teacher, so she has had a lot of experience with nutrition in schools. John immediately has to go somewhere and get a snack after school. There is nobody on that panel that would say that the snack that John gets every day when he leaves school is nutritious. But the fact is, John does not have an issue relative to obesity. In fact, it is on the other end. We have to keep John loaded up with calories because he is so active from a physical standpoint. That is why I think your statement, Mr. Felton, is important, from a flexibility standpoint and why, Dr. Cooper, you are exactly right relative to physical exercise there.

And also, the second point about this is that unless we engage the parents in this issue, it is a losing exercise from a Federal policy standpoint. So my question to each of you, and Dr. Cooper, we will start with you, is what is your experience relative to programs that work from the standpoint of engaging parents on this issue of

nutrition, on this issue of physical exercise, and on this issue of having an understanding on their part of the issue of child obesity?

Mr. COOPER. Well, I think those are two really different issues because most parents that I have worked with over the years really believe in the whole physical education part of it and they question why we are taking that away. They question why we don't let our children have a good quality physical education program.

The nutrition part is a little bit harder because we are that generation that is probably—our children are probably going to live a shorter lifespan than we are, but we are not going to live as long a lifespan, either, and so we have to do a lot of education, and we do it through the PTAs, but we have also done it through community meetings, where we have brought in the data that I am talking about. We brought in the health experts that could say to the community, we are going to restructure our school district, but we are going to use physical health as the baseline, and we gave them the data about the condition of our children. We gave them the data about the health care costs. We gave them all that kind of information that they can understand and as a reason for us beginning to look at the nutrition issues.

And then the other part of it was going to those groups, like the football boosters and the PTA folks and all of them to say, we are not trying to shut you down, but here is why we need to do this. There is a reason. And showing them with the data and with the research that you are not going to lose money and that it is better for our children. So there has to be some effort in that regard.

Ms. HUEHNERGARTH. The school districts that I have gotten to know that have made healthy changes have done a few things right. First of all, they have communicated with the parents, just like Dr. Cooper started to say. They just don't lay down the law and expect families to understand. There is some outreach. There are newsletters that go out explaining the changes, explaining why they are undergoing them. Teachers actually talk to the students and explain what is going on. When there are changes in the cafeteria, sometimes there is sampling in the cafeteria so that kids get to taste foods and get to be encouraged to try new things.

The other thing I think we have to think about is what we call reverse learning. You know, a lot of times kids come home from school and they teach parents things. One thing that I learned was to turn off the water tap, because my kids told me, don't let it run too long. You are going to waste water. Well, it is going to be the same thing with healthy foods and with physical activity. If kids are eating healthy, then they are going to come back to their parents, demand those foods. They are going to ask their parents to go out and enjoy physical activity with them. And I think that is how families will learn.

Mr. GARRETT. Senator, and I guess what I would share with the committee, obviously speaking on behalf of the PTA and parents across the country, the reality is, parents, as I mentioned in my statement, parents expect that when their children go to school, that they are provided with healthy options. And so parents do all they can, I would say, between the hours of 3 p.m. in the afternoon until 6:45 a.m., roughly, in the morning to do some education about nutritious items, what it is you should eat. And even within class-

es, we fund from an educational perspective across the country, through Federal dollars and State dollars, nutrition education, telling children how many portions you need to eat of what, whether it is the food pyramid from USDA. We do all of those things. But then a kid will exit a classroom at two o'clock in the afternoon and go right to a vending machine and we then ask them to practice what they have been taught and the reality is, when they look directly at the vending machine, they have no option. Their options are to choose between Cheetos or perhaps Baked Lays, a form of potato chip, but their options are very limited. So what they may do outside of the confines of the school campus, one could recognize that I may choose on my own time to choose a Twinkie. I may choose to do that at four or six o'clock in the evening. But during the school day, in this particular environment that has spent so much money and resources saying we should have a qualified breakfast and lunch, we should make sure children have nutritious opportunities. When they then are forced to make a choice, we limit the options. We don't even give them the ability to make the appropriate choice because it is not readily available to them.

And so what I would share with you is that our parents would recommend that while we help raise money for schools and we raise money for a host of issues and we believe that there needs to be a level of local authority, we believe that there is sufficient room within how this is structured to help facilitate this conversation. It is not dictatorial by any stretch, but there needs to be some universal standards.

The last thing I would say is this. As of 2000, and everyone probably knows this, but if you don't, approximately a third of our children in this country are in danger of having Type II diabetes. So there is no question about who is overweight, who is obese, what are the ramifications and impacts. The other piece you look at is that approximately 9 percent of all citizens in this country, our health spending for approximately 9 percent of them are related to obesity and overweight issues. We have got to figure out that if adults have the same issues, we begin in the educational setting in trying to rectify that, to teach the appropriate habits but also to give one an opportunity to exercise the right choice throughout their educational experience.

Mr. FELTON. Senator, I will offer you, as I said before, that is really not the question. I think school boards across this nation support nutrition. There is no school board out there that says, gee, I would rather have unhealthy kids. I think it is a matter of how we engage parents and how we engage communities so that they again have the education, so that they can make the choices. Again, our position is that there should be choices, but that the restrictions and the parameters of that ought to be left to local communities and States, that the Federal Government should leverage their authority and their funds with the States so that programs are better incentivized so that we do begin to see what is happening.

The reality is that parents will understand what is good for their children, and of course they will support that. But when school boards are sitting with parents and communities and they are saying, here are all the things we want for your kids. We want to have

a laptop computer with every child. We want to have a teacher-student ratio that ensures that your children will succeed. We want to have safe campuses so that you are free from abuse and bullying. We want clean campuses that are free from toxics. We want a transportation system that allows your children to participate in extracurricular activities and perhaps other forms of exercise. We want facilities that are no longer have code violations in which we must place our kids day to day. And then the question to parents and school board is, how do we keep that kind of balance, because these are all important.

And so our point to you is that States and local school districts need the flexibility so that they can reflect the desires of local communities who have to address all of these issues. And again, we support child nutrition, but let us understand that when you begin to deal with a school district, it has to deal with a number of broad issues that each of us feels is very, very important.

Chairman HARKIN. Thank you very much.

Senator Casey, we will turn to you now.

Senator CASEY. Mr. Chairman, thank you very much, and I know you may have to go, and when you do, we will work that out.

I want to thank our witnesses for your appearance today but also for the work that you do, the daily challenge of meeting the obligations we have to our children. I guess I wanted to start with kind of a broad question, and this would go really to several of our witnesses and not anyone in particular. But if you could just tell us about the challenge that we face with regard to the fact that we want to have a national commitment to better nutrition, and I am a great believer that every child is born with a bright light inside them which represents, of course, their potential, and that our obligation, those of us who are elected officials certainly, as well as other officials, have an obligation to make sure that light burns as brightly as that potential indicates. The only way we can do that is to have every child get the benefit of health care and nutrition and early education. Of course, they are all interrelated.

I think now we are beginning to realize that CEOs know this now better than they used to, that if we don't work on those issues in the dawn of a child's life, you can't even begin to talk about an educated person or a high-skilled person or a stronger GNP for the country or economic growth or competing in a world economy. All those phrases we hear over and over again start with that one child and the investment we make in him or her.

But one of the challenges we have is we have a country that I think believes we should make a national commitment, but we also have school districts and a strong tradition of local control and a tradition that I am well aware of in Pennsylvania. We have 501 school districts in the State of more than 12 million people. But as much as there is a State responsibility for education, we still have a very strong tradition of local government and local school district governance.

So how do you make that work in the context of a desire for national standards, the desire for a national commitment, with a tradition and the reality, not just a theory, but the reality of local control, local decisionmaking? And some of you may have addressed this in your testimony. We are juggling hearings today, so if this

is redundant, I am sorry, but it doesn't hurt to repeat yourself in Washington once in a while.

[Laughter.]

Senator CASEY. But do any of the four witnesses want to kind of begin to tackle that?

Mr. FELTON. Well, certainly, I commented earlier, it cannot be a fragmented approach. I talked about the need for a national vision and the fact that that vision has to understand how our States and local school districts operate.

We know when we want folks to take on different behavior patterns, we provide incentives, and certainly we are not opposed to any Federal incentives that would encourage States and school districts to begin to move toward nutrition education, and health standards, just as we have done in other facets of basic community life. But the point still remains is that unless the Federal Government wants to take on all of the—the whole issue, it can't be fragmented. I mean, even if we look at our subsidized food programs, we know that there are some issues with reimbursement funds. We know that there are issues with commodities in terms of the nutritional value of those products. And yet we want to compartmentalize a single piece of the puzzle.

And our advice is, if we are prepared to deal with it in a comprehensive way, we all know that it requires, again, active engagement through incentives, through programs, through education, of the parents, of the major stakeholders.

Mr. GARRETT. Senator, I would offer that it is not an either/or conversation, so it is not an either/or. It has got to be a "yes and." I guess I would share with you, from a national perspective, leadership is needed on this issue. It is not as if the opportunity to create wellness policy—as Dr. Cooper had mentioned earlier, it is not as if the opportunity to create wellness policies does not currently exist. The reality is that in communities across this country, over two-thirds of our States lack State standards or they are extremely weak when it comes to nutrition for items that are sold outside of the school timeframe at some point in time, in order to protect the overall budget.

So when you look at this as a comprehensive issue, when you think about health care spending, and I will say it again, 9 percent of our funding federally on medical issues are associated with folks who are overweight and obese. We have got to figure out how we offer as much guidance as possible and as much structure. I contend, being a former K–8 school principal, that a superintendent or school board would still have enough latitude within whatever guidelines that might be established to exercise that flexibility to meet their appropriate needs locally.

But I will tell you that parents every single day when they drop their kids off, either at the bus stop or they physically take them to school, they take them under the presumption, and rightly so, that they are going to an environment that is going to provide healthy choices for their child. So basically you ask a student at the age of six or eight or 12, who may be on the School Lunch Program, who may not be, when they walk through a school line and have a variety of options, you force a six- or 7-year- old to choose between a Twinkie and a bag of carrots. I would like to think that

a 6-year-old could make that same distinction, but we have grown adults in this country that can't make that distinction themselves.

So my suggestion to the committee as you consider these potential recommendations for reauthorization is to understand the reality of what plays out in every single school across this country, and by creating a similar set of national standards that are somewhat prescriptive but still provide an appropriate amount of latitude, I think would still accomplish the objective, which is to ensure that children have healthy options on campus throughout the school day.

Mr. COOPER. I would like to answer that question this way, if I might, from a school superintendent standpoint, and that is that we have to frame this up the same way that we frame up, why do we insist on water quality standards? Why do we insist on air quality standards? It is we are looking at food quality standards. Why do we insist on immunizations? See, we have immunizations now and what we know is we have far fewer kids that are contracting polio and those other diseases than we have kids that are contracting obesity and the related diseases that come from there. We have obliterated polio. We can obliterate obesity, too, but we have to have some standards that are ranked right up there with air and water and immunization.

Senator CASEY. I know I am out of time—

Ms. HUEHNERGARTH. I was going to say, if you don't do it, it is not going to happen on the local level. You just don't have the base of knowledge at the local level that you even have at the State and Federal level. You have superintendents and principals and teachers that not only don't understand this issue, but refuse to educate themselves. So we really do need national standards.

Senator CASEY. Thank you very much.

Chairman HARKIN. Senator Lugar?

Senator LUGAR. Let me thank the panel, because you have offered, I think, diverse views and that has been helpful.

I come with some prejudices just from experience, and Senator Casey has mentioned he has had some experiences. My first responsibility was as a school board member elected 45 years ago in Indianapolis, and the first issue we had was one of school food. The problem was that so-called latchkey children in public housing projects got no breakfast at home, came into school and did not perform well. That had been going on for quite some time. From a local community standpoint, they could have helped alleviate the problem, but they didn't.

The Federal Government came along with the program to help out breakfasts for latchkey children and one would have thought that in a humanitarian way our school board would have leapt at that opportunity. Wrong. They said, this is the Federal Government intruding on the Indianapolis school system. The Indianapolis News editorialized that this would be a violation of everything Indianapolis ever stood for. Unbelievably, Indianapolis took no Federal aid for anything at that point. I say that was unbelievable, but that was 45 years ago.

And so, as a matter of fact, by a vote of about four to three, as I recall, our school board decided to take those lunches to help those children get nutrition, with the condemnation of the Indian-

apolis Chamber of Commerce, the newspapers, the citizenry. Those are the realities.

I appreciate very much, Mr. Felton, your representation, and as a school board member, we fought everybody. But at the same time, my own judgment was that when we came down to even more serious issues, such as trying to desegregate even a part of our school system racially, once again, the local situation was very, very negative. And the thought that the Federal Government could ever intrude in this, which they did 12 years later with the Federal court suits and the whole situation was desegregated, but a sense at the local level at that particular time failed.

Now, that is history and now we do not want to resegregate the school system or take the children's lunch away. This is the reason the issue, I think, is an important one, that by and large, we are talking about very minimal changes. I think the food companies, by and large, the progressive ones are prepared to work with us. They understand the problem. The problem of obesity now that we are discussing is at least a different one than people not having food at all. So we made some headway in the last four decades or so.

But at the same time, we won't make it rapidly in Indianapolis, my hometown. The inner-city school situation is even more difficult than it was when I was on the board, and this is with regard to academic standards, quite apart from nutritional ones.

So this is why, if I have a prejudice in the situations, I want to speak to it.

Now, I appreciate that even if we all are motivated correctly, should there be some panel in the Department of Agriculture, somebody that advises this committee or the Congress as to how do we fight childhood obesity? Is there at this point some body of knowledge, given all the tests and research that you have talked about, that even if we wanted to regulate the vending machines, we come to some conclusion as to what the minimum standards ought to be for the machine, quite apart from the hours that it is open or the availability and so forth?

In other words, what I am looking for now is some confidence in terms of the data that we really fight childhood obesity well, or that technically we can work with food companies and others who want to share that thought as opposed to simply being perceived along with the maybe local school boards who want to retain all controls regardless of what happens as the enemies of the project? Do any of you have any idea how you would proceed if you were to determine what is in the machine or what is available? Is there a body of standards that is available to us? Ms. Huehnergath?

Ms. HUEHNERGARTH. There was a report by the Institute of Medicine making some very sensible recommendations for school nutrition standards and I think that is one place that you would start. They really described exactly what should be sold in elementary, middle, and high schools. I think they laid out the road map for us.

Senator LUGAR. Good. So we have at least one reference point there. Is there any general agreement among school administrators, State, local, or anywhere else, that those standards look reasonable? Mr. Felton?

Mr. FELTON. Well, as we talked earlier, sir, the issue is that there are several reports that make recommendations, but, I mean, there isn't a unanimous agreement that what is out there is, in fact, what we should have, and that obviously creates a challenge for implementing such a law, which is one of the points that we raised.

Mr. GARRETT. Senator, I guess I would just add to that, while there may not be consensus or uniform agreement on what should be contained within the machine, there is certainly consensus on what is not healthy for our children and that data is very clear and——

Senator LUGAR. So there is some minimum standard, at least——

Mr. GARRETT. Correct, and so I guess what I would offer, and having worked at USDA before, not in the Food and Nutrition Service, but obviously very familiar with most of the programs, I would offer that the expertise is available to determine what may be the appropriate minimal standards. And again, you are talking about a very——what I would consider to be a small-scale change, but again still providing folks with enough flexibility and latitude.

I think when you hear from other folks, I guess on your second panel, they will also talk about the differences when you begin to look at if you utilize local school boards in setting their own policies, the disparity between what could be contained, what type of content, what size product, what nutritional level. I mean, I believe—I guess the end of it would be I believe that there is the potential and the research does exist and the folks are there to convene to really create a minimum set of standards that would be across the board that could be applicable in this situation.

Mr. COOPER. I would just like to mimic that a little bit. I think the precedent somewhat has already been set in various areas. For instance, when I apply for an Early Reading First Grant from the Federal Government, they only allow you to use practices and curriculum that are evidence-based, and I think that is the same way we approach this. There might not be a single menu, but there is a wealth of evidence out there that gives a world of choice still to the local school boards that keeps them within the realm of healthy offerings.

Senator LUGAR. Thank you very much.

Thank you, Mr. Chairman.

Senator CASEY. [Presiding.] Senator Klobuchar?

Senator KLOBUCHAR. Thank you very much, Mr. Chairman. Thank you to all of you.

My fellow colleagues here have heard me talk about this quite a bit. When I was listening to Senator Lugar, I was thinking the same thing, that we just—it is not working for so many of our kids. My daughter was in a school that was 90 percent free and reduced lunch in Minneapolis and I saw firsthand what those kids were eating out of the vending machines. Even though people would donate food and the school would have some yogurt there, I saw what they went and picked, exactly what Mr. Garrett is talking about. Then we move her to Virginia where she is in a school with much different demographics and the kids are bringing carrots to eat for a snack.

I just think it is unfair if we think that kids in certain urban districts are going to have the same kind of food that their parents are going to send to school with them. They are not. Kids get, what is it, 30 to 50 percent of their calories in school on school days, and this just isn't working with them. I mean, the proof is in the statistics, Mr. Felton, of how these kids are getting obese, and the proof is also in what I have seen of these own kids' lives. And so I am just devoted to changing this. We are not going to be able to keep going the way we are going.

So my question is, first of all, Dr. Cooper, with this idea of allowing the Secretary of Agriculture, which I support, to put forth some kind of a dietary standard nationally, how do you think this would work with the local districts when you have different food, produce in different parts of the country, and how would this work, Dr. Cooper?

Mr. COOPER. Well, I mean, I don't see this being earth-shaking changes. We are already well on the road to asking people to provide healthy foods. In my—this is just my opinion, I know that when we put in what I call tougher standards for food and vending, we adapted very quickly. Of course, in my experience, we were in Louisiana and we were in Mississippi and so there is lots of fresh produce coming in. There may be other places where that is not the case.

But I think, again, going back to the wealth of information about what could be possible to be looked at in terms of a healthy choice is great enough so that no matter where you were in this country, you could still provide that.

Senator KLOBUCHAR. And Ms. Huehnergath, I was interested when you talked about the schools able to increase their revenues in other ways and that study. Could you elaborate on that more, the schools that were having healthier food and eliminated some of the unhealthy foods in the vending machines, how they were able to increase revenues.

Ms. HUEHNERGARTH. Well, first of all, if they took out unhealthy food from the vending machines, they would substitute healthier foods, like water, as Dr. Cooper told us before. And also sometimes they put in dried fruits or good granola bars. Kids will buy it. If they are hungry and they are staying after school, they will buy those foods.

As far as changing out—taking unhealthy foods out of the cafeterias, once again, if you take them out, the kids will gravitate to the meal program, to the Federal meal program. They will buy those meals which are nutritionally balanced and those reimbursements will help balance the program.

Senator KLOBUCHAR. The other thing I have heard, and we have a lot of food producers in Minnesota, food processors, frozen foods, all these things, is that there is a very good argument that school districts could save money, not to say, which I was asking Dr. Cooper, that you have to have the same produce in every—you couldn't in every State, if you want to use local. But for some of these meals, like if they are going to have a pizza or they are going to have something like that as part of their school meal, that all of these different school boards requiring different requirements actu-

ally adds to the cost as opposed to having one standard. Could someone comment on that?

Ms. HUEHNERGARTH. Probably from a distribution standpoint, it strikes me if all the schools across the Nation have similar standards and they are all buying the same amounts in bulk, perhaps it would actually bring prices down. It seems to make sense.

Senator KLOBUCHAR. Mr. Garrett?

Mr. GARRETT. I guess I would share—I know being a school principal, and I was at a charter school, so I had discretion over what it is we purchased as long as it met both the State and Federal guidelines from a meal perspective. I do know that when you go in and you attempt to work with a vendor and you are asking them to create a customized package or a customized size specific to your local needs, the costs go up, and I would venture to say that if there is a national set of minimal standards and you begin you to talk about whether it is four ounces or six ounces, I would assume that it would allow organizations or companies to create more of a wholesale system of product offerings that make it much more universal, and that, I would believe, would drive the cost down from that perspective. Obviously, I don't work in that specific industry, but I know having been an administrator, it was much easier for me to pick something that met the nutritional guideline that fit within the size and scope as opposed to saying, I want something customized. It generally would cost us a lot more in order to do that.

Senator KLOBUCHAR. Mr. Felton?

Mr. FELTON. Senator, I mean, I would just be very cautious. Most of us, when we speak about school districts, we have in mind the experiences that we had growing up in terms of the size of the school and the wealth of the school and the poverty of the school. As we look across the nation, there is such a broad—I mean, we still have three one-room schoolhouse districts in America and we have school districts with tens of thousands within a single school. So the challenge for us is to begin to have guidelines, but that provide sufficient options so that those who must operate in one kind of environment are not totally restricted to the advantage of simply because they are not in a different kind of environment.

What I understand is under consideration is not just vending machines. There has been a lot of talk about vending machines, and I think for the most part, parents and school boards and districts are working with those vending machine efforts, not perhaps to the level of some of my colleagues on the panel, but certainly we believe there is progress in the right direction.

But when you talk about beyond the vending machines and you are talking about total availability of foods and beverages for events related to schools, 24 hours, 7 days a week, that is a different level of—

Senator KLOBUCHAR. But Mr. Felton, why wouldn't we want to have healthier foods available for—

Mr. FELTON. We do, as I said earlier in my statement, that school boards do support nutrition. This is not an issue of should our children be healthier. Of course, our children should be healthier. Should we—

Senator KLOBUCHAR. But the way we have been doing it hasn't been working. These kids are getting fatter and fatter.

Mr. FELTON. Well, I think, again—

Senator KLOBUCHAR. It is not working to not have some kind of national standard, and to me, when you have got a President that is focused on this, when you have got a Congress that is focused on it, you should say this is a national priority and we are going to look at schools as a whole because we know these kids are going to run and get a Twinkie, or if they are selling high-sugar things at every event, they are going to drink those. Why wouldn't we want to have things that were better—

Mr. FELTON. Well, again, our response is that those same public—those same citizens and residents elect those Federal officials and State officials and local officials. In our society, we should be responsive to those communities. And if we demand at the Federal level, these people should be—

Senator KLOBUCHAR. If it was working, I would say, fine, Mr. Felton, but it doesn't seem to be working for these kids, so—Mr. Garrett?

Mr. GARRETT. And I guess I would just share, Senator, the reality is this across the country. There is disparity regarding what is available. When you look at the breakfast or the lunch program specifically, there are some guidelines associated. But when you talk about these other items, so whether it is a vending machine, whether it is the a la carte service that is available at a school, whether it is what a school store may sell or the booster clubs, et cetera, the reality is there is no nutritional standard that is utilized whatsoever.

And so to that end, we have got to get to the point from a Federal perspective that we offer something that is minimal, but it also is somewhat prescriptive to let folks know that there has got to be some basis. And I would contend, as you just alluded to, that parents across the country are saying, the local wellness policies, while we advocated for them and support them, are not doing the job and we need something that is going to be more stringent.

Senator KLOBUCHAR. I have gone way too far, but I just want to—long on my time, but I just want to say that I want to save money here and I see this as saving money in health care costs and saving money in how we buy, purchase food. If there are ways to save money here, we have got to find them right now. We are in tough budget times. And if there is a way to have healthier kids and have a more fair system, we have to move toward that system.

Senator CASEY. Senator Johannis?

Senator JOHANNIS. Thank you very much.

I have found this to be very informational and instructive and, I think, a good diversity of views. Let me offer a thought, if I might. As a former Agriculture Secretary, former Governor, former mayor, former city council member, county commissioner, first of all, I would say, having been there at the Department, childhood obesity is a very, very complex issue. If it was as simple as banning vending machines, we would probably just ban vending machines, fix the problem, declare victory, and move on. It is not that simple.

There are all kinds of things involved here. Physical activity has been mentioned. I released the first food pyramid that actually

said, enhance your physical activity. You know, we had the stick figure running up the side of the pyramid. We came to the conclusion after studying this for months and months and months that you can enjoy a diversity of foods. You can enjoy meat and poultry and vegetables and even sweets if you do it in moderation. But that is often the problem. There was no moderation. There was no physical activity, and so obesity levels go up.

We oftentimes hear at the national level, we think we are all wise and so we grab a policy. We pass it, and then we look back years later and then we say, well, why is it if we have a children's health care program that is really good—and incidentally, it is, we implemented it when I was Governor of Nebraska—but why is it that in some States, 60 percent of the kids aren't even enrolled when it is available and free? Do you know why? Because people don't grab hold of it. They see this another Federal mandate that we are trying to jam down their State's throat and they back off away from it and they don't promote it.

So I think we have to try to figure out what the right balance is here. Mr. Felton, in your testimony, you raised the fact that under Congress in 2004, said that every school district participating in the Federal meals program had to put in place a nutrition education program, goals for physical activity, et cetera. How are schools doing out there with that? Are they making progress?

Mr. FELTON. I think the reality, sir, is that they are all making progress. It is just a matter of degree. I provided data in my testimony that suggested that, on average, we are still looking at probably 30 to 40 percent who are not at the level that we certainly had hoped that they would be at this point. What we are unsure of is what are the things that are contributing to that slow performance. But again, as an overall policy, they are there. In terms of having plans, they are there. In terms of beginning the implementation, they are there.

But are they 100 percent where they should be? I think not, and we have not denied that fact. But we are saying that with the appropriate incentives and the appropriate leveraging with State governments and State funds, they could move to a different degree, and that would be acceptable.

Senator JOHANNIS. Let me follow that up with maybe a little bit more of a general question. You talked about the responsibility of school boards and administrators. We do want safe campuses. We do want clean campuses. We do want standards and performance and we want kids to be able to go on to college or trade school or whatever. Just a general question. Are we overloading the system?

Mr. FELTON. Well, in our view, we are overloading the system because we are expecting, again, the local school district to take on every issue facing society within a very, very limited resource budget. I think that, again, education is important, and we all understand philosophically in order for that child to succeed, all these things must be supported. But when the Federal Government on average invests only 10 percent of the total cost of education in America, someone has to question who is bearing this, and who is bearing this are States and local governments trying to figure out how to do what is best for all their kids given the limited resources available.

Senator JOHANNIS. You raise a very valid point, and I am running out of time, so I will wrap up with this thought, again, coming from a Governor and a mayor's perspective. It always seemed a little high-handed to me that the very junior partner in education, being the Federal Government, which provided, as you point out, and there was some more money in the stimulus funds that lasts for the next year or 2 years, but they provided about 9 percent, I think, nine or 10 percent of the funding. But it always seemed a little high-handed to me that they were the ones that felt they had the ability to force down the standards, that they knew best right down to the smallest school district in Nebraska. They knew best what was good for those kids. And when I talked about the smallest school district, in our State, we still have one-room schools that are, incidentally, doing a great job educating kids.

But when you talked about the responsibilities we are putting on schools, I must admit, you touched a chord with me, because it is very easy to pass the law, as I said, only to look back years later and say, well, gosh, it isn't doing what we thought it would do because we have weighted the system down so aggressively, it can't perform. It is almost set up for failure, if you know what I am saying. Does that make sense?

Mr. FELTON. It makes sense very much, sir, and we have pointed out as we are engaged in other Federal legislation is to be very cautious about the additional burdensome administrative requirements and over-expectations for the very limited dollars that are out there. Again, I agree with you, school boards want to do the right thing and communities want to do what is best for their children, but we cannot continue to have a broad range of Federal requirements unless the Federal Government is willing to take on that financial burden with that.

Senator JOHANNIS. Thank you.

Senator CASEY. I wanted to—we have an obvious conflict here, the debate between national standards and the opposite point of view.

Mr. Felton, I wanted to ask you about something that arose in the last couple of weeks when the School Nutrition Association representatives were in Washington. At that time, they talked about a whole range of issues, but in particular they asked about Federal standards to streamline packaging and beverage purchase. And I would ask you, in light of that point of view, in light of that desire that the School Nutrition Association has on packaging and beverage, how can we get there? How can we achieve that if we have nutrition standards being set district by district?

Mr. FELTON. Well, as I said earlier, sir, the—it is the environment in which we all operate that would suggest to us that guidelines can be issued and developed. The question is when they move from guidelines that provide flexibility to simply mandates which do not reflect or acknowledge that there will be circumstances that simply do not fit in certain school districts and certain communities. We believe that you can engage the community, you can engage evidence-based research to produce a broad range of guidelines in which local communities could operate in, and to the extent that they can, first of all, they want to do this. This is not a matter of not wanting to. But to the extent that they are able, based on

other kinds of requirements, typically being influenced by the financial resources, then that has to be acknowledged.

And so to have a requirement without the ability for flexibility or adjustments or, you know, circumstances that could certainly provide some relief, that what we do is indict those local school districts when it is no fault of their own.

Senator CASEY. And I have a real concern about guidelines not being enough.

Mr. FELTON. I understand.

Senator CASEY. We probably disagree about that, but, I mean, some of the basic data that has been cited already—Ms. Huehnergath, you cite in your testimony that only 12 States have comprehensive school food and beverage standards that apply to the whole campus for the entire school day and at all grade levels.

Ms. HUEHNERGARTH. Correct.

Senator CASEY. I mean, look. Guidelines are great if people are adopting them and implementing them. I want to know if the other three witnesses have a perspective on the question of guidelines. Is that enough? I am assuming—

Ms. HUEHNERGARTH. I don't think—

Senator CASEY [continuing]. You will say no. What is your experience with how guidelines work or don't work, in your own experience?

Ms. HUEHNERGARTH. So you are talking voluntary guidelines, correct?

Senator CASEY. Mr. Felton, is that your—

Mr. FELTON. Well, I mean, whether we are talking guidelines or voluntary standards, the issue is once you have a Federal mandate that is standard and you tie Federal funding directly to that, even if you are calling it voluntary, it is de facto mandated. So I agree with you that we need to talk about whether we are talking about an options for school districts and States to participate or we are talking about a standard in which everyone is expected to meet, and that is a different answer.

Ms. HUEHNERGARTH. Well, as far as voluntary guidelines, I mean, wellness committees, as we have them set up in our country, issue a set of guidelines that are relatively voluntary and there really are no teeth behind them. So oftentimes I hear from parents in districts that have set what they think are strict wellness standards that they are just not being followed.

I think the only real way to get real change in this country is to have uniform standards across the board. Voluntary is just that. It is for the most motivated, and not every district across the country is motivated or interested in making these changes.

Mr. GARRETT. And Senator, I guess I would offer to that, as well, the thought that it is either a top-down or bottom-up approach. Neither are going to work in isolation. So you have got to have both. And so just as my colleague just shared, when you talk about voluntary guidelines, the reality is we need some set of minimum standards across the board, and I think—I know on behalf of our constituencies, parents are asking for that, because what we recognize, even though we had advocated for local wellness policies, and many of our parents may be included in how you make those deci-

sions and how the policy is structured, we recognize that they simply fail to meet the expectation. It is not meeting the need.

And so short of action on a local level, we have got to figure out a different way and our belief would be developing a system of national standards that are minimally prescriptive that really enforce and have folks own up to the requirement of making sure the children have healthy options on campus.

Mr. FELTON. Well, much of our discussion, sir, reminds me of the hearings that local school boards have to deal with frequently, and that is parents are testifying before school boards and some parents feel this way and some parents feel another way. And I think that the concern is that while we do not disagree that some parents feel very, very strongly about standards, we know that there are many, many parents who feel very, very strongly that there should not be standards.

What we want to be sure of is that whatever Federal legislation there is, that it acknowledges and recognizes the fact that down where the rubber meets the road, where school boards must implement programs with very, very limited budgets, that they aren't so restricted that this simply becomes another poor grading system of our public education.

Mr. COOPER. Could I add something to that just real quickly, because—

Senator CASEY. Yes. We have to move to our next panel, but—

Mr. COOPER. OK. I don't think voluntary guidelines are enough, but I do want to agree with Mr. Felton. I think we have overburdened our school districts with things, but I think our priority is in the wrong place. I think we ought to loosen some of the other things and take care of our children and the health of our children first. That definitely needs to be something that we all agree to.

I don't think it is a financial burden. We have got lots of data to say that if we do this, it is not going to be a financial burden.

And the last thing, I would think in a one-room schoolhouse, that would be the easiest place to be healthy. I mean, you have water, you have oatmeal, you have milk. You don't have all the distractions of the big city items.

I just want to go back to the issue of it is about our children. It is not about safety codes. It is about if you don't do the right things for our children in terms of their healthy, they are not going to be riding those buses. They are not going to be coming to those buildings.

Senator CASEY. I want to know if either of our colleagues have any more questions.

Well, thank you very much for your time and your testimony. We will go to our second panel.

Our second panel, we have four witnesses. The first is Ms. Karen Ehrens. She is the Public Policy Chair of the North Dakota Dietetic Association in Bismarck, North Dakota.

We will be moving left to right. Our second witness is Ms. Miriam Erickson Brown. She is the Chief Executive Officer of Anderson Erickson Dairy Company in Des Moines, Iowa.

Our third is Mr. Hank Izzo, Vice President of Mars Snackfood U.S., Hackettstown, New Jersey. They have a couple hundred em-

ployees in Pennsylvania. I wanted to cite that for the record. Thank you for being here.

And finally, Ms. Susan Neely, Chief Executive Officer of the American Beverage Association in Washington. She is outside the hearing room and will be in shortly.

But welcome, and we are grateful for your presence here today and your taking the time to provide testimony.

Ms. Ehrens, why don't we start with you and we will move from left to right. Thank you.

**STATEMENT OF KAREN EHRENS, PUBLIC POLICY CHAIR,
NORTH DAKOTA DIETETIC ASSOCIATION, BISMARCK, NORTH
DAKOTA**

Ms. EHRENS. Good morning. I am Karen Ehrens, Public Policy Chair of the North Dakota Dietetic Association, which is an affiliate of the American Dietetic Association. Senator Casey, Ranking Member Chambliss, and Senator Lugar, thank you for your interest in this issue.

My thoughts today are with my neighbors in North Dakota, South Dakota, and Minnesota as we are battling both blizzards and floods, and so my thoughts are there with my neighbors. But I am also very glad to be here today because this issue is so important.

I am sure you have heard that between the 1970's and today, childhood obesity has doubled and in other age groups has tripled in these years. Kids face not only social and emotional health risks of obesity, but long-term risks, including the development of chronic diseases like heart disease, cancer, arthritis, and diabetes.

I brought along some kids today. This is my daughter's fifth grade class in Bismarck, North Dakota. There are 21 kids. They were born at about the turn of the century, and if things continue on as they are today, seven of these kids have the potential of developing diabetes as some point in their lives. And I am here today—

Senator CASEY. I am sorry. What grade did you say?

