

**ENDING CHILD HUNGER: PRIORITIES
FOR CHILD NUTRITION REAUTHORIZATION**

HEARING

BEFORE THE

**SUBCOMMITTEE ON
CIVIL RIGHTS AND
HUMAN SERVICES**

OF THE

COMMITTEE ON EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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ENDING CHILD HUNGER: PRIORITIES FOR CHILD NUTRITION REAUTHORIZATION

Thursday, June 10, 2021

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The Subcommittee met, pursuant to notice, at 12:01 p.m., via Zoom, Hon. Suzanne Bonamici (Chairwoman of the Subcommittee) presiding.

Present: Representatives Bonamici, Adams, Hayes, Leger Fernández, Mrvan, Scott (*ex officio*), Fitzgerald, and Foxx (*ex officio*).

Staff present: Ilana Brunner, General Counsel; Alison Hard, Professional Staff; Rasheedah Hasan, Chief Clerk; Sheila Havenner, Director of Information Technology; Eli Hovland, Policy Associate; Carrie Hughes, Director of Health and Human Services; Ariel Jona, Policy Associate; Andre Lindsay, Policy Associate; Mariah Mowbray, Clerk/Special Assistant to the Staff Director; Kayla Pennebecker, Staff Assistant; Véronique Pluiose, Staff Director; Banyon Vassar, Deputy Director of Information Technology; Joshua Weisz, Communications Director; Cyrus Artz, Minority Staff Director; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; Dean Johnson, Minority Legislative Assistant; Hannah Matesic, Minority Director of Operations; and Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy.

Chairwoman BONAMICI. The Subcommittee on Human Rights and Human Services will come to order. Welcome everyone. I note that a quorum is present. I note for the Subcommittee that Ms. Omar of Minnesota is permitted to participate in today's hearing with the understanding that her questions will come only after all Members of the Subcommittee on Civil Rights and Human Services on both sides of the aisle who are present have had an opportunity to question the witnesses.

The Subcommittee is meeting today to hear testimony on "Ending Child Hunger: Priorities for Child Nutrition Reauthorization". This is an entirely remote hearing. All microphones will be kept muted as a general rule to avoid unnecessary background noise.

Members and witnesses will be responsible for unmuting themselves when they are recognized to speak or when they wish to seek recognition. I also ask that Members please identify themselves before they speak. Members should keep their cameras on while in the proceeding.

Members shall be considered present in the proceeding when they are visible on camera, and they shall be considered not present when they are not visible on camera. The only exception to this is if they are experiencing technical difficulty and inform the Committee staff of such difficulty.

If any Member experiences technical difficulty during the hearing you should stay connected on the platform, make sure you are muted, and use your phone to immediately call the Committee's IT director whose number was provided in advance. Should the Chair experience technical difficulty or need to step away to vote on the floor, that won't happen today, Ms. Adams, or another majority Member is hereby authorized to assume the gavel in the Chair's absence.

This is an entirely remote hearing, and as such the Committee's hearing room is officially closed. Members who choose to sit with their individual devices in the hearing room must wear headphones to avoid feedback, echoes and distortion resulting from more than one person on the software platform sitting in the same room.

Members are also expected to adhere to social distancing and safe health guidelines, including the use of masks, hand sanitizer and wiping down their areas both before and after their presence in the hearing room. To ensure that the Committee's five-minute rule is adhered to staff will be keeping track of time using the Committee's field timer.

The field timer will appear in its own thumbnail picture and will be named 001 timer. There will be no one minute warning. The field timer will show a blinking light when time is up. Members and witnesses are asked to wrap up promptly when their time has expired.

Although a roll call is not necessary to establish a quorum in official proceedings conducted remotely, or with remote participation, the Committee has made it a practice when there is an official proceeding with remote participation for the Clerk to call the roll to help make clear who is present at the start of the proceeding.

Members should say their names before announcing they are present, and this helps the Clerk and also it helps those watching the platform on the livestream who may experience a few seconds delay. At this time I will ask the Clerk to call the roll.

The CLERK. Chair Bonamici?

Chair BONAMICI. Chair Bonamici is present.

The CLERK. Ms. Adams?

[No response.]

The CLERK. Mrs. Hayes?

Mrs. HAYES. Mrs. Hayes is present.

The CLERK. Ms. Leger Fernández?

[No response.]

The CLERK. Mr. Mrvan?

Mr. MRVAN. Mr. Mrvan is present.

The CLERK. Mr. Bowman?

[No response.]

The CLERK. Mr. Mfume?

[No response.]

The CLERK. Chairman Scott?

Chairman SCOTT. Chairman Scott is present.

The CLERK. Ranking Member Fulcher?

[No response.]

The CLERK. Mr. Thompson?

[No response.]

The CLERK. Mrs. McClain?

[No response.]

The CLERK. Mrs. Spartz?

[No response.]

The CLERK. Mr. Fitzgerald?

Mr. FITZGERALD. Here.

The CLERK. Ranking Member Foxx?

Ms. FOXX. Foxx is present.

The CLERK. Chair Bonamici that concludes the roll call.

Chairwoman BONAMICI. Thank you very much. Pursuant to Committee Rule 8(c) opening statements are limited to the Chair and Ranking Member. This allows for us to hear from our witnesses sooner and provides all Members with adequate time to ask questions, and I recognize myself for an opening statement.

Our hearing today is to examine legislative solutions to end child hunger and discuss how we can bolster proven strategies to feed hungry children. As elected leaders one of our most basic responsibilities is to make sure that children have enough to eat. Consistent access to nutritious food is a moral imperative, and an economic necessity.

It is a good investment because it allows children to live healthier and more fulfilling lives, and it provides the next generation with a strong foundation to grow and thrive. Sadly, child hunger remains a national crisis, particularly in the aftermath of COVID19. Last July an estimated 14 million children were not getting enough to eat. The families who were already food insecure before the pandemic disproportionately families of color, feared even worse.

In response this Committee took swift action to prevent millions of children from going hungry. We provided critical flexibility through bipartisan legislation to allow schools to offer free meals for all children, and have food delivered to families. We created the highly effective pandemic EBT program or PEBT which lifted at least 2.7 million children out of hunger in its early weeks of implementation.

And we eliminated other barriers to getting healthy foods into the mouths and bellies of hungry children. Because of these provisions as well as the American Rescue Plan, reports of food shortages among households with children fell by 42 percent from January through April.

Although food insecurity has fallen, we know our work is far from over. Our bipartisan commitment to feeding hungry children must be ongoing and unwavering and must meet the needs in our schools and our communities. It should not matter if the economy is booming, or if we're fighting a once in a lifetime pandemic.

In the United States of America no child should go hungry. Today we will focus on the steps we must take to make that aspiration a reality, specifically reauthorizing Federal child nutrition programs, which have not been updated in more than a decade, as well as passing the American Families Plan and American Jobs

Plan which invest more than 40 billion dollars to provide nutritious meals for children in our communities.

Through these legislative efforts we have an opportunity to learn from the pandemic and rethink our child nutrition programs to provide every child with the healthy food they need to succeed in school and throughout life. The American Families Plan would provide for more than 9 million additional children access to free meals and simplify and streamline program administration by expanding the popular and effective community eligibility provision or CEP.

To best serve children school meals must also follow nutrition standards that are based on research and science. A 2020 study shows the standards in our Healthy Hungry Free Kids Act correlate to a 47 percent lower rate of childhood obesity for low-income students.

The improvements to nutrition standards have made school meals the best source of nutrition for many children, but we must make sure these standards are fully implemented. Both the American Families Plan and American Jobs Plan invest in incentivizing healthier school meals and updating school kitchens.

Providing nutrition support after school and during the summer is also critical as students recover from a year of lost classroom time. For example, the American Families Plan makes permanent and nationwide the summer EBT program which already provides food assistance to some families during the summer.

This program gave more than 70,000 children in Oregon access to meals when school was out. By reauthorizing school nutrition programs we can also strengthen the summer food service program, which serves meals at schools and other community spaces during the summer.

During the pandemic Congress provided the Department of Agriculture with the authority to operate this program throughout the country. Now we have the chance to make these flexibilities permanent because we know hungry kids do not just reside in our poorest neighborhoods. Today we will examine these solutions and discuss how we can work together to provide all children with the nutritious food they need year-round.

I look forward to hearing from our expert witnesses today and I now yield to the Ranking Member Mr. Fitzgerald for his opening statement.

[The prepared statement of Chairwoman Bonamici follows:]

STATEMENT OF HON. SUZANNE BONAMICI, CHAIRWOMAN, SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

Our hearing today is to examine legislative solutions to end child hunger and discuss how we can bolster proven strategies to feed hungry children.

As elected leaders, one of our most basic responsibilities is to make sure that children have enough to eat. Consistent access to nutritious food is a moral imperative and an economic necessity. It is a good investment because it allows children to live healthier and more fulfilling lives, and it provides the next generation with a strong foundation to grow and thrive.

Sadly, child hunger remains a national crisis, particularly in the aftermath of COVID-19. Last July, an estimated 14 million children were not getting enough to eat. The families who were already food insecure before the pandemic—disproportionally families of color—fared even worse.

In response, this Committee took swift action to prevent millions of children from going hungry.

We provided critical flexibility through bipartisan legislation to allow schools to offer free meals for all children and have food delivered to families. We created the highly effective Pandemic EBT program, or P-EBT, which lifted at least 2.7 million children out of hunger in its early weeks of implementation. And we eliminated other barriers to getting healthy food into the mouths and bellies of hungry children.

Because of these provisions, as well as the American Rescue Plan, reports of food shortages among households with children fell by 42 percent from January through April.

Although food insecurity has fallen, we know our work is far from over. Our bipartisan commitment to feeding hungry children must be ongoing and unwavering, and must meet the needs in our schools and our communities. It should not matter if the economy is booming or if we're fighting a once-in-a-lifetime pandemic. In the United States of America, no child should go hungry.

Today, we will focus on the steps we must take to make that aspiration a reality, specifically: reauthorizing Federal child nutrition programs, which have not been updated in more than a decade, as well as passing the American Families Plan and American Jobs Plan, which invest more than \$40 billion to provide nutritious meals for children in our communities.

Through these legislative efforts, we have an opportunity to learn from the pandemic and rethink our child nutrition programs to provide every child with the healthy food they need to succeed in school and then throughout life.

The American Families Plan would provide more than 9 million additional children with access to free school meals and simplify and streamline program administration by expanding the popular and effective Community Eligibility Provision, or C-E-P.

To best serve children, school meals must also follow nutrition standards that are based on research and science. A 2020 study shows the standards in the Healthy, Hunger-Free Kids Act correlate to a 47 percent lower rate of childhood obesity for low-income students. The improvements to nutrition standards have made school meals the best source of nutrition for children, but we must make sure these standards are fully implemented. Both the American Families Plan and American Jobs Plan invest in incentivizing healthier school meals and updating school kitchens.

Providing nutrition support after school and during the summer is also critical as students recover from a year of lost classroom time. For example, the American Families Plan makes permanent and nationwide the Summer EBT program, which already provides food assistance to some families during the summer. This program gave more than 70,000 children in Oregon access to meals when school was out.

By reauthorizing child nutrition programs, we can also strengthen the Summer Food Service Program, which serves meals at schools and other community spaces during the summer. During the pandemic, Congress provided the Department of Agriculture with the authority to operate this program throughout the country. Now, we have the chance to make these flexibilities permanent because we know hungry kids do not just reside in our poorest neighborhoods.

Today, we will examine these solutions and discuss how we can work together to provide all children with the nutritious food they need year-round.

I look forward to hearing from our expert witnesses today, and I now yield to the Ranking Member, Mr. Fitzgerald, for his opening statement.

Mr. FITZGERALD. Thank you, Chairwoman, Bonamici, and thank you for calling this hearing on child nutrition. The past year has shown us that school is not only a place where children go to learn, when students switched to virtual learning overnight, we witnessed the real active role hunger could play in schools as well.

The harsh reality is many children depend on in-person learning for a reliable meal every day. As we begin discussions on the reauthorization of the child nutrition laws, I'd like to keep that in perspective. Hunger is a verb, and it can affect the entire trajectory of a child's life.

Children experiencing hunger perform worse academically. 46 percent of students from low-income families say that hunger negatively impacts their academic performance and studies substantiate

that claim. Families dealing with hunger are more likely to have a child with lower math scores or repeat a grade.

And while studies and data are important in constructing good policy, it does not take a scientist to know that children thrive when they have access to nutritious meals. We also know that schools are more than just places to learn. The pandemic and related school closures highlighted the important roles schools play in helping all children, particularly those from low-income families.

They establish a routine and escape any stressors that await them at home. That is why when school closures threaten children's access to healthy meals during the academic year, the Federal Government worked in a bipartisan manner to ensure that school aged children continue to receive this vital resource. This was the right decision in an emergency, and it was encouraging to see everyone work together in this time of need.

But as the pandemic winds down and school now reopen, we too must shift our attention away from heavy handed Federal intervention and toward supporting local school districts as they work to administer, and in many cases, essentially restart their school meal programs.

Any reauthorization of the child nutrition laws must involve local school officials and private partners because they know best what their students need and are positioned to deliver healthy meals in an effective manner.

That means establishing rules that are easy for schools to follow and allowing them to serve meals that students will eat. It also means addressing the current standards in place and making the needed reforms so that kids will in fact eat their healthy meals. Though some of these reasonable reforms we can work with our partners to create, also we must make sure that school lunches are not wasted.

For example, we can help more children get the benefits of milk if we apply a little common sense and allow schools to serve low-fat flavored milk with their meal or ensure that sodium limits don't prohibit serving cheese at lunch, spoken from the Congressman from Wisconsin.

Similarly, we must refrain from creating new duplicative programs, and instead focus on improving existing programs to better serve students most in need, especially those in rural communities. I hope we can all work together and make some good changes to programs like the summer food service program, farm to school, and other existing programs to address the gaps in service that exist before we just layer on a new set of programs.

I am hopeful that as we keep these priorities in mind providing healthy meals that students will eat, allowing wholesome foods like cheese to remain on student's plates, and reforming existing programs to address gaps in coverage, that we can arrive at a bipartisan solution that puts students, not politics, at the forefront.

Thank you to all the witnesses for taking time out of their day to discuss this important issue, and I look forward to hearing from you all and I would yield back.

[The prepared statement of Mr. Fitzgerald follows:]

STATEMENT OF HON. SCOTT FITZGERALD, MEMBER, SUBCOMMITTEE ON CIVIL RIGHTS
AND HUMAN SERVICES

Thank you Chairwoman Bonamici. And thank you for calling this hearing on child nutrition.

The past year has shown the real, active role hunger can play in a child's life. We've witnessed real hunger, the one where a child is forced to go without a meal because the cupboards are empty. And we've watched as our children hungered for in-person learning, and the Nation hungered for cures, information, and a vaccine.

As we begin discussions on the reauthorization of the child nutrition laws, I'd like to keep that in perspective—hunger is a verb, and it can affect the entire trajectory of a child's life.

Children experiencing hunger perform worse academically. Forty 6 percent of students from low-income families say that hunger negatively impacts their academic performance, and studies substantiate that claim. Families dealing with hunger are more likely to have a child with lower math scores or repeat a grade.

And while studies and data are important in constructing good policy, it does not take a scientist to know that children thrive when they have access to nutritious meals. We also know that schools are more than just places to learn. The pandemic and related school closures highlighted the important roles schools play in helping all children, particularly those from low-income families, establish a routine and escape any stressors that await them at home.

That is why, when school closures threatened children's access to healthy meals during the academic year, the Federal Government worked in a bipartisan manner to ensure that school-aged children continued to receive this vital resource. This was the right decision in an emergency, and it was encouraging to see everyone work together in this time of need.

But as the pandemic winds down and schools reopen, we too must shift our attention away from heavy-handed Federal intervention and toward supporting local school districts as they work to administer and, in many cases, essentially restart their school meal programs.

Any reauthorization of the child nutrition laws must involve local school officials and private partners, who know best what their students need and are positioned to deliver healthy meals in an effective manner. That means establishing rules that are easy for schools to follow and allowing them to serve meals that students will eat. It also means addressing the current standards in place and making the needed reforms so kids will in fact eat their healthy meals. Through some of these reasonable reforms, we can work with our partners to create good food that will not go to waste. For example, we can help more children get the benefits of milk if we apply a little common sense and allow schools to serve low-fat flavored milk with their meal or ensure the sodium limits don't prohibit serving cheese at lunch.

Similarly, we must refrain from creating new, duplicative programs and instead focus on improving existing programs to better serve students most in need, especially those in rural communities. I hope we can all work together and make some good changes to programs like the Summer Food Service Program, Farm to School, and other existing programs to address the gaps in service that exist before we just layer on new programs.

I am hopeful that as we keep these priorities in mind—providing healthy meals that students will eat, allowing wholesome foods like cheese to remain on students' plates, and reforming existing programs to address gaps in coverage—that we can arrive at a bipartisan solution that puts students, not politics, at the forefront.

Thank you to our witnesses for taking time out of your day to discuss this important issue, I look forward to hearing from you all.

I yield back.

Chairman BONAMICI. Thank you very much Ranking Member. Without objection all other Members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5 p.m. on June 24, 2021.

I will now introduce the witnesses. First Michael J. Wilson, he joined Maryland Hunger Solutions in June 2013 as Director. Mr. Wilson is a core advisor in the Maryland Partnership to End Childhood Hunger. He previously served on the Board of the Food Research and Action Center, or FRAC.

Next, we have Crystal Cooper who is the Executive Director of Nutrition Support Services for Chicago Public Schools which serves 330,000 students at 660 schools. Ms. Cooper also serves as the treasurer for the Urban School Food Alliance.

Brandon Lipps is with us. He's the Co-Founder and Principal of Caprock Strategies, a strategic consulting firm specializing in food, agriculture, and anti-poverty programs. Prior to launching Caprock Strategies he served in the role of Undersecretary for Food Nutrition and Consumer Services at the U.S. Department of Agriculture.

Next Tom Colicchio is the Chef and Owner of Crafted Hospitality which includes restaurants in New York, Los Angeles, and Las Vegas, and he serves on the boards of Children of Bellevue, the Independent Restaurant Coalition, City Harvest and Wholesome Wave.

Chef Colicchio is also the head judge and executive producer of the Emmy award winning Brave TV hit series *Top Chef* which we were happy to welcome to Portland. Mr. Colicchio executively produced a 2013 documentary, *A Place at the Table*, about the underlying causes of hunger in the United States.

We appreciate all the witnesses for participating today and look forward to your testimony. Let me remind the witnesses that we have read your written statements, and they will appear in full in the hearing record. Pursuant to Committee Rule 8(d) and Committee practice, each of you is asked to limit your oral presentation to a five-minute summary of your written statement.

Before you begin your testimony, please remember to unmute your microphone. And during your testimony staff will be keeping track of time and a light will blink when time is up. Please be attentive to the time and wrap up when your time is over and remute your microphone.

If any of you do experience technical difficulty during your testimony or later in the hearing, please stay connected if you can on the platform, make sure you're muted, and use your phone to call the Committee's IT director whose number was provided to you in advance.

We will let all the witnesses make their presentations before we move to Member questions. When answering a question please remember to unmute your microphone. The witnesses are aware of their responsibility to provide accurate information to the Subcommittee, and therefore we will proceed with your testimony. I first recognize Mr. Wilson for five minutes.

**STATEMENT OF MICHAEL WILSON, DIRECTOR, MARYLAND
HUNGER SOLUTIONS**

Mr. WILSON. Good afternoon. Good morning Members of the Committee. My name is Michael J. Wilson. I'm the Director of Maryland Hunger Solutions and I'm also representing the Food Research and Action Center. Thank you Chair Bonamici, Ranking Member Fitzgerald, Ranking Member Foxx, and Chairman Scott for allowing me the privilege of being able to be with you today.

As millions of children and families recover from the health, educational, and economic impact of the pandemic there's never been a more important time to make significant investments in the child nutrition programs.

The upcoming child nutrition reauthorization process and economic recovery legislation present the opportunity for the Committee to make much needed improvements to the child nutrition programs to reduce childhood hunger, decrease childhood overweight and obesity, improve child nutrition and wellness, enhance child development and school readiness, and support academic achievement.

We need to expand program access and participation, ensure nutrition quality, and simplify program administration and operation. As the Committee that oversees the child nutrition programs and education, you have a historic opportunity to make a significant investment and improvements to the child nutrition programs in a way that would allow them to better combat hunger and improve health while supporting academic achievement and educational outcomes.

My testimony will focus on investments in the child nutrition programs. I want to ensure that you know that we believe that the most important step that the Committee and Congress can take to support health and education is to allow all schools to offer school meals to all children at no charge, which is what we are doing right now.

My testimony provides detailed information on why this is a critical component of a 21st Century education system. Millions of children currently are eligible for free and reduced priced meals, who are certified don't participate because of administrative hurdles, conflicting government bureaucracies, stigma, and many other barriers.

There are incremental steps that can be taken to improve our systems, but the most efficient and effective way is providing healthy school meals for all. Let me tell you about a little bit from my perspective here in Maryland, which I think is emblematic around the country.

No. 1, school breakfast is a game changer. We know that often schools make sure kids have a healthy breakfast when they are testing, but we need to make sure that those kids have a healthy breakfast every day. We use a program here in Maryland which many of my colleagues around the country are jealous of called Maryland Meals for Achievement.

We're not completely funding it, but it makes sure that low-income kids can get breakfast in the classroom, which is a critical component of how we succeed.

No. 2, school meal debts damage children in many ways, and I want to be very specific that children are moving through school, graduating from school with school meal debts that they buildup because they are charged, and they can't pay for those school meals.

I'm going to give you a specific example. There was a girl, a second grader in Baltimore County just outside of Baltimore City, and her mom was wondering why is my daughter constipated? Why is she so hungry when I pick her up at the end of the day at school? Why is this happening? Only to find out that her daughter had been getting a lunch when she goes to school, and having the lunch thrown away and be given a cheese sandwich.

The daughter should not have had that happen to her because her mom was on SNAP. She was eligible for free meals, but the lack of communication between the school, the school system and the parent made the daughter have to suffer. There's no way you can ever say you're sorry to that 7 year old girl who now has to live with this all of her life. There's no way of making this up, and it's another reason why we need to have school meals for all, so that we aren't damaging young children this way.

Third, community eligibility is a win/win for schools and students. It's been great for us in urban Baltimore, it's been great in suburban Howard County, which is one of the wealthiest counties in the country, \$84,000.00 of household income where even they are using community eligibility.

And in Somerset County in Eastern Shore where the superintendent has said it is the best decision he ever made as an educator. Children learn in school. They don't just learn reading writing and arithmetic. They learn about history, computers, and our government. They need to learn from all the work that we are doing and that you are doing is that they are a most valued resource and that they are our future.

We should invest in them on making sure they get free school meals for all students. Thank you, Madam Chair.

[The prepared statement of Mr. Wilson follows:]

PREPARED STATEMENT OF MICHAEL WILSON

1

Testimony of
Michael J. Wilson
Director, Maryland Hunger Solutions
On behalf of the Food Research and Action Center

Before

The House Subcommittee on Civil Rights and Human Services

Of the Education and Labor Committee

June 10, 2021

Thank you for the opportunity to provide testimony on the federal child nutrition programs. As millions of children and families recover from the health, educational, and economic impact of the pandemic, there has never been a more important time to make significant investments in the child nutrition programs. The upcoming child nutrition reauthorization process and economic recovery legislation present the opportunity for the Committee to make much-needed improvements to the child nutrition programs to reduce childhood hunger, decrease childhood overweight and obesity, improve child nutrition and wellness, enhance child development and school readiness, and support academic achievement.

We need to expand program access and participation, ensure nutrition quality, and simplify program administration and operation. As the Committee that oversees the child nutrition programs and education, you have an historic opportunity to make significant investments and improvements to the child nutrition programs in a way that would allow them to better combat hunger and improve health, while supporting academic achievement and educational outcomes. My testimony will focus on investments in the school, summer, and afterschool nutrition programs, the child and adult care food program, and the Special Supplemental Nutrition Program for Women,

Infants, and Children (WIC). The School Breakfast Program and National School Lunch Program provide funding to school districts to serve nutritious breakfasts, lunches, and afterschool snacks. They help reduce hunger, improve nutrition, and support academic achievement. When schools closed last spring millions of families lost access to free and reduced-price school meals and food insecurity skyrocketed, disproportionately impacting Black and Latinx families.

Even as I acknowledge the important role that school breakfast and lunch plays for children across the country, the programs miss too many children whose families are struggling as currently structured. Nearly 30 million children were certified for free or reduced-price school meals prior to the pandemic;¹ yet, just under 22 million — 1 in 4 — participated in school lunch on an average day in the 2019–2020 school year before schools closed, and just over 13 million — less than half — participated in school breakfast².

The most important step that the Committee and Congress can take to support health and education is to allow all schools to offer school meals to all children at no charge. This increases participation so that more children can experience the benefits that are linked to school meals: improved academic achievement, test scores, physical health, mental health, attendance, and behavior. It supports participation among children whose families are struggling, but do not meet the current eligibility threshold for free school meals — less than \$29,000 annually for a family of three. It eliminates unpaid school meal debt and reduces administrative work for schools so that schools can focus on providing the most healthy and appealing school meals possible. Schools have been able to provide meals to all children at no charge from spring 2020 through school year 2021–2022, and this should be maintained beyond the pandemic.

Short of implementing the vision of healthy school meals for all, the Committee can continue to make incremental steps in that direction by bolstering the Community Eligibility Provision. The success of community eligibility in reducing red tape and administrative costs, improving economies of scale, increasing participation in school meals (which is linked to improved academic achievement and health) and eliminating school meals debt has highlighted the value of offering meals at no charge to all students. Through community eligibility, more than 1 in 3 schools that operate school meals have been able to offer breakfast and lunch at no charge to all students.² The Committee can increase the number of schools that are able to implement community eligibility by increasing the multiplier from 1.6 to 2.5 percent and lowering the ISP

¹ State-reported USDA program data for the National School Lunch Program, October 2019. ² Food Research & Action Center. *School Breakfast Scorecard School Year 2019-2020*. Available at: https://frac.org/wp-content/uploads/FRAC_BreakfastScorecard_2021.pdf. Accessed on June 7, 2021.

² Food Research & Action Center. (2020). *Community Eligibility: The Key to Hunger-Free Schools, School Year 20192020*. Available at: <https://frac.org/wp-content/uploads/CEP-Report-2020.pdf>. Accessed on June 7, 2021.

threshold from 40 percent to 25 percent (which would translate into about 50 percent of the students being eligible for free or reduced-price school meals).

The Committee could further build upon the success of community eligibility by piloting it statewide. States could develop and pilot different statewide approaches to implementing community eligibility which would enable children in those states to benefit from fully participating in school meals, and schools to benefit from the maximum amounts of administrative and financial savings. An evaluation of this approach would provide important data to guide future investments in school meals. I have seen the success that community eligibility has been all over Maryland; from sparsely populated Somerset County on the Eastern Shore, to high poverty Baltimore City, to Howard County, which, though one of the wealthiest counties in the nation, as acknowledged the existence of poverty in their community.

Direct certification has played an important role in linking some of our most vulnerable children to free school meals. The Committee could make that connection stronger by increasing the number of low-income children who are directly certified to receive free school meals without an application. Some examples include expanding Medicaid direct certification to all states, including children receiving Supplemental Security Income benefits, including children living in households that are receiving guardianship or adoption assistance or low-income home energy assistance, as well as children who are placed in kinship or informal care (an important alternative for placing children in foster care) to qualify automatically for free school meals. This will ensure that the low-income children who need school meals most will be able to access them. It also will reduce administrative work for school districts and improve program integrity within the school nutrition programs by relying on verified eligibility for other programs and reducing the number of school meals applications that schools must collect and process. And I want to emphasize that by school meals, I am including breakfast, because school breakfast is critical for learning, for health and for classroom behavior.³

Another weakness of school meals is the fact that millions of struggling families only qualify for reduced-price school meals. Under the current structure of the school nutrition programs, children are certified to receive free school meals if their family household income is 130 percent of the federal poverty line. The 30-cent copay for breakfast and 40 cent copay for lunch limits many struggling families' access to school meals, creates stigma in participating in school meals, and contributes to school meal debt. By increasing the eligibility threshold for free school meals to 185 percent of the federal poverty line, more children who need free school meals will be able to participate, more families who are struggling to make ends meet will be able to count on a healthy breakfast and lunch for their children on school days, and schools will struggle with less school lunch debt.

³ <https://www.beatalewismd.com/blog/breakfast-for-a-better-schoolyear#:~:text=Ten%20studies%20compared%20test%20scores,task%20behavior%20in%20the%20classroom.>

Healthy school meals for all would fully address the unpaid school meal fees that three out of four school districts struggle with, and that is what we recommend. Short of this comprehensive solution, the Committee can at least protect children from being embarrassed, stigmatized or overtly identified and direct the U.S. Department of Agriculture (USDA) to set federal policy for school meals debt that protects students. This policy should ensure that children are not embarrassed or stigmatized when their family owes school lunch money; that school districts direct communications about school meals debt to parents or guardians, not children; and that the school districts take steps to certify students eligible for free or reduced-price school meals if their families start to accrue school meals debt. While we have worked to address school meal debt at the state level, but improvements at the federal level could make a world of difference to kids facing hunger, stigma, and administrative hurdles that no kid should face.

Another way to support struggling families and school districts without solving the problem of school meal debt is to allow school districts to retroactively claim and receive reimbursements for school meals served to low-income students who are certified for free or reduced-price school meals later in the school year, starting with the first day of the school year.

We also need to do more to support school nutrition finances. The U.S. Department of Agriculture's School Nutrition and Meal Cost Study issued in April, 2019 found that cost to produce school breakfast and lunch was above the free reimbursement rate.⁴ One way to provide additional resources is to provide commodities for the School Breakfast Program. The 2019 Fiscal Year Agriculture Appropriations law provided \$20 million to support breakfast commodities. The reauthorization should build on that investment to support the healthfulness and financial viability of the School Breakfast Program even further.

And we must make sure that the food served at school is healthy and nutritious by protecting the nutrition standards for school meals and other food sold in school. Healthy school meals are especially important for low-income children who are vulnerable to obesity and poor nutrition because of risk factors associated with poverty, including stretched family resources, limited access to healthy and affordable foods, fewer opportunities for physical activity, high levels of stress, greater exposure to obesity-related marketing, and limited access to health care. Given all of these challenges, healthy school meals, limiting unhealthy "competitive foods" in schools, and ensuring a healthy school mealtime environment play an important role in improving the health of low-income children. Research shows that the 2012 nutrition standards

⁴ U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, School Nutrition and Meal Cost Study, Final Report Volume 3: School Meal Costs and Revenues by Christopher Logan, Vinh Tran, Maria Boyle, Ayesha Enver, Matthew Zeidenberg, and Michele Mendelson. Project Officer: John Endahl. Alexandria, VA: April 2019.

(prior to the most recent rollbacks by USDA) have had a positive impact on the school

nutrition environment, as well as student food selection and consumption, especially for fruits and vegetables.⁵

When children are not in school, the Summer and Afterschool Nutrition Programs are available to help to ensure that children are not hungry during the long summer vacation, after school, or on weekends or school holidays. In normal times, the healthy meals and snacks that these programs provide help to draw children into educational and enrichment activities that keep children safe and learning while their parents are working. Summer and afterschool meals combined with programming will play a critical role in overcoming the educational impact of the pandemic. In normal times, too many children miss out on both programs. Only 2.8 million children received a summer lunch on an average day in July 2019 — that's only 1 in 7 of the low-income children participating in school lunch during the school year.⁶ Afterschool suppers served only 1.4 million children on an average day in October 2019.⁸

One of the primary reasons why afterschool and summer meals have such a limited reach is that too many communities are not eligible to operate the programs. A summer or afterschool meal site qualifies for federal funding if 50 percent or more of children in the area, as defined by school or census data, qualify for free or reduced-price school meals. This threshold keeps many communities with significant numbers of low-income children, but not a high enough concentration of poverty, from participating. This is particularly true in rural areas. In addition, the 50 percent test is inconsistent with the rules for federally funded summer and afterschool meals programs, such as the 21st Century Community Learning Centers programs and Title I, whose funding occurs when 40 percent or more of children in the area qualify for free or reduced-price school meals. These important education programs, which will be even more critical as schools and communities work to overcome the educational impact of the pandemic, should all be able to provide summer and afterschool meals. Allowing summer and afterschool meal sites to participate if 40 percent of the children in the area are eligible for free or reduced-price meals would increase the reach of these programs.

The administrative work required to feed children year-round through both the afterschool and summer nutrition programs is another significant barrier to access, because it discourages participation. Currently, Summer Food Service Program sponsors and schools must apply to and operate the Child and Adult Care Food Program (CACFP) in order to provide children — often the same children — suppers after school

⁵ Hartline-Grafton, H. (2016). *Research Shows that the School Nutrition Standards Improve the School Nutrition Environment and Student Outcomes*. Washington, DC: Food Research & Action Center.

⁶ Food Research & Action Center. *Hunger Doesn't Take A Vacation: Summer Nutrition Status Report*. Available at: <https://frac.org/research/resource-library/summer-nutrition-report-2020>. Accessed on June 7, 2021. ⁸ Food Research & Action Center. *Afterschool Suppers: A Snapshot of Participation 2020*. Available at: <https://frac.org/wp-content/uploads/FRAC-Afterschool-Report-2020.pdf>. Accessed on June 7, 2021.

during the school year. This creates duplicative paperwork and confusing administrative rules that discourage participation. Sponsors should be able to feed children year-round through the Summer Food Service Program, and schools should be able to provide

meals after school, on weekends, and during school holidays through the National School Lunch Program.

Additionally, allowing all summer meal sites to serve a third meal and providing funding for transportation grants are important strategies to meet children's nutritional needs. And given the role that the Committee plays in authorizing the 21st Century Community Learning Centers and other funding to support educational programs, I recommend increasing funding for afterschool and summer programs as a core part of the strategy to increase the reach of summer and afterschool meals. That will provide children with what they truly need: educational and enrichment programming combined with nutritious meals that attract children to the programs and also provide the nutrition needed for children to engage and learn to fully benefit from the programming.

Because of the limited availability of educational and enrichment programs that provide the platform for meals during the summer, school breaks, and unanticipated school closures, the Summer Electronic Benefit Transfer (EBT) program should be made available to all children who are eligible for free or reduced-price school meals when schools are closed. Evaluations of Summer EBT and initial research on Pandemic EBT shows that this approach helps minimize food insecurity.

CACFP provides funding to serve healthy meals and snacks in Head Start, child care centers, family child care homes, and afterschool programs. This program supports good nutrition, as well as high-quality and affordable child care, which helps children develop fully and enter and attend school ready to learn while their parents are at work. Unfortunately, under the current rules, CACFP meals and snacks are out of reach for millions of young children in child care.

Child care centers and homes should have the option of serving an additional meal (typically a snack or supper), as was previously allowed prior to 1996. National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. Many children are in care for more than eight hours per day as their parents work long hours to make ends meet, so they rely on child care providers to meet a majority of their nutrition needs. Previously, child care providers could receive funding for up to four meal services — most commonly two meals and two snacks. In the **Personal Responsibility and Work Opportunity Reconciliation Act of 1996**, one meal service to children was cut to achieve budget savings. This penny-wise and pound-foolish step harms children's nutrition and health and weakens child care⁷. We should restore CACFP support to the full complement of meals and snacks young children need and

⁷ <https://www.fns.usda.gov/pl-104-193>

stop short-changing young children at a time when they and their families can least afford it.