Ms. EHRENS. Fifth grade.

Senator CASEY. Fifth. I am sorry. Thank you.

Ms. EHRENS. I am here to help these kids and all kids across the United States beat those odds.

Despite the increase in childhood obesity, you have heard that many of our schools are continuing to sell candy, snack foods, and sweetened drinks to children through vending machines or a la carte, in school stores and as fundraisers. I can't help but wonder how we got to this place in time when we accept that it is normal to provide access to children to these foods throughout the school day and why it is that schools are considered a marketplace to begin with. Adults are raising money while gambling with children's health.

It reminds me of what we are learning about the origins of the current financial crisis today. For the sake of profit in the present, people disregarded the long-term consequences of what their actions. Like toxic assets in the financial system, schools and other areas in our communities have been left with toxic environments.

Competitive foods sold outside of meals aren't required to meet Federal nutrition standards that have been set for school meals.

USDA policy does address food sold outside of schools minimally in the foods of minimal nutritional value policy. They can't be sold in the food service areas during school times, but those foods can be sold at any other place and time throughout the school day. These foods are on that list because they make only minimal contributions of nutrients, but calories, fat, salt, and sugars aren't counted to determine whether a food is of minimal nutritional value, as it is called. This is a 30-year-old policy that doesn't really make sense anymore.

The sale of low-nutrition competitive foods outside of school meals is associated with increases in children's body mass index, or BMI as it is called. In fact, one study estimates that up to one-fifth of the average increases in BMI in teens in the 1990's can be attributed to the increased availability of these low-nutrition foods in schools.

The sale of low-nutrition foods in schools is counterproductive, as we have heard this morning. When these foods are sold in schools, fewer kids eat school lunches. Healthy foods are displaced, and so kids' nutrient intake goes down. More food is left uneaten and thrown away. The availability of unhealthy foods also sends a mixed message when we are trying to teach kids through nutrition and health education in schools about the importance of choosing healthful foods as part of an overall healthy diet.

The sale of competitive foods is especially harmful to kids who come from families with lower incomes. If students from families with limited budgets eat less healthy snack foods during the day instead of a free or reduced-price school meal, they lose out nutritionally in a bigger way than kids that come from more affluent families who might have the chance at some point during the day in or outside of school to access healthy foods.

I am a member of our Bismarck Public Schools School Health Council. We are a team of teachers, administrators, parents, students, and health professionals who have been working together to write and implement a local wellness policy. It took us over a year and a half to write a strong policy, and that was as a result of the legislation that required schools to have local wellness policies in place.

Our strong wellness policy in Bismarck did result in the removal of soda pop machines from our schools. Students may purchase milk, water, 100 percent fruit or vegetable juice during the day. At other schools in our State, however, children still have access to soda pop, other sweetened beverages, and snack foods.

The legislation that put these local wellness policies in place was a big step forward and I thank you as Members of Congress for making that happen. However, some local wellness policies are strong and others sit filed on a shelf collecting dust. It also, as we found out in Bismarck, takes committed administrators throughout the school districts from school to school on a day-to-day basis to make sure that the policies are not just in place, but that they are carried out. And if there isn't a champion in a particular school, the policies may not get implemented at all.

All children should have the opportunity to attend school in a healthy environment. Parents in small school districts or low-income school districts may not have the time, the resources, or the

opportunity to advocate for strong nutrition policies. This can create health disparities between large districts and small districts or between well-funded districts and those with fewer resources.

Schools are one of the key settings for public health strategies to address overweight and obesity. As Senator Harkin mentioned earlier, as Congress and the administration move forward with health reform this year, the ADA believes that establishing nutrition standards is a part of health reform and is directly connected to prevention. Nutrition is the cornerstone of prevention and it is not going to be just in the schools where these changes can take place or just in our communities or just in health care facilities. Because this problem is so great, it is going to take all of us in all of these different venues working together.

We need financing systems and policies for health reform that support prevention and better managing chronic diseases. We have to equip children in school, starting at the very youngest ages, with education, motivation, and skills they can use to be healthy and environments that support their personal responsibility for making healthy choices.

I encourage you to take that first step by establishing meaningful nutrition standards for all foods sold in schools. Thank you.

[The prepared statement of Ms. Ehrens can be found on page 72 in the appendix.]

Senator CASEY. Ms. Ehrens, thank you very much.

I failed to mention before your testimony that each of you will have testimony that will be submitted for the record. If there is any way you can keep your remarks within the 5 minutes, that would help. I should have said that earlier.

Ms. Erickson Brown?

STATEMENT OF MIRIAM ERICKSON BROWN, CHIEF EXECUTIVE OFFICER, ANDERSON ERICKSON DAIRY COMPANY, DES MOINES, IOWA

Ms. BROWN. Good morning, Chairman Casey and committee members. I am Miriam Erickson Brown, President and CEO of Anderson Erickson Dairy in Des Moines, Iowa. We are a third-generation family owned dairy, and I am here today representing two leading dairy organizations, the National Milk Producers Federation and the International Dairy Foods Association. I appreciate the opportunity very much to testify before the committee today on the nutritional standards for foods served outside of the Federal School Milk Programs.

Because of the critical role of milk and milk products in children's diets, I ask the committee to consider three actions. First, make nutrient-rich foods a central part of the school nutrition environment. Then help increase consumption of nutrient-rich low-fat and fat-free milks and other milk products as part of the strategy to lower obesity rates in children. And finally, to establish consistent nutrition standards for all foods and beverages sold or provided in schools.

Children and teens need dairy products. A range of dairy products are available in schools, including white milk, lactose-free milk, flavored milks, as well as yogurts and cheese. Milk is the top source of nine essential nutrients, and a six-ounce carton of yogurt

contains as much protein as a large egg, more potassium than an orange, and less fat than a quarter-pound of lean ground beef. Cheese is a very good source of protein and calcium. Adding cheese to foods like vegetables and whole grains often helps students to increase consumption of these healthful foods. The complete protein found in products like milk, cheese, and yogurts promotes satiety, an important part of maintaining a healthy weight.

Nutrition standards should help children and teens get more nutrients from their calories. Today's children are increasingly overweight and undernourished. Balancing caloric intake and nutrient consumption is still the most effective way to help students get their overall nutritional needs met.

Nutrition guidelines for school meals are constructed to average meals over the course of a week. A similar approach can be effective for foods and beverages sold in the a la carte programs. Overly restrictive nutrition standards applied to individual foods may put nutrient-rich foods, such as yogurt cups and cheese sticks, out of the reach of our children, and this would be very unfortunate since the dietary guidelines indicate that these types of products are among the foods to encourage.

The dairy industry has invested in extensive research and development of new ingredients and products that minimize added sugars, sodium, and allow for a variety of fat levels.

So whether as a nutrient-rich ingredient in the foods kids like to eat or as an a la carte menu item, dairy foods come in a really wide variety of versions and packaging that provide unbeatable nutritional benefits. We encourage you to set school-wide nutrition standards that include milk, yogurt, and various types of cheese as a valuable and important part of a child's healthy diet in schools.

Milk consumption plays a part in combating obesity. There appears to be a simple inverse relationship between rising obesity rates in kids and declining milk consumption. According to the Department of Agriculture research, for every one ounce decline in milk consumption, there is a 4.2 ounce rise in consumption of other beverages, resulting in a gain of calories and a loss of calcium and other important nutrients.

Nutrition standards for all beverages available in schools should put milk on a level playing field with other beverages. That means, for example, in a vending machine that sells sports drinks, milk should also be available there in a variety of sizes and packaging. Offering flavored, low-fat, or fat-free milk is an excellent way to increase milk consumption among children and teens. According to a study in the *Journal of American Dietetic Association*, children who drink flavored milk drink more milk overall and are more likely to meet their calcium needs without consuming more total fat and calories as compared with their peers.

The dairy industry is working very hard to develop flavored milk formulations that have fewer added sugars and total calories while maintaining kid appeal. But establishing guidelines that are overly restricted on added sugars would not only drive up costs significantly, but would also be difficult to achieve without the use of non-nutritive sweeteners.

As school districts across the Nation struggle to provide healthy meals on tight budgets, many depend on additional revenues gen-

erated through a la carte sales. USDA has a very small program that subsidizes a la carte milk sales called the Special Milk Program and we would encourage the committee to increase its funding so that schools can be partially reimbursed for the milk that they serve to kids outside the school milk program.

Consistent nutrition standards for all foods and beverages must be granted in the dietary guidelines. Today in schools, there are a la carte menus, vending machines, and they provide an array of competing foods. Yet only the USDA School Milk Programs operate under the direction of the dietary guidelines. We believe our students are best served by having one set of standards for foods and beverages available in our schools, which should apply equally across the country.

In conclusion, we share your commitment to improving school nutrition. We will continue to find innovative ways to support the overall goals of the Dietary Guidelines, providing new products, new flavors, and new ways for students to enjoy the taste and goodness of dairy products in schools. Thank you.

[The prepared statement of Ms. Brown can be found on page 52 in the appendix.]

Chairman HARKIN. [Presiding.] Thank you very much.

And now we will turn to Dr. Hank Izzo from Mars Inc. Mr. Izzo?

STATEMENT OF HANK IZZO, VICE PRESIDENT, RESEARCH AND DEVELOPMENT, MARS SNACKFOOD U.S., HACKETTSTOWN, NEW JERSEY

Mr. IZZO. Thank you, Mr. Chairman and members of the committee. I am Dr. Hank Izzo, Vice President of Research and Development from Mars Snackfood U.S. and I appreciate the opportunity to testify today in support of updating our National School Nutrition Standards.

I would like to begin by thanking Chairman Harkin for his consistent leadership on this issue. As you know, Mars worked closely with your office during the most recent farm bill in an effort to update these standards and we look forward to continuing to work with you on this very important issue.

I would also like to thank Ranking Member Chambliss for his consistent support of Mars, Incorporated. We were very pleased to have the Senator visit our Georgia plant in August and look forward to continuing to build on this relationship in the future.

Mars, Incorporated is a family owned U.S. company that manufactures a wide range of confectionery, food, and pet care products. As one of the world's largest companies, we employ more than 15,000 associates in 40 factories across the United States. Mr. Chairman and members of the committee, Mars believes the time has come for Congress and the USDA to update our National School Nutrition Standards. Our position on this issue reflects our continuous commitment to health and nutrition space.

Mars was the first chocolate company to stop advertising and marketing directly toward children under the age of 12 in 2007. Last year, we implemented easy-to-read front-of-pack nutritional labeling to help consumers make more informed choices about the foods they eat. Mars has also eliminated transfat, reduced sodium, and added more whole grains across our lines of products.

Finally, we were proud to be one of the first companies to partner with the Alliance for a Healthier Generation. As you may know, the Alliance was created by the William Jefferson Clinton Foundation and the American Heart Association. The goal of the alliance is to empower kids to make healthy lifestyle choices. Mars was one of the first companies to partner with the Alliance in 2006.

At that time, we pledged that we would not offer for sale any products in schools that do not meet the strict 35–10–35 nutrition standards, meaning less than 35 percent calories from fat, less than 10 percent calories are from saturated fat, and less than 35 percent sugar by weight. To meet this commitment, Mars was the only company to develop an entirely new line of products, our Generation Max line, which I am pleased to say fit those guidelines and are available for schools across the country today.

Our commitment to the Alliance reflects Mars' beliefs that schools are unique environments that warrant special treatment when it comes to nutrition standards. At home, parents make decisions about the food. But at school, children make decisions about foods for themselves, such as products they might buy from a vending machine.

We believe that new standards will help make sure that children across the Nation have access to a broad selection of nutritious foods at all schools. An updated National School Nutrition Standard will make it easier for schools and manufacturers to work together to help children make smart decisions about the foods they consume. It will provide some peace of mind, as well, for parents, knowing that foods for sale in a school meet nutrition guidelines.

As you know, the existing standards for school vending have not been updated since the 1970's. Today, we understand so much more about the relationship between food and health, and Mars believes it is time to apply that knowledge to a new school nutrition standard. It is our opinion that the National School Nutrition Standard should be modeled after the guidelines issued by the Alliance for a Healthier Generation. We believe that 35–10–35 is a meaningful, practical standard that can be adopted and implemented quickly. We also believe it would generate significant support across the nutrition community and progressive companies in the food industry.

Mr. Chairman and members of the committee, the challenge of improving the nutritional environment in schools is too important to get delayed by extended rulemaking by USDA. The time to act is now. We look forward to working with the committee to draft legislative language to ensure that these new standards are implemented as quickly as possible.

As the father of four young sons and as a youth coach in my community and a volunteer in my community, and as an associate of Mars, Incorporated, I would like to take the chance to thank you for the opportunity to testify on this very, very important issue.

[The prepared statement of Mr. Izzo can be found on page 94 in the appendix.]

Chairman HARKIN. Thank you very, very much.

And now we will turn to Ms. Susan Neely, President and CEO of the American Beverage Association. Welcome back.

STATEMENT OF SUSAN K. NEELY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, AMERICAN BEVERAGE ASSOCIATION, WASHINGTON, DC

Ms. NEELY. Thank you, Mr. Chairman. It is good to be back. And Senator Lugar and the committee, I do represent the non-alcoholic beverage industry, all of our many brands, manufacturers and distributors across the country, and their 220,000 employees. I am also the mother of an elementary school child and now a middle school child, so this is a topic that is near and dear to my heart for many reasons.

It is a pleasure to be back and tell you how we are doing with the commitment that we as the entire beverage industry made with the Clinton Foundation and the American Heart Association to implement a common sense standard in schools across the country. I have been working in this policy space for 30 years now, inside government and outside government, and I can't say that I have never seen any industry sector commit so much and deliver in such a robust way on their commitment. I am very proud to give this report to you and to the rest of the committee.

As you will recall, we made this agreement with the Alliance for a Healthier Generation in May 2006 and had three school years basically to implement it, so we are nearing the end of the third year and I can tell you we are doing very, very well. The policy that is being implemented draws heavily from obviously the expertise of the policy experts at the Clinton Foundation and the nutrition scientists at the American Heart Association, but also parents. Parents told us they wanted an age-appropriate policy. They wanted to limit choices for their younger children and they wanted more choices for their older children mirroring a more real-world experience, but still educating them on beverages that are healthy and low in calories, and that is what our policy does.

I think our policy is very consistent with the recent research that was funded by NIH and published in the New England Journal of Medicine that really made the strong points that counting calories and achieving energy balance is the best way to manage weight, and I think our policy is certainly consistent with that science.

The policy says milk, juice, and water only for elementary school and middle school children. Again, age appropriate, limiting choices for those younger children. And then for high school kids that are a little older, it is low-calorie, zero-calorie, or portion capped beverages.

So very specifically, the punch line I always want to get across is that we are taking full-calorie soft drinks out of schools across the country, and for beverages that are higher in calories but have other attributes, we are bringing the portion sizes down. So even the 100 percent juice comes in a limited portion size.

This has been a lot of work. We have had to train marketing and sales staff so that they understand the policy and can talk to their school partners about it. We have had to amend tens of thousands of contracts. We have had to reformulate products. We agreed to package sizes that didn't exist, so we had to create those containers and change the vending fronts so that they are commensurate with what is actually in the machine.

But the industry has been doing it and we are getting it done, and as of the last report, which we put out in September, along with President Clinton and Dr. Tim Gardner of the Heart Association, we had lowered calories in beverages shipped to schools by 58 percent. Eighty percent, or almost 80 percent of the schools under contract in this country are in compliance, or were in compliance. And 65 percent—there was a reduction of 65 percent in full-calorie soft drinks in schools, so that is essentially at the end of the second year. I look forward to giving you our final report this fall after we are able to compile the data on our final year of implementation.

So in closing, Mr. Chairman, I also, along with Dr. Izzo, thank you for your leadership. We were pleased to work closely with you and Senator Murkowski to try to update the standard as part of the farm bill and we are ready to continue to work with you to see that a common sense standard can be implemented in schools across the country. Thank you very much.

[The prepared statement of Ms. Neely can be found on page 100 in the appendix.]

Chairman HARKIN. Thank you very much, Ms. Neely.

I apologize for having to leave and come back, but we have a hearing today on the nomination of Governor Sebelius to be head of Health and Human Services, so I just went over there for my questioning period and I told her I was chairing this hearing on the Child Nutrition Reauthorization bill, and I said while it is not directly under her jurisdiction, I would hope that as the new Secretary of Health and Human Services, that she would work closely with Secretary Vilsack and Secretary Duncan in helping us through this process, because I see it as a part of health care reform and how we deal with our kids in schools and the kind of food and beverages that they consume in schools. So I hope all of you see it in that light, also, that it is an integral part of our health reform measures that we want to enact, hopefully this year.

Ms. Ehrens, in your written testimony, you talked about the changes that you made in North Dakota. I just again would like you just to express yourself again on the barriers that you encountered? We have heard sometimes we can't enact these school nutrition standards because they are going to hurt lower-income schools the most. They get the most from vending machines, and therefore we are going to hurt them the most. I have heard that a lot of times. But I think the testimony I have heard from others here is that that just isn't the case.

Ms. EHRENS. Yes. Thank you, Chairman Harkin. As we heard earlier this morning, the actual amount in nickels and dimes, the profit margin is very small on these, and so I think that we are making a few nickels and dimes now and that the longer-term cost to our health care system, there is no comparison. We also have heard that schools can still make money if they choose to sell foods to children, that they can still make funds if they sell healthier schools—excuse me, healthier foods in schools.

So yes, I think that also the schools that we have in our State, and South Dakota are some of the most—school districts that struggle the most, and I think they are also the ones that need the standards the most so that there is a level playing field, because I don't think that healthy school environments should just be for

schools with more resources, but that opportunity should be available to kids no matter where they go to school.

Chairman HARKIN. Let me ask another general question for all of you. I think it was in one of the written testimonies of the previous panel, and I didn't get a second round of questioning, but it has often been said that, well, if you take away all these choices for kids in school, especially high school, that the kids will leave the campus during the day and they will go to the local 7-Eleven or something like that and they will buy all that junk food there.

Well, that raised a question in my mind. Isn't it up to the local school board to decide whether or not kids can leave the campus during the day? I don't know what is happening out there, but when I was in school, we couldn't leave in the daytime. When my daughters were in high school, they couldn't leave the campus during the daytime. They had to have a permission slip. If they left without a permission slip, it was a violation of school policy and there were certain punishments that followed from that. I don't mean physical punishments, but staying after school and things like that.

So I just find it odd that because a school board decides to let kids go off the campus, that somehow we have to permit junk food to be allowed on the campus. I turn that around. Why don't you just have a policy that kids can't leave the campus during the day unless they have a permission slip from the principal? Am I missing something here?

Mr. IZZO. Yes.

Chairman HARKIN. You are a father. I mean, am I missing something here?

[Laughter.]

Mr. IZZO. I concur. I agree.

[Laughter.]

Mr. IZZO. Absolutely.

Chairman HARKIN. After wrestling with it, I can't figure it out.

Mr. IZZO. Absolutely. I think I will just go back to schools are a unique environment and a unique opportunity to offer more balanced choices to students. It is a unique opportunity to teach students the appropriate way to eat, what they should do from a physical activity standpoint, and it is up to us to make sure that the appropriate choices are in the schools. And I think it is important to outline in every school for every child.

That is why Mars supports a National School Nutrition Standard, and we believe, again, that the Alliance for a Healthier Generation, the 35-10-35 guideline is a practical guideline. Actually, to the point made earlier, there are both large companies and small companies and medium companies participating in the Alliance and we have developed in a very short period of time over 300 products that fit these guidelines and we feel that by having a guideline, by codifying one, is extremely important to direct some of the research and development that will help to offer healthier products for kids in the schools.

Chairman HARKIN. Maybe you can enlighten me. I just asked my staff this. As I understand it, is it 35-10-35?

Mr. IZZO. Yes.

Chairman HARKIN. So it is 35 percent, or no more than 35 percent of the calories can be from fat——

Mr. IZZO. Correct.

Chairman HARKIN [continuing]. No more than 10 percent of the calories can be from saturated fat——

Mr. IZZO. Correct.

Chairman HARKIN. and no more than 35 percent by weight?

Mr. IZZO. No, no more than 35 grams of sugar by weight.

Chairman HARKIN. No more than 35 grams of sugar by weight. So if you have a 50-gram bar, you can have 35 grams of sugar? I don't understand that. No. Is that right? It is 35 grams of sugar by weight, but what if you have a 50-gram bar or 60-gram bar? That means half of it can be sugar?

Mr. IZZO. No, actually, it is 35 percent sugar by weight.

Chairman HARKIN. OK, that is what I thought. Thirty-five percent sugar by weight.

Mr. IZZO. Right.

Chairman HARKIN. So that if I have a bar, one-third of it can be sugar? More than one-third can be sugar.

Mr. IZZO. Less than 35 percent sugar by weight.

Chairman HARKIN. Well, but 35 percent is one-third. So one-third of that bar can be sugar. I have a problem with that. When I heard that, I thought, well, that means that if I buy something, one-third of that can be sugar.

As Ms. Neely has heard me say many times, and, of course, again, we have worked very closely on this and the standards we worked on were very good, but a 20-ounce soft drink has the equivalent of 15 teaspoons of sugar.

Ms. NEELY. Yes.

Chairman HARKIN. Well, I just have a problem, and help me think this through, that if one-third of something that a child can purchase at school, get in an a la carte line or a vending machine, is sugar, is that really a good measure? I mean, is that a good nutritional standard? I have trouble with that. I can understand the 35 percent of fat. I can understand the 10 percent of saturated fat. But I can't understand why we would allow one-third of something that a child would buy to be sugar.

I think we need to work on this. I think we need to work on this. I thought I understood it, and now that I do, I just—it seems to be very high, especially when we see the milk companies out there have done a lot—well, beverage companies, too, have done a job of reducing the sugar contents of their beverages. The milk industry has done a job. The beverage, soft drinks have done that, too, reducing their sugar down to, well, zero in many cases, down to very little in milk cases.

And I just think that we need to look at that and I would ask your industry—and you have been a great leader. I mean, I said this to you privately, that what Mars has done has, I think, been kind of a gold standard in advertising to kids and everything. I don't mean to be a scold on candy. I like candy as much as anybody else, but, I mean, in moderation, obviously.

So I just think we are going to have to look at the 35 percent standard. Would this be lower than what it would be in a normal candy bar?

Mr. IZZO. Absolutely, yes.

On the guidelines, for example, the only products for us that would be allowed in school would be our Generation Max line, and that is one of the challenges that we have. Without guidelines, one of the issues that comes up is we can take the position that we will remove and not have those products in schools. Since we don't control the distribution angles or the distribution systems of the different distributors, they can make their way into schools, OK, a very unique environment. In addition, if it is left up to the local schools, they may very well say, we want to have those type of products in this unique environment, as well. So again, the need for codifying a guideline is extremely important from a national standpoint.

Chairman HARKIN. I would like to delve a little bit more into that one standard, the 35 percent standard, to see if that really is a good standard. As I said, I am making no judgment on it right now. I am just questioning about it.

The other thing I just want to ask about the milk products—I hope you don't mind if I am a little partial to an Iowa company.

[Laughter.]

Chairman HARKIN. I have been drinking AE milk since I was a kid and that is a long time ago.

Ms. BROWN. Thank you, Senator Harkin, Chairman.

Chairman HARKIN. We started drinking AE milk when we got rid of our cows.

[Laughter.]

Chairman HARKIN. Before that, we drank our own milk from milk cows. But AE has been a part of our whole institution in Iowa for a long, long time. And so I am very supportive of how you have reformulated your products there and what we can do.

You raised the issue, though, that I want to delve into, of using non-nutritive sweeteners, like Splenda, in milk. Is this widespread? Is it growing? Are there further opportunities to use it to reduce calories in other things that kids might eat?

Ms. BROWN. I think our main issue, Chairman Harkin, is that we would like to be able to provide kids with options for milk products in the school environment and flavored milks are a part of that. Children often will choose flavored milks over white milk—

Chairman HARKIN. Sure.

Ms. BROWN. [continuing]. And some flavored milks, if the restrictions are too low on calories or grams of sugar, then flavored milks just don't taste good and then you either have to use a non-nutritive sweetener or you have to have a higher standard for, or a higher-level standard for grams of sugar.

So I think our issue is, let us provide the nutrient richness of flavored milks in the school environment, get the kids to drink more milk. Kids that drink flavored milk have lower BMIs or body mass indexes and they get the calcium that they need.

Chairman HARKIN. You stressed a lot on the non-fat and low-fat milk.

Ms. BROWN. Yes.

Chairman HARKIN. Are we moving more to that in our schools?

Ms. BROWN. Yes. Sixty-seven percent of processors already provide non-fat and low-fat milk or alternatives in the school system

and many of them have reformulated their products to meet those standards. But that also is happening in all different parts of our industry—in yogurts, in milks, in cheeses, so that there are a variety of options for many students.

Chairman HARKIN. It is a matter of taste and acquired taste. I mean, look, I grew up drinking whole milk.

Ms. BROWN. Yes.

Chairman HARKIN. Whole milk, a lot of cream in it. When I got to be an adult, at some point, I switched and started drinking non-fat milk and I thought it tasted terrible. I have been drinking it so long, now I think whole milk doesn't taste very good because I have been drinking non-fat milk for so long.

Ms. BROWN. Yes.

Chairman HARKIN. I think as kids acquire these tastes, it is hard to switch. So that is why, if kids start out early in life drinking non-fat milk or low-fat milk, then they get used to it and they like it.

Ms. BROWN. We have no problem with that. The dairy industry is fully supportive of low-fat and non-fat milk in the schools. Our issue is variety.

Chairman HARKIN. Yes.

Ms. BROWN. And I also have to add that the most popular grocery store milk is still 2 percent.

Chairman HARKIN. Yes. It tastes like whole milk to me.

[Laughter.]

Chairman HARKIN. Well, thank you very much. I don't mean to belabor the point any longer.

Senator Chambliss?

Senator CHAMBLISS. Thank you, Mr. Chairman.

First of all, let me ask unanimous consent that two letters, one from ConAgra Foods and another one from Swann Company, along with written statements from the Potato Industry Child Nutrition Working Group and the National Frozen Food Institute be submitted for the record.

[The information from Hon. Saxby Chambliss can be found on page 112 through 123 in the appendix.]

Chairman HARKIN. Without objection.

Senator CHAMBLISS. First of all, Mr. Izzo, the best thing about your company, in addition to being a great citizen of my State, is you have got the best looking NASCAR car out there.

[Laughter.]

Senator CHAMBLISS. And we appreciate you recognizing that the most nutritious part of M&Ms are the Georgia peanuts that you put in them.

Mr. IZZO. Yes, sir.

Chairman CHAMBLISS. Ms. Neely, in your written testimony, you referenced that the investment made by your member companies in terms of changing the product mix in the schools. Can you elaborate and characterize those investments for the committee and also share with us your views on what it would mean for your members if a new standard were to be imposed by Congress or USDA?

Ms. NEELY. Yes, sir. Thank you. Well, it has been a lot of work to implement the standard. We have had to reformulate products, create new package sizes to meet the portion limitations that are

a key part of the guidelines, train thousands of marketing and sales staff so that, as happens when people sit in Washington and actually sign a piece of paper to agree to something, it has to get done across the country. People had to know how to do that.

And renegotiate contracts. We are at almost 80 percent compliance now in schools under contract across the country, and that doesn't just happen. People have to know what the guidelines are and be able to talk to our school partners about it so we can get to the level of implementation that we have achieved. So it has been a major effort on the part of the industry and cost millions of dollars. But we are getting the results that we desired and that is a good thing.

A lot of extra leadership from some of our companies. One company—I love this story—to ensure that a marketer, a member of the marketing team didn't sell a product that wasn't in compliance, they locked the buttons on the hand-held device that the salesman or saleswoman uses when they are talking to a school to ensure that only the products that are in compliance with the guidelines, they were able to sell those. So a lot of work that was done.

We think it is a common sense standard. It is one supported by parents. It was developed with nutrition scientists and we think that is the standard that should be implemented across the land.

Senator CHAMBLISS. And how do you perceive the voluntary standard to be working at this point?

Ms. NEELY. Well, we think it is working well. We—as I said, almost 80 percent of schools under contract are in compliance, and that means a lot fewer calories are being shipped to schools in beverages shipped to schools. So the beverage landscape is changing and we are getting the results that were the intent.

Senator CHAMBLISS. Ms. Erickson Brown, one of my weaknesses, probably my biggest weakness nutrition-wise is I love butter pecan ice cream. I wish I could ask you about the nutritional value of that, but I don't think I will get into that. My doctor reminds me of that. It means an extra 30 minutes in the gym for me, but I still enjoy it.

Some nutrition groups have been calling for rules that would only allow the sale of non-fat milk in school and therefore prohibiting the sale of 1 percent and 2 percent milk. Are you concerned that this could impact the overall consumption of milk by school-age children?

Ms. BROWN. Yes, I am. Milk provides nine essential nutrients, unlike any other food, and three of those nutrients are currently lacking in children's diets—calcium, magnesium, and potassium. We need to provide students and children with options: flavored milks in a variety of butterfats, fat-free, and 1 percent. We do support having fat-free and 1 percent milks in the schools and limiting that, but we would like to have the option of having 1 percent milks.

Senator CHAMBLISS. I really share that concern with you. Unlike the Chairman, all I drink is 2 percent and it makes a huge difference. If you are used to drinking 2 percent or you are used to drinking something other than non-fat milk, boy, it is tough to get used to totally non-fat milk.

Ms. BROWN. That is right. It is.

Senator CHAMBLISS. Particularly for my grandchildren, who drink whole milk, by the way.

Mr. Izzo, as a global company, can you please share any observations you have regarding school nutrition policies in other countries around the world that we should be aware of.

Mr. IZZO. Yes. Thank you, Senator. If you look around the world, one of the challenges that I think is a global challenge is setting the right standards and getting the right specific guidelines outlined for any country. That is why for us, the way we look at this is, again, a school is a very unique environment, and by codifying guidelines that would set a standard that a food industry could work against and work with schools, work directly with schools and partner with organizations like the Alliance for a Healthier Generation, I think we will get ourselves ahead of the game. Each day that we wait is another day that we will have another issue in the marketplace in regards to childhood obesity, in regards to lack of education on health and wellness.

So I think, globally, the obesity rates, a lot of people think that this is a U.S. issue. It is not a U.S. issue. It is a global issue. And even in countries where the obesity rates are low, they are starting to rise, especially for the area of children. So it is something that is a global issue and I think for us as a country that takes the lead in the world, we feel that we should take the lead on this issue and, again, codify school nutrition standards.

Senator CHAMBLISS. Thank you, Mr. Chairman.

Chairman HARKIN. Thank you, Senator Chambliss.

I always like to take these opportunities to just talk a little bit, again, about the standards and people's perceptions of things. Now, I know the Chairman knows this, but I can't tell you how many times I have talked with people about milk. I happen to be a big milk drinker, but non-fat milk.

The one other issue that has arisen over the past few years in terms of our health in this country, and now we are seeing it show up in children, and that is consequences of too much sodium intake. Everything is just salted. And I have got to admit, I didn't know much about this, either, until later on. I have started now checking sodium contents of foods in stores and, I mean, it is just almost shocking, how much sodium goes into our foods, and then a lot into kids' foods. We are looking at this, also in terms of our guidelines and how we look at that, because kids are now showing up with hypertension caused by too much sodium. We have just become a sodium-saturated society. It is hard to find anything without just a whole lot of salt in it.

So I am just wondering if you have any thoughts on that. I don't know, you said, I think, Mars is doing a lot. You are doing some stuff and Mars is doing some stuff, I am told, about reducing the amount of sodium.

Mr. IZZO. Yes.

Chairman HARKIN. Different companies are.

Mr. IZZO. Across our flavored rice products, the past several years, we have reduced sodium levels by 30 percent. Now, one of the biggest challenges on sodium, to your very point, is in many cases, sodium is augmented by how much salt you then throw on

top of your foods that you eat. So obviously we can't control that piece but through education.

One thing that we have done that we believe will help is we went to a global commitment to do voluntary front-of-pack labeling and back-of-pack labeling for key nutrients. So what does that mean? In the United States, we are required to have certain nutrients on the pack by the NLEA. What we did was we took those same nutrients, though, and brought them into a much bigger, bolder statement, larger fonts on the back of pack and calorie count on the front of pack. So whenever you pick up one of our products, you will be able to see that. Of the nutrients stated on the back of pack, again, it is fat, saturated fat, sugar, and salt.

Chairman HARKIN. Yes.

Mr. IZZO. So the most important thing for people to know, we believe and we feel is to know what is inside the foods that they are eating. I think you so eloquently put it that you were very surprised when you looked at some of these products to see how much salt was actually in these products. The ability to know what is inside, we feel is extremely important for you to manage your dietary impact throughout the day. So that is a measure that we have taken on pack to take care of that. I know there are other companies out there, global food companies, that are going in that direction.

We would invite other companies to join us in this, because as we create more of a standardized label that people can see and is very transparent and easy to understand, will help people, and children as they grow up and they learn about the right way to eat and how to eat foods and how to count not only calories, but count specific nutrients. It will teach them to lead a balanced, healthy lifestyle.

Chairman HARKIN. Any other observations? Yes, Ms. Ehrens?

Ms. EHRENS. Yes, Senator Harkin. I believe that sodium is—most of it that we eat as Americans comes from processed foods so that we do have little control over it unless we pay close attention. So we appreciate efforts by the industry to lower the sodium content and we think that the industry needs to really keep striving toward lowering the sodium content of foods.

Also, just a point on your milk. I believe that 2 percent and 1 percent are percent by weight of the milk. But if you cut out—if you drink three glasses of milk per day, you can save up to 150 calories by making a switch from 2 percent to non-fat milk, and that is enough to at least not gain weight or cause some weight loss to take place.

Chairman HARKIN. I understand. I think most people, when they think of 2 percent milk, they are thinking of the fat content. That is what they are thinking about.

But the sodium thing, I think in the reauthorization of the child nutrition bill, I have asked my staff to start looking at this and thinking about some kind of better guidelines for sodium content in all the foods that they have to buy for the kids in school. If they come to school and they get a school breakfast that has a lot of sodium in it—I am surprised how many cereals have high sodium contents. I am amazed at this. Then they have high sodium there and then they have a lunch that is high in sodium and then maybe

they go home and have more. I mean, these kids, they are just getting too much sodium and it is showing up now in our health statistics among hypertension in kids and high blood pressure in young kids.

So I think we are going to have to pay some attention to that, also.