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

The Committee should streamline program requirements, reduce paperwork, and maximize technology to improve program access. This will improve CACFP’s ability to reach low-income families and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. This includes the following recommendations:

- modernize applications, eliminate unnecessary duplicative enrollment forms;
- allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards;
- allow direct certification in all states; and
- support sponsoring organizations’ ability to mediate and fix problems through improvements to the serious deficiency process.

The Committee should permanently eliminate the area eligibility test to streamline access to healthy meals for young children in family child care homes. Currently, under a COVID-19 waiver, all family child care homes qualify for the highest reimbursement rate. This eliminates the usual area eligibility requirement that requires that a local area meet a 50 percent low-income threshold. This threshold is not an effective mechanism because it misses many providers serving low-income children. This is especially true in rural and suburban areas, which do not typically have the same pattern of concentrated poverty seen in urban areas. In addition, the area eligibility test completely bypasses providers and families struggling in high cost-of-living areas. Making the elimination of the area eligibility test permanent would bring more child care providers who serve low-income children into CACFP, and many more children in need would receive healthy CACFP meals and snacks.

The Committee should take a number of steps to improve the financial viability of CACFP in order to ensure that meals through the program are available at child care centers and homes in all areas of the country.

CACFP reimbursements should be increased. Cost is one of the most commonly cited barriers to providing the healthier foods required by CACFP. Increasing the availability and consumption of fruits and vegetables, whole grains, and lower-fat dairy products among young children in child care is essential to improve development, promote health and prevent obesity at exactly the time — early childhood — when it can have the most long-term effects. This effort needs to be supported by adequate meal reimbursements.

CACFP program reimbursements to support CACFP sponsoring organizations should be increased. Sponsors' administrative reimbursement rates should be brought to the level necessary to cover costs of administering the program. This could help mitigate the significant decline in the number of CACFP sponsors, which are the nonprofit community-based organizations that support the participation of family child care homes in CACFP.

The Consumer Price Index for Food Away from Home should be used as the cost-of-living adjustment for family child care home CACFP reimbursement rates. The Consumer Price Index for Food at Home, which is the cost-of-living adjustment used for CACFP homes, has not kept up with the cost of providing CACFP meals. The Consumer Price Index for Food Away from Home, which is the cost-of-living adjustment used for child care centers, has been a better indicator of the costs for homes and centers.

The expansion that allows young adults 18 to 24 years old to participate in CACFP at homeless and youth-serving shelters should be made permanent. Prior to the recently passed American Rescue Plan Act, youth serving shelters could not use CACFP because the program was limited to children under 18 years of age. By making permanent the CACFP age expansion implemented during COVID-19, youth-serving and family homeless shelters could continue to rely on CACFP to serve healthy meals and snacks. CACFP is an important resource to support the efforts of the committed, hard-pressed, and often faith-based organizations working to care for this vulnerable population.

The Committee should continue funding the USDA's Team Nutrition CACFP nutrition education and program efforts. These funds will be crucial to supporting the continuation of USDA's important role in providing valuable and innovative materials, training, technical assistance, and support to State agencies and program operators — all of which are critical to the success of the new CACFP healthier meal pattern and nutrition standards. There is room for improvement in nutrition knowledge among child care providers, and CACFP training and materials are an important step in promoting healthy eating among preschool children.

I want the Committee to know that it is important to support access to WIC, which provides low-income nutritionally at-risk pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education, breastfeeding support, and referrals to health care. Research shows that WIC improves participants' health and well-being, dietary intake, and birth and health outcomes; protects against obesity; and supports learning and development. WIC serves 6.2

million participants, which is only about half of those who are eligible. Congress can make crucial improvements to strengthen and expand the WIC program.

The flexibilities provided during the pandemic that allow for remote enrollment, services and benefits issuance, and the facilitation of online ordering should be made permanent. It is time to modernize and streamline the WIC program to enhance the WIC experience. It will be important to use the lessons learned from the success of the flexibilities that were offered through WIC waivers during COVID-19. Parents across the country are universally positive about being able to have WIC enrollment and services via phone, and remote benefit issuance. The successful waiver (dropping the requirement for in-person WIC clinic visits) has allowed participants to complete enrollment and education appointments from a convenient location over the phone. Far fewer common options for services have included video chats and telehealth systems. USDA should accelerate the progress made toward facilitating online ordering during COVID-19. Online ordering systems help WIC participants easily and conveniently choose the right nutritious WIC foods and avoid embarrassing mix-ups during the check-out process.

The Committee should fund comprehensive WIC outreach and coordination, including establishing a WIC community partners outreach program and an initiative to coordinate data in the health care and WIC sectors through technology. Here are some important steps that the Committee could take in this area.

- Establishing a WIC community partners outreach program, patterned off of the successful SNAP outreach program, would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach. Effective outreach by community partners can broaden the reach and effectiveness of WIC, which can help overcome barriers to WIC participation, including widespread misconceptions about eligibility, concerns expressed by immigrant families, and limited access to information about WIC benefits and how to apply. WIC outreach needs to serve an increasingly culturally and linguistically diverse population and the new generation of tech-savvy mothers.
- An initiative to coordinate data in the health care and WIC sectors through the use of technology will pay dividends. It is absolutely essential to streamline the current and often arduous options (fax or fillable PDFs) for health care providers to give patient's health information to WIC. This will help families enroll and maintain participation in WIC by using the assessments (e.g., heights and weights) and blood tests (e.g., for anemia) already completed by their health care providers. In addition, data matching between Medicaid and WIC can be used as an outreach tool to successfully identify eligible but not participating families, and to streamline the income-eligibility process for parents.

The WIC certification periods should be extended to two years, and children should be eligible until their sixth birthday. Extending WIC certification to two years will support the health of mothers and children with much-needed WIC benefits, healthy food, nutrition counseling, and referrals to services. The mothers and children who are eligible for the extension struggle with food insecurity and poverty — two conditions that make it difficult to maintain good health, nutrition, and overall well-being. The extension of certification periods and eligibility will help to retain families in WIC, which has been a challenge.

The WIC food package should be updated to be consistent with the 2020–2025 Dietary Guidelines for Americans, and maintain the scientific integrity of the WIC food package process¹⁰. The WIC food packages were revised in 2007 to align the authorized foods with the latest nutrition science at the time. Research shows that the revised WIC food packages have favorable impacts on dietary intake, breastfeeding outcomes, and obesity rates. In addition, studies suggest an important role for the WIC food package in improving neighborhood food environments, which benefits low-income communities. The new food package revisions should be consistent with the new Dietary Guidelines and National Academies of Science, Engineering and Medicine recommendations, including increasing the value of the fruit and vegetable benefits and investing significantly in the children's package.

Children learn in school. They don't just learn reading, writing and arithmetic. They learn about history, computers, and our government. From pre-school through high school, the most important thing that they learn is that they are our most valued resource, and the future of our nation.

Many of us who work in the child nutrition area are also learning. Since the last child nutrition reauthorization in 2010, we have learned more about direct certification, community eligibility, school meal debts as well as about nutrition. And the recent pandemic taught us a great deal about how to provide meals, benefits, and access to school meals, summer meals, and benefits to pregnant moms, and mothers with young children. If we take those lessons and apply them to the legislation that the committee is about to process, the winners will be children all over this nation, and that includes Maryland.

¹⁰ 2020–2025 Dietary Guidelines for Americans

Chairwoman BONAMICI. Thank you for your testimony. Next, we'll hear from Ms. Cooper. Ms. Cooper you're recognized for five minutes for your testimony, welcome.

**STATEMENT OF CRYSTAL COOPER, EXECUTIVE DIRECTOR,
NUTRITION SUPPORT SERVICES, CHICAGO PUBLIC SCHOOLS**

Ms. COOPER. Good afternoon, Chair Bonamici, Ranking Member Fitzgerald, Chairman Scott, Ranking Member Foxx, and Members of the Subcommittee on Civil Rights and Human Services. Thank you for the opportunity to discuss Ending Child Hunger: Priorities for Child Nutrition Reauthorization.

I am Crystal Cooper, Executive Director of Nutritious Support Services at Chicago Public Schools. I've had the honor of working with some of the best nutrition professionals in Chicago for over 7 years. The lunchroom staff at CPS serves over 60 million meals to over 300,000 students annually.

CPS is a 100 percent community eligibility provision district receiving the maximum free reimbursement rate for all meals. CPS participates in all child nutrition programs available, such as the National School Lunch Program, the School Breakfast Program, Child and Adult Care Food Program, the Fresh Fruit and Vegetable Program, the Department of Defense Fresh Fruit and Vegetable Program, and the Summer Food Service Program.

We are committed to serving our students the freshest and healthiest meals during the school day and during after school and Saturday activities. During the pandemic, we have been grateful for the waivers received, specifically the non-congregate feeding waiver, and the waiver allowing districts to run the Summer Food Service Program.

We have served over 45 million meals with these waivers and started meal deliveries to homes of students and families that are most impacted by COVID-19 and could not get to a food distribution site. We are a founding Member of the Urban School Food Alliance, that comprises 15 school districts.

Through monthly membership calls, we share recipes, ideas about farm-to-school programs and best practices regarding procurement, meal distribution, meal kits, summer feeding, and food trucks to ensure we are all providing healthy and nutritious meals to students.

At Chicago Public Schools we ensure all menu items meet the Target 2 standards for sodium reduction, and all that all grains are 100 percent whole grain rich, composed of 50 percent or more whole grains. We did not and do not intend to use the waivers for flexibility on these standards.

We have maintained our commitment to serving fresh local food from the Midwest, including frozen-local produce once per week, and local no-antibiotic chicken twice per month. We are targeting removing ingredients of concern from food, which include added sugars and items that students cannot pronounce. We believe that educating students about food and food choices is key to the success of child nutrition programs.

If menu items are not favorable with students, we work with local chefs to develop new recipes and hold student focus groups and menu tastings to determine items to replace. As an African-American woman, a graduate of Chicago public schools, and a recipient of the school breakfast and lunch program, I see my role as being an advocate for my younger self.

This means ensuring students do not grow up believing it is normal to have high blood pressure, diabetes, or to suffer from obesity. As a school nutrition professional, if I can introduce the students to items that are colorful, fresh, crunchy, and flavorful, and have them as repeat customers, I'm going to fight for that daily.

It is my responsibility to remove the hunger barrier and make sure students receive the nutrition they need to function at their best and focus on academics. This also means ensuring that stu-

dents are not denied a healthy school breakfast or lunch due to stigma or financial concerns. It means maintaining a high bar for nutrition standards.

As a Committee you could have a profound effect on these efforts. I urge you to reject the idea of rolling back nutrition standards and help improve student health and shake their life-long preferences. At CPS we have had no problem with finding many items and recipes that our students enjoy.

I also urge you to support healthy school meals for all to ensure every student has access to free nutritious meals, and to also ensure nutrition professionals focus on the best interests of their students rather than processing paperwork, determining which students are eligible for meal assistance and collecting debt.

But the impact of high nutrition standards and healthy school meals for all will be minimized if our students are not guaranteed sufficient time to eat their food. Our principals are often put in a position of squeezing in 20 minute lunch periods leaving students maybe 10 minutes to eat their meals, after accounting for the time they waited in line.

The American Academy of Pediatrics recommends students get at least 20 minutes to eat lunch, and I urge the Committee to consider policies that support sufficient lunch time to allow students time to eat their food.

I would like to end by thanking you for this time today. As I advocate for all students of Chicago public schools and the hard-working dedicated staff who show up daily to ensure our children receive balanced, nutritious meals, thank you.

[The prepared statement of Ms. Cooper follows:]

PREPARED STATEMENT OF CRYSTAL COOPER

Written Testimony**Crystal Cooper****Executive Director, Nutrition Support Services****Chicago Public Schools****Before the Civil Rights and Human Services Subcommittee****Subcommittee Hearing: Ending Child Hunger: Priorities for Child Nutrition Reauthorization****June 10, 2021**

Good Afternoon Chair Bonamici, Ranking Member Fitzgerald, Chairman Scott, Ranking Member Foxx, and members of the Subcommittee on Civil Rights and Human Services. Thank you for the opportunity to discuss Ending Child Hunger: Priorities for Child Nutrition Reauthorization. I am Crystal Cooper, Executive Director of Nutrition Support Services at Chicago Public Schools. I have had the honor of working with some of the best nutrition professionals in Chicago for more than seven years. The lunchroom staff at CPS serves over 60 million meals to more than 300,000 students annually.

CPS is a 100% Community Eligibility Provision district, receiving the maximum free reimbursement rate for all meals. CPS participates in all child nutrition programs that are available, such as the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Fresh Fruit and Vegetable Program, the Department of Defense Fresh Fruit and Vegetable Program, and the Summer Food Service Program. We are committed to serving our students the freshest and healthiest meals during the school day and during after school and Saturday activities. During the pandemic, we have been grateful for the waivers received, specifically the non-congregate feeding waiver, and the waiver allowing districts to run the Summer Food Service Program. We have served more than 45 million meals with these waivers and have started meal deliveries to homes of students and families that are most impacted by COVID-19 and could not get to a food distribution site.

We are a founding member of the Urban School Food Alliance, which comprises 15 school districts that collaborate to share best practices, develop procurement standards, and advocate for the health and wellness of students. We gain valuable insights from each other and help each other when we face challenges. Through monthly membership calls, we share recipes; ideas about farm-to-school programs; and best practices regarding procurement, meal distribution, meal kits, summer feeding, and food trucks to ensure we are all providing healthy and nutritious meals to students.

At Chicago Public Schools, we ensure all menu items meet the Target 2 standards for sodium reduction, and that all grains are 100% whole grain rich, meaning that they are composed of 50% or more whole grains. We did not and do not intend to use the waivers for flexibility on these standards. We have maintained our commitment to serving fresh local food from the Midwest, including frozen-local produce once per week, and local no-antibiotic chicken twice per month. We are targeting removing ingredients of concern from food, which include added sugars and items that students cannot pronounce. We believe that educating students about food and food choices is key to the success of child nutrition programs. If menu items are not favorable with students, we work with local chefs to

develop new recipes and hold student focus groups and menu tastings to determine which items to replace. We also challenge our supply chain and vendors to produce healthy menu items that will appeal to students.

Students attend school five days a week and some on Saturdays. It is my responsibility to remove the hunger barrier and make sure students receive the nutrition they need to function at their best and focus on academics. As an African American, a former student in Chicago Public Schools, and a recipient of the school breakfast and lunch program, I see my role as being an advocate for my younger self. This means ensuring students do not grow up believing it is normal to have high blood pressure or diabetes, or to suffer from obesity. As a school nutrition professional, if I can introduce the students to items that are colorful, fresh, crunchy, and flavorful, and have them as repeat customers, I am going to fight for that daily. This also means ensuring students are not denied a healthy school breakfast or lunch due to stigma or financial concerns. It means maintaining a high bar for nutrition standards.

As a committee, you can have a profound impact on these efforts. I urge you to reject the idea of rolling back nutrition standards that help improve students' health and shape their life-long preferences. At CPS, we have had no problem with finding menu items and recipes that our students enjoy. I also urge you to support healthy school meals for all to ensure every student has access to free, nutritious meals, and to promote policies that allow nutrition professionals to focus on the best interests of their students rather than on processing paperwork, determining which students are eligible for meal assistance, and collecting debt.

The impact of high nutrition standards and healthy school meals for all will be minimized if our students are not guaranteed sufficient time to eat their food, which is currently the case in many of our schools. Our principals are often put in the position of squeezing 20-minute lunch periods into the elementary school day, leaving students maybe 10 minutes to eat their meals after accounting for the time they wait in line for their food. The American Academy of Pediatrics recommends that students get at least 20 minutes to eat lunch, and I urge the committee to consider policies that support allowing students' sufficient time to eat their food.

Lastly, just as you did in 2020, I would like the committee to consider our request for additional revenue to replace lost revenue for this school year. Overseeing the nutrition program in a large district like Chicago Public Schools does not come without its financial challenges. My department ended our 2020 fiscal year with a 28 million dollar deficit, and we are projecting a 20 million dollar deficit for the 2021 fiscal year. Because we served fewer meals during the pandemic, our revenue decreased, while our overhead costs stayed the same. We need increased funding to pay our highly-skilled staff, who have been serving meals nonstop since March of 2020.

I would like to end by thanking you for this time to advocate for all students in Chicago Public Schools, and for the dedicated staff who show up daily to ensure these children receive balanced, nutritious meals under our care.

Thank You

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Chairwoman BONAMICI. Thank you so much Ms. Cooper. Next, I'll recognize Mr. Lipps. Mr. Lipps you have five minutes for your testimony. I think you need to unmute there Mr. Lipps.

STATEMENT OF BRANDON LIPPS, PRINCIPAL, CAPROCK STRATEGIES

Mr. LIPPS. Sorry about that. Thank you, Chairwoman Bonamici, Representative Fitzgerald, and Members of the Committee for the opportunity to discuss the lessons learned from my time leading the food and nutrition service at the U.S. Department of Agriculture.

I am Brandon Lipps, Principal at Caprock Strategies where I work to connect stakeholders across sectors to solve big problems so that regular people can thrive. At USDA I committed early on to hearing directly from the families that we served and those that serve them.

These partners confirmed that real change happens when we meet families where they are and empower them to take the next step, a concept that we call moving families forward. As you consider child nutrition reauthorization, I implore you to remember the vast diversity of our country, and the resources available to each child nutrition professional.

There really is no one size fits all approach. The Healthy Hunger Free Kids Act significantly increased consumption of fruits, vegetables, and whole grains, and decreased overall calories and sodium in our school meals. This is an exciting accomplishment that we should all celebrate. But overly restrictive regulations made many school meals less palatable, so kids are less likely to reach for nutrient dense options like milk.

Even considering significant increases in automatic enrollment, school lunch participation has declined by more than two million students per day. Those who serve our children are deeply committed to serving nutritionally rich meals that keep kids healthy. They also need to be able to serve nutrient dense meals that children will eat.

While at USDA I visited dozens of schools, some served by trained chefs, over and over I saw children trading toys for food that other kids brought from home, and some dumping their lunch trays in the trash bin mostly full. My site visits confirmed what USDA's research shows, over 30 percent of school food is still wasted.

One quarter of Vitamins A, C, D, calcium, and potassium are dumped in the trash. USDA's current regulations are based on the best available science of the perfect meal, but the science is worthless if the children don't eat the food.

Congress should maintain and celebrate the important nutritional advancement schools have made, but policy must also be informed by local nutrition professionals who know their children, and are asking for minimal flexibilities in the dairy, sodium, and whole grain categories so they can prepare tasty and nutritious meals.

Similarly, child nutrition providers consistently ask for simpler program regulations so they can spend more time with the children they serve. Many providers serve meals through multiple programs that require redundant applications in reporting. Please consider streamlining and simplifying these program requirements while maintaining program integrity.

As we enter the summer months it's the perfect time to consider options for summer food service. Congress should authorize a full toolbox of summer food service options that empower local providers to choose the option that best serves their own communities. Only about 15 percent of eligible low-income children access the summer food service program, in part because so many lack transportation to reach a congregate feeding site.

The pandemic provided an opportunity to test several solutions on a large scale, and a number of options have proven very valuable, including Pandemic EBT and bus routes. One such example is a public private partnership between the USDA, the Baylor Collaborative on Hunger and Poverty, McLane Global and PepsiCo's Food for Good that quickly delivered almost 40 million nutritious meals to verified low-income children in 43 states when children were furloughed from school.

Options like Meals to You ensure that the summer program does its job of meeting families where they are, delivering USDA approved nutrition to the doorsteps of rural and other hard to reach children. Policymakers must allow schools to meet our children's needs and teach nutrition in ways that empower kids to make healthy choices.

On one of my local visits to a school farm a bright young student told me that her farm-to-school program inspired her to aim for college majoring in biology. Later that same day I saw students in the lunch line select and then eat fruits and leafy greens vegetables, change always happens in community.

For these kids change happened in their community garden. Investing in hands-on learning improves nutrition in ways that complicated regulations never will. In closing, I want to thank the Committee for your engagement on this important issue, and as you advance, I urge you to consider how programs can change kids' lives and community and be a tool of empowerment to move families forward. Thank you.

[The prepared statement of Mr. Lipps follows:]

PREPARED STATEMENT OF BRANDON LIPPS

**Testimony of Brandon Lipps
Principal, Caprock Strategies, LLC**

**To the U.S. House Committee on Education and Labor
Civil Rights and Human Services Subcommittee**

*Thursday, June 10, 2021
12:00 pm, Virtual*

Thank you, Chairwoman Bonamici, Ranking Member Fulcher, and Members of the Committee for the opportunity to discuss the lessons learned during my time leading the Food and Nutrition Service (FNS) as the Deputy Under Secretary for the U.S. Department of Agriculture's (USDA's) Food, Nutrition and Consumer Services (FNCS) mission area.

I am Brandon Lipps, and I am currently a principal at Caprock Strategies, LLC. I believe in bringing together stakeholders across the food, agriculture, and anti-poverty sectors to solve big problems so regular people can thrive. During my time as Deputy Under Secretary, I committed to hearing directly from the families we served, and those that serve them, as often as possible. This resulted in dozens of roundtables, listening sessions, and site visits to schools, parks, childcare centers, food banks, WIC clinics and other providers. Those of us who live and work inside the D.C. Beltway should remember that the best feedback comes from the families served by these programs and the individuals embedded in their local communities.

The USDA Food and Nutrition Service's (FNS) child nutrition programs are critical to ensuring that America's children have the nutrition they need to grow, develop, and ultimately thrive as productive adults. FNS's child nutrition programs begin with pregnant mothers and continue until adulthood. Our youngest children are served by the Special Supplemental Nutrition Program for Women, Infants, and

Children (WIC) which consistently shows measured success in increasing the health of participating children. As children grow, they benefit from the Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), and ultimately the National School Meals Programs. The School Meals Program, at its core, ensures that our nation's schoolchildren are nourished and not distracted by hunger when they are trying to learn. Additional programs like the Farm to School program allow kids to learn first-hand where their food comes from, and how to nurture the ingredients that will ultimately nurture their bodies.

My interactions with children, school lunch professionals, policymakers and the programs themselves during my time at USDA confirmed that real change happens when we meet families where they are and empower them with the tools they need to take the next step – a concept that we called “moving families forward.”

At USDA I learned that in its simplest form, handing out food is the easy part. Advancing the long-term nutritional and educational needs of our children is nuanced and requires local partners who invest daily in learning the specific needs of their children and meeting them at ground level.

I implore you to listen to that view from the ground when writing new policy on these important programs. That view is significantly different in rural Texas than it is in suburban Virginia, and different in Alaska than it is in Puerto Rico. Please consider input from local providers in all areas, not just those with access to a particular set of coveted resources.

The dedicated local individuals who serve our children are committed to the best for each child they serve. The best food, the best nutrition, and the best care. They do not see students as numbers or regulations, but individuals with differing needs and strengths. As policymakers, I ask that you trust those caregivers who interact with children every day and extend flexible tools for local partners to meet our families where they are and empower them to move forward.

During my travels on behalf of USDA, feedback from children, families and local providers affirmed that child nutrition programs need to be flexible, modernized, and simplified. Providers want to spend time serving our children and less time sorting through complicated regulations, using decades old technology, and sifting through piles of paperwork for multiple programs that often serve the same children.

FlexibilitiesSchool Meal Pattern Requirements

FNS's 2012 school meals regulations were implemented as a result of the Healthy, Hunger Free Kids Act and significantly increased the nutritional requirements for school meals. Overall, these regulations have increased the amount of fruits, vegetables and whole grains and decreased the overall calories and sodium in our school meals. *This is an exciting accomplishment that should be celebrated.*

However, overly restrictive regulations have tended to make school meals less palatable. Despite significant increases in free school meal participation through various allowances in the law, National School Lunch Program participation has declined by more than *2 million students per day* since the 2012 regulations.

The local individuals who serve our children meals day-in and day-out are deeply committed to serving nutritionally rich meals that support the health outcomes of the children they serve. They are also deeply committed to serving meals that their children will consume. Policymakers must provide the minimum flexibilities needed to serve nutritious meals our children will actually eat.

Early in my tenure at USDA, I visited an inner-city charter school served by a trained chef. And yet, I sat at a table where children did not eat most of their food. Half of the children at my table spent their lunch period trading cards for food from the one boy who had brought his lunch from home.

This and other site visits are consistent with the data in USDA's most recent School Nutrition and Meal Cost Study. In fact, the study reports that over 30 percent of food served in school meals is wasted. Significantly, one quarter of vitamins A, C, D, calcium and potassium are wasted. A meal that scores 100 on nutrient availability, minus 30 percent in the trash bin, scores a barely passing grade. USDA's current regulations are based on the best available science of the perfect meal, but the science is worthless if children don't eat the food.

As you look toward child nutrition reauthorization, I encourage you to give school nutrition professionals permanent flexibilities, especially within the dairy, sodium, and whole grain categories. Noting the challenges across these categories, Congress and USDA, under both Democratic and Republican leadership, have provided annual exemptions and waivers across these three categories since 2012,

creating a complicated and time-consuming labyrinth of policies for providers, states and USDA to navigate.

We can't expect our school lunchrooms to bear the entire burden of changing our children's nutrition choices in less than 20 minutes a day. Congress must provide our local child nutrition providers the flexibility they need while empowering families with the tools to make better nutrition choices. *Cut the time spent on paperwork; give school nutrition professionals standard flexibility to serve delicious, nutritious food.*

Summer Food Service Program

The Summer Food Service Program is an important intervention to offset childhood food insecurity during the summer when schools are not in session. The SFSP provides food that meets nutrition requirements similar to the school meals programs. However, SFSP reaches only about 15 percent of the low-income children served through school meals. Several factors influence this low participation rate but most significantly, many children lack transportation to reach a congregate feeding site like a park or community center where meals are served.

Providers and families have told policymakers for several years that non-congregate options would allow for better access to food for more of America's low-income children. In a country as diverse as America, no one solution works for all of our children. *Congress should authorize a full toolbox that empowers local providers to select the options that best serve the children in their own communities.*

The pandemic provided an opportunity to test a number of solutions on a large scale. From pandemic EBT, to bus routes run by schools and food banks, to the emergency Meals-to-You program, numerous options have proven successful in increasing the delivery of healthy food to America's children. Each of these programs operate in a unique manner that allows local providers to meet families where they are.

As a prime example, and untested before the pandemic, a public private partnership between USDA, the Baylor Collaborative on Hunger and Poverty and Pepsico's Food for Good allowed Emergency Meals-to-You to quickly deliver almost 40 million nutritious meals to more than 270,000 verified low-income rural children in 43 states when children were furloughed from school. Options like Meals-to-You that deliver food that meets the SFSP meal pattern requirements ensure the program does its job of meeting families

where they are, while delivering nutrition to the doorsteps of kids that otherwise would not have access to it.

Modernization

To serve families well, the programs must continually modernize as an ongoing part of program administration. Modernization can be time consuming, resource intensive, and difficult as change is implemented at the federal level, through state agencies, and ultimately through local partners. But when these resources are aligned, modernization can actually happen quickly and successfully, providing great benefit to the families served by the respective programs. Policymakers owe it to the families served by these programs to ensure that programs are modernized to continually move families forward. We need look no further than the dramatic expansion of the SNAP online pilot across dozens of states in the midst of the pandemic for a successful model with a speedy rollout.

Simplicity

Child nutrition providers across the spectrum of programs have asked for simpler program regulations. After all, what local providers want most is to spend time investing in the very kids they serve each and every day. The less administrative burden required, the more time they can spend with those children. Policymakers must always consider the delicate balance between administrative reductions and integrity, but within that, allow modifications to reduce administrative burdens.

Many school food authorities serve meals through school meals programs, CACFP and SFSP. To do so, they are required to complete applications that are often redundant and time-consuming. And subsequently, to provide multiple, sometimes duplicative reports across each of the programs. Food banks and other providers have also expressed concern over the time required to fill out separate applications and reports across similar suites of programs.

These local providers are serving healthy food to children in need, regardless of the name of the program. *Congress should consider opportunities to streamline and simplify providing services across this suite of programs.* Ultimately, this would allow providers to spend more time helping the children they serve and less time in the office doing paperwork.

Empowering Providers and Parents

Policymakers must consider opportunities to allow those professionals in local schools to meet our children's needs and teach them about nutrition in ways that empower them to take ownership of healthy choices as they grow.

One of the best examples of such a program is the Farm to School Program. This program not only increases fresh, local food in our school lunchrooms, but it empowers our children to make healthy choices for nutrition and life.

During my tenure at USDA, I visited a school in San Antonio, Texas. This particular campus had a farm where students got their hands dirty growing their own fresh produce. As I toured the farm, students told me how the farm had inspired them to learn more about both agriculture and nutrition. One student told me that her work at her campus farm had inspired her to aim for college, majoring in biology. She will be a first-generation college student.

Later, as students entered the lunch line, they were offered fruits and lettuces from their garden -- no sugar, no dressing. One after another, I watched these children independently choose and eat their fruits and leafy green lettuces. For these kids, change happened in their community garden. Change always happens in community and investing in hands-on learning improved these kids' nutrition in ways regulations never could have.

In closing, I want to thank the Committee for your engagement on the important issue of child nutrition and your support for these critical programs. I know the effort required to develop legislation of this size and complexity. As you consider reauthorizing these important programs, I urge you to consider how each of them can change real kids' lives in community and be a tool of empowerment to move families forward.

Chairwoman BONAMICI. Thank you, Mr. Lipps, and now we will hear from Chef Colicchio. Chef Colicchio you are recognized for five minutes for your testimony.

**STATEMENT OF TOM COLICCHIO, CHEF AND OWNER,
CRAFTED HOSPITALITY**

Mr. COLICCHIO. Thank you. Chairman Scott and Ranking Member Foxx, Chairwoman Bonamici and Ranking Member Fitzgerald, Members of the House Education and Labor Committee, you know I was here 12 years ago to testify in front of this very Committee then Chaired by Representative George Miller in support of what became the Healthy Hunger Free Kids Act, a law that addressed

the rising epidemic of childhood obesity in America by approving nutritional school meals.

The law reduced sugar and sodium, added fresh produce and whole grains, while also removing vending machines peddling sugary soft drinks from school lunchrooms. At the time the bill's opponents criticized the bill is a dangerous overreach, painting it as the work of the 90 Street bureaucracy.

Well for the record, I date back to the days when kids walked home for lunch, and where my nanny, my grandmother Ester, always a hot meal waiting for me and my brothers, and I only wish that all American school children could have that same experience.

In the years since President Obama signed the Healthy Hunger Free Kids Act into law, and despite the fact that obesity rates began to drop, certain Members of Congress have chipped away at the standards that the law created. They've added sugars back in, gotten rid of the mandate for whole grains, citing concerns about food waste.

Well much has changed in the past 12 years, but much remains the same. A healthy diet is still out of reach for many Americans, meaning that their children's health is linked to the quality of food they receive in school. So I'm here today to urge you to find the funds and the political will to do right by these kids.

As millions of children and their families recover from the impact of the COVID-19 pandemic, there has never been a more important time to make significant investments in the childhood nutrition programs. My mother, Beverly Colicchio, was a school lunch lady. She worked for decades as a cafeteria supervisor in Elizabeth, New Jersey, where about 70 percent of the students qualified for free, or reduced-price breakfast and lunch.

And often the meals that she served to those kids were the only food they got all day, and it was upsetting to her that the cheapest food contracted out to the lowest bidder was usually what was on the menu. The food that may have met the nutritional guidelines on paper, without being truly healthy.

And her experience feeding these kids stayed with me for a lifetime, and impacts everything that I do. And so when COVID-19 shut down our economy, I immediately thought of the 30 million public school children, like the ones in my mother's lunchroom, where were they going to eat now that these schools were shut down.

Well thanks to the hard work of the advocates and some of the Members on this call, in New York and nationally, regulations were eased, and temporary provisions were made to allow for programs like the Pandemic EBT which was a lifeline for families who could not access school breakfast and lunch while school was still shuttered.

Now was not the time to roll back this critical support. Now I'm glad that the administration would like to make the summer EBT program permanent, and hope this Committee will support legislation H.R. 3519, the Stop Child Hunger Act of 2021 that would provide families an EBT card whenever schools are shuttered, and also Chairman Bonamici's Access to Healthy Food for Young Children Act, which provides funding for meals at extended daycares and after school settings.

We can continue to make life easier, not harder for families to recover from this year's profound disruption by expanding direct certification and community eligibility provisions to eliminate redundant paperwork for schools and families.

Now if I were a Member of Congress, I would introduce in my mother's honor, the Beverly Colicchio's Food Nutrition Act for All, which would make school free meals for all public-school children across the country, eliminating the belabored three tier eligibility system that siphons critical funds from the plate to the administrative costs.

This leaves kids vulnerable to shaming. The days of pulling a kid out of a hot food line in front of his peer to hand him or her a cold cheese sandwich would be over. I would also mandate that a percentage of all foods in the school nutrition system be supplied by local farms providing markets for farmers growing fruits and vegetables.

It would allow for a regional system of food hubs where just healthy food would be processed, frozen and shipped for use in the school system creating a wealth of new jobs. I would go back to scratch cooking providing hundreds of thousands of good paying union jobs and taking the contracts back from the no bid corporate players who low ball their way into school budgets which trays of no cook, dehydrated processed, unhealthy food that doesn't require cooking skills or even a kitchen to prepare.

I'd also use our lunchrooms as a living classroom, to teach nutrition to kids at an early age. You know we teach our kids math and literacy from their youngest days, igniting their curiosity and allowing these skills to build and grow over a lifetime, and we should be doing the same with health, nutrition and cooking too.

There could be no better investment, no better stimulus to our economy than millions of thriving children that will translate into vast savings in healthcare costs down the line and help millions of kids grow and develop as they should into a population of robust productive adults fit to lead, fit to serve our country, and to help us compete in the global economy. Thank you for the opportunity to testify in front of this Committee. I welcome your questions. Thank you.

[The prepared statement of Mr. Colicchio follows:]

PREPARED STATEMENT OF TOM COLICCHIO

Chairman Scott, Ranking Member Foxx, Chairwoman Bonamici, Ranking Member Fitzgerald, and Members of the House Education and Labor Committee:

I had the pleasure of testifying before this same committee 12 years ago, then chaired by Representative George Miller. I am back here again today to express my support for investing, strengthening, expanding and improving the school meals and child nutrition programs, and to urge you and your fellow Representatives to do everything in your power to find the funds and the political will to enact legislation that will continue to feed children, especially children from low-income families, in preschool, school-based and out of school time settings. As millions of children and families recover from the health, educational, and economic impact of the Covid-19 pandemic, there has never been a more important time to make significant investments in the child nutrition programs.

I'm continue to wear a few different hats at this hearing today as I did 12 years ago: First off, there is my public one; as host and judge of a popular television program, I find myself in the slightly surreal position of being able to comment on issues of importance to me to a public willing to listen. I continue to use this to the advantage of the millions of American children who rely on school, preschool, after-school and summer feeding programs for adequate nutrition, who don't have lobbyists with deep pockets at their disposal advocating on their behalf.