Is there anything else that anybody wants to add to this before we adjourn? I just appreciate all of your testimonies, your leadership, all of you, in so many areas of this. We look forward to working with you through the year. We are going to get this bill done, working with the House side. I know the administration is interested in having a good reauthorization bill done, looking ahead, and I think we do see it—well, I speak only for myself. I see this really as a part of our overall health reform. This fits right in with that, and if we get our kids started early in eating well and getting the right nutritious foods, they are just going to have healthier lives later on, part of prevention and wellness.

So I congratulate all the industry people who are here. We worked very closely on this. We didn't quite get it done in the farm bill, but we will get it—

Ms. NEELY. We are ready to go again.

[Laughter.]

Chairman HARKIN. We will get it done this time. So thank you all very, very much.

With that, the committee will stand adjourned.

[Whereupon, at 12:06 p.m., the committee was adjourned.]

A P P E N D I X

MARCH 31, 2009

Senator Baucus
Statement for the Record
Beyond Federal School Meal Programs: Reforming Nutrition for Kids in Schools
March 31, 2009

Introduction

Mr. Chairman, I am pleased we are holding a hearing to discuss the reauthorization of the child nutrition and WIC programs. The reauthorization of these programs could not come at a more important time. Difficult economic circumstances have forced many working families to worry about how they are going to feed their children a nutritious meal and have put more women and children at risk of nutritional deficiencies.

When I travel to towns across my home state of Montana, I meet parents who are struggling to make ends meet, single mothers who are worried about feeding their infants, and school kids eager to learn, but without school lunches would have to go through the day hungry. And every time I talk with these folks, I know it is my duty not only as a senator, but as a fellow Montanan to help them. That is why I am going to use my seat at the table during this important discussion to be their voice, and to make sure these programs are fully funded

Study after study demonstrates that nutritious food is the foundation of a healthy lifestyle. The programs and initiatives that we will discuss today address some of the most pressing needs for our nation's food-insecure and our schoolchildren. More can be done, and more should be done in difficult times like these. I appreciate the Chairman holding this hearing to discuss needed improvements to the child nutrition programs and the WIC programs and I look forward to learning from our witnesses.

School Lunch Programs

For at-risk youth, school breakfast and lunches may be the only meals of the day. Here in the US, nearly 100 years ago innovative school administrators and educators began providing school meals to improve the behavior of school children. Since then we have all recognized the importance of adequately fed school children.

Today, investments in these programs still pay dividends by both improving the ability of school age children to learn and improving their health. In the long run school meals improve the nation's productivity and reduce healthcare costs.

In Montana, nearly 2.5 million meals are served monthly through the school breakfast and lunch programs and participation is rising. For example, in September 2008 Montana schools served 100,000 more free or reduced lunches than in September 2007. At this time of economic turmoil I am committed to ensuring that adequate resources are spent so that at-risk school-children are provided well-balanced, nutritious meals.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides food assistance and nutrition risk screening to low-income pregnant women, infants,

and children up to five years old. The WIC program provides nutritious meals to those whose health is most at-risk.

In Montana, WIC serves over 20,000 women, infants and children per month. In fact, 45% of Montana children under 5 years old are provided benefits through the WIC Program and last year WIC participation in Montana increased 5%. The Program is a success story. For every dollar spent on prenatal at-risk women, WIC provides health care savings between \$1.77 to \$3.13 within the first 60 days after birth.

Other Initiatives

In addition to the WIC and child nutrition programs, today's hearing will explore other ways to improve the health of our nation's children such as increased exercise and improved nutritional choices outside of school meals. Much like the debate in Congress over the Children's Health Insurance Program, I look forward to listening to our witnesses and continuing to work with my colleagues to insure that our nutrition programs continue to serve the needs of our school children

Conclusion

In conclusion, as we debate reauthorization of the child nutrition and WIC programs I will fight for adequate funding to make certain that our nation's schoolchildren, infants, and pregnant mothers have healthy, nutritious food options. Our investment in nutritious meals for school children and at-risk mothers is as important as health insurance for children to provide a long term investment of a healthier America. Thank you.

Opening Statement of Senator Chambliss
Beyond Federal School Meal Programs: Reforming Nutrition for Kids in Schools
March 31, 2009

Thank you, Mr. Chairman, and I wish to welcome the witnesses to today's hearing and appreciate their time and expertise in the discussion about improving the nutritional environment in schools, particularly as it relates to food and beverages sold outside of the National School Breakfast and Lunch Programs.

There's no doubt that schools play an important role in shaping nutrition habits of young children. I believe the same is true for physical activity. School cafeterias, gymnasiums, and playgrounds are important venues to teach children about healthy eating and exercise. The more we learn about nutrition, the clearer the connection between calories-in and calories-out becomes. I was very pleased when the United States Department of Agriculture unveiled the new food pyramid, and for the first time our government had a symbol for physical activity. The new MyPyramid for Kids has been used in schools across the country to teach children about the Dietary Guidelines for Americans as well as the need for daily exercise.

The Dietary Guidelines for Americans are the foundation for menu planning for the National School Breakfast and Lunch Programs. Today's hearing will focus on food sold in competition to these USDA Programs, whether it is food sold in vending machines, as a la carte items, or through school fundraising activities. As this discussion moves forward, the Committee needs to evaluate the proper federal role in these decisions, as well as review the various approaches to improve the nutritional environment in schools.

The statistics about childhood obesity are very troubling. The obesity rate among children 6 to 11 years has doubled over the last 20 years. The obesity rate among children aged 2 to 5 years also doubled to over 12 percent over the last two decades. More and more children are entering kindergarten overweight or obese. As much as schools play an important role in attempts to reverse this trend, nothing can surpass the role of parents and caregivers in the home. Until we figure out how to get the attention of parents, I'm concerned that we won't see a dramatic change in the statistics. The solution to childhood obesity must start at home and at an early age; and schools, community groups, health professionals and churches can be influential on changes in the home.

Many schools, state and local government, and the food and beverage industry have tackled the issue and made significant changes. One nationwide effort that I applaud is the collaboration between the Alliance for a Healthier Generation and the American Beverage Association. This partnership has dramatically improved the availability of healthy beverage options in schools across the country. There are countless other examples of local efforts that have yielded results as well, and many have been highlighted in a CDC/USDA publication *Making It Happen*. Not only do these success stories show several different approaches to improving nutritional options in schools, but many demonstrate increased revenue gained through the healthier competitive food offerings – an important factor for many school districts in the country.

Again, Mr. Chairman, thank you for having this hearing. I applaud your efforts to combat childhood obesity, and I look forward to hearing from today's witnesses.



Statement to the Senate Committee on Agriculture

by
Miriam Erickson Brown
President & CEO
Anderson Erickson Dairy Company
Des Moines, Iowa

regarding

**"Beyond Federal School Meal Programs:
Reforming Nutrition for Kids in Schools**

March 31, 2009

on behalf of:

**International Dairy Foods Association
and
National Milk Producers Federation**



International Dairy Foods Association
Milk Industry Foundation
National Cheese Institute
International Ice Cream Association



Good morning, Chairman Harkin, committee members.

I am Miriam Erickson Brown, President and CEO of Anderson Erickson Dairy in Des Moines Iowa. We are a third generation family-owned dairy. My brother, Warren Erickson, and I work together to run a company that sets extremely high standards for itself and prizes constant innovation. We love bringing our customers the very best dairy products available.

I am here today representing two leading dairy organizations: the National Milk Producers Federation (NMPF) and the International Dairy Foods Association (IDFA). National Milk members market a majority of farm milk in the U.S., and speak with a strong voice on national issues for dairy cooperatives and their dairy farmer members. IDFA represents more than 85 percent of the nation's milk, cheese, and ice cream makers, with over 1100 processing plants and 120,000 employees nationwide. I have served as a past Chair of IDFA and the Milk Industry Foundation, one of IDFA's constituent organizations.

I am also pleased to serve as the chair of the Health and Wellness Committee of the new Innovation Center for U.S. Dairy, a collaboration of the nation's leading producers, manufacturers and marketers of milk and milk products. The Innovation Center is a first-ever effort in our industry to work together in a formal way to meet the growing needs of consumers on a wide range of issues, from new product research and development to sustainability and health and wellness.

I appreciate the opportunity to testify before the Committee today on the nutrition environment in our schools, particularly in the foods served outside of the federal school meal programs. The milk and dairy industry applauds your leadership on this issue, which is so important to the health and well-being of our students.

Because of the critical role of milk and milk products in children's diets, I ask the committee to consider three actions: make nutrient-rich foods a central part of the school nutrition environment; help increase consumption of nutritious low-fat and fat-free milk and milk products as part of the strategy to lower childhood obesity rates; and establish consistent nutrition standards for all foods and beverages sold or provided in schools.

Children and teens need dairy products for health and nutrition.

Today's children are increasingly overweight and undernourished. We know that they are not consuming the recommended amounts of nutrient-rich foods; and that they are getting too many calories from foods and beverages that have little to no nutritional value. In fact, only 2 percent of children meet the recommended number of servings from the five food groups. This makes dairy foods' ability to provide several key nutrients lacking in children's diets all the more important.

Milk is the top source of eight essential nutrients, including calcium, potassium, phosphorus, protein, vitamins D, A and B12, and riboflavin in the diets of children and adolescents. Milk is also the number one source of protein in diets of children ages 2-11.

Low-fat and fat-free regular milk and flavored milks are the optimum beverage choice for children and adolescents, providing a powerful package of eight essential nutrients necessary for healthy growth and development. Studies show that drinking three 8-ounce glasses of milk daily fills nutrient “gaps” and increases intake of essential nutrients. In fact, The Dietary Guidelines Advisory Committee identified five nutrients lacking in children’s diets (calcium, magnesium, potassium, Vitamin E and fiber) -- dairy products provide three out of the five.

Because of its unique and unparalleled nutrient package, milk has long been a mandatory component of the school meal program. While school meals are not the focus of today’s hearing, we would be remiss if we didn’t take this opportunity to emphasize the importance of increasing milk consumption among all school-age children, including those that don’t participate in a meal program. With respect to nutrition standards that may be developed for competitive foods in schools -- including options available on the a la carte menu, in vending machines and through school stores -- we urge that they, too, be designed to encourage increased consumption of nutrient-rich milk and milk products.

There are a range of healthy dairy products available in schools -- including white, lactose-free, and flavored milk as well as yogurt and cheese -- and it is important to develop school-wide standards that recognize their nutritional value. Offering a range of choices that include white or flavored low-fat or fat-free milk in a variety of sizes and packages can help children and teens make milk their beverage of choice. In Central Iowa, for example, more than 50 percent of children choose chocolate milk over regular milk to drink with lunch at school.

Yogurt is a popular choice with kids of all ages, and provides a rich source of many nutrients for growth and development. One 6 ounce carton of yogurt contains as much protein as one large egg, more potassium than one orange and less fat than a quarter pound of lean ground beef. Yogurts contain live active cultures that help protect the body against infection and disease. Our dairy in Iowa makes 27 flavor varieties of low-fat yogurt like: Key Lime Pie, Strawberry Rhubarb Pie and Apple Bread Pudding. (We don’t believe dairy should be boring!)

Many of the most popular and nutritious dishes served in schools today include cheese. Not only is cheese an excellent source of calcium and a good source of high-quality protein, many school nutrition professionals find that cheese can help increase consumption of other healthful foods including vegetables and whole grains. A wide variety of cheeses are available today, including tasty reduced-fat varieties. The protein found in dairy products like milk, cheese and yogurts promotes satiety, an important part of maintaining a healthy weight.

Nutrition standards should help children and teens get more nutrients from their calories

Milk and milk products have long been an integral part of the school meal program, which is built on the Dietary Guidelines for Americans. The dairy industry is proud to be

part of helping our children meet their basic nutritional needs.

As this committee considers setting nutrition standards for all foods and beverages available in schools, there are two important factors to consider: the need to focus on moderation and a balanced diet, and the role dairy ingredients play in getting kids to eat healthy foods.

From our experience as a partner in many school nutrition programs, we recognize that effective school nutrition standards can encourage the enjoyment of nutrient-rich foods such as milk, fruits and vegetables, and whole grains. If we expect our children and teens to consume the foods and beverages provided to them in school, we must make sure they are nutritious **and** delicious.

Consumption of a wide variety of foods by children, taking care to balance caloric intake and nutrient consumption, is still the most effective way to achieve overall nutritional health. Nutrition guidelines for school meals are constructed to average meals over the course of a week. A similar approach can be effective for foods and beverages served in a la carte programs. Overly restrictive nutrition standards applied to individual foods may put nutrient rich foods such as yogurt cups and cheese sticks, out of the reach of our children. That would be unfortunate since the Dietary Guidelines indicate that these types of products are among the “food groups to encourage.” These nutritious products, along with the other food choices served as part of the school meals program should be included in the mix of healthy options available to children. The school lunch room is a good place to teach our children to develop the balanced eating patterns they need to promote healthy development.

A variety of cheeses are required to meet the needs of food manufacturers who make the pizzas, quesadillas, pasta and many other dishes that are served in schools. The nutritional profile of these dishes must consider its total nutrient package, the serving size and frequency of consumption. The dairy industry has invested in extensive research and development of new ingredients and products that minimize added sugars, sodium, and allow for a variety of fat levels. In fact, a growing number of our cheese varieties have been able to successfully reduce fat and sodium levels while retaining the good taste that everyone expects from cheese.

So whether as a nutrient-rich ingredient in the foods kids like to eat, or as an a la carte menu item, dairy foods come in a wide variety of versions and packaging that provide unbeatable nutritional benefits. For these reasons, we encourage you to set school-wide nutrition standards that include milk, yogurt and various types of cheese as a valuable and important part of a child's healthy diet in schools.

Decreasing obesity rates – milk is part of the solution.

With the alarming increase in obesity rates among children, it is imperative that national nutrition policy encourages school districts to make nutritious foods and beverages available and to limit foods and beverages that provide minimal nutrition to children's

fast-growing bodies.

Milk consumption among children and teens has been in decline for more than three decades. During this same time period, we have seen childhood obesity rates grow to epidemic proportions. You need look no further than the USDA's own Economic Research Service to see the simple inverse relationship between rising obesity rates in kids and declining milk consumption. ERS research indicates that each 1-ounce decline in milk consumption is accompanied by a 4.2-ounce rise in consumption of other beverages, resulting in a gain of 31 calories and a loss of 34 milligrams of calcium.

Many of our children are living unhealthy lifestyles due to a diet filled with poor food choices and less physical activity. We believe that milk and dairy products are a key part of the nutrition solution to that challenge.

The Dietary Guidelines recognize that milk is a naturally nutrient-rich food, providing a unique nutrient package. Yet the older children get, the less milk they consume. Recent USDA research shows that 60 percent of preschool children meet their calcium intake recommendations, but only 13 percent of teenage girls meet the requirement.

But as parents know, in today's highly competitive marketing environment, it is no longer enough to simply tell our children to "drink your milk." Despite the unbeatable nutrition it offers, milk must compete with many other beverages in schools especially on the a la carte menu, in vending machines and school stores.

As you are aware, carbonated soft drinks have the largest market share of all beverages, accounting for nearly half of all advertising dollars, with sports drinks being the most heavily marketed of all beverages on a volume basis. Many children are offered the same highly marketed beverages in vending machines, cafeterias, and at school sporting events.

As nutrition standards impact the availability of options in these venues, milk must be on a level playing field with other beverages. This means, for example, that if sports or diet drinks are available through vending machines in larger container sizes, then milk, too, should be available in competitive sizes and flavors.

We should be helping schools to encourage students to choose from more nutritious options. The impact of heavy marketing of foods and beverages that provide less nutritional value for our children can be mitigated by setting standards that apply to all foods and beverages available in schools, including a la carte menus and school vending machines.

Flavored low-fat or fat-free milk is an excellent way to increase milk consumption among children and teens. According to a study in the Journal of the American Dietetic Association, children who drink flavored milk, drink more milk overall and are more likely to meet their calcium needs without consuming more total fat and calories as compared with their peers. In addition, those who consume flavored milk have higher total milk and calcium intakes yet do not have higher intakes of added sugars or total fat,

or have a higher body mass index (BMI) than children who do not consume flavored milk.

Providing a variety options, including fat content, flavoring, size and packages can help children and teens make milk their beverage of choice. A recent report based on USDA data from the School Nutrition Dietary Assessment shows a significant shift in the types of milk consumed in schools from whole- and reduced-fat milk to low-fat or fat free milk. Three-quarters of students now select low-fat or fat-free. A major factor in this shift is the popularity of flavored milk. Approximately 90 percent of flavored milk sold in schools is low-fat or fat-free

The dairy industry is working hard to develop flavored milk formulations that have fewer added sugars and total calories while maintaining “kid appeal.” Sixty-seven percent of milk companies have developed one or more flavored milks that have fewer than 170 calories per 8 ounce serving. Establishing guidelines that are overly restrictive on added sugars would not only drive up costs significantly, but are also difficult to achieve without non-nutritive sweeteners. For example, Anderson Erickson Dairy is known for our fat free chocolate milk, which has one of the lowest calorie counts in the nation. We have always used a blend of three European cocoas in our recipe and less sugar, but our fat-free chocolate milk is not always selected in the bid process because it is not the lowest bid price.

As school districts across the country struggle to provide healthy meals on tight budgets, many depend on additional revenues generated through a la carte sales. Many schools, understandably, offer beverages that maximize the revenue from a la carte sales by offering drinks that provide a higher profit margin. USDA has a small program that subsidizes a la carte milk sales, called the Special Milk Program, and we would encourage this committee to increase its funding and scope so that more schools can be partially reimbursed for the milk they serve to kids outside of the school meal program. This would help schools by offsetting the cost of milk and help boost milk consumption among children not participating in the school lunch program.

As the committee considers setting standards across the school environment, we urge you to balance nutritional goals with the necessity of helping ensure that kids actually eat the healthy options offered. Foods that are good for you must also taste good. For example, if sugar levels in flavored milk are too low, it may have unintended consequences of reducing consumption of this nutrient-rich favorite among school aged children, and reducing milk consumption during these important growing years.

Consistent nutrition standards for all foods and beverages must be grounded in the Dietary Guidelines and emphasize nutrient richness.

The dairy industry is proud of its long history of efforts to help our children meet their nutritional needs through school-based food programs. We know that schools are places of learning and provide an outstanding environment where children can learn healthy nutritional habits that will serve them well for the rest of their lives. That is why we

support the Dietary Guidelines for Americans, which recommends three daily servings of low-fat and fat-free milk and milk products as part of an overall healthful diet. The Dietary Guidelines should form the foundation of all school nutrition policy.

The school food environment has changed dramatically since most of us were in school. Today there are a la carte menus and vending machines that provide an array of competing foods – some provide important nutritional contributions to children's diets, but others do not. Only the USDA school meal programs operate under the direction of the Dietary Guidelines. Everything else in the cafeteria and on the school grounds is subject to few rules and often conflicting guidelines. None of the so-called "competitive foods" are held to government nutrition standards.

School meals are richer in calcium than meals eaten by children anywhere else, largely because milk is served as a required part of school meals. Research shows that students who participate in the national school lunch program consume four times more milk at lunch than non-participants (0.8 ounce servings versus 0.2 ounce servings). However, many students don't buy school lunches, especially teens. That's why we need your help to promote milk and dairy consumption in the a la carte line and elsewhere on school grounds.

In conclusion, we believe our schools are best served by having one set of standards for food and beverages available in our schools. Standards that are set through a process that is based upon the best available nutrition science should apply equally across the country, and should not be subject to state or local political pressures. In addition, nationally consistent nutrition standards would make delivering highly nutritious products more efficient and cost-effective.

Speaking for both dairy producers and dairy food companies, we share your commitment to the need to improve the nutrition our students receive at school. We will continue to find innovative ways to support the overall goals of the Dietary Guidelines, providing new products, new flavors and new ways for students to enjoy the taste and goodness of dairy products.

Thank you for holding this hearing today. We look forward to working with you on ways to improve and reform the nutritional environment for kids in schools.

CONGRESSIONAL TESTIMONY OUTLINE
UNITED STATES SENATE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY
March 31, 2009
Pat Cooper, Ed.D.
Chief Executive Officer, Early Childhood and Family Learning Foundation

**NEED FOR FEDERAL INTERVENTION AND REGULATION IN THE
HEALTH OF OUR CHILDREN INCLUDING SCHOOL NUTRITION
STANDARDS...IT CAN BE A "WIN-WIN" FOR STUDENTS, TEACHERS,
COMMUNITY, BUSINESSES, PARENT ORGANIZATIONS**

- I. OBVIOUS ISSUES THAT ARE TALKED ABOUT INCLUDING POVERTY CONDITIONS THAT DENY MANY CHILDREN ACCESS TO NUTRITIOUS MEALS SOMEWHERE IN THEIR LIVES AND THE VERY REAL BUT "MEDIA FRENZY" ISSUE OF OBESITY
- II. NOT SO OBVIOUS , IN A LARGER CONTEXT, IS THE ISSUE THAT RELATES TO A LOCAL SCHOOL SUPERINTENDENT BEING ABLE TO PROVIDE ACCESS TO A QUALITY EDUCATION EXPERIENCE FOR EVERY CHILD...THE REAL "NO CHILD LEFT BEHIND" ISSUE.

I will approach this issue today as a lifelong educator who, as a local school superintendent, has successfully embraced health and wellness of children and staff as my education reform cornerstone.

a. GIVENS

- i. If the public education systems don't work, then the other public systems will be overloaded and not work as efficiently as they should...public health, mental health, corrections
- ii. Public education systems are charged with serving every child in the best possible manner so that every child can emerge from high school with opportunities...college, military, job, public service.
- iii. We have to strive to provide opportunities for all children which are the same as those you provide for yours and I do for mine. The resiliency research says we don't have to be perfect in that but just approximate that care.

- iv. We can provide those opportunities by using Maslow's Hierarchy of Needs...physical health, safety, sense of being loved and cared for, positive self-esteem, opportunity achieving potential.
- v. We make Maslow possible in schools by instituting the Centers for Disease Control (CDC) model of Coordinated School Health...which is anchored in the provision of quality food and nutritious meals.

b. REALITIES

- i. In general, serious issues in academic performance, discipline, attendance
- ii. In particular, serious issues in students not participating fully in breakfast and lunch programs, general availability of junk foods to take place of healthy alternatives that were available, presentation of food from cafeteria lines that were not in themselves healthy or enticing to students, time restraints for eating meals, complaints and missed class time as result of stomach aches, headaches, and other obesity or malnourishment related ills.

c. APPROACH

- i. Approached the community and school staffs with the local and national data that linked poor school achievement, poor school behavior, and poor attendance with unhealthy behaviors and enabling policies.
- ii. Approached community and schools staffs with the broader linkages between failure of the public school system with failure of the other public systems and the economy (i.e., increase in healthcare costs, linkage to dropouts and corrections numbers)
- iii. Introduce utilization of the CDC Coordinated School Health program as the implementation reform model. It philosophically embraced Maslow's Hierarchy of Needs... in our schools it would give equity and equal opportunity to students so they could achieve success... whether they were rich, poor, black, white.
- iv. And the very first part of that implementation was addressing Maslow's Hierarchy of Needs "physical health" mandate by repairing our food and nutrition programs.

d. SOLUTIONS

- i. Looked at what data and research already told us.
- ii. Looked at our present policies and procedures and defined barriers and obstacles.
- iii. Changed procedures and policies to create a more healthy learning and living school environment.
 - 1. More time for meals
 - 2. Improved food nutrition (baking instead of frying, etc.)
 - 3. Policies on junk food sale
 - 4. Policies on availability of snack food brought from home
 - 5. Vending policies
 - 6. Staff wellness policies
 - 7. Classroom rewards policies
 - 8. Fund-raising policies
 - 9. More and higher quality health education
 - 10. More and higher quality physical education and activity
 - 11. Policies on concessions stands

e. OUTCOMES

- i. Higher breakfast and lunch participation
- ii. Gain in Revenue for principals and vendors
- iii. Lower BMI's
- iv. Higher attendance
- v. Lowered suspensions and expulsions
- vi. Higher academic achievement
- vii. Culture of health and wellness started

Cooper.010

Life After Tests ... And Before

A district's coordinated health approach for the whole child's full range of needs

BY PAT COOPER

Chronic illnesses, depression, abuse of drugs, alcohol and tobacco. Sugary snacks and drinks, vending machines, obesity and bullying. Guns, gang violence, school shootings and test scores. Teen-age birth rates, one-parent households, lack of health care or dental care and dropouts.

All of these issues are interconnected and intertwined with education reform and accountability. All must be addressed if we are to truly leave no child behind. All must be addressed if we are to salvage public schools and our society as we know it.

Letting the above issues remain unattended means school system leaders today should consider themselves trapped. On the one hand, we are expected to produce results in a variety of areas, some of which are student related, parent related, community related, test score related, teacher related and even personally related. Not only are we to achieve results in these arenas, but these results must be extraordinary.

The trap comes into the picture because all of this achievement must be attained *in spite of* whatever emotional, physical and mental shape children come to us in each day. This achievement must be made regardless of the education level of the parents. This achievement must occur alongside family turmoil and neglect, disease and misfortune, apathy and abuse. And, oh by the way, you can't allow any student dropouts.

Such is the monumental responsibility of a superintendent today. Don't mistake the reality check for whining. We must accomplish what often seems like the impossible—our society depends on it. Yet caught in the middle as we are, educators can and do look a little beleaguered.

The high expectations for exemplary test scores and monumental pressures for overall excellence are ever-present for school administrators. Unfortunately, the imperfect societal conditions are ominously just as present. The administrators and teachers are caught in the middle...trapped without the needed interventions being put in place. Needless to say, this trapped feeling can cause one's state of health and morale to deteriorate.

That was the dilemma we found ourselves in as the school year began in 1997 in McComb, Miss.

The Direction

As a new superintendent, the view was dismal, but the solution was clear. We had to create an atmosphere in the schools that would enable the professional educators in McComb to feel empowered and hopeful. We had to get ourselves in a position that didn't leave us feeling as though we were trapped and powerless. We had to tap into the assets and resiliency research that looked at children finding a niche and being successful in spite of not so perfect lives.

First, school leadership met with community members to look at three questions: what we didn't like about our present school district status, what we wanted our schools to be and how we could get there. As one can imagine, the answer to the first question was wide-ranging, and generally included the same demons: lack of caring, lack of instruction, lack of leadership, little parental involvement, discipline and safety problems, dirty and outdated facilities, etc. While exasperating at times, overall it was a good exercise and very cathartic.

The answers to the second question basically meant addressing the shortfalls identified from the first question and creating a new and better product. The answers to the third question quickly became the most important. How do we do this?

The school leadership, with input from McComb citizens, collected and studied data and anecdotal evidence about our schools and our community condition. We determined with our 3,000 students (80 percent of whom qualified for free and reduced lunch) that the mental and physical health deficits had to be addressed. Students deserved the chance to learn free from as many physical and mental burdens as possible, and our teachers deserved the opportunity to teach as healthy a student as possible..

We replaced the old slogan, "It takes the entire village to raise a child," with something we heard at the North Carolina Closing the Achievement Gap conference: "We have to change the way we do business in the village." The change in the way we conducted the business of educating children in McComb, with physical and mental health at the core, had dramatic implications for our school operations, but this *coordinated school health approach* seemed promising.

It was to be a "no excuses" approach that used improving the health of our students and teachers as the basis on which all other materials, training and leadership rested. One can have the shiniest, fastest sports car in the world, but if the road upon which it must travel is not safe, is not smooth and has potholes and rickety bridges, the car will not reach the expectations one has for it. It is doomed for failure.

The Fix

Educators in McComb, as in many other communities, were working hard. We were using great materials and the latest computer technology, but we were not reaching all of our students. No individual educators were at fault. Instead, we were failing as a system. There were too many dropouts, too many discipline referrals, test scores that too low, and teacher and community morale that wasn't good.

The major reason for these shortcomings wasn't that we had bad teachers or administrators. Instead, the reason was that the road upon which we traveled (the health of our students and teachers) was in disrepair. No reading kit or math program we tried would reach its potential for all of our students as long as the students themselves were not prepared to learn. We knew our children had to be healthy to learn, but, in addition, we had to create programs in schools so that our students could learn how to be healthy.

To fix education, we had to work with the community. To fix our children, we had to reach parents. That task was not one most of us figured on in education nor is it what we were trained to do. But the reality was staring us in the face. We could moan and groan and then quit or retire, or we could work with a different and smarter approach.

The overriding premise was this: Even when we work our hardest to maximize learning for children, we sometimes fail. We fail many times because the basic physical and emotional ingredients of success are not present. Most us know to feed our children the right foods, to take them to the dentist, we make sure they go to bed at a proper time, we monitor their activities to try to keep bad influences away from them, we listen and talk and counsel with them, and we help them find their niche in life and support them. We provide for their safety and we make sure they know we love them. This is second nature for most of us in middle class America, but not so for many of the parents of children we serve every day of the school year. The chance for success in life for these deprived children is greatly reduced without efforts to enhance their physical and emotional well-being. They will surely be the ones left behind.

Range of Needs

The solution and focus of our efforts was simple. The solution we came up with was two-fold.

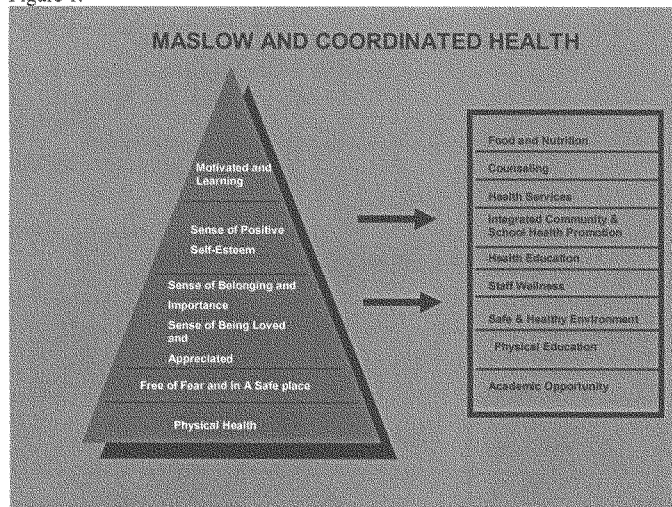
First, we had to supply a roadmap or pattern for our restructuring of schools. Maslow's Hierarchy of Needs seemed to represent the goals we held for all of our children. And besides, this concept really wasn't new. Many of us in our pre-service training had been exposed to

Maslow in at least one of our educational psychology courses. Maslow supplies us with a direction and set of goals for every child.

Next, we needed the vehicle in which to travel that road, a methodology. The logical answer was the Coordinated School Health Model, which was developed by Diane Allensworth and Lloyd Kolbe. Within the original eight components were the school-based programs that would allow us to apply Maslow to every child regardless of the economics of their lives, their race, color or community status. As a school district, we agreed to apply Maslow's needs to every student through the implementation of coordinated school health. We would level the playing field enough for our children and teachers so that all children really could have a chance at succeeding.

We tried to simplify the model so everyone in the community could understand our approach. (See Figure 1, page xx).

Figure 1.



The school district implemented the eight components of the coordinated school health program, and we also added a ninth called "academic opportunity." The ninth component, unique to McComb, addresses early childhood, teen parenting, after-school programs and unique approaches to academic teaching and learning needed by the few children who don't respond to our district initiatives.

It has taken us six years to implement fully the Nine-Component McComb School Health Model. Each of our seven schools has programs representative of all nine components that address the needs that Maslow laid out in his hierarchy.

School and community safety go hand in hand as responsibilities shared with the city. We added nurses and mental health therapists and phys-ed teachers at each school. We have teen parenting support groups at the junior high and the high school. A district-run preschool program and day care for teen parents has been established. Teachers and staff emphasize health

education and nutrition with our students. Staff wellness is always promoted. Formal and informal interagency agreements with various entities interested in the welfare of children—ranging from a formal agreement with the juvenile justice system to provide assistance with parents who commit educational neglect to an informal agreement with the local Junior League to provide school uniforms. We don't do it alone.

Sources of Support

Funding came as we built the program. Sources included the usual suspects (our local and state and federal funding) used in unusual ways, as well as some unexpected sources that came about over time.

The first action we took as a district was to call all the caretakers of funding (any person who was responsible for a budget) together. I asked them to put their money on the table (figuratively) and then announced "It is not your money anymore, it is our children's money, it is our teachers' money." The point was that we had to first use existing dollars to our best advantage before looking somewhere else.

The other point made was that we needed to concentrate on buying people, not stuff. Real, live, caring human beings were going to make the difference with our children and families, not the latest computer software or reading kits. Nurturing professionals were needed to implement coordinated school health, not distribute red ribbons.

So we made the decision that each principal and the school's Core Committee of key teachers (selected by their peers and the principal) would come to the budget meeting with all of the caretakers of funds. Jointly, they would be responsible for putting in place at least one of the components every year until all nine components of our coordinated school health program were intact in every school for every child and every teacher.

Many of our positions and programs were funded piecemeal. For example, portions of a nurse's salary came from Title I, the federal Drug Free Schools program and district coffers. We didn't have enough money to go around that first year using this process, so interagency collaboration, the next source of funding, came into play.

Medicaid Backing

We looked at the fact that some agency personnel, such as the health department and the local mental health agency, were having a tough time getting access to children and youth because they could not get them to come to their offices. We opened up our school to them. We not only provided access and space, we offered full cooperation so that all of our children could receive needed services.

Some of the personnel needed to initiate each component were given to us, loaned to us or leased to us by the local hospital, local mental health agency, public health agency or university medical school. We just had to open ourselves up to them.

Since that time we have been able to gradually work all of our positions into our own budget, and that occurred because of the emerging funding that appeared.

The new funding came about because of two things. One was the rise in attendance rates for our schools. The higher the average daily attendance rate, the higher the reimbursement from the state. Not so obvious at first was that we had to corral those dollars and pump them back into school health rather than football fields. We could not let them get lost in the general fund.

The second emerging fund catalyst was our implementation of Medicaid clinics in each school. Each of our nurses operates a clinic with a Medicaid number and we receive the reimbursements for screening, treatment and counseling, as well as administrative costs.

Three funding streams to Medicaid exist in the schools. One is for special education needs, another is for those children who qualify for Medicaid and who are not eligible for special education, and the third funding stream is called administrative claiming. The latter covers those staff in the district who oversee the health programs. Their salaries are reimbursed based on the

hours they spend in direct health services supervision as well as the percentage of Medicaid-eligible children attending the schools.

This mechanism has allowed us to hire our own staff at each school, and this makes the creation of school-based “families” much more achievable.