I'm also before you as a chef. Once upon a time my job wasn't public at all – we stayed in the kitchen cooking, and then early the next morning we trolled the farmer's stalls and fish markets to choose the day's food. Nobody gave a hoot what we had to say, just what we sent out on the plate. Today that's changed a bit, and chefs are frequently called upon to cook at fundraisers for food pantries and food-based charities to help meet the needs of those who struggle with hunger. As a group, we chefs have never been more active and never raised more money than we do now, and yet studies show that people continue to be hungry or food insecure in this country today. It's frustrating, and has spurred me to ask...*why?*

I'm here, too, as a business owner. When the Covid-19 pandemic hit, my first thought was of my restaurants and employees. It then immediately jumped to the almost 30 million children who rely on public school to receive breakfast and lunch everyday. Where were they going to eat now that schools were shut down? Here in New York, many school cooks began preparing meals for anyone in the community who needed them, as part of the city's push to ramp up food distribution for vulnerable New Yorkers. Continued access to school meals will be critical as students recover from the educational and health impacts of the pandemic and as schools work to overcome the learning disruption created by the pandemic-driven school closures. I am equally encouraged that Chairwoman Bonamici is planning to reintroduce her Access to Healthy Foods for Young Children Act that allows for additional meals for children who are in extended day care for long hours, as so many are, or spending time in after-school settings.

I'm here before you as a father to 27 year-old Dante and 11 year old Luka and 10 year old Mateo. While Dante has grown to love healthy and nutritious meals, it wasn't always that way. People often assume that my kids have refined dining palettes, but my kids, like kids everywhere, are more than happy to slurp down junk food and empty calories – pizza, sodas, candy and deep-fried anything. But the fact that they would eat this whenever doesn't give me permission to shrug my shoulders and say, 'well, that's what they want!' It's my job as a parent to make sure they have a variety of real, nutritious foods served to them at every meal so that they grow into robust, healthy kids capable of meeting their full potential in life. And yet, I hear people say, "we'd like to improve school lunch, but all the kids want to eat are pizzas and burgers. If we give them good food they won't eat it" Come on, people! We're the adults. It's up to us to do better. My kids would also happily live in front of the Xbox and never take another shower as long as they live. Not gonna happen. When I give them healthy, delicious food they eat it, with gusto. On a past *Top Chef* episode, we challenged our contestants to prepare healthy, nutritious lunch for schoolchildren here in D.C. that was also delicious. What do you know? The kids ate it, happily, and they asked for seconds and thirds.

I'm also here before you as the son of a "lunch lady." My mother, Beverly Colicchio, worked for decades as a cafeteria supervisor in Elizabeth, NJ, where I was born. Elizabeth is not a wealthy town, and at the High School where she worked, almost 70% of the students qualified for free or reduced price breakfast and lunch. My mother told us that often the meals she served those kids was the only food they got all day. It was upsetting to her that the budgetary constraints imposed by low federal reimbursements meant that the schools couldn't afford much in the way of fresh fruits and vegetables, whole grains, legumes and high quality proteins. The cheapest food, contracted out to the lowest bidder, was usually what was on the menu, and the kids who ate it didn't have the option of refusing. On a diet that may have met nutritional guidelines without being truly healthy and whole, we expect our kids to learn, behave, socialize appropriately, and develop into healthy teens and adults, and we are quick to label and punish them when they don't. Without regular exposure to real food – made from whole ingredients in a variety of textures, shapes, and colors – these children never develop a preference for healthy food, and thus perpetuate the cycle of poor nutrition that can lead to a lifetime of costly and debilitating health problems like obesity and diabetes, not to mention their lost potential as active, healthy citizens.

Let's fund school lunches and breakfasts at a spending level that significantly raises the quality and variety of what schools can afford. Let's make sure all kids are eligible for school lunch and breakfast free of charge and are not shamed or stigmatized because of it. Let's fund healthy snacks and meals in day care centers and after school programs. Let's expand access by finally enacting the Summer Meals Act, H.R. 783, allowing afterschool and summer programs to seamlessly provide meals to kids year 'round and broadening area eligibility requirements for

summer feeding programs. This would provide nutritious meals while also supporting desperately needed programming for kids – especially after the learning loss during COVID, and the need for kids to play and socialize with each other. The pandemic EBT program was a life line for families who could not access school breakfast and lunch while schools were shuttered. I am heartened by the Administration’s desire to make the “Summer EBT” program permanent and hope this committee will support the legislation, H.R. 3519, The Stop Child Hunger Act of 2021 that would provide families with an EBT card *whenever schools are shuttered*. We also need to expand direct certification and the community eligibility provision (CEP) to eliminate redundant paperwork for families and schools.

There can be no better investment – no better stimulus to our economy – than feeding this nation’s children healthily and well. If we give the kids in this country delicious and nutritious food, we will instill in them a lifetime preference for healthy eating that will translate into vast savings in health care costs down the line. Providing the building blocks for millions of kids to grow and develop as they should, will mean a population of robust and productive adults, and a more competitive America. Malnourished kids aren’t capable of vision and ideas, and without that we are relegating this great nation to a future of mediocrity and poor health. I think we can do better, and I urge you today to invest in these programs and ensure that every child has access to nutritious meals where ever they learn, play and thrive.

Thank you.

Chairwoman BONAMICI. Thank you for your testimony. Under Committee Rule 9(a) we will now question the witnesses under the five-minute rule. So I’ll be recognizing Subcommittee Members in seniority order, again to ensure the Members five-minute rule is adhere to staff will be keeping track of time and the timer will show the blinking light when time is expired. Please be attentive to the time, wrap up when your time is over and remute your microphone.

Please note that after the first round of questions is completed, the majority and minority have agreed to a second round of questions for the Chair and Ranking Member, or the Ranking Member’s designee. As Chair I now recognize myself for five minutes.

I’m going to start addressing a tough issue. In an interview with Committee staff a mother talked about how during the COVID–19 pandemic she had fought for her school district to bring in emergency summer food service site to her neighborhood, which is home to primarily black children.

Just days after the site opened the school district abruptly stopped distributing fresh meals and switched to the Trump administration’s Meals to You Program, which I know Mr. Lipps you mentioned. She then waited weeks for the first box to arrive, and when the boxes started coming, she received low-quality or even spoiled food.

So I’m going to ask you Mr. Lipps where did the administration, the Trump administration’s implementation of the Meals to You Program go wrong, and how can we make sure that no parent in the country with hungry kids ever has to wonder when assistance will arrive and whether it will be edible when it does?

Mr. LIPPS. Thanks for that question, Chairwoman Bonamici. I’m not aware of that situation. It was not brought to my attention at the time. It sounds like maybe the school made a premature decision to stop their local service, or maybe they didn’t have the volunteers willing to get out during the pandemic. I know that was a problem at a lot of places, and that’s why we were very proud

in this partnership to be able to deliver those 40 million meals to 270,000 kids across 43 states.

Mostly in rural areas where kids were never served with summer sets to begin with, and really that's what I was talking about today is There's a suite of options, and schools need to be making the right decision about which program needs to be serving their children in the best manner.

For those kids who can get to a congregate site, you're never going to hear me argue that that shouldn't happen. At most congregate sites they're providing some type of fellowship among kids, some type of education. I implore those things. For rural kids in areas like I grew up in, the 85 percent of kids in this country who have never been served by summer, I think that the Committee needs to continue to look at wonderful options that can serve them.

And certainly in any program mistakes happen and hopefully they're quickly remedied. This must be a rare problem, it never came to my attention while I was there, but I appreciate it.

Chairwoman BONAMICI. I don't want to cut you off, but I want to get to another question. Thank you for your acknowledgement that there was an issue there.

Mr. LIPPS. Sure.

Chairwoman BONAMICI. Mr. Wilson in the Healthy Hungry Free Kids Act Congress established the community eligibility program to allow high poverty schools to serve free school meals to all children, and unfortunately, we know that about 30 percent of eligible schools have not adopted CEP, and that the low reimbursement is a barrier for many schools.

So President Biden's American Families Plan calls for increasing the multiplier for school reimbursement rates. So will you please discuss how increasing that CEP multiplier will help increase access to free school meals, and how does expanded access reduce stigmatization and improve student's health?

Mr. WILSON. Yes. So thank you very much for that question. In Maryland we know that community eligibility has been a real, real win. I think one of the things that we hope to be able to move forward on this is that by changing those calculators to better capture kids who are actually experiencing poverty.

We have never in the history of this country done a perfect measure of poverty, but we're much better today than we were before. And so using the direct certification methods of community eligibility, using folks kids who are using SNAP, TANF we can add Medicaid that will mean so much. If we can deal with these numbers in a realistic way, we're going to have a much better, much more accurate picture of poverty, and that's going to help kids in rural schools, in suburban schools, and in urban schools. We're going to capture all of those kids who are in poverty.

Chairwoman BONAMICI. And Mr. Wilson can you talk a little bit about how the multiplier works, and what a difference it would make to increase it?

Mr. WILSON. Oh absolutely. We've seen schools that were almost eligible for CEP and school officials, and food nutrition directors have a hard time making the decision to use it because those programs have to run in a virtually a revenue neutral method. They

can't lose money. And so they are often dealt with the Hobson's choice of do I lose money, or do I feed these kids?

And as Ms. Cooper said, they all want to feed the kids. If we can give them the tools, the accurate tools to be able to feed those kids and to utilize community eligibility we're going to make a much bigger impact in their lives right now.

Chairwoman BONAMICI. Thank you. And more time is spent feeding hungry children and less time spent on administrative paperwork.

Mr. WILSON. Oh absolutely. I mean in every place in Maryland where we've done it, they've been relieved to not have to do paperwork and chase down kids and parents to just get forms, to get the free and reduced meal application forms.

Chairwoman BONAMICI. Thank you. And we've heard some criticism today about the 2012 nutrition standards. And I request unanimous consent to enter into the hearing record a study by researchers at Harvard that found that the prevalence of obesity among children in poverty would have been 47 percent higher in 2018 if those updated standards had not been enacted. And I yield back the balance of my time which has expired, and I now recognize the Ranking Member, Ranking Member Fitzgerald for five minutes for the purpose of questions.

Mr. FITZGERALD. Thank you, Madam Chair. Mr. Lipps, as a Representative like I said earlier of Wisconsin, America's dairy land I can tell you that unrealistic limits on sodium have impacted entire meals and many of the components of those meals. That can lead to students losing access to obviously one of the important food groups.

Was one of the reasons that Secretary Purdue pursued updating the regulations, was that related to the sodium standards, and then what about the regulations for milk and whole grains, and finally what were the Secretary's reasons for updating the regulations related to these if you can recall?

Mr. LIPPS. Sure, Representative Fitzgerald. Secretary Purdue put his intent to update those even prior to my arrival at USDA and he always said that that was based on his input on the ground from local school providers about what kids would eat.

And certainly you hear from folks in the cheese industry about the difficulties in making a cheese that's properly preserved and that's edible, and that works in the various different products. And we know there's challenges in that, and I know that manufacturers across the board are working on products that will move along the spectrum to meet all these requirements.

And I'm a firm believer that over time they will get there, but we heard time and again that they're not there, and it's important, particularly when you look at the dairy category, and the dietary guidelines, which was affirmed and the most recent dietary guidelines it is a nutrient dense food that children across this country eat in various different forms at their local level, and it's extremely important that they're consuming the dairy items put on their tray and not putting them in the trash, so they're not part of those 25 percent of nutrients that end up in the trash can.

And that was really the motivation behind that. As you know Congress over time, since the inception of the Healthy Hunger Free

Kids Act has provided flexibilities on sodium, whole grains and dairy in different respects, and schools have not fully implemented those across the board at this time.

Mr. FITZGERALD. Very good, very good thank you. And then can you also comment on the challenges in trying to meet the meal pattern standards?

Mr. LIPPS. Sure, Ranking Member Fitzgerald, and a lot of that is very similar to this. The meal patterns are relatively complicated and certainly if you look at the different resources across schools some are very well resourced to be able to deal with that. Some are not, and they ended up having menus that are rotated over and over and over and not giving the kids a lot of choice.

There's a wonderful team at food and nutrition service on child nutrition who help with these, but as you look at making these stricter over time it makes that an ever more complicated requirement, and in often cases kids are served foods that are not familiar to them, folks in the lunchroom don't have time to talk to them about that and help them along as some of my colleagues at the table today have talked about.

So it just becomes very complicated for those folks who are trying to do their best for the children they serve every day.

Mr. FITZGERALD. Thank you very much. I yield back thank you.

Mr. LIPPS. Sure thank you.

Chairwoman BONAMICI. Thank you, Ranking Member Fitzgerald. And next I recognize Dr. Adams, Representative Adams, you're recognized for five minutes for your questions.

Ms. ADAMS. Thank you, Chairwoman Bonamici and Ranking Member Fulcher, for hosting today's hearing. Thank you to the witnesses for your testimony. Prior to the pandemic food insecurity was a pressing problem for our Nation. During the pandemic food insecurity has been exacerbated and children across America continue to suffer.

Today's witnesses have shed further light on the devastating consequences that children experience when they cannot access nutritious meals. The Healthy Hunger Free Act set a process for evidence based Federal standards for food served throughout the school day.

The University of Washington's study revealed that since the healthier standard have been in place the nutritional quality of the foods chosen by students increased by 29 percent. A Harvard study showed that children are now eating 16 percent more vegetables and 23 percent more fruits at lunch, so Chef Colicchio what strategies can schools use to incorporate fruits, vegetables, whole grains, and ingredients with less sodium and sugar into appealing meals for children and adolescents?

Mr. COLICCHIO. Sure. One of the schools here in New York they do a great job doing just that. They actually encourage chefs to get involved to help out with recipes. You know I find that I have a 10 year old, and a 12 year old and my 10 year old is pretty picky.

I also garden, and when I take him out to the garden, and he sees what's growing he's more apt to try new things. And so I think it starts with the education. I think it starts with again and part of using the school, the lunchroom as an educational tool. Teach people about nutrition. Teach children where their food comes

from, how it's grown, the role that farmers play, the role that dairy farmers play. How you make cheese.

All these things are really important. I think once kids understand this, they're more apt to try different things. We also know that young pallets need to try something at least 12 times before they actually find it palatable. Again, I struggle with my 10 year old who would prefer to only eat chicken nuggets and that's just about it, or pizza, pizza with no tomato on it, which I don't know if it qualifies for pizza in a school lunchroom.

But you know he's difficult, but I find education is the key.

Ms. ADAMS. OK great thank you. Many schools began virtual learning during the pandemic and several schools continue to do so. As a result children who normally rely on school provided meals have faced food insecurity, and the ensuing negative impacts that food insecurity brings physically and psychologically.

So, Ms. Cooper can you please describe in detail the obstacles that children have faced during the pandemic to obtain nutritious meals?

Ms. COOPER. Thank you, Representative Adams. So when you think about the school day generally students come to a brick-and-mortar building, and they are going through a service line and they're getting meals. The challenges they face now during the pandemic was actually physically getting to the site if they didn't have transportation.

So what we tried to do, what we did actually do was we kept a lot of our sites open because a lot of our schools in Chicago are neighborhood schools, so we have schools that are across the street from homes. So we wanted to make sure that access was available, that if you went north or south you could find a school site that actually served as a food distribution site, so those students would not have to worry about this.

We also worked really closely with other city agencies to make sure that all access points to food are available and that when parents or guardians come to schools, they have other resources. We have flyers where we say here, you could go through this actual food bank or pantry. And then we make sure that we really market our hours, and we work with our local aldermans to make sure everyone in the city knows that Chicago schools are opened Monday through Friday, 9 to 1 come and get in multiple meals for multiple days.

Also if you can't get out, we do meal deliveries. So we have a website that allows families to make sure that they can sign up for that.

Ms. ADAMS. Thank you, ma'am. Let me just try to get one more question in here. I appreciate it. Mr. Wilson you mentioned a few recommendations regarding streamlining for this process. How will technology help the efficiency of nutrition programs both during the school year and in the summer?

Mr. WILSON. So let me try to do this in 20 seconds because I know you don't have much time.

Ms. ADAMS. Right.

Mr. WILSON. Let's use more modern technology to find out which kids are actually experiencing poverty. Let's not do paper free reduced meal application forms, let's see who's on SNAP, let's see

who's on Medicaid, let's see who's homeless, let's see all of those, and I want to recognize your SNAP bill which as a way to help us grow accurately the SNAP population of people who are actually eligible.

Ms. ADAMS. Great. Thank you very much and Madam Chair I'm going to yield back.

Chairwoman BONAMICI. Thank you so much. Next on my list I have Representative Spartz. I do not see her on the platform, so I'll go to the Ranking Member of the Full Committee Doctor Foxx you're recognized for five minutes for your questions.

Ms. FOXX. Good morning, Representative Bonamici. I know it's morning where you are.

Chairwoman BONAMICI. It's afternoon.

Ms. FOXX. OK good to see you. Mr. Lipps there have been calls for free meals for all students. Do you know how much that would add to the cost of the program?

Mr. LIPPS. Ranking Member Foxx I'm sorry I don't know. I was told when I was at USDA that those numbers are very large, but I was never given an accurate number on that. The current team might be able to.

Ms. FOXX. Could we get that from you? We'll get that later and put it in the record.

Mr. LIPPS. Right.

Ms. FOXX. Mr. Lipps we often focus on the big picture in these programs and fail to look at the pockets of students who may need help. That's especially true for students in rural communities. What are some unique challenges they face in the school meals and summer food programs, and what are some ways we can work to target better those programs to help those in need?

Mr. LIPPS. Thanks Ranking Member Foxx. I think if you listen to what the witnesses said today, there's a lot of commonality about what we've talked about. I think if you look at resources, certainly a lot of rural areas lack some of the resources that some of the larger school districts do.

Certainly where I grew up in a high poverty area, we had 110 kids from kindergarten to 12th grade. We had one and a half staff in our lunchroom, and that's obviously much different from some of the folks in these larger urban school districts, and it just varies on their resources.

Also access to fresh and local, there are areas in this country where local is not an option for many types of produce, some not at all. And so as we talk about those things that are extremely important, we need to make sure that we have solutions that include all of them. And then as I talked about in my testimony Ranking Member Foxx, on the summer program, we have such low participation in that program.

We talk a lot about feeding all these children during the school year, and then we send them home for 3 months. Many without transportation to a congregate site. Even in town that's often a problem, and there are a number of organizations across this country with suggestions on that, many that were tested in the summer.

And I would just encourage you to look at all of those options to empower people on the local level to serve their kids in the best manner possible.

Ms. FOXX. Well I have visited summer feeding programs in my district on more than one occasion and I'm very familiar with what you're talking about. Mr. Lipps to have a successful school meal program we need to ensure the program operates efficiently and effectively to provide meals to students in need.

Do you have some recommendations of other reforms we can make in the upcoming reauthorization to improve the program that does not include creating new programs?

Mr. LIPPS. Sure Ranking Member Foxx, certainly reducing administrative burdens across the program, the wonderful team at FNS has created, an online meals application that's not been overwhelmingly adopted by schools, as one of the witnesses testified today. A lot of these schools are operating multiple programs.

I think there's opportunities both in legislation and regulation to reduce the application reporting requirements on those if they're good providers, they're good providers. There's also a lot of work been done at looking at integrity from a risk-based approach instead of an all across the board approach that would reduce the amount of time that folks have to spend on paperwork on the integrity front.

So I think there's a lot of options out there. They require some time and effort to get done, but I do believe they're worthwhile because we all know that these folks want to spend more time with the kids.

Ms. FOXX. Great. One more question Mr. Lipps. You raised the issue of food of plate waste in your testimony. And we often hear other people talk about whether it is or is not happening. Can you please explain briefly what that is, how it can be tracked from what's being served on the plate, and why is it a concern we should all want to tackle?

Mr. LIPPS. Sure. Ranking Member Foxx it's one of the most important things that we talk about is plate waste. That's when food is put on the plate, the child sits down with it, doesn't eat it, and it ends up in the trashcan. Today's meals are designed to the perfect scientific meal, and if a third of that plate, 25 percent of a lot of the nutrients is going in the trash can, they're not consuming that perfect scientific meal.

And there are a lot of issues that affect that. As the chef talked about it takes a lot of education and learning with those kids, and that takes time and effort on the local level. We need to make sure that we're empowering folks to do that. I've asked kids why they weren't eating their pear and they bit it on the table and said it's rock hard.

We have to make sure that when we're working on fresh that we're doing it right. And when we're serving population that aren't familiar with new foods that we're serving those in manners that help kids adapt to those, instead of just setting them on the tray and expecting them to take them up.

I visited a school where black beans were served. Nobody ate them at my table. I asked why, and they said they had never seen

a black bean before, so there's a lot of factors that affect that, and it takes a lot of effort on the local level.

Ms. FOXX. Well thank you very much. Madam Chair I bought a pear the other day at the grocery store. It looked beautiful and I got it home and left it a day or two and I cut it and it was so hard it didn't have much taste. I covered it up and by golly this morning it tasted great. So your example of a pear being hard and not being very appetizing, with me this week, so I understand exactly what you're saying. Thank you. I went over, but I'm a perfect example of that this week. Thank you, Madam Chair.

Chairwoman BONAMICI. Dr. Foxx thank you. I want to make a unanimous consent request. Ms. Cooper's district in Chicago is an excellent example of meeting nutrition standards. So I request unanimous consent to enter into the hearing record the Chicago Public Schools lunch menu that includes cheese on several days, and also meets the target too for sodium, without objection.

Chairwoman BONAMICI. And next for questions I recognize Representative Hayes, Representative Hayes you're recognized for five minutes for your questions.

Ms. HAYES. Thank you, Chairwoman Bonamici. And thank you so much to all the witnesses for being here today. We have a tremendous opportunity in this Congress to take on child nutrition reauthorization. We can make sure that all children have access to reliable healthy meals in and out of school.

To do that we must first recognize our shortcomings which helped to fuel this crisis. We have to acknowledge many of the cuts made to many of our most basic nutrition programs over the years leaving children vulnerable to hunger in the first place.

Mr. Lipps during your time as Deputy Undersecretary, USDA proposed a rule, a USDA rule entitled "Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program." An analysis conducted by USDA during your tenure found that and I quote, "684,000 households with children would lose SNAP because of these proposed changes."

That same analysis found that potentially as many as 982,000 children would no longer be directly certified for free school meals based on SNAP participation. Mr. Lipps, you came before this Committee in October 2019 to defend that rule citing the need to protect and enhance integrity.

And from my recollection I remember you cited some anecdotal incidences of millionaires taking advantage of the SNAP program. So I was very happy to hear you say that you were concerned that 2 million less children were participating in the program, so my question today is just very simple. I'm happy to hear that you're concerned that 2 million less children are participating, but under the rule under your leadership, a million children would have been thrown off of SNAP.

I want to make sure that we are not changing the narrative to make this a conversation just about healthy food choices or cheese and milk. This was about taking food away from hungry children. During this pandemic under two different administrations we have been able to expand pandemic EBT. I was happy to hear Mr. Wilson talk about my legislation to feed kids during school breaks and whenever they were out to help families have access.

We did some tremendous work to close these hunger gaps and pockets of hunger throughout our country during this pandemic. Mr. Lipps has your position on this issue changed in the last year having seen what you've seen? And if you were still Deputy Undersecretary of FNS today, would your department finalize and implement this rule based on everything we've seen, everything we've heard, and everything that we've done?

Mr. LIPPS. Thank you, Congresswoman Hayes. Certainly that rule was about the agency following the eligibility guidelines that Congress sets in statute. And I think that's a terribly important conversation for all the reasons that you said. Child nutrition hasn't been reauthorized in 10 years, and I think it's a wonderful time to have that conversation.

I think the Congress needs to be clear about what the eligibility requirements are, and the feds, the states, and the local providers need to make sure that those kids who are eligible are accessing these meals, and that's the concern about participation dropping in school meals, is we want to make sure that all kids want to participate in those meals.

They are healthier than what most children are getting at home, and we want them participating in those. We also want to make sure that the program has integrity so that it doesn't get beat down from those who don't support these, but that all Americans can support school meals and the great provisions that they have that we get greater than 50 percent participation in the summer.

So I support, it's been 10 years since Congress reauthorized these programs, I support the work in a bipartisan manner to be clear about what the eligibility guidelines are, and I'm sure that the agency will carry that out per your direction.

Ms. HAYES. I think you hit the nail on the head. The wonderful thing about Congress is that we do have a unique opportunity right now to reauthorize something that has not been reauthorized in 10 years. The needs of our country have changed, we are more aware of many of these issues, and we have a unique opportunity to do something about it.

And that does not include throwing children off of SNAP. It does not include making sure that families don't have what they need. So I'm happy to hear you say that. And Mr. Wilson I see your finger up, so you go ahead, you can have the remainder of my time.

Mr. WILSON. All right. So when USDA withdrew the categorical eligibility regulation yesterday there were celebrations across the country. We are no longer going to threaten these families that they would lose their SNAP eligibility, and that their kids may not have access to free school meals.

It was a victory that USDA pulled that back. You know I think there are many things we can do to try to deal with potential fraud, but let's be clear. You know nobody wants fraud less than those of us who are fighting to make sure that people who are eligible for these programs get the programs, and so I don't want to have to mix the fraud discussion in with actual eligibility and how we can make sure that kids who are certified and eligible get school meals.

Ms. HAYES. It sounds like we're all on the same page, and I'm so happy to hear that because this is a conversation about making

sure hungry kids are fed. Madam Chair thank you so much for this hearing today and with that I yield back.

Chairwoman BONAMICI. Thank you, Representative Hayes. I do not see Ms. Sparks or another republican, so next we'll go to Representative Leger Fernández. You're recognized for five minutes for your questions.

Ms. LEGER FERNÁNDEZ. Thank you, Madam Chair, Bonamici, and thank you everyone on here for the work to make sure our children have access to the nutrition they need. I enjoyed the conversation that this is about teaching our children food, healthy food and we should not be using excuses like frauds to prevent that. One of the things I'm very concerned about is the manner in which we used lunch shaming and unpaid meal debt to basically deprive children of the nutrition they need in school.

In 2019 the School Nutrition Association reported that 75 percent of school districts had unpaid meal debt, and prior to the COVID-19 pandemic there were regular news reports of lunch shaming practices, such as children having their meal thrown away, or bills pinned to their shirts.

Deputy Undersecretary Stacy Dean made a commitment in an earlier hearing to review USDA policies around lunch shaming to strengthen protections and I am working on reintroducing the Anti Lunch Shaming Act which would prevent schools from singling out children because they're parents or guardians have not paid their school meal bills.

I want to know and get input on how we in Congress can work to end the root causes behind unpaid meal debt that leads to lunch shaming policies. Ms. Cooper why is it important for Congress to address the issue of unpaid meal debt, and how would policies like increasing the 1.6 multiplier for the community eligibility provision which Chair Bonamici mentioned or eliminating the reduced-price meal category help solve this problem.

Ms. COOPER. Thank you for that question. In Chicago as I said we are 100 percent CEP, so when we think about meal shaming and lunch debt it's absolutely something that we do not support, and I think the Committee can use this opportunity to really ban lunch shaming. It's something that it should do.

And then what we really do is we work with our staff in the school buildings right. We work with the adults in the building to make sure that they understand our policies and how we are not using food as punishment right? Food is fuel for our students. They need to be fed during the school day. And we really want to make sure that the debt is not something that you have to chase.

So we support you know increase for the multiplier to ensure school districts can get to this percentage so that they can become 100 percent CEP, and they don't have to worry about this. You want to take that off their plate, right? So, this is not something they have to worry about.

We need to spend much more time focusing on access to students, finding menu items that they like, work with them throughout the day, work with our kitchen staff to make sure we're really using our energy on making the program better, more efficient, something the kids enjoy right.

When they walk into the cafeteria, we want them to light up. We want this to be an exciting time for them. We want the dining experience to be exciting for them.

Ms. LEGER FERNÁNDEZ. Thank you and I like the way you went into what the meals should be, so they get excited and that leads me to my next question about what culturally appropriate food and healthy food is. My district is nearly 20 percent Native American, and right now tribes have to meet the meal requirements set out by the USDA, but the culturally appropriate food doesn't always correspond with USDA food patterns.

This puts stress on our communities who want to serve the more culturally appropriate, which is sometimes more expensive, or local grown options but are only reimbursed at the regular rate. Mr. Colicchio as a chef you undoubtedly understand the importance of food as a part of culture. Would you elaborate on why it would be important that children like Native American children have access to foods that are culturally relevant?

Mr. COLICCHIO. Sure Congresswoman thank you for the question. You know just a couple episodes ago we did a challenge with the first nation's food staff summit in Portland, and it was really amazing to work with the tribe you know creating just a beautiful meal out of foods that we were provided.

Again this I think goes to if we had more scratch cooking in school, and the schools were actually staffed and there were chefs that were from the community, and they would understand what the community's needs are, and they could provide those recipes. Obviously, all falling within the guidelines, but that's why I think we need to go back to scratch cooking, and we can't rely on food being shipped in and you know processed foods being shipped in from some you know food company halfway across the country. This is exactly how you do this.

Also again, if those farmlands on Native lands, or those farmers on Native lands were able to actually provide food into the school lunch program locally, also you can make sure that there would be culturally appropriate food. Also this is how you get the kids to eat more food.

When they get culturally appropriate food, when they get food that they are familiar with they eat more, and so, these are all reasons why we should have more scratch food. Can I answer one question from before? I believe that the free for all program if it were implemented would cost 5 billion dollars.

The CBO scored it, I believe Chairman Scott actually proposed this, and I believe the CBO scored it, it was 5 billion dollars.

Ms. LEGER FERNÁNDEZ. Thank you, Mr. Colicchio, and thank you Chair Bonamici for your leeway in allowing him to finish his answer. I yield back.

Chairwoman BONAMICI. And thank you Representative. I'm glad you brought up the lunch shaming issue. I was recently having a conversation with an adult here in Oregon who said her sister still remembers in elementary school running around the house trying to find pennies because she was supposed to bring money to school and the stress that that caused, a really important issue.

I do not see Representative Spartz or another Member from the other side of the aisle, so I will next go to Mr. Mrvan. Mr. Mrvan you're recognized for five minutes for your questions.

Mr. MRVAN. Chairwoman Bonamici I thank you very much. First and foremost I want to thank all the participants. I want to add that my wife is a registered dietician and about 20 years ago she worked for the Indiana Department of Education in the school lunch program. And so the vitality of education and health tied to food lunches are extremely important.

Also, in my district Ms. Crystal Cooper I'm in northwest Indiana, the ham and dairy area, and so it's good to see a neighbor from Chicago land and the challenges that we face together. In my district we have rates of 90 to 95 percent free and reduced lunch program participation, and as a trustee who handled the emergency assistance, I've seen the impact of food disparity and how it affects the educational system, and how important this is to each and every family throughout my district in northwest Indiana.

And with that according to the Centers for Disease Control and Prevention, U.S. diets are too high in added sugars and sodium, with 9 to 10 Americans aged 2 years and older consuming more than the recommended amount of sodium. Mr. Wilson, in your testimony you mentioned the targeted market for unhealthy foods to certain communities.

Can you discuss how poor nutrition and diet related disease disproportionately impacts communities of color, and how schools can help counteract these unhealthy environments?

Mr. WILSON. Yes. So this is a really complicated question, and it's got a complicated answer, but it's about how we live and work in a food system that includes advertisements targeted to children, targeted to certain communities.

It has to do with the growth of the existence of food deserts and food swamps, so that kids have opportunities to get unhealthy food very easily, very readily, very cheaply, and don't have access to the healthy food and the healthy options either in a retail store, or in other places, which is why school meals matter so much.

We know that if kids are in school 5 days a week getting school breakfast, getting school lunch, potentially getting after school snacks, we have an opportunity to help them eat healthy and to teach their pallets. I love what Tom Colicchio said about having to try something 12 times before you get to like it.

We have to teach their pallets at a very early age about the different kind of opportunities that they can have, and not just give them salt and sugar.

Mr. MRVAN. I thank you very much. Additionally, black, and Latino and other children of color have experienced disproportionate rates of food insecurity during the COVID-19 pandemic. An analysis of summer meal sites during the COVID-19 pandemic by research at Columbia, Harvard and the University of North Carolina showed that meal sites were consistently located in areas that were more convenient for white families.

Mr. Wilson what can Congress do to ensure equitable access to nutritious meals for all children?

Mr. WILSON. So once again it's a complicated question. Trying to bring equity to the food system. We're having a conversation of

adding equity to the food system for the first time in decades, and you know, the great things that happened in the Healthy Hunger Free Kids Act of 2010 were helpful, but I'm hopeful that in 2021 as we move forward, we try to expand that access to equity.

So I think there are all the things that we talked about in terms of summer meals are helpful, but we also have to recognize that pandemic EBT in rural areas, and suburban areas and in urban areas helps families be able to make choices and to spend their dollars and not depend only on the summer meal sites. We need to make sure that we have seamless summer options, and that we're providing these around the course of the year.

One of the challenges in summer is that you know if depending on the free and reduced meal percentage in that community, they may not be able to provide free meals to kids under the current rules. We need to move to a you know school meals for all platform because that will eliminate that, and we'll have better options both for serving and for funding.

And if I could just for 1 second touch on this question of meal debt. There are two losers in meal debt, and this affects urban schools more than others. The losers are school systems who have debts, 50,000, 100,000 or more. And we have kids who are being threatened to not be able to participate in school sports, or school activities, or even graduation because they've got a meal debt of \$20.00 or \$50.00 or \$100.00.

And that's a loser for schools and for students. We can't allow that to continue to happen.

Mr. MRVAN. Chairwoman with that I yield back my time.

Chairwoman BONAMICI. Thank you very much Representative Mrvan. Now we're honored to have with us the Chairman of the Full Committee, Congressman Bobby Scott you're recognized for five minutes for your questions.

Mr. SCOTT. Thank you. Thank you Madam Chair and I appreciate this hearing. Let me start with Mr. Wilson. And we've heard a lot about increasing summer programs and after school programs. Can you say a word about whether or not it's important to combine the summer and after school meals with educational programming?

Mr. WILSON. Absolutely. I mean we already know that there is a summer learning gap that exists because kids are at school for 9 months, and then in the summer they're not. And yay for summer vacation, but when we have this summer learning gap, we've also learned there's a summer nutrition gap because kids who have access to you know free school meals during the school year all of a sudden don't have the access, and we've already talked about the lower percentage of participation in summer meals programs.

So we need to both marry the programing that helps deal with the learning gap with the food that deals with the nutrition gap, and also provide additional opportunities. You know Summer EBT is a great program and can help provide opportunities for families to be able to supplement it with in addition to changing the formula so that people who are in a marginally almost poor school district can also have access to free school meals.

Mr. SCOTT. Thank you. Mr. Lipps you had a list of very specific recommendations to increase summer nutrition. Can you remind us of that list? I think Summer EBT was part of it.

Mr. LIPPS. Sure Chairman Scott. I was talking about the importance of increasing because of the 15 percent uptake that we have in low-income children, but right now the only option in most instances is for kids to come to a congregate site. Most of them don't have transportation.

During the pandemic we were able to test a number of ways, a number of different interventions including as you know now, nationwide PEET, a number of food banks, other providers and some schools were running bus routes to deliver food and certainly the Meals to You Program that I talked about as well that was taking food directly to schools.