Positive Signs

The successes started with us addressing the needs of the whole child and then working toward the larger system change for our school district and the community of McComb. We want to change a generation of students in spite of poverty, illiteracy, unhealthy environments and the violence all around them. Eight years later, it seems to be happening.

The dropout rates have decreased to less than 2 percent. The graduation rates are in the 90 percent range. The juvenile violent crime arrest rates for our students have dropped by 65 percent since the program’s inception in 1998-99. Our discipline referrals, suspensions, expulsions and alternative school placements have significantly declined.

We have the same housing projects, the same number of one-parent households, the same poverty, the same teachers and the same reading program, but we have different children as demonstrated by much more positive behavioral and academic data. The common denominators for this success are Maslow’s hierarchy of needs, coordinated school health, an empowered staff and a believing community.

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McComb School District in Mississippi supports the fundamental needs of all students—with outstanding results.

A Coordinated

Pat Cooper

In September 1997, the McComb School District in Mississippi hired me as the new superintendent of schools and gave me a mandate to improve academic performance, working within a framework of caring and inclusion. McComb is a small city of about 13,300 residents located in rural southwest Mississippi. Of the 3,000 students who attended the community's seven public schools, approximately 85 percent were eligible for free or reduced-price lunch, and more than 30 percent were living below the federal poverty line.

The school system had become fractious in terms of race relations, the "have and have not" syndrome, and private school competition. Public support was waning. In a community whose population was 50 percent white, McComb School District had a white student enrollment of only 15 percent.

A Community Comes Together

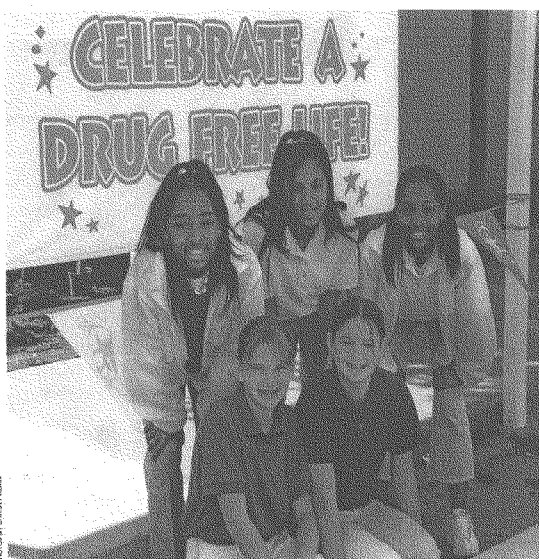
In undertaking the challenge of turning around this struggling school system, McComb's district leaders identified three questions that we needed to answer:

- What do community constituents not like about the school district?

- What do they want their school district to be like?

- How do they want us to get there?

To address those questions, we turned to the community. At the beginning of the 1997–1998 school year, we sent out notices to clubs, organizations, and churches, and we published invitations in the local newspaper encour-



Students at McComb's Denman Junior High School participate in Red Ribbon Week, a week of activities promoting a drug-free lifestyle.

aging people to take part in restructuring the school district. Respected and knowledgeable citizens and education leaders jointly facilitated the meetings. The 350 participants were divided into five groups according to their interests: health and wellness, facilities, technology, public relations, and academic opportunity. Each group met once or twice each month from September through May, and all groups participated in several joint meetings toward the end of the process to put the pieces together.

The meetings created unanimity in purpose and direction. Community members and district personnel reached agreement that excellence is not about test scores, but rather about enabling every child to excel in all of his or her abilities, whether that involves learning algebra, playing the trombone, shooting a basketball, or being of service to others. We developed a vision statement that revolves around the whole child:

The McComb School District is a committed and nurturing community

School Health Plan

taking responsibility every day for positively impacting the physical, social, and academic well-being of every child and challenging him to become an extraordinary individual empowered to change the world.

A Plan of Action

Once the McComb community made its commitment, district personnel realized that we needed to translate the vision into an unwavering mission. As the first step to creating a school system that would address the needs of the whole child, we looked at the answers to our three questions.

What did community constituents not like about the school district? At the meetings, most participants focused on failures to meet our students' needs. A high proportion of their comments related to students' mental and physical health.

For example, the local hospital administrator complained that the only time doctors saw most of our students was in the emergency room—a practice that resulted in ineffective and costly health care. Most of our students did not receive regular Medicaid screenings because the doctors could not get their parents to bring them to the clinics. Even children with regular private insurance often received inadequate preventive care. School personnel identified cavities and gum disease as a major problem among students.

Businesspeople observed that our students were not ready for work when they graduated. Chamber of commerce personnel pointed out that the schools didn't appear physically inviting. Residents complained that there were too many kids hanging out on the streets as truants or dropouts.

Parents focused on the high number of students lagging behind in reading skills and being placed in special

**Our job was to do
for all children what
we did for our own—
no excuses.**

education. Some argued for tighter discipline strategies; others saw the district as too punitive.

Principals and teachers complained about poor attendance that was often the result of such medical conditions as asthma, lice, diabetes, and obesity. Secretaries and administrators worried about having to make medical decisions at school. Teachers said that poor physical facilities inhibited teaching and learning. Food-service directors said that they had a hard time financing the food services because students were

skipping the school-provided meals in favor of junk food.

Recreation advocates complained about the lack of formal physical education in the schools, poor facilities, and too little opportunity for students to participate in less-competitive intramural and individual sports after school. Districtwide organized health education for students, they said, was almost nonexistent except as a rainy-day activity. Students had neither the knowledge of health that they needed nor opportunities to put that knowledge into action to make healthy choices.

Mental health advocates cited the prevalence among students of depression, eating disorders, thoughts of suicide, and violent behavior because of families' failure to find and use quality mental health services. Gangs and community violence were creeping into the middle and elementary schools, along with such problems as illegal drugs and alcohol, child abuse, and homelessness. According to the local Youth Court judge, the juvenile violent crime rate for McComb students was escalating. Law enforcement personnel complained about too many suspensions, which left kids roaming the streets unattended. And on and on and on . . .

Thank goodness we finally came to the next question!

What did they want their school district to be like?

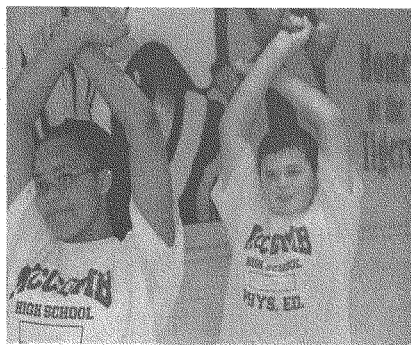
Community members and district personnel grappled with what the schools should be doing. We approached this question with a consensus that we had to do more for the students than provide traditional academics. At first, however, we disagreed about where the responsibility for our children's well-being should reside.

Community members asserted that schools should play a major part in teaching students how to be healthy and in preventing social and emotional problems that

kept them out of school. Teachers and principals countered that with so much emphasis on test scores, they found it hard to spend time on programs that didn't directly connect to academics.

A watershed moment occurred. We all agreed that having the best test scores doesn't make you the best school, especially if the dropout rate is high. We came to an agreement: McComb School District should strive to not only be the best in the state and country but also be the best for the state and country. If we focused on keeping all of our students in school through graduation instead of on the streets, our test score averages might never be the highest—but we would be serving the needs of our students and our community.

Community members and district personnel agreed not to blame parents, students, or circumstances. Our job was to do for all children what we did for our own—no excuses. We decided to measure our success not just according to the usual criteria of test scores, absenteeism, teacher retention, dropout rates, and graduation rates, but also according to outcomes that were crucial to the community as a whole—recreation opportunities, juvenile Medi-



The well-being of youth in our community has improved.

caid service rates, juvenile arrest rates, and rates of teenage pregnancy, teen suicide and attempted suicide, drug abuse, and child abuse.

In short, to ensure the future of our society, we joined with parents and community partners in taking responsibility for the whole child. We believed that academic achievement would come for all children only when we addressed their basic needs. This approach would mean truly leaving no child behind!

How did the community want us to get there? Everyone was fired up and excited about the vision—at least until we faced the question, How do we get there? Then the magnitude of our commitment sank in. But the answer was there all along; we just had to rediscover it.

A breakthrough took place when one of our parents, a blue-collar laborer, proposed that we think of our children in school as having the same needs that adults do in their jobs. After all, school is children's job. This analogy led to the question, How do adults accomplish their best work, and what conditions need to be considered in the workplace? Then it was easy to recognize where we needed to look: Maslow's

Hierarchy of Needs.

Abraham Maslow asserted that people must satisfy their lower-level needs—physiological well-being, safety, love and belonging, and a sense of competence and recognition—before they can concentrate on the needs involved in meaningful learning, including the cognitive drive to know and explore; the aesthetic drive to appreciate symmetry, order, and beauty; and the self-actualization drive to find self-fulfillment (Maslow & Lowry, 1998). Most educators read Maslow in their college sophomore psychology course. The

problem was that we hadn't taken what we learned in that course and applied it to educating our students.

To translate Maslow's concepts into programs our system could implement, we turned to the coordinated school health model developed by the Centers for Disease Control and Prevention (2005). The model provided a framework for school reform based on programs in eight areas: (1) health education, (2) physical education, (3) health services, (4) nutrition services, (5) counseling and psychological services, (6) healthy school environment, (7) health promotion for staff, and (8) family and community involvement. To bring the circle back to teaching and learning, we added a ninth component: academic opportunity.

We had our restructuring plan in place. Our McComb School District vision statement kept us centered on serving the whole child. Maslow's Hierarchy of Needs provided the framework to accomplish that vision by defining what all our students needed. And our McComb nine-component coordinated school health model created the mechanism to meet the needs of all students, regardless of the circumstances.

Implementation of the Plan

During the next five years, every McComb school put into place programs that promoted the nine components of school health. The district mandated that each school tackle at least one component of its choice each year. Some schools worked on two or three components at a time, depending on their needs and available resources. For logistical reasons, the district central office took responsibility

for the components of academic opportunity, nutrition services, and family and community involvement. "School Programs to Support the Whole Child" shows a sampling of programs that addressed the nine components.

The funding mechanisms for our districtwide initiative were incremental and evolved over time. First, we made more creative use of our existing funds from local, state, and federal sources. We worked from a zero-based budgeting

model, finding funds for the health programs every year before funding anything else. We began to prioritize—for example, by devoting funds to hiring necessary staff before buying "stuff."

Next, we created interagency agreements that gave us access to the services of nurses, therapists, police officers, recreation personnel, and other staff working for the city government, hospitals, service clubs, and other local

School Programs to Support the Whole Child

Health Education

- Formal nine-week sequential K-8 health education classes for all students every year.
- 1/2 Carnegie Unit health education requirement for high school graduation.
- Data collection efforts to identify problem areas and progress of all programs.

Physical Education

- Certified physical education teachers in every elementary and middle school to provide an average of 30 minutes a day of organized P.E. or health for every student.
- Intramural sports leagues.
- Joint city- and school-sponsored summer recreation programs.

Health Services

- One nurse for every 450 students in a school.
- Health and wellness clinics with Medicaid services in each school, open to both students and staff.
- Follow-up referrals and contact with primary-care physicians and dentists.

Nutrition Services

- Redesigned menus that provide more attractive, healthful choices for our students.
- Policies that restrict school fund-raisers to nonfood or healthful food items.
- Policy that limits school site vending machines to selling water, 100 percent juice, or milk.
- Policy allowing drinks in the classroom to keep brains hydrated

Counseling and Psychological Services

- One mental health therapist and one guidance counselor for every 450 students in a school to provide individual, group, and family counseling.

Source: McComb School District

- An interagency health and wellness team in each school, which meets once a week to staff and case-manage troubled students
- Drug and alcohol counseling services.

Safe and Healthy School Environment

- Annual districtwide safety checks by state department of education staff.
- Modernized and clean school physical plants.
- Security cameras in schools and on buses.
- A toll-free phone number for confidential reporting to law enforcement agencies.

Health Promotion for Staff

- Annual free health check-ups and screenings for all staff
- School-provided aerobics and fitness classes.
- School nurse case management for staff with chronic illnesses
- Extended school year beginning August 1, with four nine-week sessions and a nine-day break in between each session for stress relief.

Family and Community Involvement

- Joint community-school health fairs and screenings.
- Parenting classes and conflict resolution classes open to the community
- Faith-based partnerships for mentoring

Academic Opportunity

- District family nurturing center and day care for teen mothers and fathers and their babies for prenatal, postnatal, and child care classes and full-time day care while in school.
- Off-site tutoring centers at housing projects and churches in the community.
- Districtwide early childhood coalition (with private day-care providers and Head Start centers) to serve all 3- and 4-year-olds who will enter the McComb School District as kindergartners

AIMS OF EDUCATION

What then is the education to be? Perhaps we could hardly find a better than that which the experience of the past has already discovered, which consists, I believe, in gymnastic, for the body, and music for the mind.

—Plato

organizations. This win-win strategy gave the agencies much better access to the children and youth in our community. We also got increased funding by turning all our school clinics into Medicaid-eligible facilities so that we could collect reimbursement dollars for any services provided to Medicaid-eligible students. And, most important for the sustainability of our programs, we began to receive more state funding because our average daily attendance went up and dropout rates went down.

Improved Results

Good feelings from staff and community are positive indicators of success, but in the end, results are what matter. The problems that our community identified in 1997–1998 needed to show improvement in 2004–2005. And they did. The positive results of the coordinated school health approach for our schools and community have shown up in both expected and unexpected ways.

Some results reflect improved student discipline. We hoped that attendance would rise from 93 to 94 percent; in fact, it has stabilized at approximately 96 percent. Out-of-class suspension days have decreased by more than 40 percent. Disciplinary hearings for major infractions have decreased by more than half, from an average of 24 each year to 11.

Academic data are also encouraging. In the two years since the inception of our collaboration with private day-care providers and Head Start facilities, the academic functioning of children entering kindergarten has dramatically

improved; the percentage performing below their age level has dropped from 57 percent to 45 percent. Student achievement has risen: For example, a representative sample of students tracked from 3rd through 6th grade showed improved Terra Nova scores in reading (from 32 percent to 46 percent of students exceeding the national norm); language (from 34 percent to 47 percent); and math (from 28 percent to 48 percent). Overall, state accountability levels for our schools have gone from Levels 2 (needs improvement) and 3 (successful) to Levels 3 and 4 (exemplary). Spring 2004 testing found that all but one school in McComb made adequate yearly progress in every category; the school that was the sole exception narrowly missed in special education.

In addition, we are keeping our students in school. Graduation rates rose from 77 percent in 1997 to 92 percent in 2004. Dropout rates in grades 7–12 were below 2 percent in 2004, compared with a national figure of more than 30 percent (Orfield, Losen, Wald, & Swanson, 2004).

The well-being of youth in our community has also improved. For example, the juvenile crime arrest rate in McComb has dropped by 60 percent (from 331 arrests in 1997–1998 to 131 in 2003–2004). The rate of teenagers having second babies—a significant indicator of teen mother dropout rates—has stood at 3 percent in McComb during the last six years, compared with a national average of 21

percent (Mississippi Department of Public Health, 2004).

Perhaps the most telling indicator is that the community is coming back to the public schools. White enrollment has risen to 25 percent, parental complaints to the superintendent's office have decreased by 75 percent (from 110 complaints in 1998 to 28 in 2004), and public funding for school facilities and programs has gained new support.

Overcoming the Odds

McComb School District's success started with the understanding that we had to address the needs of the whole child and then work toward systemwide change for our schools and community. We wanted to enable students to excel in spite of poverty, illiteracy, unhealthy environments, and the violence all around them. Eight years later, it seems to be happening.

Today, we have the same housing projects, the same one-parent households, the same poverty, the same teachers, the same reading program—but we see different results for our students. The common denominators for our success have been a focus on common human needs, a coordinated school health program, and a believing community. ■

References

- Centers for Disease Control and Prevention. (2005). *Healthy youth! Coordinated school health program* [Online]. Available: www.cdc.gov/HealthyYouth/CSHP
- Maslow, A., & Lowry, R. (Eds.). (1998). *Toward a psychology of being* (3rd ed.). New York: Wiley & Sons.
- Mississippi Department of Public Health. (2004). *Teenage pregnancy in Mississippi: Annual report*. Jackson, MS: Author.
- Orfield, G., Losen, D., Wald, J., & Swanson, C. (2004). *Losing our future: How minority youth are being left behind by the graduation rate crisis*. Cambridge, MA: Civil Rights Project at Harvard University.

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Testimony of Karen Ehrens, L.R.D.
North Dakota Dietetic Association Public Policy Chair

Before the U.S. Senate Committee on Agriculture, Nutrition and Forestry
Beyond Federal School Meals Programs: Reforming Nutrition for Kids in Schools

March 31, 2009

Chairman Harkin, Ranking Member Chambliss and members of the committee, thank you for the opportunity to come before you to speak about the importance of healthy school environments to the health and academic success of all students.

I am Karen Ehrens, a Registered Dietitian and Public Policy Chair of the North Dakota Dietetic Association, an affiliate of the American Dietetic Association (ADA). ADA is a professional association of more than 69,000 food and nutrition professionals whose members work with Americans in all walks of life – from before birth through old age, including in schools – providing care, services and knowledge to help people optimize their health through food and nutrition. The North Dakota Dietetic Association is an organization of more than 300 registered dietitians with a mission to support the public through the promotion of optimal health and nutrition.

ADA thanks the Committee for its interest in the food served in our nation's schools, and especially in nutrition standards for foods sold outside school meals programs. We ask that you consider national standards to ensure that all children in the United States have equal opportunity to a healthy school environment.

Between 1971 and 2006, childhood obesity rates at least doubled for children in all age groups; the obesity rate more than doubled for preschool children ages 2-5 years and adolescents ages 12-19 years, and it more than tripled for children aged 6-11 years.¹ In addition to the immediate social and emotional health risks of obesity, one of the long-term risks associated with obesity is the development of diabetes and other chronic diseases including heart disease, arthritis and certain cancers.

The photograph I'm holding shows my daughter's 5th grade class. These 21 kids were born two years before the turn of the century. It's estimated that one in three children born in the year 2000, or about 7 of these kids, will go on to develop diabetes in their lifetime. I'm here because I want to help these kids, and all kids in the United States, beat those odds.

Despite the increase in childhood obesity rates, many of our nation's schools continue to sell candy, snack foods, and sweetened drinks to children through vending machines, "a la carte" alongside meals in the cafeteria, in school stores and as fundraisers. As we address these "competitive foods," I first wonder how it is we have come to this place in time when we accept that it is "normal" to provide access to low nutrition snack foods and sodas throughout the school day and that adults are raising money and gambling with children's health?! It reminds me of what we are learning about the origins of the current financial crisis: for the sake of profit in the present, people disregarded the long-term consequences of their actions. Like toxic assets in the financial system, schools and other areas in our communities have been left with toxic environments.

The sale of low-nutrition competitive foods outside of school meals is associated with increases in children's body mass index (BMI).ⁱⁱ In fact, one study by an economic research group estimates that up to one-fifth of the average increase in BMI in teens between 1994 and 2000 can be attributed to the increased availability of low nutrition foods in schools.ⁱⁱⁱ

Currently, competitive foods sold in schools are not required to meet federal nutrition standards that have been set for school meals, both lunch and breakfast. There is U. S. Department of Agriculture (USDA) policy addressing foods sold outside of meals; USDA requires that "foods of minimal nutritional value" (FMNV) not be sold in foodservice areas during mealtimes. But those foods can be sold at any other time or place in a school. FMNV are foods that provide minimal contributions for eight specified nutrients, but calories, fats, salt, and sugars are not counted to determine whether a food is a FMNV. While sales of foods like jelly beans and soft drinks are prohibited as FMNV, sales of candy bars are allowed. This 30-year-old policy, developed when most all foods in schools were sold in and around the cafeteria, does not make sense any more.

The sale of low nutrition foods in schools is counter-productive. When competitive foods are sold in schools, it has been found that fewer kids eat school lunches, healthy foods offered as part of lunches are displaced, decreasing nutrient intake from those lunches, and more food is left uneaten and thrown away. The availability of unhealthy foods also sends a mixed message to students about the importance of choosing healthful foods as part of an overall healthy diet.^{iv}

The sale of competitive foods is especially harmful for students who come from families with lower incomes. If students from families with limited budgets eat less healthy snack food instead of a free or reduced-price school meal, they lose out nutritionally in a bigger way than more affluent peers who make the same kind of choices but have other options to access healthy foods.

I am a member of the Bismarck Public Schools Health Council, a team of teachers, parents, students, administrators and health professionals who has been working together to write and implement a local wellness policy. As a result of federal legislation in 2004, all schools that receive federal funds for school meals programs are to have wellness policies in place.

Bismarck's strong wellness policy has resulted in the removal of soda pop vending machines from schools in the district. Students may purchase only milk, water or 100% fruit/vegetable juice during the school day. At other schools in North Dakota and across the country, however, students still have access to soda pop, other sweetened beverages and snack foods at times

during the school day. Each local wellness policy is different, and in some cases, the policies and practices in those schools allow children access to beverages that can displace healthy drinks from diets, contribute calories and caffeine without nutrition to their bodies, contribute to cavities, and both hinder adequate calcium consumption and leach calcium from growing bones. Parents at these schools do not have the same assurances of a healthy environment for their children.

The legislation that put these wellness policies in place across the nation was a huge step forward, and I thank you as members of Congress for making that happen. A main outcome for creating healthy school environments through local wellness policies is to provide children with the opportunity to learn to the best of their ability. But local wellness policies, while they have minimum content guidelines, are all different. Some are strong, but others were completed in a very cursory way, and sit filed on a shelf. As experience has shown in Bismarck, it also takes a committed team and school administration to ensure that written local wellness policies are carried out on a day-to-day and school-to-school basis. If there is not a champion at each school, a policy may only be partially implemented or not implemented at all.

What this comes down to is that as local wellness policies are carried out, there is unequal access to healthy school environments, and this is why national standards for the sale of competitive foods are needed. All children should have the opportunity to attend school in healthy environments. Parents in small school districts, or in low-income districts, may not have the time, resources, or opportunity to advocate for strong nutrition policies. This can create health disparities between large and small districts or between well-funded districts and districts with fewer resources.

We recognize that schools are falling short of revenue to plan, prepare and serve healthy meals and carry out other student services. And that some schools have turned to competitive foods for revenues. If a school decides to offer competitive snacks and beverages to students, we encourage offering foods that help children meet the gaps in their daily dietary needs by offering fruits, vegetables, whole grains, and nonfat or low-fat dairy products. You'll hear from others today who will demonstrate that schools can make money selling healthier foods. I would also encourage all of us to look at this issue in a broader context, and examine whether we need to identify other funding mechanisms for school services.

At the same time that childhood obesity rates have been increasing, another change has taken place in the past 30 years that makes it necessary for us to look differently at access to food and nutrition. While for all of the time that humans have lived on earth, the main challenge has been obtaining **enough** food and nutrients. Now we live in a place and an era where **too much** food is the problem. Overweight and obesity represent the largest expression of malnutrition in the United States – both coexisting with, and at times, overshadowing hunger as the most significant nutrition problem facing the nation.

Schools are one of the key settings for public health strategies to address overweight and obesity. As Congress and the Administration are moving forward with health care reform this year, I'd like to suggest that establishing nutrition standards for all foods sold in schools is a solid rock in the foundation of prevention efforts. Indeed, nutrition is the cornerstone of prevention.

We need financing systems and policies that support prevention and better manage chronic disease. We have to equip the public, including children in school – before they are patients – with information, motivation, skills they can use to be healthy, and environments that support their personal responsibility for making healthy choices.

As a Registered Dietitian, I can tell you that many of the most-costly disabling conditions can be prevented through nutrition strategies. And with proper nutrition support, many complications can be averted or delayed. Federal attention to public nutrition and investment in nutrition care, education and research is essential. From these small, practical steps, great benefits may accrue to people, their families and the nation. And you can take that first step by establishing meaningful nutrition standards for all foods sold in schools.

ⁱ (obesity = sex-and age-specific BMI \geq 95th percentile) National Health and Nutrition Examination Surveys, 1971-1974 through 2003-2006, summarized by the Centers for Disease Control and Prevention, accessed on March 21, 2009 at <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm>

ⁱⁱ Kubik M, Lytle L, Story M. "Schoolwide Food Practices Are Associated with Body Mass Index in Middle School Students." *Archives of Pediatric and Adolescent Medicine* 2005, vol. 159, pp. 1111-1114.

ⁱⁱⁱ Anderson P and Butcher K. "Reading, Writing, and Raisinets: Are School Finances Contributing to Children's Obesity?" National Bureau of Economic Research (NBER) Working Paper Series. Cambridge, MA: NBER, 2005.

^{iv} Newman C, Ralston K and Clauson A. "Balancing Nutrition, Participation, and Cost in the National School Lunch Program," *Amber Waves*, September 2008, Economic Research Service, U.S. Department of Agriculture, accessed March 23, 2009 at <http://www.ers.usda.gov/AmberWaves/September08/Features/BalancingNSLP.htm>

^v Food Research Action Committee. "Child Nutrition Policy Brief: Competitive Foods in Schools." FRAC, 2008. Accessed March 23, 2009 at <http://www.frac.org/pdf/cncompfoods.PDF>



STATEMENT FOR THE RECORD

on behalf of the

NATIONAL SCHOOL BOARDS ASSOCIATION (NSBA)

**“BEYOND FEDERAL SCHOOL MEAL
PROGRAMS: REFORMING NUTRITION FOR
KIDS IN SCHOOLS”**

Before the

Committee on Agriculture, Nutrition and Forestry
United States Senate
March 31, 2009

By

Reginald M. Felton
Director, Federal Legislation
National School Boards Association

Mr. Chairman:

My name is Reginald M. Felton, director of federal relations at the National School Boards Association (NSBA). Representing over 15,000 local school districts and over 95,000 local school board members through our state school boards associations across the nation, we wish to thank you for the opportunity to address the Senate Committee on this important issue affecting children enrolled in our public schools.

NSBA Position

Without question, NSBA believes that child nutrition is vitally important to fostering a healthy and positive learning environment for children to achieve their full potential. Local school boards across the nation continue to actively promote nutrition education, physical education, and obesity prevention.

The issue is not whether child nutrition is important. Rather, it is whether child nutrition would be significantly improved by additional federally mandated nutrition standards on all foods and beverages. To this question, the answer, in our view, is "no." While there is the expectation that federally-subsidized food programs may be accompanied by certain restrictions, such restrictions are not fully supported within local communities regarding all other foods and beverages available to students.

The next questions should be what behavioral changes might one expect at the local school level from such additional restrictions; and whether such new patterns of behavior add value to the intent and purpose of the additional restrictions? From a local school board's perspective what is likely to happen is:

1. Significant increases in purchases beyond the school grounds; particularly where high school students are permitted to leave the campus for lunch.
2. Increased regulatory disagreements in schools over what foods and beverages should and should not be sold as new products are developed and marketed
3. Increased misunderstandings and complaints from parents regarding the banning of certain foods and beverages based on perceptions of school officials being "culturally incompetent."

Additionally, local school boards view any federal efforts to regulate or codify into statute the types of foods and beverages that can and cannot be sold in schools throughout the entire school day and at school events as overly intrusive and burdensome on school districts. Further, they believe that such efforts dismiss the work of wellness communities and usurp the jurisdiction of local school boards to create a policy that reflects the values and financial capabilities of local communities.

In our view, these new behaviors will result in several unintended consequences that will require the redirection of additional time and resources away from the school's primary responsibilities. NSBA urges you to reconsider any efforts to enact expanded legislation.

Beyond the concerns over the operational impact of such expanded restrictions, local school boards are also concerned with the potential impact on local budgets and revenue streams. As you are aware, the primary responsibility of local school boards is to deliver high quality educational programs to ensure that students are career- and college-ready to compete in the global society. The reality is that many school districts promote the sale of foods and beverages as a means of supplementing the cost of athletic and other extra-curricular activities—which would further redirect the ability of school districts to fund these activities. The expansion of such restrictions on all foods and beverages could substantially reduce revenues to local schools. Therefore, NSBA urges Congress to refrain from enacting legislation that would further restrict the authority and flexibility of local school boards to sponsor and promote revenue-producing activities involving foods and beverages outside the current federally subsidized programs.

School districts are caught in a bind between demands to deliver a higher quality education program and an economic crisis that has severely limited state and local capacity to fund them—even with the economic stimulus package.

A New Federal Role

A national vision for child nutrition is needed but that vision cannot convey nor equate to federal mandates. A national vision for child nutrition must reflect the understanding of current authority and Constitutional responsibilities of states and local communities, and re-define the role of the federal government so that it promotes national policies within the framework that supports states and local communities. Beyond child nutrition, the federal government must acknowledge more

broadly that the efforts over the previous decade to employ a “top-down approach” have not worked. The federal role must be one of partnership and support to the states and local communities. In a paper entitled *A New Era in Education: Redefining the Federal Role for the 21st Century*, NSBA suggests a potential theme for the new federal role might be “facilitate, don’t dictate.”

Local School Board Commitment

As you are aware, the *Child Nutrition and Women, Children, and Infants Reauthorization Act*, passed by Congress in 2004, requires every school district participating in the federal school meals program to enact a wellness policy by the 2006-2007 school year. These policies now address:

- Goals for nutrition education;
- Goals for physical activity;
- Nutrition *guidelines* for all foods available at school;
- Goals for other school-based activities designed to promote student wellness;
- Assurances that school meal *guidelines* are not less restrictive than federal requirements; and
- Plans for evaluating implementation of the policy.

To illustrate the success of the current law, a study conducted by the Pennsylvania State University on Local Wellness Program (LWP) implementation among Pennsylvania local school districts indicates that:

- 84 percent of the districts have written implementation or action plans developed for some of their goals.
- 91 percent of the school districts have functioning wellness committees.

With respect to physical activity:

- Only 28.8 percent of the school districts reported that their students have fewer opportunities for physical activity now than they did prior to the establishment of local wellness policies.
- 56.6 percent of the school districts reported that there are more opportunities for students to be physically active in classrooms outside of physical education now than there was prior to the establishment of the local wellness policies.

With respect to nutrition education:

- 50.3 percent of the school districts reported that their students receive more minutes of nutrition education now than they were prior to the establishment of local wellness policies.
- 58.2 percent of the school districts reported that their students are receiving higher quality nutrition education now than they were prior to the establishment of local wellness policies.

School boards across the nation are actively engaging their communities, as they should, to create policies and local requirements that have the full support of the people in their local communities.

Public Private Stakeholder Commitment

In addition to strong local school board commitment by engaging states and local communities, many private stakeholders have also made significant contributions toward improving child nutrition.

As you are aware, On May 3, 2006 the Alliance for a Healthier Generation—a joint initiative of the William J. Clinton Foundation and the American Heart Association and major members of the U.S. beverage industry—announced new, *recommended* guidelines to schools, limiting portion sizes and reducing the number of calories available to children during the school day. The guidelines cap the number of calories available in beverages in schools at 100 calories per container, except for certain milks and juices. Under the terms of the agreement, the beverage industry would work to spread these standards to *75 percent* of the nation's schools prior to the beginning of the 2008-2009 school year. The agreement called for full implementation prior to the beginning of the 2009-2010 school year, *provided schools and school districts are willing to amend existing contracts*. The full details of the agreement can be found here:

<http://www.healthiergeneration.org/engine/renderpage.asp?pid=s017>.

Additionally, on October 6, 2006, the Alliance for a Healthier Generation announced an agreement with five of the nation's leading food manufacturers (Campbell Soup Company, Dannon, Kraft Foods, Mars and PepsiCo) to establish voluntary guidelines for snacks and side items sold in schools. More information can be found at:

<http://www.healthiergeneration.org/engine/renderpage.asp?pid=s042>.

We believe such actions illustrate how public and private sectors are coming together to address issues of child nutrition in a way that will result in sustained positive behavior – without the need for federal mandates.

Summary

In closing, we want to reiterate that local school boards are committed to improving child nutrition and clearly view wellness policy as important. And as these local school board actions increase, positive changes in behavior will take place reflecting the will of the **local** communities. We are very committed to changing attitudes and sustaining positive behavior related to nutrition. Therefore, we feel that community-based decisions are much more effective in the long run than mandates from the federal government.

Federal mandates on our public schools cannot be the vehicle for changes in society. Our primary responsibility is to educate. Federal mandates on what is sold in our schools and what cannot be sold in our schools are simply unacceptable, and fail to guarantee the complexity of sustained positive changes in healthy, human behavior that is desired.

Finally, we want to make the point that in order to significantly improve child nutrition and health, it will not be achieved through expanded authority of the Secretary of Agriculture. Rather, it will be through the active engagement of local communities that hold strongly to the belief that those at the local level should best make such determinations.

Thank you again for the opportunity to share our views.

Statement by Byron V. Garrett
CEO, National Parent Teacher Association (PTA)
Before the Senate Committee on Agriculture, Nutrition and Forestry
Beyond Federal School Meal Programs:
Reforming Nutrition for Kids in Schools
March 31, 2009

Chairman Harkin, Ranking Member Chambliss, committee members, and my fellow distinguished panelists, I am honored to have the opportunity to speak before you today on behalf of the over five million members of the National Parent Teacher Association (PTA) to discuss the role of nutrition in the in the upcoming reauthorization of the Child Nutrition Act. With more than 25,000 local units, PTA flourishes in all 50 states, the District of Columbia, the U.S. Virgin Islands, and the Department of Defense schools in Europe and the Pacific.

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

I have been involved in education and childhood initiatives for over two decades. Prior to joining PTA, I worked as national program leader at the National 4-H Headquarters at the United States Department of Agriculture (USDA), spent a decade working as an education advocate in Phoenix, Arizona, and was an elementary school principal. I also served under former Arizona Governor Janet Napolitano both as policy advisor for faith and community based initiatives and as director of the governor's Division for Community and Youth Development.

With regard to the topic of today's hearing, PTA has long sought to improve child nutrition and wellness and prides itself on having been instrumental in the formation of federal policy in this area since its inception in 1897. I would like to briefly mention some of the work we have done in the pursuit of this goal over the years.

One of the fundamental purposes of the National PTA has always been to preserve children's health and protect them from harm. As early as 1899, the National Congress of Mothers advocated for a national health bureau to provide families and communities with health information. Its sustained efforts bore fruit when the Children's Bureau was established in 1912 as a part of the U.S. Public Health Service.

In 1923, PTA worked to ensure the provision of hot lunches in schools. In the 1940s and '50s, we were involved in the establishment and expansion of the school milk

programs. We also worked to ensure the passage of both the National School Lunch Act and the Child Nutrition Act.