So all of that with over 80,000 summer sites that were set up in the midst of the pandemic even with the difficulty sometimes getting volunteers. So there are a lot of options out there, and I think letting the locals determine what is best for them within proper bounds that Congress sets will greatly help the intervention in the summer.

Mr. SCOTT. Thank you. Mrs. Cooper we've heard that you have to virtually sabotage the nutrition standards in order to get a tasty meal that children will eat. Is that true?

Ms. COOPER. No that's not true. We have a very tasty, colorful, and fresh menu. We have a 28 day menu cycle, and the way that we develop our menu right, we don't just put beans on the menu, we work very closely with our registered dietitians. We actually work very closely with the students, and we do work with local chefs.

So we make sure that the menu items are things that children want to eat. They are things that they need to eat. They are things that help them become you know our future right. So we want to make sure the students are eating right? You hear things about kids not eating the food and throwing it away.

We sample items before we put new items on the plate. So we have a lot of tools that we use to make sure the menu is absolutely what the students want to eat.

Mr. SCOTT. And when you do that the plate waste is reduced?

Ms. COOPER. So yes. Our waste has not changed, so we were not always 100 percent CEP. We went to 100 percent CEP over the last few years. Our waste has not increased. We work very closely with our staff to look at inventory, to look at items and forecasts, we're not you know in kitchens making a bunch of food just to throw it away.

Again, we want the food to go into the kids' bellies, right? We want them to be nourished and fed throughout the day, so we do this for all of our meals, breakfast, lunch, after school meal, after school snacks. We work very hard to make sure that our students are actually consuming and enjoy the food.

Mr. SCOTT. And let me get we heard that estimate of 5 billion dollars a year to go to total universal. That needs to be updated because it was during the pandemic when a lot of schools were closed, so we need to update that number. But when you went to

CEP and everyone was eating, who didn't need to get a school lunch?

I mean it seems to me everybody needs a school lunch, so why shouldn't it be universal?

Ms. COOPER. It should be universal. It should be healthy meals for all because all students throughout the day. We don't ask these questions about textbooks and math, and things like that. This is food. This is a basic necessity that we as adults have a moral responsibility to ensure that all students are offered and provided healthy meals.

Mr. SCOTT. You mentioned school textbooks. We had to debate that in Virginia whether or not students would get free textbooks, and I think we've finally gotten there. It's just some things you don't think you have to debate that you actually do. Thank you, Madam Chair.

Chairwoman BONAMICI. Thank you, Chairman Scott. I do not see any non-Subcommittee Members of the full Committee here, so we will conclude the first round of questions and then pursuant to our agreement the Chair and Ranking Member or Ranking Member's designee only may pursue a second round of questions. And I recognize myself for five minutes.

And as I begin, I want to note that with the discussion that we're having about universal meals and the cost. I hope we can consider not only the cost savings to the schools from not having to do all the administrative paperwork, but the cost saving that we have from having healthy students with fewer healthcare problems as they grow and learn.

So I'm going to ask Chef Colicchio the farm-to-school program, I want to talk about this because I've seen wonderful examples and visited schools where students where you know pre-pandemic choosing choices from a wonderful salad bar, all with ingredients produced by local farmers.

They as you know provide grants to schools and early care and education sites, and they support local food procurement, excuse me, farmers, school gardens and nutrition. So it's a great program nutrition education as well, which I know we've talked about today.

So studies have shown that when kids get involved with growing or preparing the food, the more likely they are to eat it. So you talked about this a bit Chef, but could you expand on you're a professional chef and a father. Why do you support the farm to school program? What can we do to strengthen it? And also what else can Congress and the Department of Agriculture do to support that food supply chain which is so important in providing healthy appetizing ingredients for school meals?

Mr. COLICCHIO. Well obviously, the farm to school program enriches connections that communities have with fresh and healthy food that's supplied by local food producers. It helps changing purchasing habits in the school, and really provides that education around food as well.

And this is why I think it's so important to take those local farmers and provide them with a market. I mean we have markets. We provide markets all around the world for you know corn farmers, soy farmers. We can take those farmers that are growing specialty crops, otherwise known as fruits and vegetables, and give them an

opportunity to sell into the school lunch program, but really make it more robust.

I also think we should bring those farmers into the school to teach those kids just about farming. But also there's so many people, not just farmers, I want to give a shout out to my friends at Pilot Light in Chicago who actually an organization started by chefs that go into schools and they teach people about food and food education. They're working with the schools to actually create recipes.

And so it's a combination of farmers and chefs, people who actually are producing food, and producing wholesome food. You know there's a lot being talked about the food system. Our food system works exactly as it's designed to. If you have money it works for you, and if you don't, you're left out.

You know our country you know calories are cheap, nutrition is expensive. Anyone who goes and buys fresh produce will tell you it's expensive. And so programs like the double bucks program is so important because we can actually bend the cost of fruits and vegetables, make it more affordable for families that are struggling because actually when families can actually give the choice if they can afford it, they will make the better choices.

But when you're struggling you feed your family the cheapest foods possible, they're not the most nutritious, but they're cheap. And that's the Faustian bargain that so many families have to contend with right now. And so again this is about education. This is about creating markets for farmers. This is about including farmers in the conversation.

Chairwoman BONAMICI. Thank you. It was really helpful, and you know this is the Education Committee, and we talk a lot about career and technical education, and I visited some high schools that have wonderful culinary programs, and again an opportunity for students to really learn not only healthy cooking and eating, but also get on a career path.

Chef Colicchio again, thank you for talking about your mother who was a school cafeteria worker. How can we better support the school food service workers like your mom as we work on reauthorization on the child nutrition?

Mr. COLICCHIO. Yes, my mom retired many years ago and it was interesting because I tried to get her to retire well before her time. She was complaining about her legs hurting and her knees hurting, and it was a conversation that we had that really kind of rung a bell for me.

She said she wasn't ready to give it up yet because she knew that these were the only meals that these kids were getting. And so I think you know continuing education for the men and women who are working in our lunchroom, providing additional culinary training, so they can actually create more wholesome nutritious menus.

Making sure they have fresh produce to work with. I mean that's the one thing that she said that she was concerned that when she leaves that you know the fruits and vegetables would disappear. Mr. Lipps when he testified, he talked about that pear. I agree 100 percent. This is why we need to have a better educated workers

who are working in the lunchroom, so they know the difference between a rock-hard pear and a perfectly ripe pear.

When you don't know the difference, you put out whatever you have, and so this is really about education, continuing education for those cafeteria workers.

Chairwoman BONAMICI. Thank you, Chef Colicchio. We have some great pears here in Oregon. They're especially good when they're ripe.

Mr. COLICCHIO. You certainly do.

Chairwoman BONAMICI. So I yield back, and now I recognize the distinguished Ranking Member of the full Committee for five minutes for your questions.

Ms. FOXX. Thank you, Chairman Bonamici. Mr. Lipps program integrity is critically important in all programs. The Inspector General at USDA and GAO found some challenges related to improper payments in the school meal program previously. Can you tell us what the agency did to address some of these issues, and what do you recommend the Biden administration do to continue the good work of the previous administration?

Mr. LIPPS. Thank you, Ranking Member Foxx. It is an issue that continually comes up in GAO and OIG reports, and it's a negative reflection on a program that we all agree is a wonderful program. One of the things we did is work on redefining what a payment error actually is, and a lot of those instances when they were putting a vegetable on a tray, but not the vegetable that they had planned to put on the tray, that becomes a payment error.

And I don't think that's what any of us are thinking about when we're talking about payment integrity in the school meals program. And when we weed out those types of issues it allows us to focus on the actual issue so that our Federal regulators, our State regulators, and our local implementers are focused on the actual issue of delivering those meals.

And there's an integrity team at the food and nutrition service that works constantly on that working with states to help make that happen. And I think has made a lot of progress on that in the past.

Ms. FOXX. Great, thank you very much. There are also program integrity concerns relating to the summer food program waivers. Could you briefly tell us what those were and how they were addressed? Also tell us any lingering program integrity issues you believe need to be addressed.

Mr. LIPPS. Sure. The Office of Inspector General at USDA identified a number of concerns in the summer food service program under its current operations, and that ran from claiming and counting to whether food was kept at a correct temperature. There were a lot of concerns across the board on that.

And the team worked and continues to work to address those across the board. Obviously, in a program as diffuse as summer, obviously I talked about during the pandemic there were 80,000 sites set up. There are a lot of local officials involved in that. It's a difficult chain to follow but an important one.

But also when you look at the temperature of foods, those are extremely critical matters. And so just a lot of focus. They talked about making sure that the folks running the programs have the

education and resources they need to keep up with those type of issues. It's very important and we need to make sure that both in the policy of child nutrition and regulations that we're focused on giving the tools to those local individuals to be able to move forward in what they need on that front.

One of the reasons I believe that when you talk about making sure we know which kids we're serving, and how many kids we're serving, one of the questions I got so many times, and thank you to all of the Members of Congress for the flexibilities that were so quickly given during the pandemic to make sure that children who were furloughed from school had access to food.

But one of the questions I continue to get is how are we providing programs through so many options and we still have so many kids that are not getting fed. And sometimes we open up the spigots across all of these programs, and some of the folks forget to focus on those most in need and make sure that they're being taken care of.

And so it's really about the types of individuals at the table with me today making sure that they are concerned about their local population and making sure that those most in need are getting taken care of, particularly with something basic as nutrition.

Ms. FOXX. In your written testimony you talked about a visit to a school where the kids wouldn't eat the food despite it being prepared by a chef. Can you discuss why this visit stood out to you, and what it tells you about the need for flexibility in the regulations and importance of understanding the kids we're trying to feed?

Mr. LIPPS. Sure Ranking Member Foxx. I mentioned this a little bit earlier about the black beans, but I'll tell you that the meal was good. The chef did not fail in preparing a good meal. It was good. But he prepared black beans with tomatoes cut up in them, and the children told me that they had neither tried black beans before, nor were they familiar with what the tomatoes were cut up in there, and so it just looked like a foreign food to them that they were not interested in trying.

And the staff that day didn't have the time and resources to help educate them on that, and it takes all of that to make that happen. It's obviously a big focus on education through things like farm to school that can change that.

Ms. FOXX. Great thanks. Ms. Cooper, I understand your menus meet the setting target two requirements. Do those menus meet target three which is right around the corner without any flexibility?

Ms. COOPER. So no, they don't meet target three right now.

Ms. FOXX. OK. Well I was going to ask you would you submit your proposed menus that are target three compliant? We'd like to see what those are, so we can share them with other schools. If you get compliant with target three, we'd like to know that.

Ms. COOPER. Yes, I will, we will do that thank you.

Ms. FOXX. Thank you very much.

Chairwoman BONAMICI. Do you yield back?

Ms. FOXX. Yes.

Chairwoman BONAMICI. Thank you, Ranking Member Foxx. So this concludes round two and I want to remind my colleagues that

pursuant to Committee practice materials for submission to the hearing record must be submitted to the Committee Clerk within 14 days following the last day of the hearing, so by close of business on June 24, preferably in Microsoft Word format.

The materials submitted must address the subject matter of the hearing. Only a Member of the Subcommittee or an invited witness may submit materials for inclusion in the hearing record. Documents are limited to 50 pages each, documents longer than 50 pages will be incorporated into the record via an internet link that you must provide to the Committee Clerk within the required timeframe, but please recognize that in the future that link may no longer work.

And pursuant to House rules and regulations items for the record should be submitted to the Clerk electronically by emailing submissions to edandlabor.hearings@mail.house.gov. Again I want to thank the witnesses for their participation today. Members of the Subcommittee may have additional questions for you.

We ask the witnesses to please respond to those questions in writing. The hearing record will remain open for 14 days to receive those responses. And I remind my colleagues that pursuant to Committee practice witness questions for the hearing record must be submitted to the Majority Committee Staff or Committee Clerk within 7 days.

The questions submitted must address the subject matter of the hearing.

Now I now recognize the distinguished Ranking Member for a closing statement.

Ms. FOXX. Thank you again Chairwoman Bonamici. And thanks for the witnesses for joining us today. I think this hearing has helped us see that everyone wants to help provide healthy meals to students. That is certainly a good place to start for any reauthorization.

But I also think we've learned that while we can be aspirational in our goals for the meals, we also have to be realistic. We have to think of all schools and areas, not just look at well-resourced or large schools that have the staff to address the complexity in the program.

We also have to think about how we help schools get students ready to actually eat the healthy foods. Please let me be clear here. That doesn't mean no standards, it means having realistic standards to help us accomplish the intended goal.

It's great to hear about pockets of success and scenarios where new meals work. I think we can certainly look at that, but we have to remember that we legislate for all schools which is a major problem from my perspective when we dictate from Washington D.C. and not just those with access to world class chefs.

We also need to think about how we can inform the programs to work and find the success the chefs have found. One thing I'm disappointed in about the discussion from our hearings to date is the lack of conversation about parental engagement. Parents are a critical component in all of what we do for children, and we need to look at reforms that help them provide healthy food for their children, help them teach their children to choose healthier options.

I think we also need to look at why so many students are walking away from the meals. It's increasing. And even where there are free meals, they're walking away from them. If we do work on the reauthorization of the school meal program this year, I hope there will be a robust conversation that reforms to the programs and help parents tackle healthy eating, and not just rely on the schools to do it all.

Finally, we didn't talk a lot about it today, but I'll flag that any reauthorization must work on making the program easier to operate. That means from compliance with the regulations to monitoring costs. I go to every cafeteria I possibly can go into when I'm visiting schools throughout the district.

And what I hear from the "school lunch ladies," which is what most people still call them, it's not a pejorative. It's a loving term I think that they are very concerned about the paperwork and about how they desperately want the children to eat the meals they prepare, but how difficult it is to meet the requirements. We have to look at compliance, regulations, monitoring, accountability is critical, and we must look at how to ensure we're focusing the Federal and State efforts on this schools that need to improve, and not just looking at checking boxes.

Thank you again Madam Chairwoman for the hearing, and I thank the witnesses for their time and information, and I yield back.

Chairwoman BONAMICI. Thank you, Ranking Member Foxx, and I now recognize myself for purposes of making a closing statement. I want to thank our witnesses again for taking the time to share their expertise with the Committee today. Your compelling testimony made clear that the pandemic has exacerbated a child hunger crisis that existed long before COVID-19.

Across the country families are struggling to put enough food on the table, and children are growing up without the nutrition that's critical for their health and development. As we discussed, the Committee acted quickly to address this crisis in the wake of the pandemic.

Our early investments in child nutrition programs prevented millions of children from going hungry. This is significant progress, but our responsibility to feed hungry children extends beyond COVID-19. As I said at the beginning of the hearing no child in this country should go hungry regardless of whether or not we're facing a devastating pandemic.

And I want to note in response to the Ranking Member, we did actually talk about the administrative burden, and we addressed a couple of ways to address that with more community eligibility, or meals for all. That addresses, as you described, the paperwork and bureaucracy that the people working in food services are talking about.

We must enact the American Jobs Plan, the American Families Plan and a comprehensive reauthorization of child nutrition programs. During this turning point in our recovery from the pandemic, these proposals would invest in nutrition programs in schools, in kitchens and communities, to help eradicate child hunger throughout the country.

I look forward to working with my colleagues on both sides of the aisle to take these critical steps toward providing all children with the nutritious food they need to lead healthy and fulfilling lives. Thank you again to all of you for participating. If there is no further business without objection the Subcommittee stands adjourned.

[Additional submissions by Chairwoman Bonamici follow:]

CULTURE OF HEALTH

By Erica L. Kenney, Jessica L. Barrett, Sara N. Bleich, Zachary J. Ward, Angie L. Cradock, and Steven L. Gortmaker

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Impact Of The Healthy, Hunger-Free Kids Act On Obesity Trends

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ABSTRACT The Healthy, Hunger-Free Kids Act of 2010 strengthened nutrition standards for meals and beverages provided through the National School Lunch, Breakfast, and Smart Snacks Programs, affecting fifty million children daily at 99,000 schools. The legislation's impact on childhood obesity is unknown. We tested whether the legislation was associated with reductions in child obesity risk over time using an interrupted time series design for 2003–18 among 173,013 youth in the National Survey of Children's Health. We found no significant association between the legislation and childhood obesity trends overall. For children in poverty, however, the risk of obesity declined substantially each year after the act's implementation, such that obesity prevalence would have been 47 percent higher in 2018 if there had been no legislation. These results suggest that the Healthy, Hunger-Free Kids Act's science-based nutritional standards should be maintained to support healthy growth, especially among children living in poverty.

Ensuring that children consume a healthful diet rich in fruit, vegetables, whole grains, and lean protein and low in added sugars and refined grains is a critical public health goal.¹ Improving children's nutrition can reduce their risk of obesity, which burdens 18.5 percent of two-to-nineteen-year-olds in the US, as well as the risk of future chronic disease.² Policies shaping what foods and beverages are available in schools, which reach about fifty million US children and adolescents, provide an important opportunity to improve health, particularly for lower-income and minority children, who tend to have less access to healthy food³ and poorer dietary quality^{4,5} as well as a higher risk for obesity compared to other children.⁶

The passage of the Healthy, Hunger-Free Kids Act (HHFKA) in 2010 established a suite of policies to improve the nutritional quality of food and beverages served to US children through an array of federal food assistance programs. This

included the National School Lunch Program, which affects thirty million students nationwide,⁷ and the School Breakfast Program, which affects fourteen million students nationwide.⁸ The National School Lunch Program began in 1946 and the School Breakfast Program, in 1996, to ensure that US children have access to nutritionally adequate meals during the school day. These programs are particularly essential for lower-income children, who participate at higher rates than other children and can receive free or reduced-price meals through them.⁹ However, the nutritional guidelines for meals and snacks served through these programs were originally developed long before childhood obesity and diet-related chronic disease had become a major concern, so they did not address limits on food and beverages that advances in nutrition science had found to be linked with excess weight gain.