More recently, PTA and our coalition partners fought successfully for the inclusion of language mandating the creation of local school wellness policies in the Child Nutrition and WIC Reauthorization Act of 2004. These wellness policies provide parents, students, school nutrition representatives, school board members, school administrators, and the general public the opportunity to formulate local policies that are tailored to the specific needs of their communities.

I mention these past accomplishments not only to underscore PTA's commitment to the well-being of our nation's children, but also to provide a historical context for where we are today. It is critical that we address the factors contributing to the epidemic of childhood obesity and other child health issues, drawing from lessons learned in past history.

The National School Lunch Program was originally established to support military conscription during the aftermath of the Great Depression, when many young Americans were being turned down for service due to their being underweight. Just this month, Dr. Curtis Gilroy, the Pentagon's Director for Accessions Policy, testified before the House Armed Services Personnel Subcommittee that many recruitment-age youth are too overweight to qualify for military service. Furthermore, recent analysis has shown that for individuals born in the year 2000, the risk of being diagnosed with Type 2 diabetes at some point in their lifetime is estimated at 33 percent for boys and 39 percent for girls. The problem has grown to the point that a 2003 study funded and supported by the United States Centers for Disease Control and Prevention showed that overweight and obesity account for approximately 9 percent of total U.S. medical spending.

While the majority of the debate surrounding the upcoming reauthorization of the Child Nutrition Act centers on the National School Lunch and Breakfast programs, I would like to commend the committee for looking at these programs in the context of all available food options students have during school hours. Most will agree that it is essential to ensure that the latest regulations governing the School Lunch and Breakfast programs are grounded in research and respond to health trends. It is also imperative to consider the overall effect these regulations will truly have when our students are given the choice to buy unhealthy snacks and sodas from vending machines on school grounds. One must ask themselves, are the health education lessons being provided to students having their intended impact, when the message is consistently undermined by the foods being offered on their schools' a la carte menus?

I am aware that not all of the factors relevant to addressing child health fall under the purview of this committee. However, it is critical to approach child nutrition holistically and assess issues in the entire school foods environment. With this in mind, PTA has developed a series of recommendations for the upcoming reauthorization of the Child Nutrition Act which include:

- Require policies for the provision of recess, physical education, and regulation of food marketing in schools to be included in local wellness policies.
- Require periodic assessments of the development, notification, implementation, and content of local wellness policies.
- Increase reimbursement rates for school meals.
- Increase the promotion of school meals programs and reduce the administrative barriers that limit participation.
- Require the development of best practices for the processing of USDA commodities to more closely align these products with the 2005 Dietary Guidelines for Americans.
- Require the USDA to update the national nutrition standards for school foods sold outside of the school meals programs in order to keep pace with emerging scientific evidence.

While PTA believes that all of these recommendations are vitally important and sound policy, I would like to focus on the last recommendation for the purpose of today's hearing. PTA is a strong supporter of the Child Nutrition Promotion and School Lunch Protection Act, which requires the USDA to update the nutrition standards for foods sold on school grounds outside of the School Lunch and Breakfast programs. School meals must meet detailed nutrition standards set by Congress and be updated regularly by the USDA in order for a school food service program to receive federal subsidies. The meals are typically balanced and contain recommended amounts of vitamins and minerals.

In contrast, the nutrition standards for foods sold outside the meal programs have not been updated since 1979. Such foods include those sold in vending machines, cafeteria a la carte menus, and school stores. The only nutritional criteria for school foods sold outside of meals are that "foods of minimal nutritional value" (FMNV) may not be sold in the food service area during meal times. FMNV are foods that provide less than 5 percent of the Reference Daily Intake for eight specified nutrients per serving. Many low-nutrition foods are not considered FMNV despite their high content of calories, saturated fat, salt, or added sugars, and can be sold anywhere on school campuses at anytime during the school day. This outdated practice no longer stands up to the scrutiny of contemporary science, dietary patterns or health standards. The best interests of our children demand that the nutrition standards be modernized.

For more than 50 years, school meals have been regulated at the federal level. Each year, **the federal** government invests billions – approximately \$11.7 billion in fiscal year 2008 – **in school** lunches and breakfasts. Selling low-nutrition foods in schools undermines **that** investment. The widespread availability of sugary drinks, chips, candy, cookies and **snack** cakes in our schools also undermines parents' efforts to feed their children **healthy, nutritious** meals. Each school day, parents entrust schools to care for their children **all** across our nation. They should not have to worry that their children will use lunch money to buy snack cake and soda rather than a balanced meal.

It is clear that parents want healthier food options available for their children, and they want the unhealthy options to be taken out of schools. According to a national poll

by the Robert Wood Johnson Foundation, 90 percent of parents and teachers support the conversion of school vending machine contents to healthy beverages and foods. In addition, a 2005 Wall Street Journal/Harris Interactive HealthCare poll found that 83 percent of all adult respondents think that “public schools should do more to limit children’s access to unhealthy foods like snack foods, sugary soft drinks, and fast foods.”

It is also becoming increasingly clear that the scientific evidence linking healthy eating habits to academic performance supports their view. One such study, published in the Journal of School Health, identified specific dietary factors contributing to the association between child nutrition and academic performance. In 2003, researchers led by Dr. Paul Veugelers of the University of Alberta’s School of Public Health surveyed 5,000 fifth graders in Nova Scotia, Canada. They found that students reporting higher quality diets were significantly less likely to fail a literacy assessment. Furthermore, the study found that students benefiting from increased fruit and vegetable intake and lower caloric intake of fat were appreciably more likely to pass the assessment.

All across our nation, parent and community groups are making remarkable strides in addressing this issue. Please allow me to provide a few examples to the committee:

The Connecticut State PTA worked with a consortium of groups concerned about children’s health to pass state legislation which limits the beverages that can be served to students from any source on school campus, including vending machines and school stores. In addition, the law created incentives for schools to adhere to state health standards for food sold in schools, providing extra state reimbursement for their free and reduced lunch program. Only one year into the program, 101 school districts out of the 179 that were eligible signed onto the new standards.

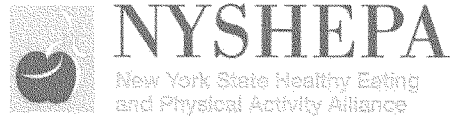
In 2003, the Fayette County Public School district in Lexington, Kentucky, was about to renegotiate their vending machine contract. One PTA parent, Roger Kirk, used his decades of experience in the food industry to develop a Request for Proposals (RFP) that rewards the competing companies for providing and promoting healthier beverages. The school district, which had previously been very concerned about the potential for lost profits, adopted the new policy, and the company that was awarded the contract has since placed healthier options in the machines.

At Aptos Middle School in San Francisco, California, the school principal created the Aptos Parent Teacher Student Association (PTSA) Student Nutrition Committee, convened by a PTA member that included parents, students, teachers and other staff. They created a proposal for eliminating junk food from being sold in their school store. To ease the transition, non-nutritious foods were eliminated gradually and replaced with healthy alternatives. Though the school’s food program was operating at a deficit the year before, it netted a \$6,000 profit for the school district’s Student Nutrition Services department after implementing the new program. As a result of the pilot’s success, the program was permanently instituted at Aptos, and it has served as a model for the school district’s efforts to improve nutrition at its other middle and high schools.

These and other efforts all across our nation have helped to stem the tide, but the burden of removing unhealthy foods and beverages from our schools can not, should not and must not rest solely at the local level. Unlike other aspects of education, school foods have been primarily regulated at the national level since the Truman Administration. Two-thirds of states have either weak or *no nutrition standards* for foods sold outside of school meals programs. Furthermore, the majority of the nation's 14,000 school districts are not equipped to develop science-based nutrition standards for schools, and only 30 percent of school districts prohibit the sale of junk foods in school vending machines nationwide. A minimum federal protective nutrition standard for food sold outside of school meals is necessary to protect the integrity of the school lunch program and the health of all children in our nation's public schools.

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

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



Testimony of Nancy Huehnergath, Director, New York State Healthy Eating and Physical Activity Alliance (NYSHEPA)

Chairman Harkin, Ranking Member Chambliss, and members of the Senate Committee on Agriculture, Nutrition and Forestry, thank you for the opportunity to testify today about the need for reforming nutrition for children in school. As a concerned mother and director of the New York State Healthy Eating and Physical Activity Alliance (NYSHEPA), I've been working to improve standards on both the local and state level since March 2002 – that's when my then 10-year-old daughter came home from school and excitedly announced that she'd won a fitness contest in gym class. Her prize? A candy bar.

NYSHEPA, a coalition of over 100 public health, consumer and education organizations, has been lobbying for passage of school nutrition standards in Albany since 2006. We also support evidence-based, national standards for foods sold and served outside the National School Lunch Program (NSLP). The good news is that there is strong public support for standards and it is no longer the controversial issue that it was a few years back. The bad news is that two-thirds of states, including New York, continue to have weak or no policies addressing the nutritional quality of school foods and beverages. And only twelve states have comprehensive school food and beverage standards that apply to the whole campus for the entire school day and at all grade levels. That's precisely what we need to help halt the childhood obesity epidemic.

Some forward-looking states like Kentucky, Oregon, California, Rhode Island, Mississippi and Connecticut have set admirably high standards for their school food that can be used as a national model. NYSHEPA urges you to propose strong national standards but please do not pre-empt the states' ability to enact even stronger measures in the future. Our children will be healthier and live longer if both state and federal governments have the power to improve on school nutrition standards in the years and decades ahead.

To date, New York has been unable to enact updated school nutrition standards. It's not due to a lack of interest --at least nine bills promoting school nutrition standards have been introduced into the New York State Legislature since 2006. It's not due to lack of support -- a broad coalition of 41 prominent organizations led by NYSHEPA support standards. The media is on our side -- newspaper editorial boards across the state including the *New York Times*, *Buffalo News* and *Poughkeepsie Journal* have publicly supported the passage of standards. And the public is on board, writing letters and making calls to legislators in support of various school nutrition bills.

But still, we have no legislation in New York, even though two neighboring states, Connecticut and New Jersey, have enacted strong standards to protect the health of their children. As a mother, I find this distressing. Are children in Connecticut and New Jersey more deserving of healthy fare at school than kids in New York?

NYSHEPA has come up against a number of impediments as we've advocated for state nutrition standards. We've encountered powerful, deep-pocketed food and beverage

industry opponents who apparently are going to resist changes until they are literally forced, by you, to “get healthy.” We have state legislators who refuse to educate themselves -- like the sweet-loving Assembly member who introduced the “Cupcake Law,” -- a measure that would have made the cupcake our official state children’s snack and that would have also provided that parents could bring any food into school that is legal. We have opposition from some school leaders whose districts have entered into “pouring rights” contracts, or who fear healthy standards will hurt school finances.

Let me get right to debunking the myth that schools will automatically lose money if they implement healthy nutrition standards. It’s just not true. A survey of 17 schools and school districts that improved school food was conducted by the U.S. Department of Agriculture and the Centers for Disease Control and Prevention. The results? 12 schools increased revenue and four reported no change.(1)

Also, in two pilot studies that evaluated the financial impact of switching to healthier school food, revenues increased at the majority of schools because losses from a la carte fare were offset by an increase in NSLP meal participation and reimbursements.(2) In New York, NYSHEPA has been conducting its own best practices interviews with schools that have voluntarily switched to healthier food. Most of these school food directors have told us the same thing -- when the non-nutritious a la carte fare is removed, more kids purchase the NSLP reimbursable school meals. Because of increased participation in the meal program, the district offsets losses from a la carte offerings with

increased reimbursements. Let me state this another way -- when the junk is gone, kids buy the healthier NSLP lunch and districts can still run in the black.

Interestingly, a 2005-2006 study sponsored by the USDA's Food and Nutrition Service, found that a la carte foods are not even especially profitable for school food services. Instead, the study suggests that financial solvency is likely to be gained via -- yes, you guessed it -- the most profitable component, the NSLP meals themselves.(3)

NYSHEPA has also learned that school vending contracts are not that profitable for schools. That's good news to me. When a very young child I know walked into our middle school cafeteria, and saw row after row of vending machines with chips, cookies, candy, soda and six different kinds of candy coated ice cream -- she asked if she was at an amusement park. Fortunately, by the time my children had entered middle school, clearer heads (and aggravated mothers) had prevailed and the worst of the junk food was gone. So was the superintendent who had complained that district nutrition advocates were "trying to take away my Twinkies."

One national study found that school vending contracts raise only an average of \$18 per student per year for schools and/or school districts.(4) Another study found that soft drink sales in schools raise a median of 70 cents per student per year in middle schools and \$6.38 per student per year in high schools.(5) Also, please keep in mind that it is money from the pockets of children that is funneled back into school districts via pouring rights contracts. And typically, school districts get to keep only 33% or less of the

profits.(6) The overarching question is, should we really be financing schools at the expense of our children's health?

One quick aside. While some school leaders do oppose school nutrition standards, there are others who actively seek out nutrition guidelines to implement. NYSHEPA convened a policy team last year which created voluntary nutrition guidelines for licensed after-school programs. We've been pleasantly surprised to learn that a number of schools are using those nutrition guidelines to improve their school food.(7)

We all know that obesity rates in our nation are sky high – in New York State, 25% of children under the age of 18, are obese, putting them at increased risk for preventable diseases like Type 2 diabetes, heart disease and cancer. But obesity is no longer just a health matter. It's a financial catastrophe as well. According to New York State's comptroller, an estimated annual \$242 million in medical costs in New York can be attributed to obese children. This is putting even greater strain on the state, which has a \$13.7 billion deficit this year.(8) And New York's adult obesity-related medical costs are astronomical. In 2003, New York spent \$6.1 billion in adult obesity-related medical expenditures, the second highest such expenditure in the nation.(9) 81 percent of those costs were publicly funded by Medicaid and Medicare, a percentage far exceeding the national average of 52 percent.(10)

With our nation's obesity rate through the roof and economic woes affecting every state, NYSHEPA believes that national school nutrition standards must be addressed this year as part of the Child Nutrition Reauthorization. We can't afford to wait any longer.

On a related note, it has been reported that our new Secretary of Agriculture, Tom Vilsack, hopes to devote more resources to child nutrition programs like school breakfast and lunch. We can't think of a more cost effective use of taxpayer money! Even though schools can and do produce nutritious NSLP meals on their current budgets, more resources would likely mean higher quality ingredients, more variety, and the ability to bring in more fresh produce and local foods. In turn, better quality NSLP meals will attract more students and, as we have learned, increased participation in the meal program is key to keeping school food programs running in the black when they enact healthier nutrition standards across the board.

The more we invest now in our children's nutritional health, the greater the payback in the future -- namely a lower rate of obesity and obesity-related medical expenditures, lower rates for health insurance, an adequate number of healthy adults to staff our military and workforce, and longer, healthier lives for more Americans.

School nutrition standards are too important and too tough a battle to fight one state at a time. We need to enact national standards as a floor. And we need them now.

References

1. Food and Nutrition Service, U.S. Department of Agriculture; Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; and U.S. Department of Education. *Making it Happen! School Nutrition Success Stories*. Alexandria, VA: USDA, January 2005. FNS-374
2. Center for Weight and Health, University of California, Berkeley. *Dollars and Sense: the Financial Impact of Selling Healthier School Foods*. Berkeley, CA: University of California, 2007.
3. Newman C, Ralston K, Clauson A. "Balancing Nutrition, Participation, and Cost in the National School Lunch Program." *Amber Waves*, September 2008.
4. Center for Science in the Public Interest. *Raw Deal: School Beverage Contracts Less Lucrative Than They Seem*. Washington, D.C.: CSPI, 2006.
5. Johnston L, Delva J, and O'Malley P. "Soft Drink Availability, Contracts, and Revenues in American Secondary Schools." *American Journal of Preventive Medicine* 2007, vol. 33, pp. S209-S225.
6. Center for Science in the Public Interest. *Raw Deal: School Beverage Contracts Less Lucrative Than They Seem*. Washington, D.C.: CSPI, 2006.
7. "Healthy Kids, Healthy New York After-School Initiative." Funding by the National Governor's Association through a gubernatorial grant to NYS, <http://www.nyshepa.org/healthykids.php>
8. The annual per-child medical costs attributable to obesity among children aged 8 to 19 is \$220, according to Medical Expenditure Panel Survey (MEPS) consolidated data files from 2001 through 2003. Survey data are referenced in "Public Health Interventions for Addressing Childhood Overweight: Analysis of the Business Case" by E.A. Finkelstein and J.G.Trogon, *American Journal of Public Health*, March 2008, page 413.
9. Finkelstein, E.A., I.C. Fiebelkorn and G. Wang. "State-Level Estimates of Annual Medical Expenditures Attributable to Obesity." *Obesity Research* (January 2004): 22.
10. "Obesity in Upstate New York: Trends, Costs, Opportunities." March 2004. Excellus Health Policy Reports. <https://www.excellusbcbs.com/download/files/excellus_health_policy_report_7.pdf>.

For more information on NYSHEPA, please go to www.nyshepa.org

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Testimony of
Hank Izzo, Ph.D.
Vice President, Research and Development
Mars, Snackfood US
before the
Committee on Agriculture, Nutrition and Forestry
U.S. Senate
March 31, 2009

Mr. Chairman and members of the committee, I am Dr. Hank Izzo, vice president, research and development, Mars, Snackfood US. We appreciate the opportunity to testify today in support of improving the national school nutrition standards. I would like to begin by thanking Chairman Harkin for his consistent leadership on this issue. As you know, Mars worked closely with your office during the most recent Farm Bill in an effort to update our school nutrition standards, and we look forward to continuing to work with you and the Committee this year in order to improve the nutritional environment for children in schools nationwide.

I would also like to thank Ranking Member Chambliss for his support for Mars, Incorporated over the years. We were very pleased to have Senator Chambliss visit one of our plants last August and look forward to continuing to build on this relationship in the years to come.

Mars is a strong supporter of reforming our national school food standards. We believe the current standards, which date back to the 1970s, should be updated so that children have access to a broad selection of nutritious products, regardless of where they go to school. A national school standard will make this possible, and we believe that there are meaningful, practicable standards that can readily be adopted by Congress or USDA.

Mars, Incorporated, is a family-owned company that produces some of the world's leading foods, snack foods, drinks and petcare products, and operates in more than 70 countries.

We've been in business for nearly 100 years and are best known for our high quality chocolate products, such as M&M's® and Snickers®, which we believe should be consumed in moderation, as treats, and as part of a balanced and healthy diet. However, across the Mars company, our portfolio includes a diverse set of products including Uncle Ben's Rices®, which are made in Senator Cochran's home state of Mississippi, Seeds of Change® certified organic food products, healthy World of Grains® crackers and cookies, Wrigley sugar-free chewing gums, and a long line of nutritional petcare products such as Pedigree, Cesar, Greenies, and Sheba.

As a global food manufacturer, Mars aspires to be a leader in creating a healthier environment, making a significant contribution to the promotion of a healthy lifestyle through our products – both existing and new – and our business behavior, which aims to ensure responsible consumption of our brands.

Our collaboration with the Alliance for a Healthier Generation, and the development of the Generation Max™ brand of snacks for teens, which I will discuss momentarily, are demonstrations of this ongoing commitment and leadership. In fact, we believe these public-private partnerships are a good model for the national school nutrition standards you are considering.

We recognize the challenges before us and take seriously our responsibility to act in the public interest. Mars is committed to doing its part to increase access to nutritious foods and help address the health challenges facing our youth.

Mars has been, and will continue to be, a food industry market leader where it concerns responsible advertising, nutrition labeling, and innovation.

Responsible advertising – We were the first chocolate company to voluntarily discontinue advertising and marketing directed toward children under age 12 worldwide. This went into effect at the end of 2007.

Nutrition labeling – In keeping with our corporate philosophy to act responsibly and transparently so consumers can make informed choices, last year Mars became the first chocolate company in the world to voluntarily roll out new easy to read and understand nutrition labels. The so-called Guideline Daily Amount information labels can be found on our chocolate, non-chocolate confectionery, and other food brands, starting now in Europe, Australia, and the U.S. The new labels are in bold print on the front of the packaging. You don't need reading glasses to read the Mars labels and you don't need a Ph.D. to understand them. We believe our improved nutrition labels will help consumers make informed choices about the foods they eat.

Innovation – As a science-based company, Mars continues to invest in research and development that can help us make our products more nutritious. For example, we committed significant resources to reduce trans fat in our products. In fact, all of our snack foods and food products have one thing in common today – on the label, you will see zero trans fat.

Our former King Size confectionery products have been changed to multiple piece formats to encourage portion control – and our research shows that consumers are, in fact, sharing more or saving half for later.

We are adding more whole grains to our products including our KUDOS® granola bars, World of Grains® crackers and cookies, and UNCLE BEN'S Rices®; we've reduced sodium levels in our flavored rice dishes and begun offering certified organic food and snack choices under our certified organic SEEDS OF CHANGE® product line.

Furthermore, with its recent acquisition of the Wm. Wrigley Jr. Company, the Mars portfolio now includes a wide range of sugar free chewing gums – including Extra®, Eclipse®, Orbit®, and 5™. Science has shown that chewing sugar-free gum provides important wellness benefits, including positive contributions in the areas of oral health, weight management, focus and concentration and stress relief.

In addition to product innovations, in 2006 Mars became one of the first companies to partner with the Alliance for a Healthier Generation, a non-profit organization started by the William J. Clinton Foundation and the American Heart Association.

The goal of the Alliance is to stop the nationwide increase in childhood obesity by 2010 and to empower kids to make healthy lifestyle choices.

The Alliance has issued guidelines that promote nutrient-rich foods, fat-free and low-fat dairy products and place limits on calories, fat, saturated fat, trans fat, sugar and sodium. The guidelines endorse what we call a 35-10-35 snack food formula, meaning no more than 35% of calories come from fat, no more than 10% of calories come from saturated fat and less than 35% of the product's weight is sugar. There are also other nutrient guidelines and calorie limits by school age – elementary, middle and high school.

In joining the Alliance, Mars pledged that we would not be offering for sale in schools any products that do not meet the 35-10-35 standards. To meet this commitment, Mars was the only company to develop an entirely new line of healthier products, which we call Generation Max™, which are available to schools across the country today. These products meet the fat, sugar, sodium and calorie standards agreed to by the Alliance. If a new national school nutrition standard is established, more children will have access to these and other nutritious snacks.

Mars has also agreed to work cooperatively with the Alliance to encourage schools, education associations and others, including the food industry and distribution chain, to adopt the guidelines. We have made presentations and provided information to encourage adoption of standards to the National Automated Merchandisers Association (the national vending trade group), the School Nutrition Association, the National Confectioners Association and to our vending distributors.

Mars, as well as its Wrigley subsidiary, were among the initial companies to sponsor the American Council for Fitness and Nutrition's Healthy Schools Partnership (HSP), which is a pilot program in Kansas City. The innovative program teaches children energy balance; valuable lessons that will help to promote healthy lifestyles and healthy weight for kids. HSP is a partnership between the American Council for Fitness and Nutrition Foundation (ACFN), PE4life and the American Dietetic Association Foundation (ADAF).

Mars also has donated one million dollars to the Feeding America/Kids Café program, which provides nutritious, balanced meals to needy children across the country.

Finally, Mars recognizes the health benefits of whole grains in reducing the risk of heart disease and has long advocated for the use of more whole grains in school lunches. Mars Foodservices is the foodservice division of Mars, Incorporated, and specializes in meeting the needs of foodservice professionals in places of learning and hospitals. We have broadened our foodservice portfolio on whole grains to provide healthful options for school lunch programs and use both the Whole Grain Health Claim and the Whole Grain Council stamp to help communicate our whole grain products to school directors and operators.

Mars, Incorporated supports efforts to update and reform our national school nutrition standards in 2009.

First, we believe that new national school nutrition standards will help make sure that children have access to a broad selection of nutritious foods at school, which in turn should help the nation tackle some of the health challenges our youth face today, including obesity, and the related conditions including early onset type 2 diabetes and hypertension – conditions that only a few years ago were thought to afflict adults only.

Second, schools operate in a unique environment that warrants special treatment when it comes to nutrition standards. At home, parents make decisions about food – but at school, children often make decisions about what to eat for themselves. An updated and reformed national school nutrition standard will make it easier for food manufacturers and schools to work together to make sure children make smart decisions about the foods they consume. It also will provide some peace of mind to parents, knowing that items for sale meet nutrition guidelines.

Finally, food science and nutrition research advanced significantly over the past 30 years, when the current standard was developed. Today, we understand so much more about the relationship between food and metabolism, health promotion, wellness and disease prevention. Mars believes it is time to apply that knowledge to an updated, modernized school nutrition standard.

In our opinion, the national school nutrition standard should follow the 35-10-35 formula that I described previously and which is the focal point of the Alliance for a Healthier Generation. It is a standard that we at Mars believe is meaningful, practicable, and would generate significant support across the nutrition community and from progressive companies in the food industry.

We recognize that one of the vexing issues in the past few years has been how to develop these new standards. In our opinion, the time to act is now and we look forward to working with the Committee to draft legislative language to ensure that new national school nutrition standards are implemented as quickly as possible.

As a private, family-owned company, we have a unique ability within the global food industry to be forward thinking and invest for the long-term in product development and research. And I'm pleased with the work we've done to advance transparency and choice for all consumers and to provide more nutritious options to school children, as well as all of our actions to address concerns related to health and nutrition.

Mars is proud to participate in this hearing and we believe it is our responsibility to provide industry leadership on such an important issue for our nation's children. Likewise, we are proud to be one of the first food companies to endorse a national school standard. We look forward to working with you and your committee to advance this effort in the Congress.

Mr. Chairman, a new national school nutrition standard will dramatically change the food that children have access to at school. A number of companies already have products designed to meet these guidelines. Over time – as schools, distributors and additional companies adopt these guidelines – millions of children will gain access to healthier snacks in schools, with the goal of leading to healthier and more nutritious diets.

On behalf of the 55 million children attending schools across this nation who stand to benefit the most from this standard, again, Mars thanks you for your leadership.

**Testimony of Susan K. Neely
President and CEO
American Beverage Association**

Senate Committee on Agriculture, Nutrition & Forestry

“Beyond Federal School Meal Programs: Reforming Nutrition for Kids in Schools”

March 31, 2009

Introduction

Good morning, Mr. Chairman, Ranking Member Chambliss, and members of the Committee. Thank you very much for the invitation to appear before the Committee to discuss reauthorization of the Child Nutrition Act.

I am Susan K. Neely, President and CEO of the American Beverage Association (ABA). As a representative of the nation's beverage industry and the mother of two elementary school children, I applaud the committee for holding a hearing on child nutrition, particularly as it relates to programs involving foods and beverages sold in our nation's schools. I also want to thank the Chairman and Ranking Member for your continued leadership on this issue over the years.

The American Beverage Association has been the trade association for America's non-alcoholic refreshment beverage industry for almost 90 years. Founded in 1919 as the American Bottlers of Carbonated Beverages and renamed the National Soft Drink Association in 1966, ABA today represents hundreds of beverage producers, distributors, franchise companies and support industries. ABA's members employ more than 220,000 people who produce U.S. sales in excess of \$110 billion per year.

ABA members market hundreds of brands, flavors and packages, including diet and full calorie carbonated soft drinks, energy drinks, ready-to-drink teas and coffees, bottled waters, enhanced waters, 100 percent juices, fruit drinks, dairy-based beverages, and sports drinks.

According to John Dunham and Associates, Inc., direct, indirect and induced employment in the beverage industry means 2.9 million jobs that generate \$448 billion in economic activity. The beverage industry's firms pay more than \$27 billion in federal taxes and more than \$21 billion in taxes to state governments. And the beverage industry and its employees have generously contributed more than \$1.4 billion to charities across the country.

Implementation of National School Beverage Guidelines is Nearly Complete

The American Beverage Association agrees that the obesity crisis is a complex, national challenge that requires us to re-examine old practices and find new solutions. All of us – policymakers, parents, educators, industry and community leaders – have a responsibility to help teach children how to live a healthy lifestyle. I am proud to report that the American beverage industry is doing its part.

We agree with parents and educators that schools are special places and play a unique role in shaping our children's health. So in May 2006, the American Beverage Association, The Coca-Cola Company, PepsiCo, and Cadbury Schweppes (now the Dr Pepper/Snapple Group) teamed up with the Alliance for a Healthier Generation (a joint initiative of the William J. Clinton Foundation and the American Heart Association) to

develop new School Beverage Guidelines that significantly reduce the calories available from beverages during the school day.

The guidelines provide students with a broad array of lower- and no-calorie options along with nutritious and smaller-portioned beverages to help kids build healthy habits as they learn to balance the calories they consume with the calories they burn. The guidelines are designed to provide the help parents asked for while balancing children's hydration needs with appropriate caloric levels for their age.

Implementing the national School Beverage Guidelines has not been easy.

Since we signed the Memorandum of Understanding (MOU) with the Alliance for a Healthier Generation (Alliance), our member companies have spent hundreds of hours training their marketing and sales teams about the guidelines. These teams have worked with the 125,000 schools across the country that have vending machines. Our companies have reformulated products, and created new package designs and sizes to meet the smaller portion requirements in the guidelines. And, they are retrofitting vending machines to accommodate the new package sizes. These changes have come at a significant cost to the industry in both financial and human resources.

We are already seeing the benefits of the hard work by beverage companies and their school partners to institute the Alliance's calorie-based national standard.

In just two years since we began implementing the national School Beverage Guidelines, there has been a 58 percent decrease in beverage calories shipped to schools and nearly 80 percent of schools under contract with bottlers are in full compliance – exceeding the 75 percent two-year standard called for in the MOU.

This puts the industry close to completing its agreement with the Alliance to reach full implementation of the School Beverage Guidelines by the beginning of next school year.

President Clinton, co-lead of the Alliance for a Healthier Generation, recognized the industry's significant accomplishments at a news conference to announce the guidelines second-year progress report. There he said, "These results show that the commitment made by the beverage industry has been surpassed and the beneficial consequences to our schools are far greater than what was estimated two years ago. And they deserve a lot of credit for that. They did better than they said they'd do, and the results they delivered surpass where we thought we'd be. And that is profoundly important."

And our partners in the health care community also appreciate our success. Dr. Tim Gardner, president of the American Heart Association, and co-lead of the Alliance for a Healthier Generation, said, "This is an important step in ending childhood obesity. The Alliance applauds the role the American Beverage Association and these companies are playing in helping to improve the health of our nation's children."

The Robert Wood Johnson Foundation echoed that sentiment when they praised the implementation of our School Beverage Guidelines saying that our work, “represent[s] measurable success in creating healthier school environments for millions of students...[The Robert Wood Johnson Foundation is] heartened to see how [the School Beverage Guidelines’] progress to date is meeting, even exceeding, the threshold that the Alliance, ABA and individual companies set two years ago.”

As the industry implements the beverage guidelines, the school beverage landscape continues to change, shifting to more waters, portion-controlled sports drinks and diet drinks. In fact, shipments of full-calorie soft drinks have decreased by nearly two-thirds with the volume shipped to schools down by 65 percent, showing industry is well on track for meeting that component of the commitment.

And while implementing the beverage guidelines has not been easy, neither was their development. The industry took great pains to work with credible partners and establish a science-based, balanced set of guidelines that taught children the importance of calorie control and met the concerns of parents and the health care community, while mitigating the financial losses to schools that rely on vending revenue.

Guidelines Developed Using Nutrition Science

The School Beverage Guidelines were created in collaboration with policy experts at the Clinton Foundation and nutrition scientists at the American Heart Association. Using the principles of energy balance as well as the current Dietary Guidelines, we were able to develop guidelines that are responsive to school wellness programs that are striving to have a meaningful impact on children’s health.

The beverage guidelines provide an important tool for parents and caregivers who are helping their growing children manage caloric intake within their caloric expenditure through unstructured play and organized exercise programs and sports. The guidelines also provide portion control, taking the age of the student and therefore, his or her caloric needs into account.

Parents Support This Common Sense Approach

In addition, we are very proud that parents agree we’ve struck the right balance by limiting calories and increasing nutritious offerings in schools with our guidelines. A nationwide survey showed that 4 out of 5 parents support our School Beverage Guidelines. In fact, they supported our School Beverage Guidelines over more restrictive alternatives.

When asked to choose between the School Beverage Guidelines and a policy that provided only bottled water, 100 percent juice and low-fat milk to *all* students from K-12, parents supported our guidelines by a margin of 56 to 42 percent. And when asked

whether they preferred our guidelines or a complete vending ban in schools, they chose the guidelines by a margin of 82 to 14 percent.

Some of the reasons parents gave for supporting the guidelines include:

- They appreciate the age-appropriateness of the policy.
- They like that it limits choices for younger students.
- Most feel that high school students are old enough to make choices.

This poll was conducted among 700 parents (59% female/42% male) by the highly respected Public Opinion Strategies firm, which is the research firm for the NBC News/Wall Street Journal polls.

The parents responding to the survey reaffirm that our policy makes good sense and it reflects the reality of how most of us live. Like grown-ups, kids want to drink both nutritious and enjoyable beverages. As a result of the beverage guidelines, schools can help our children learn to choose beverages that are lower in calories and/or higher in nutrition.

The National School Beverage Guidelines

For elementary and middle schools, we limit the beverage offerings to water, milk and juice because parents believe, and we agree, that younger children need more guidance to choose foods and beverages appropriate for their nutrition and caloric needs.

By the time students reach high school, parents believe children should have more freedom to choose their food and beverages during the school day. These guidelines provide more options for older children, while still capping calories and portion-sizes. No full calorie soft drink products are offered in any grade.

We hope the Committee appreciates the extraordinary steps our member companies are taking with these guidelines. They are removing their signature and most popular brands from elementary, middle and high schools throughout America – an unprecedented move by any member of the broader food and beverage industry. They're also reducing the portion sizes of many beverages and capping the calories of products offered in schools. This does not come without real costs and risk to the industry.

The School Beverage Guidelines are:

Elementary School

- Bottled water
- Up to 8 ounce servings of milk and 100% juice
 - ✓ Low fat and non fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with up to 150 calories/8 ounces

- ✓ 100% juice with no added sweeteners, up to 120 calories/8 ounces, and with at least 10% daily value of three or more vitamins and minerals

Middle School

- Same as elementary school except juice and milk can be sold in 10 ounce servings
- As a practical matter, if middle school and high school students have shared access to areas on a common campus or in common buildings, then the school community has the *option* to adopt the high school standards

High School

- Bottled water
- No or low calorie beverages with up to 10 calories/8 ounces (e.g. diet soft drinks, diet and unsweetened teas, fitness waters, low calorie sports drinks, flavored waters, seltzers)
- Up to 12 ounce servings of milk, light juice, 100% juice and certain other drinks
 - ✓ Low fat and no fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with up to 150 calories/8 ounces
 - ✓ 100% juice with no added sweeteners, up to 120 calories/8 ounces, and at least 10% daily value of three or more vitamins and minerals
 - ✓ Other drinks with no more than 66 calories/8 ounces (e.g. light juices and sports drinks)
 - ✓ At least 50 percent of beverages must be water and no or low calorie options

The School Beverage Guidelines MOU requires full implementation of the guidelines by the beginning of the 2009 – 2010 School Year. Dr. Robert Wescott, an independent economist and member of the Clinton administration, is overseeing the process to gather and evaluate both sales volume and contract data from thousands of bottlers and schools across the country. Additionally, both the Alliance for a Healthier Generation and the industry are continuing outreach efforts with schools and national education groups to garner their support to implement the guidelines. And the Alliance offers a web-based product catalog so that schools can more clearly understand what beverages fit the guidelines when they enter into or amend contracts.

Bold Steps on Marketing to Children

Another example of our commitment to healthy children is demonstrated by the industry's recent adoption of guidelines on marketing to children. In 2008, the International Council of Beverages Associations, the worldwide trade association representing the non-alcoholic beverage industry, of which ABA is a member and current Secretariat, adopted Guidelines on Marketing to Children.

These far reaching guidelines represent a voluntary commitment by companies within the beverage industry not to market non-alcoholic beverages other than water, fruit juice and dairy-based beverages to children under 12.

The guidelines are applicable to broadcast television and radio, print, digital media such as Internet and phone messaging, and cinema, including product placement.

By the close of 2009, the guidelines call for a review of other forms of marketing practices, including the use of licensed characters, sponsorships and other forms of marketing communications in channels which are predominantly viewed by children under 12. Additionally, an implementation report will be issued by the end of 2009.

These global guidelines were developed within the framework of a wider food and drinks industry commitment to help implement the 2004 World Health Organization Global Strategy on Diet, Physical Activity and Health.

Conclusion: The Industry Supports Codification of the School Beverage Guidelines

The American Beverage Association welcomes the opportunity to work with Congress to provide guidelines for schools that offer more lower-calorie and nutritious beverages.

We believe that our guidelines are strong and meet the goals of balancing calories and promoting health education among our nation's students. And no reasonable person can question our success. To reiterate – after just two years, nearly 80 percent of schools under contract are already in compliance with the guidelines, and we've cut beverage calories shipped to schools by 58 percent.

In fact, our commitment to implementation was clearly demonstrated last year when we worked with you, Mr. Chairman, during Farm Bill reauthorization to forge agreement on an amendment establishing nutrition standards for foods and beverages sold in schools outside of the reimbursable meal program. And while we were disappointed that Senate procedures precluded consideration of your bi-partisan amendment, we will continue to work with you and House Education Chairman George Miller to ensure a commonsense calorie-based standard continues to be applied to schools throughout the country.

And Mr. Chairman, I'd also like to take this opportunity to congratulate you on introducing S.634, the "FIT Kids Act" which focuses on the other key component of this issue – the "calories out" side. The importance of physical activity cannot be overstated, not just as a means to manage energy balance, but also as a means to improve learning, development and overall good health.

It is indeed unfortunate that too often physical activity gets overlooked, and we know that a sedentary lifestyle plays a major role in weight gain and obesity. We applaud your leadership in this area and wholeheartedly endorse your bill. Legislation like the FIT Kids Act, along with continuing to fund PEP grants, are important components in the nation's fight against obesity.

Thank you Mr. Chairman. We look forward to continuing our work with this Committee.

DOCUMENTS SUBMITTED FOR THE RECORD

MARCH 31, 2009

Statement for the Record

Senate Committee on Agriculture, Nutrition & Forestry

**Regarding "Beyond Federal School Meal Programs:
Reforming Nutrition for Kids in Schools"**

**American Frozen Food Institute
March 31, 2009**

Chairman Harkin, Ranking Member Chambliss and members of the Committee, thank you for the opportunity to submit this statement for the record. We appreciate your commitment to child nutrition and commend the Committee for holding this important hearing.

As the voice of the U.S. frozen food industry, the American Frozen Food Institute (AFFI) is the national trade association that promotes and represents the interests of all segments of the frozen food industry. AFFI fosters industry development and growth, advocates on behalf of the industry before legislative and regulatory entities, and provides additional value-added services for its members and for the benefit of consumers. AFFI members manufacture and distribute frozen foods throughout the United States and are committed to ensuring that these products are produced in accordance with strict standards of safety and quality.

USDA's child nutrition programs must purchase food cognizant of the shrinking purchasing power of the dollar without compromising nutritional value or safety. The properties of frozen foods can help USDA meet this challenge.

BENEFITS OF FROZEN FOOD

Frozen foods offer a number of unique advantages, including nutrition, safety, convenience and economic value, which make them a natural fit for use in federal school meal programs. School nutritionists should harness the nutritional value found in frozen foods when building well-balanced menus for school children.

In September 2003, at AFFI's request, Joy Bauer, MS, RD, CDN, prepared an array of week-long menus exclusively with frozen foods. The menus Ms. Bauer prepared conform to the *Dietary Guidelines for Americans*. Acknowledging that an all frozen menu is an extreme example, Ms. Bauer observed, "If a registered dietician can put together a wise menu comprised entirely of frozen food products, a school food service director can utilize frozen foods to his or her advantage – and to the students' advantage – as part of a comprehensive menu inclusive of other food items." Frozen food products of all types should be considered an option for schools when preparing nutritious meals for students.

The freezing process naturally extends the shelf life of foods, while locking in their nutritional value. Food with extended shelf life should always makes economic sense to school nutritionists since reduced spoilage means less food is wasted and

dollars are saved. Frozen foods can be stored without nutritional diminishment enabling school foodservice providers to stretch their limited budgets. In addition to reducing waste, the extended shelf life provides food service purchasers the option to take advantage of volume discounts.

Frozen foods provide healthy choices for and are popular with students. Most frozen foods, including fruits and vegetables are available year round, further enhancing school food service providers' options, and making menu planning and preparation easier.

Moreover, frozen foods are safe. In a scientific article for the *International Journal of Food Microbiology*, Douglas Archer, PhD., reviewed the positive food safety record of frozen foods. In the paper entitled, "Freezing: an underutilized food safety technology?" Archer wrote, "It also seems clear that there are researchable areas that might lead to an increased use of freezing as a barrier to food borne pathogens. It seems that freezing may be an underutilized food safety technology that can be enhanced to become a major hurdle for pathogen survival."

FROZEN FOODS, PART OF A NUTRITIOUS DIET

Maintaining a well-balanced diet depends on the availability of and access to a variety of food options. The frozen food industry continues to produce and develop an array of products that together provide many of the ingredients necessary for a balanced and nutritious diet.

The industry appreciates the recognition and inclusion of frozen foods in child nutrition programs as expressed in the Farm, Nutrition, and Bio-energy Act of 2008. We applaud the accompanying Manager's Statement on Section 32 Purchases, which states in regard to the purchase of foods for schools and service institutions that "Items purchased may be in frozen, canned, dried, or fresh form."

Frozen vegetables and fruits have been found to be nutritionally equivalent and in some cases, superior to their fresh counterparts. This was acknowledged by an FDA ruling published in the *Federal Register* on March 25, 1998, stating that after reviewing the science, it was determined that frozen and raw produce should be treated similarly in terms of the "healthy" label. Further, the study found "...single ingredient frozen fruits and vegetables are nutritionally the same as raw fruits and vegetables. Moreover, these foods can contribute significantly to a healthy diet and to achieving compliance with dietary guidelines." Public health agencies, including the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), and the Centers for Disease Control and Prevention (CDC), have all recognized the nutritional contribution of frozen fruits and vegetables by recommending their inclusion in the diet. AFFI respectfully requests frozen fruits and vegetables be included in all federal feeding programs, including USDA's Fruit and Vegetable Snack Program.

FROZEN POTATOES

Frozen potato products have and continue to be an important part of school feeding programs. These products provide a valuable source of complex carbohydrates that are an integral part of a healthy diet.

Today, frozen potato processors are formulating frozen potato products to meet required nutrition standards while maintaining a flavor that is popular with students. Frozen potato processors have lowered the sodium, reduced saturated fat and eliminated trans fat from frozen potato products.

A few stakeholders believe some foods, including frozen potatoes, should be limited in school feeding programs. The Committee should carefully consider the contributions of frozen potatoes to a healthy diet, and reject the notion that individual foods should be eliminated from or limited in school feeding programs. Importantly, AFFI believes that nutrition standards for schools should take into account the overall contribution of the nutrient base on weekly consumption, rather than individually targeted foods.

FROZEN PIZZA

As the multiple colors of USDA's MyPyramid healthy eating pyramid guide indicate, the steps to a healthy diet include variety, proportionality and moderation. Pizza provides nutrients from almost every one of the major food groups. Frozen pizza is an excellent source of protein, complex carbohydrates, primary starches, calcium, and various vitamins. Pizza's nutritional value is more complex than some detractors would have the public believe. Accompanied by other good choices, pizza can be the cornerstone of a well-balanced meal.

In response to school foodservice requests, the frozen pizza industry has revised product specifications for fat, sodium, and sugar to make frozen pizza even healthier. Moreover, frozen pizza has a caloric density less than most bread products, and provides a solid foundation for additional nutrients given numerous toppings which can be added to a pizza. Vegetables may be left uneaten and their nutrients missed, but put them atop a piece of pizza and they have an enhanced chance of being consumed. Pizzas are a popular, familiar, tasty, and child-friendly product. With the addition of whole wheat crusts, vegetable, fruit, or meat toppings, pizza can be a nutritional powerhouse.

CONCLUSIONS

AFFI respectfully recommends the Committee utilize science as the foundation for school meal standard recommendations. Additionally, national nutritional standards should be established that are clear, reflect current nutritional science, are fairly applied across the board to all foods and take a staged and reasonable implementation approach to nutritional requirements.

For the health conscious, nutrition minded and/or obesity concerned, frozen foods provide attractive nutritional options. For the economically stressed and budget confined, frozen foods provide an affordable option that does not sacrifice nutritional value. For those anxious about food safety, frozen foods provide a

secure reliable option that is safe, tasty, and healthy. For the highly discriminating food critics populating the school cafeteria, frozen foods provide options that are conveniently nutritious and tasty to the most discerning of palates. AFFI and the frozen food industry looks forward to working with the Committee to achieve the goals of the WIC and Child Nutrition Programs and continuing to provide nutritious and healthy foods that are appealing to the students.

Respectfully submitted,

Kraig R. Naasz
President & CEO
American Frozen Food Institute



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March 27, 2009

The Honorable Saxby Chambliss
Ranking Member
Senate Committee on Agriculture
328-A Russell Senate Office Building
Washington, DC 20510

Dear Ranking Member Chambliss,

On behalf of ConAgra Foods, with 175 employees in the state of Georgia, I appreciate the important work currently before Congress as you begin debate on the Child Nutrition and WIC Reauthorization Act of 2009. ConAgra supports efforts to give USDA the authority to establish nationally consistent nutrition standards for foods served outside the reimbursable school meal program.

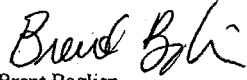
Over the past several years, ConAgra has worked hard to improve the nutritional profile of our offerings to students nationwide. Many states and localities across the country now have wellness policies or legislation in place that have created a patchwork of nutrition standards that schools must follow. The lack of a consistent, national standard has caused our manufacturing costs to go up as a result. Product development costs have increased as we have had to reformulate old products and create new ones. We have had to increase manpower throughout the entire supply chain – from R&D and marketing down to the plant level – in order to stock a higher number of SKUs to satisfy the differing needs of school districts. Stocking more SKUs also means higher warehousing costs.

This presents some serious challenges to us in meeting all of the individual requirements in each of the districts where we do business. Establishing a national standard for all foods sold in schools would help us keep our costs down, which are savings we would be able to pass on to schools.

We also believe that standards should be created through a rulemaking process in which all stakeholders, including school nutrition directors and food manufacturers, should be able to weigh in. Those of us with a shared goal of improving our children's health must consider the possible unintended consequences of creating a standard that is subject to the latest nutritional trend, does not consider palatability concerns, and is not based on the Dietary Guidelines for Americans.

ConAgra looks forward to continuing to work with Congress and various regulatory agencies in improving the choices made available to America's children. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Brent Baglien". The signature is fluid and cursive, with the first name "Brent" being more prominent than the last name "Baglien".

Brent Baglien
Vice President, Government Affairs

Testimony of Neal D. Barnard, MD

President, Physicians Committee for Responsible Medicine

Submitted to the Senate Committee on

Agriculture, Nutrition, and Forestry

Wednesday, April 1, 2009.

Mr. Chairman, thank you for the opportunity to submit testimony to the committee on *Improving Nutrition for America's Children in Difficult Economic Times*. The Physicians Committee for Responsible Medicine (PCRM) is a nonprofit organization founded in 1985 and based in Washington, D.C. PCRM is comprised of more than 120,000 members across the country, including some 7,000 physicians, working together for preventive medicine, nutrition, and higher ethical standards in research.

For many years PCRM has worked hard to educate Americans about good nutrition and has also conducted numerous studies on nutrition. For example, in 2006, PCRM completed an NIH-funded study on the link between diet and type 2 diabetes. The findings of that study were published in *Diabetes Care*, a journal published by the American Diabetes Association, with subsequent findings published in the Journal of the American Dietetic Association and elsewhere.

I would like to focus my testimony on the effect that poor nutrition is having on America's children and ways federal policy can address this growing health crisis.

Kids need healthier diets. If you could look into the arteries of children in schools, you would find that many have early signs of atherosclerosis before they pick up their high school diplomas. One in five is overweight by the end of elementary school. According to the Centers for Disease Control and Prevention, one in three children born in the year 2000 will develop diabetes at some point in his or her life.

As children grow into adulthood, cancer will eventually strike one in three females, one in two males. And as they reach older age, the same fatty, high-calorie diets that caused these health problems will increase their risk of developing Alzheimer's disease.

There are many proposed solutions to children's health problems: more exercise, less TV, more vegetables and fruits, less meat and cheese, more meals at home, and less fast food. But there is one thing everyone agrees on: Children need healthful choices at school. People who learn about healthful foods in childhood are much more likely to choose them as adults.

But schools are in a tough spot. As food prices rise, many schools rely on inexpensive commodities—many of which are high in fat and cholesterol—and may not be able to expand their menus in healthier directions. A major part of the problem is the fact that U.S. agricultural policies continue to make those foods highest in fat and cholesterol relatively cheap.

Unfortunately, the last Farm Bill did not adequately address the many problems with federal commodity subsidies. Despite record deficits, federal taxpayers continue to provide billions of dollars in subsidies to agribusinesses for the production of the unhealthiest of food products.

From a medical standpoint, I would ask the subcommittee to help us in tackling the obesity epidemic, and to revisit the Farm Bill and eliminate or dramatically reduce direct and indirect federal subsidies for high-fat, high-cholesterol foods.

Nutrition policy is another area where Congress can make a substantive impact, particularly through the re-authorization of the Child Nutrition Act. Some common-sense changes at the federal level will help stem the rise in obesity among our children.

The most important change is a need for healthful options in school lunch lines. A few simple choices would do a world of good.

Take a veggie burger, for example. It provides exactly the same amount of protein as a typical cheeseburger—15 grams. But while a cheeseburger harbors ten grams of fat, a veggie burger has only five, and it has no saturated fat, no cholesterol, and fewer calories.

Vegetarian chili has exactly the same protein content as chicken nuggets—10 grams per serving. But while the nuggets have 18 grams of fat, the veggie chili has only 3 grams. It, too, has essentially no saturated fat, no cholesterol, and fewer calories. Unfortunately, most school children never see these healthful vegetarian options.

President Obama's children, Sasha and Malia, attend Sidwell Friends, a private school in Washington. On February 10, 2009, Sidwell Friends' menu featured beef chili, and students

looking for a healthier choice could choose vegetarian chili. However, that same day, the Washington, D.C., public schools served meatloaf with gravy, and children who wanted a healthy vegetarian option were offered nothing at all.

On February 13, 2009, Sidwell Friends served regular pizza, and roasted vegetable pizza for students who wanted a vegetarian choice. But children in the public schools were served chicken nuggets with barbecue sauce. If they wanted a vegetarian option, they got nothing.

On February 25, 2009, Sidwell Friends served regular shepherd's pie and vegetarian shepherd's pie. Public school children were served bologna and cheese sandwiches. If they wanted a healthy, vegetarian option, they got nothing.

A child in public school has a right to a healthful lunch, just as a child in private school does. But most schools will only provide these choices if Congress pushes them to do so—and provides the wherewithal to make it happen. Schools should offer vegetarian choices every day, and they should also have the funding that makes it feasible for them to do so.

The following changes should be part of the new legislation:

1. All schools participating in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) must provide a nondairy, vegetarian meal option and a healthful nondairy beverage.
2. Calcium-rich nondairy beverages should be considered as satisfying the milk requirement in fulfilling the definition of reimbursable meals. Whether due to lactose intolerance,

allergy, ethics, or taste preference, a student who desires soymilk instead of cow's milk should not need a note from home or a doctor.

3. Reimbursement rates for NSLP and SBP should be increased by 20 percent for exemplary schools with meal averages as follows: saturated fat <7%, cholesterol < 100 milligrams, and fiber >7grams.
4. Commodities should be selected based on current scientific evidence about the role of diet in health and illness. The commodity program should include no products with more than 7% energy from saturated fat.
5. In order to allow schools to provide more healthful meals, the calorie minimum required for meals shall be reduced. Currently, meals for grades K through 3 must average at least 633 calories. For grades 4-12, these figures are 785 calories. These figures are too high.

These changes would go a long way in improving the health of our children and addressing the obesity epidemic.

Thank you for your consideration.

**Comments Submitted by the Potato Industry Child Nutrition Working
Group for the Senate Agriculture Committee Hearing on Beyond Federal
School Meal Programs: Reforming Nutrition for Kids in Schools**

Tuesday March 31, 2009

The Potato Industry Child Nutrition Working Group (PICN WG) brings together all the major producers of frozen potato products and the farmers who produce the raw potato input to focus on providing potato products to school lunch providers that are nutritious, well liked by students and cost effective for schools. Members of the PICN WG believe that frozen potato products have been and will continue to be an important part of the school lunch program. We support establishing nutrition standards for all foods sold in the school setting and look forward to working with the Congress and U.S. Department of Agriculture (USDA) to develop nutritional standards that encourage healthy choices for students and provide both food suppliers and school lunch providers the time and resources necessary for making any needed changes to menus or products.

The following principles have been agreed to by all the members of the PICN WG:

- Nutrition standards should apply to all foods sold in the school setting.
- Specific nutrition standards should be established through USDA-initiated rule making.
- Nutrition standards should be administered consistently by all schools participating in the federal school lunch program.
- Federal funding for reimbursable meals should be linked to meeting nutrition standards for both reimbursable and a la carte offerings.

- Federal funding should be provided to schools to assist them in adapting kitchens to prepare products meeting the new nutritional standards.
- For certain standards, such as sodium, where greater difficulties exist in lowering the levels (e.g. palatability, functionality, availability of alternatives) the standard should be phased in over a period of at least 3 years after regulations are finalized.
- Congress should require that USDA consider nutrition and scientific information, as well as the cost of implementing nutrition standards and the likely impact on palatability, as regulations are developed.

The processor members of PICNWG have been working hard for the last several years to improve the nutritional profile of our offerings to students nationwide. We believe that frozen potato products are uniquely situated to meet the required nutrition standards, while remaining a favorite among students. However, fully incorporating these reformulated products into school purchases requires time, adequate resources and, in many cases, physical modifications or additions to school kitchens to enable new preparation techniques. Congress should be careful not to force additional costs into the system without taking these issues into consideration. Schools currently struggle with the cost of providing meals that are nutritious and liked by school children based on their limited local budgets and the current federal reimbursement. One way that the government can help alleviate this financial burden is to establish a consistent standard across all school districts. If manufacturers can adhere to one standard, rather than the patchwork of standards that currently exists nationwide, costs will go down throughout the entire supply chain. These are much-needed savings that could be passed on to schools.

The members of the potato growing and processing industry look forward to working with the Senate Agriculture, Nutrition & Forestry Committee to develop legislation to direct USDA to establish nutrition standards for all food in schools.

We look forward to additional opportunities to provide input to the Child Nutrition Reauthorization process.

The Potato Industry Child Nutrition Working Group (PICN WG) represents:

- Cavendish Farms Operations, Inc.
- Conagra Foods / Lamb Weston
- JR Simplot Company
- McCain Foods USA, Inc.



Making the right food choices, together.

March 30, 2009

The Honorable Tom Harkin
United States Senate
Committee on Agriculture, Nutrition and Forestry
328-A Russell Senate Office Building
Washington, DC 20510

Dear Chairman Harkin:

Over the years many of us have looked to the School Nutrition Association (SNA) for its leadership on child nutrition. We are pleased to support the work of these dedicated professionals both at the local level and on policy issues in Washington. As we all know, in order for the United States to compete effectively in a world market, we must have an educated work force and *hungry children will not learn*.

As suppliers of food products used in the National School Lunch Program, we strongly agree with SNA's call for consistent national nutrition standards. Simply stated, all children require the same nutrients and allowing states and communities to each develop their own interpretations of the USDA/HHS Dietary Guidelines will greatly increase the cost of the program.

- We believe that all foods and beverages sold in the school must comply with the Dietary Guidelines and there should be a consistent application throughout the school.
- Secondly, we support legislation that would require USDA to enforce a consistent national interpretation of the most recent edition of the Dietary Guidelines in all schools that participate in the federal program.

Senator, these are two sides of the same coin and both issues should be addressed as a part of the 2009 Child Nutrition Reauthorization. We look forward to working with you and SNA on Reauthorization. Thank you for your support of these important programs.

Sincerely,

Katie Wilson, PhD, SNS
President
School Nutrition Association

Ann Kipman
Land O'Lakes
Director, Government Relations

Paul McGee
Schwan's Food Service, Inc.
Vice President Field Sales

Sara A. Wiegman
General Mills
Channel Development Director



March 30, 2009

The Honorable Tom Harkin
Chairman
Senate Agriculture Committee
United States Senate
Washington, D.C. 20510

The Honorable Saxby Chambliss
Ranking Member
Senate Agriculture Committee
United States Senate
Washington, D.C. 20510

Dear Committee Leaders:

The Schwan Food Company is a leading supplier of quality food products to the School Foodservice Industry. We are extremely proud of the industry we serve and the dedicated school foodservice personnel who passionately feed nearly 30 million school children a nutritious meal everyday.

The school foodservice program has worked with basic national standards for many years under the meal pattern requirements outlined by the USDA. In recent years, however, the introduction of local wellness policies has created a patch-quilt approach to nutritional standards across our nation. Today, the same meal deemed to be nutritiously sound in one state may now be deemed unacceptable by another. These multiple standards have resulted in an increasing demand for customized products, along with the higher cost required to produce them.

School foodservice professionals work on a limited budget to meet the nutrition guidelines of the school foodservice program. Food manufacturers have been able to consistently keep prices lower in the school foodservice channel by leveraging the economies of scale that come with consistent large scale production.

The cost of bringing a new product to market is extremely expensive. Costs associated with Research and Development, sensory testing, nutrition analysis, product labeling, CN crediting, and shelf-life testing can quickly amount to hundreds of thousands of dollars for the smallest of changes.

Once the product is formulated, the cost to produce continues to grow. Shorter production runs increase production costs as a result of the inefficiencies associated with plant change-over cost and production down time. These fixed costs then get spread over fewer products. Inventory for raw materials and packaging increases proportionate to the number of special product codes created.

Enriching the quality of lives through our food solutions.

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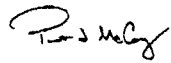
Once the product is produced, a new warehouse position needs to be created to store the product and floor stock levels established. Product is then transported to a distributor where additional new warehouse space must be created and floor stock levels established at the local level.

The major cost impact of custom products includes the cost associated with the entire unused inventory left throughout the supply chain. Since the product cannot be readily sold to other accounts, all stakeholders experience significant burdens in this regard. This ultimately increases the cost to produce all products, which then needs to be passed along in future pricing.

While it is difficult to measure the exact impact of cost directly associated with the lack of uniformity with such a wide range variables that apply to each individual situation, the cost is significant.

We respectfully request that you support the School Nutrition Association's request to establish uniform nutrition standards throughout the nation. By doing so, you will have a direct, positive impact on the ability of schools to control cost to the program and provide the best value to their ultimate consumer – the student.

Respectfully,

A handwritten signature in black ink, appearing to read "Patrick McCoy". The signature is fluid and cursive, with the first name "Patrick" and last name "McCoy" clearly distinguishable.

Patrick McCoy
Vice President Field Sales

SAFEGUARDING THE HEALTH
OF AMERICA'S CHILDREN:

The Importance of Dairy Foods in Child Nutrition Programs



NATIONAL DAIRY COUNCIL

January 2009



NATIONAL DAIRY COUNCIL

The National Dairy Council thanks the following experts
for their review of this paper:

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Byron Center, Michigan

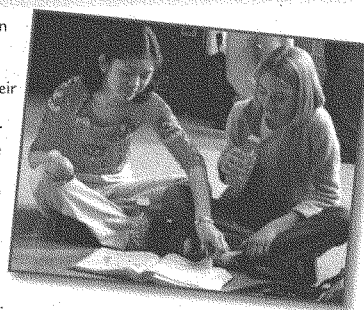
Executive Summary

SAFEGUARDING THE HEALTH OF AMERICA'S CHILDREN:

The Importance of Dairy Foods in Child Nutrition Programs

In 2009, Congress will have the opportunity to renew the Child Nutrition and WIC Reauthorization Act of 2004. Set to expire on September 30, 2009, this legislation allocates funds for federal child nutrition programs, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Summer Food Service Program (SFSF), and the Child and Adult Care Food Program (CACFP). Together, these programs provide nutritional assistance to more than 53 million American adults and children, offering particular advantages for low-income Americans.

The primary objective of the federal child nutrition programs funded by the Child Nutrition and WIC Reauthorization Act is to assist the nation's children and underprivileged adults in meeting their basic nutritional needs in order to protect them from deficiencies that may negatively impact their current and long-term health. By emphasizing the consumption of nutrient-rich foods, such as low-fat and fat-free dairy foods, fruits, vegetables and whole grains – the Food Groups to Encourage – they also help ensure overall diet quality in a manner consistent with the 2005 Dietary Guidelines for Americans (DGA). Overall, the federal child nutrition programs that provide dairy as a regular dietary component are succeeding.



The DGA, numerous health organizations and the latest science support the continued role of dairy foods – namely white, flavored and lactose-free milk, cheese and yogurt – as a core component of child nutrition programs as well as WIC and CACFP.

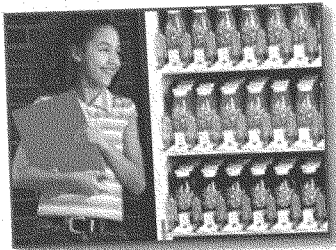
- By integrating the DGA recommendation to provide 3 servings of low-fat and fat-free dairy foods a day for children into the nutrition programs, participating children consume more nutrient-rich diets.
- Optimal nutrition and fitness leads to optimal academic performance. Increased participation in breakfast programs is associated with increased academic test scores among students, improved daily attendance, and better class participation. In addition, physical activity has been linked to better academic performance.
- Milk is nutritionally unique, in that it is a good or excellent source of nine essential nutrients: calcium, potassium, phosphorous, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) and provides three of the five “nutrients of concern” children do not get enough of: calcium, magnesium and potassium. Dairy foods are by far the most significant source of calcium in the US food supply, and they provide nutrients in a package kids enjoy and schools can afford.



Executive Summary

continued

- Offering white or flavored low-fat or fat-free milk is an excellent way to increase milk consumption among children and make their diets more nutritious. According to the DGA, adding a small amount of sugar to nutrient-rich foods such as reduced-fat milk products helps enhance their palatability and improves nutrient intake without adding excessive calories.
- Low-fat and reduced-fat cheeses are nutritious sources of calcium and high quality protein and make other foods more appealing to children.
- Poverty-related malnutrition in early life predisposes underprivileged children to type-2 diabetes, obesity and cardiovascular disease during adulthood. Dairy foods supply nutrients that may help reduce the risk of these chronic diseases.
- Unlike cow's milk, milk substitute beverages are poor natural sources of calcium, so they must be fortified to be calcium-rich. The calcium in some calcium-fortified soy beverages may not be as well absorbed as the calcium in dairy milk. Soy beverages do not provide the same nutrient package as milk. Furthermore, kids of all ethnicities overwhelmingly choose dairy over soy beverages, because they prefer the taste.
- According to the DGA, if a person wants to consider milk substitute beverages because of lactose intolerance, the most reliable and easiest way to derive the health benefits associated with milk and milk product consumption is to choose alternatives within the milk food group, such as yogurt or lactose-free milk, or to consume the enzyme lactase prior to the consumption of milk products. The American Academy of Pediatrics (AAP) has stated that elimination of milk and other dairy products is not usually necessary and avoidance of dairy products may lead to inadequate calcium intake and consequent suboptimal bone mineralization. Natural, hard cheeses, which are low in lactose, including Cheddar and Swiss, are also nutritious calcium-rich options.



The upcoming reauthorization of child nutrition programs can help to safeguard children's health over the short and long term by ensuring their nutritional needs are met on a daily basis. And by encouraging the consumption of nutrient-rich foods, including dairy, these programs can continue to improve the overall quality of Americans' diets, potentially reducing the economic and social burden of chronic disease.



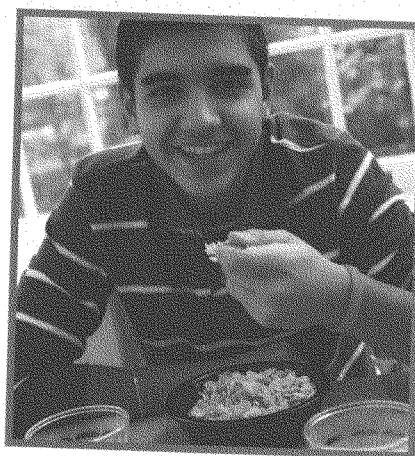
SAFEGUARDING THE HEALTH OF AMERICA'S CHILDREN:

The Importance of Dairy Foods in Child Nutrition Programs

Introduction

In 2009, Congress will have the opportunity to renew the Child Nutrition and WIC Reauthorization Act of 2004. Set to expire on September 30, 2009, this legislation allocates funds for federal child nutrition programs, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Summer Food Service Program (SFSP), and the Child and Adult Care Food Program (CACFP). Together, these programs provide nutritional assistance to more than 53 million American adults and children, offering particular advantages for low-income Americans, a group that's unfortunately growing larger each year.

According to the USDA, more than 36 million Americans—12 million of whom are children—lived in food-insecure households in 2007. Overall, households with children have over twice the rate of food insecurity as households without children.¹ These figures are, of course, prior to the current economic crisis, which would be expected to result in an even greater number of households experiencing food insecurity. In fact, a recent report from the School Nutrition Association



indicated that more than three quarters of 130 school districts surveyed experienced an increase in the number of free and reduced-price lunches served over last year; 60% reported an increase in participation in the School Breakfast Program.²

Because of their unique nutritional profile, varied health benefits, and lower cost, dairy foods are widely distributed through these federal child nutrition programs.



NATIONAL DAIRY COUNCIL

The government distributed more than 4.7 billion pounds of fluid milk in fiscal year 2007 and more than 140 million pounds of cheese in fiscal year 2006 (the last year for which numbers are available) to schools and institutions,³ which helped to nourish millions of children.* In addition, retail purchases, under the Special Supplemental Program for Women, Infants, and Children (WIC), accounted for approximately another 116 million pounds of cheese in recent years.⁴

Dairy foods together are a good or excellent source of nine essential nutrients: calcium, potassium, phosphorus, high-quality protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents).

Milk is the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.⁵

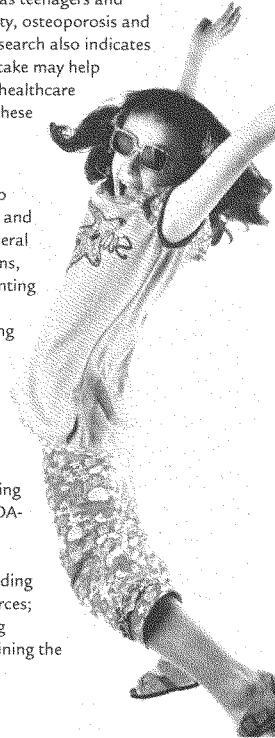
Because of dairy's unique nutrient package, the 2005 Dietary Guidelines for Americans (DGA) recommends that children aged 2 to 8 consume 2 cups of low-fat or fat-free milk or equivalent milk products daily and that children aged 9 and older boost their intake to at least 3 cups daily.⁶ Similar to the DGA, the AAP recommends that children consume 3 servings of dairy foods daily and that adolescents consume 4 servings a day.⁷

* More detailed information about dairy consumption should soon be available as a result of Sec. 4307 of the 2008 farm bill, which instructed the USDA Food and Nutrition Service to carry out a School Food Purchase Study, set to start in February, 2009. It will measure actual dairy food consumption by reporting quantities and types of milk and cheese purchased, and their use as ingredients in school meals.

Including dairy as a required component of the meals and snacks offered by federal child nutrition programs not only helps kids meet these nutritional recommendations, but also provides them with a blueprint of healthful dietary habits that will serve them throughout their lives.

Meeting basic nutritional needs to prevent deficiencies is only one benefit of the inclusion of dairy in these programs. A large and growing body of evidence shows that adequate dairy food intake in children can play an important role in helping to reduce the risks of several chronic diseases that may plague them as teenagers and adults, including obesity, osteoporosis and hypertension. Some research also indicates that adequate dairy intake may help control the ever-rising healthcare costs associated with these conditions.⁸

In renewing the Act, Congress is expected to examine the operation and effectiveness of the federal child nutrition programs, and consider implementing improvements. Some proposals that are being considered include restrictions on the types of foods and beverages included in school meals and elsewhere on school properties; implementing new guidelines for USDA-donated commodities and monetary meal reimbursements; providing additional fiscal resources; expanding or providing universal SBP; streamlining the



distinction between reduced-cost and free meals; providing the option to substitute alternative beverages for milk; increasing the consumption of low-fat or fat-free dairy foods, fruits, vegetables, and whole grains; and evaluating whether federal nutrition standards should pre-empt stricter local or state standards.

An objective review of program operations will demonstrate the enormous benefits reaped by the inclusion of dairy foods in these programs. As the research presented in this paper will demonstrate, requiring dairy's inclusion in program meals and snacks helps fulfill a variety of the programs' primary objectives: prevention of deficiencies of critical nutrients; improvement of long-term public health outcomes; containment of costs, both at the state and federal levels; and the promotion of healthful diets throughout people's lives.

Federal Child Nutrition Programs Promote Healthful Diets

Many of the federal child nutrition programs were either created or expanded in the 1960s and 1970s, and by many measures have enjoyed considerable success. In the intervening years, however, nutritional concerns in the United States have evolved considerably. While many of the overt nutritional deficiencies caused by under consumption have been corrected, other nutritional concerns have emerged, including a high prevalence of childhood obesity. Indeed, American children are now considered overweight yet undernourished, resulting from overconsumption of calorie-dense, nutritionally poor foods⁹ and an inactive lifestyle. This, coupled with greater scientific understanding of the nutrient



“Participation in school meal programs gives students the opportunity to receive three nutrient-rich dairy choices each day. Fluid milk is a required component of every breakfast and lunch program. In addition, many menus offer yogurt and cheese as a meat/meat alternate component choice. The inclusion of dairy in the school nutrition program gives students the opportunity to reach their goal of consuming three dairy choices each day.”

Phyllis M. Hodges, SNS
consultant and past director
of the School Nutrition Association

demands of childhood and adolescence and the influence of diet on chronic diseases like heart disease and diabetes throughout the life cycle, has prompted the Institute of Medicine Food and Nutrition Board to reevaluate nutrition standards for schools and update them to be consistent with the most current DGA and other public health recommendations.¹⁰

The DGA recommends consuming more of the Food Groups to Encourage—low-fat and fat-free dairy foods, fruits, vegetables and whole grains.⁶ By providing these foods on a regular basis, federal child nutrition programs play a critical role in helping kids to adopt healthful dietary habits before the age of 5, and encouraging them to maintain healthful eating habits throughout adolescence and into adulthood.

The impact of these programs on child health and wellness can't be underestimated:

- WIC, for example, provides food assistance and nutrition counseling to more than 8.5 million pregnant and lactating women and their children under the age of five each month.¹¹
- The SBP and NSLP help schools provide nutritious morning and mid-day meals to more than 10 million¹² and 30 million¹³ students daily (respectively).
- The USDA Special Milk Program served more than 90 million half-pints of milk in 2007¹⁴ in schools, child care institutions and eligible camps that don't participate in other federal child nutrition food programs, while SFSP provides funds to organizations that sponsor summer programs to serve nutritious meals to as many as 1.9 million low-income children per month (during the peak month of July).¹⁵
- CACFP funds the provision of healthy meals and snacks served in child care centers, family child care homes, and other settings including after-school programs for children at risk and in homeless, domestic violence and runaway shelters. In fiscal year 2007, CACFP served more than 3 million children and 103,000 adults on an average day.¹⁶

“School nutrition programs are extremely important to overall child health and particularly valuable to efforts to improve the health and academic success of young people in underserved communities. Children need the nutrition that fruits, vegetables, low-fat and fat-free dairy, and whole grains deliver through school programs for optimal growth and development, as well as optimal performance in school and physical activity.”

Robert Bisceglie, MPA
Executive Director, Action for Healthy Kids



By providing nutrient-rich foods, such as low-fat and fat-free dairy foods, fruits, vegetables and whole grains, federal child nutrition programs set an example of a healthful dietary pattern that children can continue throughout adolescence and into adulthood.

And clearly they are making an impact:

- According to the USDA, children who participate in NSLP are more likely to consume 3 of the Food Groups to Encourage—dairy, fruits, and vegetables. Lunches consumed by NSLP-participating kids are generally more nutrient-rich than lunches of nonparticipants,¹⁷ and low-income kids who participate in NSLP are more likely to have adequate daily intakes of vitamins A, B6, and B12, folate, niacin (niacin equivalents), riboflavin, thiamin, iron, phosphorus, and zinc, all of which are vital for proper growth and development.¹⁷



Increased participation in breakfast programs is associated with increased academic test scores, improved daily attendance, and better class participation.^{18,19,20}

- Several studies have found that WIC participation increases kids' intakes of certain nutrients.²¹ Dairy is the only food group for which WIC provides its participants with the full amount recommended by the Dietary Guidelines.
 - WIC participation significantly increases children's intakes of iron, vitamin B6, and folate²² and may lead to reduced intake of fat and added sugar and, among the lowest income children, increased intakes of protein, carbohydrate, zinc, vitamin E, thiamin, niacin (niacin equivalents), riboflavin, and magnesium.^{23,24}
 - According to a July 2008 USDA status report,²⁵ the overall diets of WIC-participating children are more nutrient-rich than the diets of low-income nonparticipating children, and comparable to those of higher-income children. In addition, children enrolled by WIC are less likely to consume sweets and added fats and oils than higher-income kids and they exceed the adequate intake (AI) for calcium by more than 70 percent.

Nutrient-Rich Dairy Foods Nourish Growing Children

Experts agree that dairy foods deserve a special place in the diets of children; their unique complement of key nutrients makes them an important source of nutrition for growing children.

Calcium, potassium, fiber, magnesium and vitamin E are considered "nutrients of concern" in the DGA because children simply don't consume enough of them,⁶ and potassium, vitamin A, and magnesium are known to be lacking in the diets of WIC participants.²⁶ Dairy foods together are a good or excellent source of nine essential nutrients: calcium, potassium, phosphorous, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) and provide three of the five "nutrients of concern" children do not get enough of: calcium, magnesium and potassium.

According to the DGA, dairy consumption is associated with improved overall diet quality and increased nutrient intake.

"Within the U.S. Dietary Guidelines, dairy products represent a unique foundation food on which to build an optimal diet. Without dairy, achieving a balanced and complete diet for a growing child is extremely challenging."

Robert Murray, MD
Director, Center for Healthy Weight & Nutrition,
Nationwide Children's Hospital

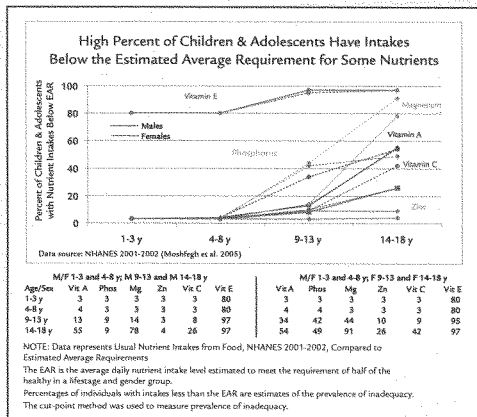


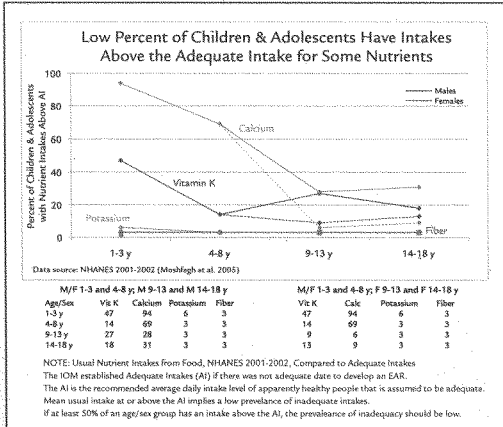
FIGURE 1

The USDA-ARS report "What We Eat in America, NHANES 2001-2002: Usual Nutrient Intakes from Food Compared to Dietary Reference Intakes" provides the estimated usual nutrient intake distributions from food and food constituents for subpopulations of children based on age and sex compared to Dietary Reference Intakes, including the Estimated Average Requirement (EAR) and the Adequate Intake (AI), as established by the Institute of Medicine (IOM). The nutrients highlighted in the report as potentially problematic for children are shown in FIGURES 1 and 2.

FIGURE 2

FIGURE 1 depicts the percent of children with intakes of vitamins A, E, C, magnesium, zinc, and phosphorus below the EAR. The prevalence of inadequacy for vitamins A, E, C, and magnesium was found to be high for most age/sex groups. Additionally, teenage females had potentially problematic intakes of zinc and phosphorus. FIGURE 2 shows the percent of children with intakes of vitamin K, calcium, potassium, and dietary fiber above the AI. Children's mean usual intakes of vitamin K, calcium, potassium, and dietary fiber were determined to be of concern as a low percent of children were above the AI for these nutrients.

Source: Moshfegh A, Goldman J, Cleveland L. 2005. What We Eat in America, NHANES 2001-2002: Usual Nutrient Intakes from Food Compared to Dietary Reference Intakes. U.S. Department of Agriculture, Agricultural Research Service. Available at: <http://www.ars.usda.gov/SP2UserFiles/Place/12355000/pdf/usualintaketables2001-02.pdf>. Accessed December 2008.



In fact, dairy foods contribute substantial amounts of a variety of essential nutrients to the American diet including: calcium (more than 70%), phosphorus (30.3%), riboflavin (25%), vitamin B12 (18.2%), protein (18.1%), potassium (16%), zinc (15%), magnesium (13.9%) and vitamin A (10.7%).²⁷

According to a report by the USDA,²⁸ there are several nutrients critical for growth and development for which a large portion of children and adolescents are not meeting recommendations, including calcium, potassium, magnesium and vitamin A; together, dairy foods provide all of them.

The calcium contribution of dairy foods is especially important for children and adolescents, but by no means the only important nutritional benefit of dairy food consumption. Dairy foods supply 83% of the calcium in the diets of young children, 77% of the calcium in adolescent girls' diets, and between 65% and 72% of the calcium in adults' diets.²⁸ (At all ages, females' calcium intake is much lower than that of males.)²⁹ Because of the huge calcium contribution provided by dairy foods, kids who don't consume dairy are unlikely to meet their calcium needs,³⁰ putting them at greater risk for osteoporosis later in life.

As Healthy People 2010 pointed out, "With current food selection practices, use of dairy products may constitute the difference between getting enough calcium in one's diet or not."³¹

Vitamin D is another example of a nutrient in milk that kids need. Calcium and vitamin D work in concert to promote bone health; in children, a vitamin D deficiency leads to rickets, a disease seen commonly until the 1930's, when milk began to be routinely fortified with vitamin D. Recently, cases of rickets have made a comeback in the U.S., with some experts even deeming it an epidemic.^{32,33}

In 2008, the American Academy of Pediatrics (AAP) doubled the vitamin D recommendation for children and adolescents to 400 International Units a day.³⁴ Milk is the main food source of vitamin D in the U.S. diet;³⁵ three servings daily provide 75% of the Daily Value for this nutrient. In addition, low-fat or fat-free dairy foods are important sources of protein in children's diets.³⁶

One study found that dairy foods provided more than half of the Recommended Dietary Allowance (RDA) for protein in children's diets.³⁷

Some types of cheese are excellent sources of calcium, delivering 27% of the mineral in the US food supply.³⁸ (One and a half ounces of some natural cheese contains approximately 300 mg of calcium, the equivalent of one cup of milk.)

A recent study found that children and adolescents who consume more than one serving of cheese a day have higher calcium intakes than most children who consume less.³⁹ Cheese consumption is also associated with overall dairy intake. The study also found that children who consume the most cheese have the lowest sugar intakes. As a good source of high quality, easily digestible protein,⁴⁰ cheese is considered a meat/meat alternative by NSLP, and can be served as an ounce-for-ounce substitute for meat.⁴¹ Cheese can also, in some cases, be substituted for fluid milk in the WIC programs.²⁶ Adding it to vegetables, sandwiches and soups helps make foods from the other Food Groups to Encourage, like vegetables and whole grains, more appealing to children.⁴² Cheese may help prevent the formation of dental caries⁴³ and is recommended as a healthful snack by the American Academy of Pediatric Dentistry.⁴⁴



According to the DGA, if a person wants to consider milk alternatives because of lactose intolerance, the most reliable and easiest way to derive the health benefits associated with milk and milk product consumption is to choose alternatives within the milk food group, such as yogurt or lactose-free milk, or to consume the enzyme lactase prior to the consumption of milk products.⁶

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The American Academy of Pediatrics (AAP) has stated that elimination of milk and other dairy products is not usually necessary and points to evidence that avoidance of dairy products may lead to inadequate calcium intake and consequently suboptimal bone mineralization.⁴⁵

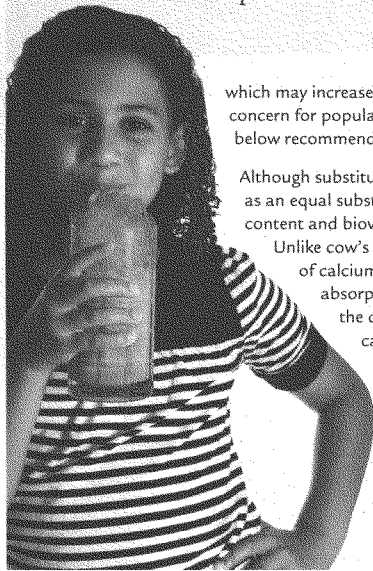
Cheese that is naturally low in lactose, such as natural, hard cheeses including Cheddar, Colby, Swiss and Parmesan, also offers a nutritious source of calcium.⁴⁵ Reducing consumption of dairy foods due to concerns about lactose intolerance can result in a lower intake of milk's nutrients, especially calcium,

which may increase the risk of several chronic diseases.⁴⁵ This is of particular concern for population groups whose intakes of several nutrients already fall below recommended levels.

Although substitute beverages, such as soy beverages, are often promoted as an equal substitute for cow's milk for children, the product, nutrient content and bioavailability can differ between cow's milk and soy beverage.

Unlike cow's milk, milk substitute beverages are poor natural sources of calcium, so they must be fortified to be calcium-rich. Calcium absorption from these substitute beverages is dependent upon the calcium fortificant utilized. Some fortificants provide calcium absorption similar to that of cow's milk,⁴⁶ while calcium from other substitute beverages can be up to 25% less well absorbed than cow's milk calcium.⁴⁷

Substitute beverage manufacturers are not required to disclose which fortificant is used; thus consumers may find it difficult to make informed choices. Additionally, the calcium in substitute beverages tends to settle at the bottom of the container and even shaking the container



doesn't completely distribute the mineral within the product.⁴⁸ While cow's milk is naturally rich in vitamin B12 and virtually all cow's milk is fortified with vitamin D, only some substitute

beverages are fortified with vitamins D and B12. Cow's milk is required to conform to a federal standard of identity, which governs fat content and nutritional fortification levels; soy and other substitute beverages are not required to conform to a standard of identity, although USDA has established nutrition requirements where the substitute beverages are eligible to be part of the NSLP and WIC.

Fruit juice is also sometimes recommended as a healthful alternative to milk in school lunch,⁴⁹ but while some juices are fortified with calcium and vitamin D, they lack protein and other important nutrients.

Furthermore, their overall nutrient profiles are different. While consumption of 100% juice is recommended by federal dietary guidance to help meet fruit and vegetable serving requirements, juice is not an appropriate substitute for milk.

**“As a Family Physician,
I actively discuss chronic disease
prevention with my patients
from children to older adults and
encourage healthy eating and
exercise. Low-fat dairy products,
along with fruits, vegetables and
whole grains, provide important
health benefits for all of my
patients and I encourage their
use as part of our discussion of
healthy eating.”**

Tim Tobolic MD
Byron Family Medicine, PC

Dairy as Part of a Healthful Diet

While proposed national school nutrition standards are in development, many states and individual school districts have mandated calorie, fat and/or sodium restrictions on individual foods, rather than focusing on the whole diet.

The DGA, however, takes a broader view of the diet over a period of time, rather than concentrating exclusively on “avoidance nutrients.” Similarly, regulations for school meals average nutrient content over several days rather than restricting individual foods.

As a result of a restrictive approach in some localities, some nutrient-rich foods, like cheese, are at risk of being unintentionally eliminated, because of the saturated fat and sodium content.

However, as illustrated by the USDA's *MyPyramid for Kids*, the long-term health of children and adolescents can best be achieved by moderate consumption of a variety of nutrient-rich foods

The School Nutrition Association has developed nutrition recommendations for foods sold outside reimbursable meals and allows up to 1 ounce of cheese per serving.⁵⁰ Because it is rich in nutrients, cheese is exempt from fat and saturated fat standards and it is considered a “tier 1” (more healthful) food.

among and within the major food groups, including low-fat and fat-free dairy.

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The Alliance for a Healthier Generation (AHG)⁵¹ also has developed a voluntary set of recommendations for competitive foods in schools, and has included reduced-fat and part-skim cheese, nuts, nut butters and seeds as part of their

Healthy Schools Program. These foods are all rich sources of essential nutrients that children need. In their recommendations, the AHG exempts reduced-fat and part-skim cheese from saturated fat and sodium limits (as required for other snack foods), so schools can offer up to 1.5-ounce servings of these nutrient-rich foods as qualified snack foods or side items in the cafeteria line.

Similar concerns about calories, fat and sugar as components of individual foods rather than the overall diet have put nutrient-rich flavored milk at risk of not being offered to children. Most milk served in schools is low-fat and fat-free. In 2007, fat-free and/or 1% milk was offered by 94.3% of elementary schools, 90.4% of middle schools, and 91.1% of high schools.⁵²

Please see “The Role of Cost and Taste” section for more on this topic.

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Dairy Consumption Protects Against Chronic Disease

A large and growing body of evidence shows that adequate dairy food intake in children can play an important role in reducing the risks of several chronic diseases that may plague them as adults, including obesity, osteoporosis and hypertension.

The long-term health of children and adolescents can best be achieved by consumption of a variety of nutrient-rich foods among and within the major food groups, including low-fat and fat-free dairy. As an example, sample menus provided by *MyPyramid for Kids* suggest three servings of milk, cheese or yogurt daily.⁵³

By requiring the inclusion of dairy in most meals and snacks, federal child nutrition programs help improve children's overall diet quality and promote long-term health, in concordance with the DGA.

Currently, most American children fail to meet the recommended number of dairy servings. Between 1977 and 2001, daily milk consumption decreased from 3.46 servings to 2.75 servings among 2 to 18 year olds, while soft drink consumption increased 48% during the same period.⁵⁵ NSLP participants consume four times more milk at lunch than nonparticipants (0.8 servings vs. 0.2 servings).⁵⁵

— **Obesity.** Many chronic diseases have their beginnings in childhood. Obesity is but one example; overweight children are at increased risk of becoming overweight or obese adults,⁵⁶ and overweight increases chronic disease risk for kids as well as adults.⁵⁷ Though the NSLP was founded to prevent malnutrition and alleviate hunger in children, health issues have evolved and today, a central role of this federal program is preventing obesity.⁵⁸ Although inconclusive, some evidence suggests that intake of high-sugar and nutrient-poor beverages, relative to a decrease in milk intake, may increase children's risk for overweight.^{59,60,61,62} The Endocrine Society recommends that if a toddler or child is crossing BMI percentiles upwards (or weight-for-height percentiles), one of the first steps to take is to recommend reduced-fat milk, while restricting the intake of other calorie-containing beverages.⁶³

“It is well recognized that several disease states in adults can be attributed to childhood origins. Among these, osteoporosis and obesity are of paramount importance as healthful eating habits including the consumption of dairy products can have a lifelong impact in reducing their incidence. This may be particularly true for children and teens from low-income families where the provision of adequate nutrients through school programs can go a long way in establishing eating habits and promoting better health.”⁷⁷

Jatinder Bhatia, MD
Professor of Pediatrics,
Medical College of Georgia

Data collected from the Framingham Children's Study demonstrates that low dairy intakes in early childhood predict excess body fat accumulation in adolescence.⁶⁴ Furthermore, according to an article published in the *Journal of the American Dietetic Association*, higher dairy and calcium intake in children is associated with lower percent body fat.⁶⁵

Additionally, some studies in adults report that low calcium or low vitamin D status or low dairy intakes are associated with increased prevalence of metabolic syndrome and type-2 diabetes, which are associated with obesity.^{66,67}

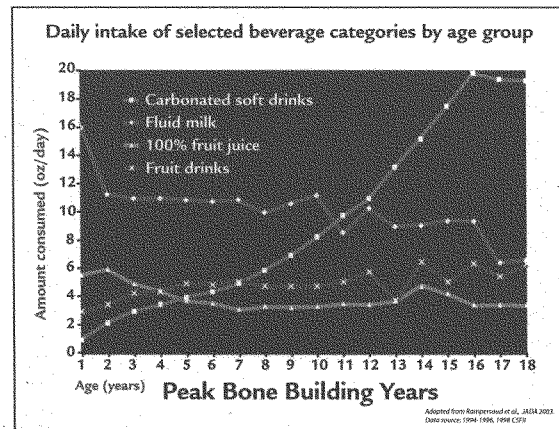
Osteoporosis. Similarly, osteoporosis – a major public health threat to 44 million Americans – is now known as “a pediatric disease with geriatric consequences,”⁶⁸ because inadequate calcium and dairy food intake in youth results in a higher risk for the disease and life-threatening fractures later in life.⁶⁹

Milk and milk products were identified by the 2005 Dietary Guidelines Advisory Committee as primary dietary sources for the majority of nutrients recognized as being beneficial to bone health.⁷⁰

Because bone mass is 90% accrued by around age 18, low calcium intake in childhood and adolescence is of great concern.^{71,72} High intakes of dietary calcium are associated with formation of greater bone mass in childhood and adolescence and with reduced bone loss and fracture risk in the elderly.⁷³ The teenage years, a period of rapid skeletal growth, represent a critical “window of opportunity” to maximize peak bone mass and protect the skeleton against future risk of osteoporosis.^{74,75,76} Data collected from the Framingham Children's Study over 12 years, found that those who consumed two or more servings of dairy daily had significantly higher bone mineral content at ages 15 to 17 compared to those who consumed less.⁷⁷ In addition to calcium, the other nutrients in dairy foods, including magnesium, phosphorus, potassium, protein, and vitamin D, are critical to help build, maintain and protect bones.⁷³

High Blood Pressure. Research over the last 40 years has shown that heart disease begins early in life, and is progressive throughout the lifespan.⁷⁸

According to the Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents, primary hypertension is now known to be



common in children,⁷⁹ and research has found that low intake of dairy products may be a contributing factor.⁸⁰

The risk is even more formidable among African-American children, who have significantly higher blood pressure than white children starting as early as age 10 years.⁸¹ Preschool-aged children who consistently consume 2 or more servings of dairy daily have smaller yearly gains in systolic blood pressure throughout childhood compared to children consuming less dairy, according to data from the Framingham Children's study.

The Dietary Approaches to Stop Hypertension (DASH) clinical trial found that, among adults, including nearly 3 servings of dairy and 8-10 servings of fruits and vegetables a day resulted in significantly lower blood pressure compared to a diet that included fruits and vegetables, but no dairy products.⁸² Menus in the DASH Eating Plan (a dietary pattern developed by National Heart Lung and Blood Institute based on DASH research) include reduced-fat cheese on most days of the week.⁸³ A diet that includes low-fat dairy also appears to be effective for lowering blood pressure among adolescents and young adults.

In one study, the incidence of hypertension among young adults was consistently lower in those with higher consumption of dairy foods.⁸⁴ A DASH-type diet that included low-fat dairy also is effective for lowering blood pressure among adolescents.⁸⁵ Although there are no comparable clinical trial data using the DASH diet in children, there is no reason to suspect that the DASH diet would not be safe for older children as long as protein and calorie needs are met.⁸⁶ Moreover, there is evidence that calcium has a beneficial effect on blood pressure in children.^{87,88}



Dairy Important for Health of Minority Children

Differences exist among ethnic and racial groups regarding dairy consumption and health, and these are evident in childhood. Minority children in general consume less than the recommended intakes for milk and dairy products, but minority groups have a higher incidence of several conditions for which dairy consumption may be beneficial, such as obesity, high blood pressure and diabetes.^{89,90,91} Minority populations are over-represented among America's low-income families.⁹² Since federal child nutrition programs such as the NSLP, SBP and WIC are designed to help America's children, particularly those of low-income families, get the nutrients they need for proper growth, development and overall health, inclusion of milk and dairy foods can be particularly beneficial to minority children.

A previous investigation found that African American children consumed significantly fewer servings of dairy foods a day as compared to non-African Americans, and this trend continued into adulthood.⁹³ The 2007 National Youth Risk Behavior Survey found that among high school students, only 12.7% of Hispanics consumed three or more glasses of milk a day. That percentage has declined from 15.8% in 1999.^{94,95} These numbers indicate that many minority children are missing out on the nutrients provided by milk and dairy products. Despite low dairy consumption among children, particularly preadolescents and adolescents,⁹⁶ a recent, comprehensive taste testing study comparing soy beverages and milk, found that milk was the preferred choice among African Americans and Hispanics, as well as Caucasians.⁹⁷

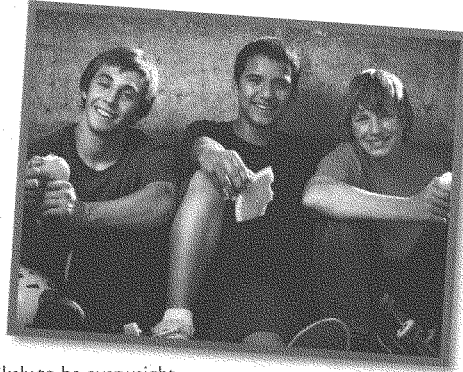
There is little data regarding differences in meal patterns among minority children. However, skipping breakfast is more common among certain minority or low socioeconomic groups than among white children. African American girls are more likely to skip breakfast than white girls, although this racial difference decreases with age.⁹⁸ Breakfast consumption is significantly and positively associated with calcium intake among adolescents.⁹⁹

The risk of obesity, type-2 diabetes and hypertension is also greater among children in some ethnic groups. According to an analysis of findings from the National Health and Examination Survey, the number of overweight non-Hispanic black and Mexican-American children ages 12-19 is significantly higher than non-Hispanic whites.¹⁰⁰ And the number of children

“Children learn to eat well by having good role models in their parents. Latino parents want to help their children eat better. Once they understand that low-fat milk is just as nutritious as whole milk they are willing to try low-fat milk for their family. It is important to address the “taste” issue and provide strategies on how to change to low-fat milk.”

Flavia Mercado, MD
Assistant Professor of Pediatrics,
Emory University School of Medicine

with type-2 diabetes, which is often seen in adults, has risen, especially among minorities.¹⁰¹ Findings from the Bogalusa Heart Study demonstrate that African American children had significantly higher blood pressure than white children starting as early as age 10.¹⁰² Mexican-American children have higher obesity rates than non-Hispanic white and African-American children. Both Mexican-American and non-Hispanic black female children



and adolescents are significantly more likely to be overweight compared with non-Hispanic white female children and adolescents. In addition, low levels of vitamin D, a nutrient found in vitamin D-fortified milk and inversely linked to weight and fat mass, have been found to be more common among obese Hispanic (76.9%) and African American (87.2%) than non-Hispanic Caucasian (59.1%) children.¹⁰³ See the "Dairy Consumption Protects Against Chronic Disease" section for more information on this topic.

One obstacle that likely interferes with dairy consumption among many ethnic groups is lactose intolerance. The National Medical Association, the largest medical association of African American physicians, has recommended that African Americans in particular should consume three-to-four servings per day of low-fat milk, cheese, and/or yogurt (i.e., three servings per day for children, adults, and pregnant women; four servings for adolescents and adults over 50 years old).¹⁰⁴

Including milk and milk products in the federal child nutrition programs provides a nutrition advantage to minority children that will help improve their diets and may help decrease the risk of chronic diseases for which they are at increased risk.

The Role of Cost and Taste

The importance of cost and taste to the effectiveness of child nutrition programs cannot be overestimated.

Even as schools simultaneously face tight budgets and rising food costs, continued inclusion of low-fat and fat-free dairy foods in the meals and snacks offered by the federal child nutrition programs still makes economic sense.

Compared to other components of a school lunch, such as fruits, vegetables, and whole grains, milk is the most economical and greatest source of calcium and contributes the most protein per calorie.¹⁰⁵ Not only is milk one of the least expensive calcium sources, but it also provides the added bonus of the full spectrum of dairy nutrients.

By comparison, the mean cost of absorbing a comparable amount of calcium from soy products can be more than three times that of milk.¹⁰⁶

Cow's milk provides low-cost nutrition in a package kids enjoy.^{107,108}

A taste test of soy beverages and different types of milk revealed that while unflavored whole, reduced-fat and low-fat milks were rated on a 0-100 scale at levels above 60 that corresponded to "excellent" or "very good" by African American, Asian, Caucasian and Hispanic children and teens ages 8-16 years, an unflavored soy beverage was rated below 50 at levels that beverage experts would characterize as "poor" or "needs major reformulation."⁹⁷ On the same basis, Asian children and teens felt it was "acceptable, but needs

work." Across ethnic groups, lactose-free milk was also favored over an unflavored soy beverage. In a more recent taste test of flavored and unflavored lactose-free 1% milk compared to flavored and unflavored low-fat soy beverage, children and teens ages 8-16 including Caucasians, African-Americans and Hispanics, preferred flavored (chocolate) lactose-free 1% milk compared to flavored (chocolate) low-fat soy beverage.¹⁰⁸ Intake of dairy products is important for children with lactose intolerance, since avoiding milk and dairy products to control symptoms can result in low calcium intake.¹⁰⁴

According to 2005 USDA data, 66% of the milk chosen by children in schools is flavored; 90% of the milk offered by schools is low-fat or fat-free. White and flavored milks are recommended by pediatricians and accepted by parents and school nutrition directors. When 200 parents of children ages 8 to 13 were interviewed, 85% agreed that chocolate milk should be offered to students either daily or at least a few times a week.¹⁰⁹ When 206 elementary and secondary school nutrition directors in the Southwest were interviewed about the types of beverages offered in school nutrition programs, about 78% supported serving chocolate flavored milk.¹¹⁰

The AAP encourages the consumption of low-fat or fat-free white or flavored milk, water or real fruit or vegetable juice as healthful alternatives to soft drinks.



The primary reasons: the students preferred chocolate milk over unflavored milks, and that preference resulted in greater participation in school meal programs and higher calcium intakes.

The School Milk Pilot Test, conducted by the National Dairy Council and the School Nutrition Association, demonstrated that milk consumption at school can be increased by 37% and average daily participation in school

lunch in secondary schools increased by 5% simply by offering a variety of flavored milks in kid-friendly plastic containers, ensuring proper refrigeration and displaying the milk in glass-front coolers for kids to see.¹¹¹

According to the DGA, adding a small amount of sugar to nutrient-rich foods such as reduced-fat milk products helps enhance their palatability and improves nutrient intake without adding excessive calories.

Flavored milk provides the same nine essential nutrients as unflavored milk (calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin [niacin equivalents]), and can help kids meet their calcium requirements.¹¹² Kids who consume flavored milk meet their calcium requirements without consuming significantly more added sugar compared to those who do not consume milk.¹¹³

In fact, children who drink flavored milk as well as unflavored milk fare better on a variety of nutritional fronts.¹¹⁴ They drink more milk and fewer soft drinks and they have higher intakes of calcium, potassium and phosphorus without consuming more total fat or calories. Flavored milk drinkers did not have higher total fat or calorie intakes than non milk consumers, and milk drinkers in general consumed more calcium, phosphorus, magnesium, potassium and vitamin A than non milk drinkers.¹¹⁵ Chocolate milk is also sometimes better tolerated by those with lactose intolerance than unflavored milk.¹¹⁵ Especially important, given the disturbing rise in childhood obesity, is the fact that overall, children who drink flavored and unflavored milk don't have higher body mass index (BMI) than those who do not consume milk.¹¹³

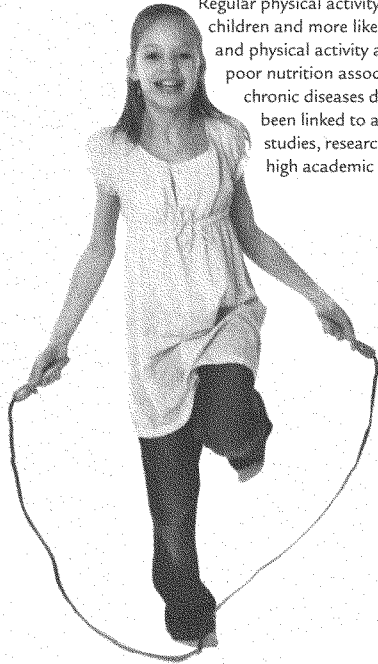
For these reasons, the AAP encourages the consumption of low-fat or fat-free white or flavored milk, water or real fruit or vegetable juice as healthful alternatives to soft drinks.¹¹⁶ According to a telephone survey of 300 pediatricians, the majority (87%) agreed that chocolate milk is a nutritious beverage option for children.¹¹⁷ Nearly 60% of those surveyed agreed that low-fat and fat-free chocolate milk is "the best beverage source of calcium," placing it above both calcium fortified orange juice and soy beverages. The Institute of Medicine also recognizes the nutritional value of flavored milk with modest amounts of sugar for school children.¹¹⁸ Limiting access to flavored milk, because of its added sugar, may only have the undesirable effect of further reducing intakes of essential nutrients provided by milk. On the other hand, offering flavored milk can help increase milk consumption and boost overall participation in school meal programs.¹¹¹

A Winning Combination: Physical Activity and a Healthful Diet

Regular physical activity is an important part of the formula for better health among children and adolescents. In 2005 the DGA included physical activity as an integral part of quality nutrition and health. Yet, more than 61% of children aged 9-13 years don't participate in any organized physical activity during their nonschool hours and 22.6% don't engage in any free-time physical activity at all, according to the YMC Longitudinal Survey (YMCLS), a nationally representative survey conducted by the Centers for Disease Control and Prevention.¹¹⁹ The 2008 Physical Activity Guidelines for Americans recommends that children and adolescents should do at least one hour of physical activity a day, including aerobic activity as well as muscle-strengthening and bone-strengthening activities.¹²⁰

Experts agree that the combination of a healthful diet that includes dairy foods and physical activity is critical to preventing obesity, cardiovascular disease, hypertension, type-2 diabetes and osteoporosis throughout the life cycle, beginning in childhood.^{79,121}

Regular physical activity makes it less likely that these conditions will develop in children and more likely that children will grow into healthy adults.¹²² Both diet and physical activity are particularly important for underprivileged children, as poor nutrition associated with poverty in early life predisposes them to several chronic diseases during adulthood.^{122,123,124} In addition, physical activity has been linked to academic performance. In a large analysis of nearly 200 studies, researchers found that higher levels of fitness were associated with high academic achievement.¹²⁵



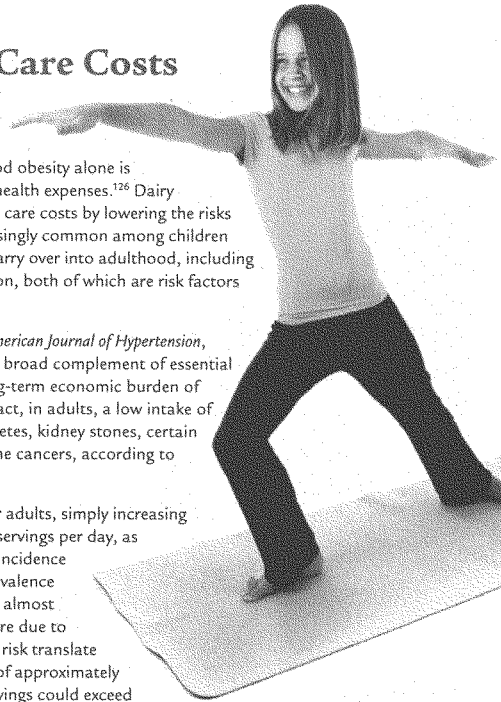
Dairy's Role in Reducing Health Care Costs

Intake of milk and dairy products among children may play an important role in reducing healthcare costs from childhood through adulthood and old age. Childhood obesity alone is estimated to cost \$14 billion annually in health expenses.¹²⁶ Dairy consumption may also help reduce health care costs by lowering the risks of several chronic diseases that are increasingly common among children or that begin during childhood and can carry over into adulthood, including osteoporosis, and obesity and hypertension, both of which are risk factors for heart disease.

According to a report published in *The American Journal of Hypertension*, adequate intake of dairy foods, with their broad complement of essential nutrients, can significantly reduce the long-term economic burden of several medical conditions in adults.⁸ In fact, in adults, a low intake of calcium-rich dairy is linked to type-2 diabetes, kidney stones, certain negative outcomes of pregnancy, and some cancers, according to the report.

In addition, the authors estimate that, for adults, simply increasing dairy food intake to the recommended 3 servings per day, as part of a healthful diet, could reduce the incidence of obesity by 25% in five years, cut the prevalence of mild to moderate hypertension by 40% almost immediately, and reduce the risk of fracture due to osteoporosis by 20%. These reductions in risk translate to a first-year savings in healthcare costs of approximately \$26 billion dollars; after five years, the savings could exceed \$200 billion.

The role of dairy in reducing health care costs begins in childhood, as many of diet-related diseases that take root in childhood are carried over into adolescence and adulthood.



Conclusions

The primary objective of the federal child nutrition programs funded by the Child Nutrition and WIC Reauthorization Act is to assist the nation's children and underprivileged adults in meeting their basic nutritional needs in order to protect them from deficiencies that may negatively impact their current and long-term health. By emphasizing the consumption of nutrient-rich foods, such as low-fat and fat-free dairy foods, fruits, vegetables and whole grains – the Food Groups to Encourage – they also help ensure overall diet quality in a manner consistent with the DGA. Overall, the federal child nutrition programs that provide dairy as a regular dietary component are succeeding. Nationally representative data show that NSLP and SBP significantly increases children's intakes of a variety of essential nutrients, including calcium, phosphorus, vitamin D, vitamin A, magnesium, riboflavin and protein.^{127,128,129}

The DGA, numerous health organizations and the latest science support the continued role of dairy foods – namely white, flavored and lactose-free milk, cheese and yogurt – as a core component of child nutrition programs as well as WIC and CACFP.

- By integrating the DGA recommendation to provide 3 servings of low-fat and fat-free dairy foods a day for children into the nutrition programs, participating children consume more nutrient-rich diets.
- Optimal nutrition and fitness lead to optimal academic performance. Increased participation in breakfast programs is associated with increased academic test scores among students, improved daily attendance, and better class participation. In addition, physical activity has been linked to better academic performance.
- Milk is nutritionally unique, in that it is a good or excellent source of nine essential nutrients: calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) and provides three of the five “nutrients of concern” children do not get enough of: calcium, magnesium and potassium. Dairy foods are by far the most significant source of calcium in the US food supply, and they provide nutrients in a package kids enjoy and schools can afford.

“The rich nutritional package that dairy foods provide makes them an essential part of eating plans of healthy children. Making dairy foods a part of a child's day through national school lunch and breakfast makes healthy eating one step easier for parents and kids.”

Connie Diekman, M.Ed, RD, LD, FADA
Director of University Nutrition,
Washington University in St. Louis
Past President, American Dietetic Association

- Offering low-fat or fat-free white or flavored milk is an excellent way to increase milk consumption among children and make their diets more nutritious. According to the DGA, adding a small amount of sugar to nutrient-rich foods such as reduced-fat milk products helps enhance their palatability and improves nutrient intake without adding excessive calories.
- Low-fat and reduced-fat cheeses are nutritious sources of calcium and high quality protein and make other foods more appealing to children.
- Poverty-related malnutrition in early life predisposes underprivileged children to type-2 diabetes, obesity and cardiovascular disease during adulthood. Dairy foods supply nutrients that may help reduce the risk of these chronic diseases.
- Unlike cow's milk, milk substitute beverages are poor natural sources of calcium, so they must be fortified to be calcium-rich. The calcium in some calcium-fortified soy beverages may not be as well absorbed as the calcium in dairy milk. Soy beverages do not provide the same nutrient package as milk. Furthermore, kids of all ethnicities overwhelmingly choose dairy over soy beverages, because they prefer the taste.
- According to the DGA, if a person wants to consider milk substitute beverages because of lactose intolerance, the most reliable and easiest way to derive the health benefits associated with milk and milk product consumption is to choose alternatives within the milk food group, such as yogurt or lactose-free milk, or to consume the enzyme lactase prior to the consumption of milk products. The American Academy of Pediatrics (AAP) has stated that elimination of milk and other dairy products is not usually necessary and avoidance of dairy products may lead to inadequate calcium intake and consequent suboptimal bone mineralization. Natural, hard cheeses, which are low in lactose, including Cheddar and Swiss, are also nutritious calcium-rich options.

The upcoming reauthorization of child nutrition programs can help to safeguard children's health over the short- and long-term by ensuring their nutritional needs are met on a daily basis. And by encouraging the consumption of nutrient-rich foods, including dairy, these programs can continue to improve the overall quality of Americans' diets, potentially reducing the economic and social burden of chronic disease.

References

- 1 http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm (Accessed January 4, 2009)
- 2 School Nutrition Association. Saved by the Lunch Bell: As Economy Sinks, School Nutrition Program Participation Rises. December, 2008
- 3 National Milk Producers Federation. 2007. Dairy Producer Highlights, Table 44: Domestic distribution programs, utilization of milk and dairy products; Selected fiscal years. http://www.nmpf.org/highlights/DairyPrdcrHghlightsGrphs_files/book3.htm Accessed Aug. 8, 2007. NMPF, Arlington, VA.
- 4 National Milk Producers Federation. 2006. Economic impact of the IOM recommendations on the WIC Program on the US dairy industry and the federal budget. Unpublished analysis. NMPF, Arlington, VA.
- 5 Rafferty K, Heaney RP. Nutrient effects on the calcium economy: Emphasizing the potassium controversy. *J Nutr* 2008;138:166S-171S.
- 6 U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005.
- 7 Greer FR, Krebs NF, the Committee on Nutrition. Optimizing bone health and calcium intakes of infants, children and adolescents. *Pediatrics* 2006;117:578-585.
- 8 McCarron DA, Heaney RP. Estimated Healthcare Savings Associated with Adequate Dairy Food Intake. *Am J Hypertens* 2004;17(1):88-97.
- 9 Kant A. Reported consumption of low-nutrient-density foods by American children and adolescents. *Arch Pediatr Adolesc Med* 2003;157:789-796.
- 10 http://books.nap.edu/openbook.php?record_id=12512&page6R1 (Accessed January 2, 2009)
- 11 <http://www.ers.usda.gov/Briefing/WIC> (Accessed January 2, 2009)
- 12 <http://www.ers.usda.gov/Briefing/ChildNutrition/breakfast.htm> (Accessed January 2, 2009)
- 13 <http://www.ers.usda.gov/Briefing/ChildNutrition/lunch.htm> (Accessed January 2, 2009)
- 14 www.frac.org (Accessed November 17, 2008)
- 15 <http://www.ers.usda.gov/Briefing/ChildNutrition/summer.htm> (Accessed January 2, 2009)
- 16 <http://www.ers.usda.gov/Briefing/ChildNutrition/cacfp.htm> (Accessed January 2, 2009)
- 17 USDA, Food & Nutrition Service, Office of Research and Analysis. Diet Quality of American School-Age Children by School Lunch Participation Status: Data from the National Health and Nutrition Examination Survey. July 2008.
- 18 Powell CA, Walker SP, Chang SM, Grantham-McGregor SM. Nutrition and education: a randomized trial of the effects of breakfast in rural primary school children. *Am J Clin Nutr* 1998;68(4):873-879.
- 19 Kleinman RE, Hall S, Green H, Korzec-Ramirez D, Patton K, Pagano ME, Murphy JM. Diet, breakfast, and academic performance in children. *Ann Nutr Metab* 2002;46 Suppl (1):24-30.
- 20 Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: cross-sectional and longitudinal observations in an inner-city school sample. *Arch Pediatr Adolesc Med* 1998;152(9):899-90
- 21 Fox MK, Hamilton W, Lin BH. Effects of Food Assistance and Nutrition Programs on Nutrition and Health: Volume 4, Executive Summary of the Literature Review. Food Assistance and Nutrition Research Report No. (FANRR19-4) 174 pp, December 2004.
- 22 Oliveira V, Gundersen, C. WIC and the Nutrient Intake of Children. FANRR-5. USDA, Economic Research Service, 2000.
- 23 Rose D, Habicht JP, Devaney B. Household Participation in the Food Stamp and WIC Programs Increases the Nutrient Intakes of Preschool Children. *J Nutr* 1998;128(3):548-55.
- 24 Siega-Riz SM, Kranz S, Blanchette D, Haines PS, Guilkey DK, Popkin BM. The effect of participation in the WIC program on preschoolers' diets. *J Ped* 2004;144:229-234.
- 25 Diet Quality of American Young Children by WIC Participation Status: Data from the National Health and Nutrition Examination Survey, 1999-2004 - July 2005. <http://www.fns.usda.gov/OANE/menu/published/recentreleases.htm> (Accessed January 2, 2009)
- 26 Committee to Review the WIC Food Packages; Food and Nutrition Board, Institute of Medicine. WIC Food Packages: Time for a Change. The National Academies Press, Washington D.C., 2006.
- 27 Hiza HAB, Bente L, Fungwe T. Nutrient Content of the U.S. Food Supply, 2005. Center for Nutrition Policy and Promotion. U.S. Department of Agriculture Home Economics Research Report No. 58.
- 28 Moshfegh A, Goldman J, Cleveland L. What We Eat in America, NHANES 2001-2002: Usual Nutrient Intakes from Food compared to Dietary Reference Intakes. U.S. Department of Agriculture, Agricultural Research Service, September 2005. www.ers.usda.gov/foodsurvey (Accessed January 2, 2009).
- 29 Nicklas TA. Calcium intake trends and health consequences from childhood through adulthood. *J Am Coll Nutr* 2003;22:340-356.
- 30 Gao X, Wilde PE, Lichtenstein AH, Tucker KL. Meeting adequate intake for dietary calcium without dairy foods in adolescents aged 9 to 18 years (National Health and Nutrition Examination Survey 2001-2002). *J Am Diet Assoc* 2006;106:1759-1765.
- 31 *Healthy People 2010*. 2000. Vol. 2. Understanding and Improving Health, Objectives for Improving Health (Part B: Focus Areas 15-28). www.healthypeople.gov/Document/tableofcontents.htm (Accessed November 11, 2008).
- 32 Nield LS, Mahajan P, Joshi A, Kamat D. Rickets: Not a disease of the past. *Am Fam Physician* 2006;74(4):619-626.
- 33 Holick MF. Resurrection of vitamin D deficiency and rickets. *J Clin Invest* 2006;116(8):2062-2072.
- 34 Wagner CL, Greer FR and the Section on Breastfeeding and Committee on Nutrition. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. *Pediatrics* 2008;122:1142-1152.

References

- 35 Keast DR, Hoerr SL, Fulgoni VL, Kurilich AC, Huth PJ, DiRienzo DB, Miller GD. Contributions of milk, dairy products and other foods to vitamin D intakes in the United States. *FASEB J* 2005;119(4):ASS, Abstract 62.5.
- 36 American Heart Association, Samuel Gidding, Chair, Barbara A. Dennison, cochair, Leann L. Birch, Stephen R. Daniels, Matthew W. Gilman, Alice H. Lichtenstein, Karyl Thomas Rattay, Julia Steinberger, Nicolas Stettler, Linda Van Horn. Dietary recommendations for children and adolescents: A guide for practitioners. *Pediatrics* 2006;117(2):544-559.
- 37 Marshall TA, Eichenberger Gilmore JM, Broffitt B, Stumbo PJ, Levy SM. Diet quality in young children is influenced by beverage consumption. *J Am Coll Nutr* 2008; 24(1):65-75
- 38 <http://www.ers.usda.gov/Briefing/DietQuality/Availability.htm> (Accessed January 2, 2009).
- 39 ENVIRON. Nutrient intakes by children and adolescents in the United States by level of cheese consumption and related patterns of intake. (2008)
- 40 Miller GD, Jarvis JK, McBean LD. Handbook of Dairy Foods and Nutrition, 3rd ed. CRC Press. 2007, Boca Raton, FL.
- 41 USDA National School Lunch Program. <http://www.fns.usda.gov/cnd/Governance/regulations/7CFR210.pdf> (Accessed November 14, 2008).
- 42 Stroebele N, Barz R, Wittrock D, Lesh L, Hill J. A "small changes" approach to improving the nutrition quality of school menu items. *J of Child Nutr Management* 2006;2, Fall.
- 43 Kashket S, DePaola DP. Cheese consumption and the development and progression of dental caries. *Nutr Rev* 2002;60(4):97-103.
- 44 American Academy of Pediatric Dentistry. Diet and Dental Health. *AAPD Fast Facts* 1999-2000.
- 45 Heyman MB, for the Committee for Nutrition. Lactose intolerance in infants, children, and adolescents. *Pediatrics* 2006;118(3):1279-1286.
- 46 Zhao Y, Martin BR, Weaver CM. Calcium bioavailability of calcium carbonate fortified soymilk is equivalent to cow's milk in young women. *J Nutr* 2005;135(10):2379-2382.
- 47 Heaney RP, Dowell MS, Rafferty K, Bierman J. Bioavailability of the calcium in fortified soy imitation milk, with some observations on method. *Am J Clin Nutr* 2000;71:1166-1169.
- 48 Heaney RP, Rafferty K, Bierman J. Not all calcium-fortified beverages are equal. *Nutrition Today* 2005;40(1):39-44.
- 49 Physicians' Committee for Responsible Medicine. School lunch report card: A report by the Physicians' Committee for Responsible Medicine, Autumn 2008. www.pcrm.org (Accessed November 11, 2008).
- 50 School Nutrition Association. National Nutrition Standards Recommendations, December 8, 2008.
- 51 Alliance for a Healthier Generation Healthy School Program: Competitive Foods Guidelines. 2006. http://www.healthiergeneration.org/schools.aspx?id=76&rekmenel=1ef02451_10_114_btnlink (Accessed November 17, 2008)
- 52 ENVIRON International Corporation. School Milk: Fat Content Has Declined Dramatically since the Early 1990s. 2008.
- 53 <http://www.mypyramid.gov/preschoolers/HealthyHabits/samples.html> (Accessed January 2, 2009)
- 54 U.S. Department of Agriculture, Food and Nutrition Service, Child Nutrition Home Page. www.fns.usda.gov/cnd.
- 55 Gleason P, Sutor C. Children's Diets in the Mid-1990's: Dietary Intake and its Relationship with School Meal Participation., Nutrition assistance Programs Report Series. Report No. CN-01-CD1, January 2001.
- 56 Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington, D.C.: Institute of Medicine, September 2004.
- 57 Daniels SR, Arnett DK, Eckel RH, Gidding SS, Hayman LL, Kumanyika S, Robinson TN, Scott BJ, St Jeor S, Williams CL. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation* 2005; 111:1999-2012.
- 58 <http://agriculture.senate.gov/> (Accessed January 6, 2009)
- 59 Huang T, McCrory MA. Dairy intake, obesity, and metabolic health in children and adolescents: knowledge and gaps. *Nutr Rev* 2005;63:71-80.
- 60 Murray R, Frankowski B, Taras H. Are soft drinks a scapegoat for childhood obesity? *J Pediatr* 2005 146:S86-S90.
- 61 Mrdenovic G, Levitsky DA. Nutritional and energetic consequences of sweetened drink consumption in 6- to 13-year-old children. *J Pediatr* 2003;142:604-610.
- 62 Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: A prospective, observational analysis. *The Lancet* 2001;357(9255):505-508.
- 63 August GP, Caprio S, Fennoy I, Freemark M, Kaufman FR, Lustig RH, Silverstein JH, Speiser PW, Styne DM, Montori VM. Prevention and treatment of pediatric obesity: An Endocrine Society clinical practice guideline based on expert opinion. *J Clin Endocrin Metab* 2008;92(12):4576-4599.
- 64 Moore LL, Bradlee ML, Gao D, Singer MR. Low dairy intake in early childhood predicts excess body fat gain. *Obesity* 2006;14(6):1010-1018.
- 65 Skinner JD, Bounds W, Carruth BR, Ziegler P. Longitudinal calcium intake is negatively related to children's body fat indexes. *J Am Diet Assoc* 2003;103(12):1626-1631.
- 66 Pittas AG, Lau J, Hu FB, Dawson-Hughes B. The role of vitamin D and calcium in type 2 diabetes. A systematic review and meta-analysis. *J Clin Endo Metab* 2007;92:2017-2029.
- 67 Hirschler V, Oestreicher K, Beccaria M, Hidalgo M, Maccallini G. Inverse Association between Insulin Resistance and Frequency of Milk Consumption in Low-Income Argentinean School Children. *The Journal of Pediatrics* 2009; 154(1):101-105.
- 68 Power ML, Heaney RP, Kalkwarf HJ, Pitkin RM, Repke JT, Tsang RC, Schulkin J. The role of calcium in health and disease. *Am J Obstet Gynecol* 1999;181:1560-569.

References

- 69 National Osteoporosis Foundation. www.nof.org (Accessed January 2, 2008).
- 70 United States. Dept. of Health and Human Services, United States. Dept. of Agriculture, and United States. Dietary Guidelines Advisory Committee. *Dietary Guidelines for Americans, 2005*. (6th ed. HHS publication. 2005, Washington, D.C.)
- 71 Abrams SA. Normal acquisition and loss of bone mass. *Horm Res* 2003;60(Suppl 3):71-76.
- 72 Rabinovich CE. Osteoporosis: A pediatric perspective. *Arth & Rheum* 2004;50(4):1023-1025.
- 73 U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.
- 74 NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy. *J Am Med Assoc* 2001; 285:785-795.
- 75 National Osteoporosis Foundation. *America's Bone Health: The State of Osteoporosis and Low Bone Mass in Our Nation*. Washington, D.C.: The National Osteoporosis Foundation, February 2002.
- 76 Teegarden D, Proulx WR, Martin BR, Zhao J, McCabe GP, Lyle RM, Peacock M, Slemenda C, Johnston CC, Weaver, CM. Peak bone mass in young women. *J Bone Miner Res* 1995;10:711-715.
- 77 Moore LL, Bradlee ML, Gi Gao AS, Singer MR. Effects of average childhood dairy intake on adolescent bone health. *J Pediatr* 2008; 153:667-673.
- 78 Newman WP III, Freedman DS, Voors AW, Gard PD, Srinivasan SR, Cresanta JL, Williamson GD, Webber LS, Berenson GS. Relation of serum lipoprotein levels and systolic blood pressure to early atherosclerosis: the Bogalusa Heart Study. *N Engl J Med* 1986;314(3):138-144.
- 79 National High Blood Pressure Education Program working Group on High Blood Pressure in Children and Adolescents. The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. *Pediatrics* 2004;114:555-576.
- 80 Moore LL, Singer MR, Bradlee ML, Djousse L, Proctor MH, Cupples LA, Ellison RC. Intake of fruits, vegetables, and dairy products in early childhood and subsequent blood pressure change. *Epidemiology* 2005;16(1):4-11.
- 81 Berenson GS, Voors AW, Webber LS, Dalferes ER Jr, Harsha DW. Racial differences of parameters associated with blood pressure levels in children-the Bogalusa Heart Study. *Metabolism* 1979;28(12):1218-1228.
- 82 Appel L, Moore T, Obarzanek E, Vollmer W, Svetkey L, Sacks F, Bray G, Vogt T, Cutler J, Windhauswer M, Lin P, Karanja N. A clinical trial of the effects of dietary patterns on blood pressure. DASH Collaborative Research Group. *New Eng J Med* 1997;336:16:1117-1124.
- 83 http://www.nhlbi.nih.gov/health/public/heart/ahp/dash/new_dash.pdf (Accessed November 11, 2008)
- 84 Pereira MA, Jacobs DR Jr, Van Horn L, Slatery ML, Katashov AL, Ludwig DS. Dairy consumption, obesity, and the insulin resistance syndrome in young adults: the CARDIA study. *J Am Med Assoc* 2002;287(16):2081-2089.
- 85 Couch SC, Saelens BE, Levin L, Dart K, Falciglia G, Daniels SR. The efficacy of a clinic-based behavioral nutrition intervention emphasizing a DASH-type diet for adolescents with elevated blood pressure. *J Pediatr* 2008;152(4):494-501.
- 86 American Heart Association, Samuel Gidding, Chair, Barbara A. Dennison, cochair, Leann L. Birch, Stephen R. Daniels, Matthew W. Gilman, Alice H. Lichtenstein, Karyl Thomas Rattay, Julia Steinberger, Nicolas Stettler, Linda Van Horn. Dietary recommendations for children and adolescents: A guide for practitioners. *Pediatrics* 2006;117(2):544-559.
- 87 Mu JJ, Liu ZQ, Liu WM, Liang YM, Yang DY, Zhu DJ, Wang ZX. Reduction of blood pressure with calcium and potassium supplementation in children with salt sensitivity: a 2-year double-blinded placebo-controlled trial. *J Hum Hypertens* 2005;19(6):479-483.
- 88 Gillman MW, Hood MY, Moore LL, Nguyen US, Singer MR, Andon MB. Effect of calcium supplementation on blood pressure in children. *J Pediatr* 1995;127(2):186-192.
- 89 The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. U.S. Department of Health and Human Services. National Institutes of Health, National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program. NIH Publication No. 04-5230, August, 2004.
- 90 <http://diabetes.niddk.nih.gov/dm/pubs/statistics/#allages> (Accessed January 21, 2009)
- 91 <http://www.win.niddk.nih.gov/statistics/index.htm#preval> (Accessed January 20, 2009)
- 92 www.census.gov/hhes/www/income/incomestats.html (Accessed January 22, 2009)
- 93 Fulgoni V 3rd, Nicholis J, Reed A, Buckley R, Kafer K, Huth P, DiRienzo D, Miller GD. Dairy consumption and related nutrient intake in African-American adults and children in the United States: Continuing Survey of Food Intakes by Individuals 1994-1996, 1998, and the National Health and Nutrition Examination Survey 1999-2000. *J Am Diet Assoc* 2007 107(2):256-264.
- 94 <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4905a1.htm>
- 95 <http://www.cdc.gov/healthyYouth/yrb/index.htm> (accessed December 24, 2008)
- 96 National Dairy Council, unpublished data based on the National Health and Nutrition Survey (NHANES), 1999-2002.
- 97 White, Chocolate & Soy Milk Product Test. Prepared for Dairy Management, Inc. by Moskowitz Jacobs, Inc. February 2003.
- 98 Affenito SG, Thompson DR, Barton BA, Franko DL, Daniels SR, Obarzanek E, Schreiber GB, Striegel-Moore RH. Breakfast consumption by African-american and white adolescent girls correlates positively with calcium and fiber intake and negatively with body mass index. *J Am Diet Assoc* 2005;105:938-945.

References

- 99 Larson NI, Story M, Wall M, Neumark-Sztainer D. Calcium and dairy intakes of adolescents are associated with their home environment, taste preferences, personal health beliefs, and meal patterns. *J Am Diet Assoc* 2006;106(11):1816-1824.
- 100 Ogden C, Carroll M, Curtin L, McDowell M, Tabak C, Flegal K. Prevalence of overweight and obesity in the United States, 1999-2004. *J Am Med Assoc* 2006;295(13):1549-1555.
- 101 The Writing Group for the SEARCH for Diabetes in Youth Study Group. Incidence of Diabetes in Youth in the United States. *J Am Med Assoc* 2007;297(24):2716-2724.
- 102 Berenson GS, Voors AW, Webber LS, Dalferes ER Jr, Harsha DW. Racial differences of parameters associated with blood pressure levels in children—the Bogalusa Heart Study. *Metabolism* 1979;28(12):1218-1228.
- 103 Alemzadeh R, Kichler J, Babar G, Calhoun M. Hypovitaminosis D in obese children and adolescents: relationship with adiposity, insulin sensitivity, ethnicity, and season. *Metabolism* 2008;57(2):183-191.
- 104 Wooten WJ, Price W. The role of dairy and dairy nutrients in the diet of African Americans. *J Natl Med Assoc* 2004;96(12 suppl):S5-S15.
- 105 Shanklin C, and S. Wie. Nutrient contribution per 100 kcal and per penny for the 5 meal components in school lunch: Entrée, milk, vegetable/fruit, bread/grain, and miscellaneous. *J Am Diet Assoc* 2001;101:1358-1361.
- 106 Keller JL, Lanou AJ, Barnard ND. The consumer cost of calcium from food and supplements. *J Am Diet Assoc* 2002;102:1669-1671.
- 107 White, Chocolate & Soy Milk Product Test. Prepared for Dairy Management, Inc. by Moskowitz Jacobs, Inc. February 2003.
- 108 Kids lactose-free milks product study. Prepared for Dairy Management, Inc. by Moskowitz Jacobs, Inc. July 2008.
- 109 Research Report: Survey of Parents on the Subject of Chocolate Milk. Prepared by Impulse Research Corporation, Los Angeles, CA, February 7, 2000.
- 110 Kimbrough JR, Shanklin CW, Gench BE. Beverage choices offered by school food service programs. *School Food Service Research Rev* 1990;14(1):24-28.
- 111 National Dairy Council and School Nutrition Association. The School Milk Pilot Test. Beverage Marketing Corporation for National Dairy Council and School Nutrition Association. 2002. http://www.nutritionexplorations.org/sfs/schoolmilk_pilottest.asp (Accessed January 4, 2009).
- 112 Frary CD, Johnson RK, Wang MQ. Children and adolescents' choices of foods and beverages high in added sugars are associated with intakes of key nutrients and food groups. *J Adolesc Health* 2004;34(1):56-63.
- 113 Murphy MM, Douglass JS, Johnson RK, Spence LA. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in U.S. children and adolescents. *J Am Diet Assoc* 2008;108:631-639.
- 114 Johnson, RK, Frary C, Wang MQ. The nutritional consequences of flavored milk consumption by school-aged children and adolescents in the United States. *J Amer Diet Assoc* 2002; 102(6):853-856.
- 115 Jarvinen RM, Loukaskorpi M, Uusitupa MI. Tolerance of symptomatic lactose malabsorbers to lactose in milk chocolate. *Eur J Clin Nutr* 2003;57:701-705.
- 116 American Academy of Pediatrics, Committee on School Health. Soft drinks in schools. *Pediatrics* 2004;113:152-154.
- 117 Pediatrician Attitude Survey. Prepared by Bruskin Research for BSMG Worldwide. January 2001.
- 118 National Academy of Sciences, Institute of Medicine, Committee on Nutrition Standards for Foods in Schools. V.A. Stallings and A.L. Yaktine (Eds). Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth. Washington, D.C.: National Academies Press, 2007.
- 119 CDC. Physical activity levels among children aged 9-13 years—United States, 2002. *J Am Med Assoc* 2003;290:1308-1309.
- 120 U.S. Department of health and Human Services. 2008 Physical Activity Guidelines for Americans. ODPHP Publication No. U0036, October, 2008. www.health.gov/paguidelines (Accessed January 1, 2009).
- 121 American Academy of Pediatrics. Dietary Recommendations for Children and Adolescents: A Guide for Practitioners. *Pediatrics* 2006;117(2):544-559.
- 122 Kauhanen L, Lakka HM, Lynch JW, Kauhanen JH. Social disadvantages in childhood and risk of all-cause death and cardiovascular disease in later life: a comparison of historical and retrospective childhood information. *Int J. Epidemiol* 2006; 35(4):962-968.
- 123 Singh GK, Kogan MD, van Dyck PC. A multilevel analysis of state and regional disparities in childhood and adolescent obesity in the United States. *J Community Health* 2008;33(2):90-102.
- 124 Kittleson MM, Meoni LA, Wang NY, Chu AY, Ford DE, Klag MJ. Association of childhood socioeconomic status with subsequent coronary heart disease in physicians. *Arch Intern Med* 2006;166(21):2356-2361.
- 125 Etnier JL, Salazar W, Landers DM, Petruzzello SJ, Han M, Nowell P. The influence of physical fitness and exercise upon cognitive functioning: a meta-analysis. *J Sport and Exer Phys* 1997;19(3):249-277.
- 126 Action for Healthy Kids. Childhood obesity: The preventable threat to American's youth. Fact Sheet. www.ahk.org (Accessed January 1, 2009).
- 127 Devaney B, Gordon AR, Burghardt JA. Dietary intakes of students. *Am J Clin Nutr* 1995;61:205S-212S.
- 128 U.S. Department of Agriculture, School Nutrition Dietary Assessment Study III, November, 2007.
- 129 Bhattacharya J, Currie J, Haider SJ. Evaluating the Impact of School Nutrition Programs, Final Report, July 2004. www.ers.usda.gov/publications/efan04008.

National Dairy Council – Committed to Child Health and Wellness

National Dairy Council® (NDC) is the nutrition research, education, and communication arm of Dairy Management Inc™. On behalf of U.S. dairy farmers, NDC provides science-based nutrition information to, and in collaboration with, a variety of stakeholders committed to fostering a healthier society, including health professionals, educators, school nutrition directors, academia, industry, consumers and media.

Established in 1915, NDC comprises a staff of nutrition science researchers, registered dietitians and communications experts dedicated to educating the public on the health benefits of consuming milk and milk products throughout a person's lifespan. In addition, NDC funds independent research to aid in the ongoing discovery of information about dairy foods' important role in a healthy lifestyle. This research provides insights to industry for new dairy product innovation.

NDC has collaborated with schools and school-associated organizations for more than 90 years on nutrition education, school meal programs and school wellness. For the past decade, NDC has taken steps to improve the availability of healthy and child-appealing dairy foods within schools, including working with industry to provide milk in plastic, resealable bottles and to develop low-fat, reduced-sugar dairy foods that children will consume. NDC is also a member of Action for Healthy Kids, which is a national public-private partnership to fight childhood obesity in the school setting. Through information sharing, education, nutrition guidance and product innovation, NDC is devoted to making considerable improvements to child health and wellness.

For more information, visit www.nationaldairycouncil.org or www.nutritionexplorations.org.

QUESTIONS AND ANSWERS

MARCH 31, 2009

Senate Committee on Agriculture, Nutrition & Forestry
Beyond Federal School Meal Programs: Reforming Nutrition for Kids in Schools
Questions for the record
Mr. Hank Izzo
March 31, 2009

Chairman Tom Harkin

- 1) Mars Snackfood US has endorsed nutrition guidelines for the sale of food in the school environment that includes, among other things, a requirement that specifies that foods provided in schools shall be no more than 35 percent sugar by weight.

Could you please provide to the committee the basis for this sugar standard? In addition, please describe the differences between foods that meet this sugar standard and the foods that do not meet the standard and which Mars is therefore no longer making available to schools.

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Response

Mars, Incorporated appreciates the opportunity to provide additional information on a so-called 35-10-35 national school nutrition standard.

The 35-10-35 guideline, as set forth by the Alliance for a Healthier Generation (AHG) in 2006¹, recommends foods that “provide no more than 35% of calories from total fat, no more than 10% of calories from saturated fat, and be no more than 35% sugar by weight.” Similar recommendations were issued in 2007 by the Institute of Medicine² and have generated support from the US Centers for Disease Control and Prevention and the Center for Science in the Public Interest, which called 35-10-35 “far superior to current national school food standards.”³

In 2006, as part of our collaboration with AHG, Mars introduced an entirely new line of healthier products, Generation Max, that meet the AHG 35-10-35 guideline. These products, which are lower in sodium and total calories and fortified with calcium and vitamin D, are available to schools across the U.S. today.

Concerning the sugar standard, specifically, the 35-10-35 guideline would preclude the sale of most candies in the U.S., including these top five sellers -- M&M’S, Hershey’s Bar, Snickers, Kit Kat and Reese’s Peanut Butter Cups -- because each exceeds the 35%.

¹ http://www.healthiergeneration.org/uploadedFiles/For_Schools/snack-food-guidelines-chart-K-12.pdf

² <http://iom.edu/Object.File/Master/42/505/Food%20in%20Schools.pdf>. The IOM study calls for “35% or less of calories from total sugars” and also recommends that products contain a serving of one of the food groups recommended by the Dietary Guidelines for Americans.

³ <http://www.cspinet.org/new/200704251.html>

ceiling for weight in sugar. In comparison, Generation Max products range in sugar weight from 26% to 33%, are smaller in size and, on average, have approximately half the sugar content in comparison to the best selling products.

Strict interpretation of this formula would result in some yogurt products and fresh fruits, such as oranges, not being made available because of higher levels of fat or sugars, respectively. However, Mars recognizes the importance of these products in a well-rounded diet and, as such, believes that Congress or USDA should consider appropriate exemptions from the guideline for at least some of these products.

In conclusion, we believe a new national school nutrition standard, based on the 35-10-35 formula, will dramatically change the food that children have access to at school. Over time, millions of children will gain access to healthier snacks in schools. Mars looks forward to working with the committee to draft legislative language to ensure that new national school nutrition standards are implemented as quickly as possible.