Partly in an effort to help address the growing epidemic of childhood obesity, and after years of

public health advocacy and research into optimal nutrition standards,³⁰ the HHFKA changed the guidance for all meals and snacks provided through the National School Lunch Program and School Breakfast Program, aligning these programs—which had not been updated in over fifteen years³⁰—with science-based recommendations from the National Academy of Medicine.³¹ Specifically, the meal patterns for breakfast and lunch changed to increase the amounts of fruit and vegetables served and limit starchy vegetables; create age-specific recommended serving sizes in recognition of differing calorie needs by age; serve only lowfat or fat-free milk; and serve more whole grains for grain products (only whole grains at lunch; half whole grains at breakfast).³² For the first time, the HHFKA also established standards for food and beverage products sold in schools outside of the breakfast and lunch programs (Smart Snacks), including à la carte offerings and snacks from vending machines or school stores. These Smart Snacks guidelines³³ eliminated most sugary beverages and reduced the sugar and calorie content of food products for sale.

The US Department of Agriculture (USDA) began phasing in the HHFKA policy changes in the 2012–13 school year, and research suggests that these changes have been a public health success. Adherence to the new meal and snack standards has been high,³⁴ and students consume more fruit, vegetables, and whole grains and fewer starchy vegetables than before the revision.^{3,35} At the same time, studies have found no increases in food waste^{35–37} or reductions in students' participation in the National School Lunch Program.³⁸

Despite these public health gains and implementation success, there has been substantial industry and political pushback to the HHFKA, with some organizations claiming that its nutrition standards for school meals and snacks must be weakened in order to reduce supposed food waste and compliance burdens.³⁹ Within the past several years, whole-grain standards have been relaxed, although this rule change was recently vacated by a federal judge at the US District Court for the District of Maryland.³⁹ Additional roll-backs, besides the whole-grain standards, have been proposed. A proposed rule published in January 2020 would allow schools to serve fewer nonstarchy fruits and vegetables and sell more pizza, hamburgers, and fries, among other changes.²⁰

In light of these recent and proposed roll-backs, it is important to understand what impact the historic HHFKA changes to school nutrition standards may have had on childhood obesity, to shed light on what kinds of public health gains

we might be giving up. Policies that could reduce childhood obesity are critical to identify. Apart from raising children's risk for poor health in childhood, childhood obesity can also increase risk for adult obesity,²¹ as well as a range of debilitating and costly chronic diseases such as diabetes, cancer, and cardiovascular disease.² While one study suggested slower excess weight gain for very young school lunch participants post-HHFKA, that particular study was far from conclusive, and it only addressed children up to third grade.²²

Our goal with this study was to estimate whether the HHFKA changes reduced the public health burden of childhood obesity among a nationally representative sample of school-age children. Using large, nationally representative samples of ten-to-seventeen-year-olds collected between 2003 and 2018, this study estimates the extent to which populationwide trends in childhood obesity prevalence changed after the HHFKA's changes to school meals and snacks. We used populationwide trends as a proxy for trends among school meal participants in this study. We hypothesized that time trends in obesity prevalence would begin decreasing after the first year of HHFKA implementation in 2012. Given higher school meal participation rates among children in poverty,⁹ we also hypothesized that children in poverty would see larger reductions in annual obesity prevalence trends compared to other children.

Study Data And Methods

STUDY DESIGN We first estimated obesity prevalence trends among ten-to-seventeen-year-olds in all US states and the District of Columbia (hereafter, all states) from 2003 to 2018. We created repeated, cross-sectional estimates of obesity across six time points to evaluate whether trends in obesity prevalence changed after the Healthy, Hunger Free Kids Act's school meal implementation began in fall 2012. We used an interrupted time series analysis approach²³ and fit segmented regression models to test whether the time trend in having obesity significantly changed from before (time points including 2003, 2007, and 2011–12) to after (time points including 2016, 2017, and 2018) the time at which HHFKA implementation began. For more information on how time points were coded, see the online appendix.²⁴

SAMPLE We leveraged data from the National Survey of Children's Health, a large, periodic, nationally representative survey of noninstitutionalized children ages 0–17 conducted in all states. The survey has been conducted annually since 2016; prior to that, it was conducted in

2003, 2007, and 2011–12. For all years a multi-stage sampling design was used, with the sample stratified by state, households selected randomly within states, and one child selected randomly per household.²⁵ A parent or guardian of the sampled child with knowledge of the child's health and health care was then asked to complete a survey about that child. For this analysis we used survey responses from 2003, 2007, 2011–12, 2016, 2017, and 2018. We included participants ages 10–17 with nonmissing data on weight status and sociodemographic variables described below. Weight status is not reported for children younger than age ten in the National Survey of Children's Health public-use data files from 2007 to 2018 because of reported validity concerns.²⁶ For more information on the sampling procedures for that survey, see the appendix.²⁴

MEASURES

► **OUTCOME VARIABLE:** The primary outcome for this study was obesity, defined as having a body mass index (BMI) above the ninety-fifth percentile for a child's age and biological sex according to the 2000 Growth Charts of the Centers for Disease Control and Prevention.²⁷ The parent or guardian respondent reported the child's weight and height. Survey staff then calculated BMI, compared to the growth chart percentiles, and classified each child as underweight (below the fifth percentile), healthy weight (from the fifth to below the eighty-fifth percentiles), overweight (from the eighty-fifth to below the ninety-fifth percentiles), and obesity (ninety-fifth percentile and above).

► **INDIVIDUAL-LEVEL COVARIATES:** Demographic covariates at the child level included age, biological sex, race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic/Latino, and non-Hispanic other), and the poverty status of the household (at or below 100 percent of the federal poverty level), which were all reported by the parent or guardian or derived from reports of family income.

► **STATE-LEVEL COVARIATES:** To control for the possibility that any observed trends might be influenced by preexisting state-level nutrition policies, rather than the introduction of the federal-level HHFKA policies, we leveraged data on state-level school nutrition policies from the Classification of Laws Associated with School Students (CLASS) database.²⁸ This database includes variables representing the strength of nutrition policies in schools for 2003–15 across several domains. We classified states according to whether or not they had strong nutrition standards for school meals before the implementation of the HHFKA policies and whether or not they had standards for food sold outside of

The HHFKA school meal and snack standards may be helping reduce the risk of obesity among children in poverty and should be maintained.

school meals, consistent with the Smart Snacks guidelines specified by the HHFKA. For more details on the CLASS scoring, see the appendix.²⁴

► **STATISTICAL ANALYSIS:** To conduct the interrupted time series analysis, we fit segmented multivariable logistic regression models adjusting for the complex sampling design. The models predicted the odds of a study participant having obesity as a function of time in years (centered at fall 2012, the HHFKA's first year of implementation for school meals) and an additional term for time after the introduction of the HHFKA policies (post intervention—that is, 2016, 2017, and 2018 only), which tested whether there was a change in the time trend after the introduction of those policies. The resulting odds ratio (OR) estimates for the time variable year represent the change in the odds of a ten-to-seventeen-year-old having obesity from one year to the next from 2003 to 2018. The resulting OR for time after the introduction of the HHFKA policies represents the average annual change in the trend for odds of obesity for each year after 2012 (a change in slope). In other words, the "time after HHFKA" coefficient tests whether the yearly trend in obesity risk changes after 2012.

To account for how changes in the sociodemographic makeup of the US adolescent population could have affected time trends in obesity risk, we adjusted for survey participants' race/ethnicity, household poverty status, age, and biological sex. We also controlled for preexisting state policies on school meals (in 2010) and food products sold outside the school meal program (in 2013). To account for state-level variation in obesity prevalence trends, we included fixed effects for every state, using state indicator variables.

To test for whether the trends differed according to a child's poverty status, as poverty is as-

sociated with a higher likelihood of eating school meals⁸ and thus may be associated with a larger likelihood of benefitting from the HHFKA, we fit models that included the covariates above as well as interaction terms for poverty status and the pre-HHFKA trend plus poverty status and the post-HHFKA trend.

We estimated uncertainty for model estimates using 100 sets of replicate weights estimated by bootstrapping the data set while accounting for the complex survey design in each survey round.²⁹ We also calculated the predicted probability of having obesity for each year and by poverty status.

All models were estimated using PROC SURVEYLOGISTIC in SAS, version 9.4.

LIMITATIONS Although this study benefited from leveraging several years of nationally representative population-level data to understand time trends in childhood obesity, there are several limitations that preclude us from definitively attributing any changes in obesity to the HHFKA. First, the data points for estimating the post-HHFKA time trend are relatively few and close together (2016, 2017, and 2018), given how recently the policies were implemented. This made our estimation of the change in trend less reliable; also, it did not allow us to examine changes in obesity prevalence during different phases of implementation, including the phasing in and rolling back of standards.

Second, the National Survey of Children's Health did not include information on study participants' own consumption of school meals and snacks, and thus we were not able to identify who was and was not consuming school meals; this may have led us to an underestimate of the potential impact of the HHFKA.

Third, because the HHFKA is a federal law whose policies cover food and beverages served in all schools participating in the National School Lunch Program, we did not have a separate comparison group that was not exposed to the policies to test whether the observed changes in trends were due to other factors, although there were no other events or policy shifts occurring during the relevant time period tested that would serve as alternative explanations for any observed changes.

Fourth, the measures of height and weight from the National Survey of Children's Health that are used to calculate each participant's weight status are collected via parental report, which is subject to bias,³⁰ but this should not change over time and thus should not affect time trend estimates.

Last, the study is limited in only being able to assess changes among ten-to-seventeen-year-olds, given the absence of weight class data for

younger children in the National Survey of Children's Health.

Study Results

Across the six survey periods of the National Survey of Children's Health (2003, 2007, 2011–12, 2016, 2017, and 2018), there were 193,370 participants ages 10–17. Of these, we excluded 20,357 participants because of missing data on BMI, poverty, or race/ethnicity (10.5 percent of the original sample), for a final sample of 173,013. Earlier survey waves had larger sample sizes as a result of the different survey design (every four years rather than every year, as has been in place since 2016) (exhibit 1). The mean age of participants across all years was 13.5, with little variation across years. Similarly, the sample was 51 percent male for all survey periods. Race/ethnicity varied across survey periods, with the share of survey participants identifying as non-Hispanic white dropping steadily over time, from 66.1 percent in 2003 to 50.2 percent in 2018, and those identifying as Hispanic (any race) increasing from 11.9 percent to 26.6 percent over the same time period. The share of the population identified as living in poverty also varied across survey years, increasing from 14.8 percent in 2003 to 20.0 percent in 2016, then decreasing to 16.9 percent by 2018. The prevalence of obesity in the population fluctuated in the range of 15–16 percent across survey years, with the lowest estimates in 2003 and 2018. Prior to the implementation of the HHFKA, just four states (7.8 percent) had pre-existing regulations specifying nutrition criteria for National School Lunch Program meals similar to those in the HHFKA, while eleven (21.6 percent) had regulations specifying strong nutrition criteria for food products sold outside of school meal programs (data not shown).

Adjusting for children's age, sex, race/ethnicity, and poverty status, as well as state fixed effects, and accounting for the complex sampling design, we found that before the HHFKA's school meal and snack standards took effect, there was no meaningful time trend in the likelihood of having obesity (OR for an change in obesity for each year: 1.01; $p > 0.05$) and no significant evidence for a change in the risk of having obesity after the implementation of the new HHFKA standards (OR: 0.98; $p > 0.05$) (model 1 in exhibit 2). Adding controls for preexisting state-level nutrition policies for school meals and food products sold outside of school meal programs had no impact on these estimates and thus were not included in the final model. Similarly, when testing for whether pre- and post-HHFKA time trends differed by state policy sta-

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EXHIBIT 1

Descriptive characteristics of the National Survey of Children's Health sample for each survey wave, selected years 2003-18

| Characteristics | Pre-HHFKA | | | | | | Post-HHFKA | | | | | |
|----------------------|----------------------|-------------------|----------------------|-------------------|-------------------------|-------------------|----------------------|-------------------|----------------------|-------------------|----------------------|-------------------|
| | 2003 (n = 42,417) | | 2007 (n = 40,364) | | 2011-12 (n = 39,561) | | 2016 (n = 24,405) | | 2017 (n = 10,839) | | 2018 (n = 15,427) | |
| | Number | SE/% ^a | Number | SE/% ^a | Number | SE/% ^a | Number | SE/% ^a | Number | SE/% ^a | Number | SE/% ^a |
| Mean age, years (SE) | 13.5 | (0.02) | 13.6 | (0.03) | 13.5 | (0.03) | 13.5 | (0.03) | 13.6 | (0.05) | 13.5 | (0.04) |
| Male | 21,889 | 50.8 | 21,017 | 50.7 | 20,661 | 51.5 | 12,371 | 51.1 | 5,541 | 51.1 | 8,110 | 51.2 |
| Race/ethnicity | | | | | | | | | | | | |
| Non-Hispanic white | 31,456 | 66.1 | 28,985 | 59.8 | 27,569 | 56.9 | 17,555 | 53.7 | 7,585 | 51.0 | 10,901 | 50.2 |
| Non-Hispanic black | 4,096 | 15.2 | 4,062 | 15.2 | 3,749 | 14.6 | 1,364 | 12.8 | 724 | 14.6 | 998 | 13.5 |
| Hispanic | 3,861 | 11.9 | 4,019 | 17.1 | 4,341 | 19.2 | 2,556 | 23.9 | 1,187 | 24.6 | 1,756 | 26.6 |
| Non-Hispanic other | 3,004 | 6.8 | 3,298 | 8.0 | 3,902 | 9.3 | 2,930 | 9.7 | 1,343 | 9.8 | 1,772 | 9.7 |
| In poverty | 4,120 | 14.8 | 3,797 | 14.5 | 4,818 | 17.8 | 2,014 | 20.0 | 1,050 | 16.5 | 1,386 | 16.9 |
| Weight status | | | | | | | | | | | | |
| Underweight | 1,989 | 4.8 | 1,983 | 5.1 | 2,246 | 5.9 | 1,491 | 6.3 | 697 | 6.2 | 1,004 | 7.3 |
| Healthy weight | 28,125 | 64.6 | 26,639 | 63.1 | 25,691 | 62.4 | 16,339 | 62.6 | 7,174 | 63.1 | 10,136 | 61.9 |
| Overweight | 6,460 | 15.8 | 6,196 | 15.4 | 5,901 | 15.8 | 3,474 | 15.0 | 1,533 | 15.3 | 2,258 | 15.7 |
| Obesity | 5,843 | 14.8 | 5,546 | 16.4 | 5,723 | 15.9 | 3,101 | 16.1 | 1,435 | 15.4 | 2,029 | 15.1 |

SOURCE Authors' analysis of data from the National Survey of Children's Health, selected years 2003-18. **NOTES** Sample includes youth ages 10-17 with reported body mass index, poverty status, and race/ethnicity. HHFKA is Healthy, Hunger-Free Kids Act. ^aStandard error or weighted percentage. Values are percentages except where indicated (age).

tus, we found no significant results (see the appendix).²⁴

For children in poverty, however, we found that prior to the HHFKA's changes to school meals and snacks, the odds of having obesity

had been increasing year after year (OR: 1.04 per year; $p = 0.003$), while after the HHFKA's implementation, the yearly trend in the odds of having obesity began decreasing (OR: 0.91; $p = 0.004$) (model 2 in exhibit 2). In other

EXHIBIT 2

Change per year in the odds of having obesity before and after implementation of Healthy, Hunger-Free Kids Act (HHFKA) changes to the National School Lunch Program

| Variables | Odds ratios | |
|---|-----------------------------|---------------------------------------|
| | Model 1: overall effects | Model 2: effects by poverty status |
| Time (years) | 1.01 | 1.00 |
| Time (years) after HHFKA | 0.98* | 1.00 |
| Time (years) for children in poverty | — ^a | 1.04*** |
| Time (years) after HHFKA for children in poverty | — ^a | 0.91*** |
| Demographic characteristics controlled for in estimating obesity prevalence time trends | | |
| In poverty (versus not in poverty) | 1.62**** | 2.05**** |
| Age (years, continuous) | 0.93**** | 0.93**** |
| Male (versus female) | 1.44**** | 1.44**** |
| Race/ethnicity | | |
| Non-Hispanic black | 1.88**** | 1.87**** |
| Hispanic/Latino | 1.79**** | 1.79**** |
| Non-Hispanic other | 1.09 | 1.09 |
| Non-Hispanic white | Ref | Ref |

SOURCE Authors' analysis of data from the National Survey of Children's Health, 2003-18. **NOTES** Sample includes youth ages 10-17 with reported body mass index, poverty status, race, and ethnicity. Survey responses from 2003, 2007, 2011-12, 2016, 2017, and 2018 were used for this analysis. Weighted logistic regression models were used and were also adjusted for state. Model 1 examined changes overall, and model 2 examined changes by child poverty status. "in poverty" was defined as living in a family with income at or below 100 percent of the federal poverty level. Confidence intervals and exact p values are in the online appendix (see note 25 in text). ^aVariables were not considered in model 1. * $p < 0.10$ *** $p < 0.01$ **** $p < 0.001$

words, after the HHEKA was implemented for school meals, children in poverty had a 9 percent lower odds of having obesity each year, when the other variables were controlled for. In 2018 the predicted probability of obesity for children in poverty was approximately 0.21 with the HHEKA but would have been expected to be 0.31 had the time trends prior to the HHEKA continued—in other words, the risk of obesity would have been 47 percent higher in 2018 without the legislation (exhibit 3). Exact *p* values and 95% confidence intervals for all model estimates are in the appendix.²⁴

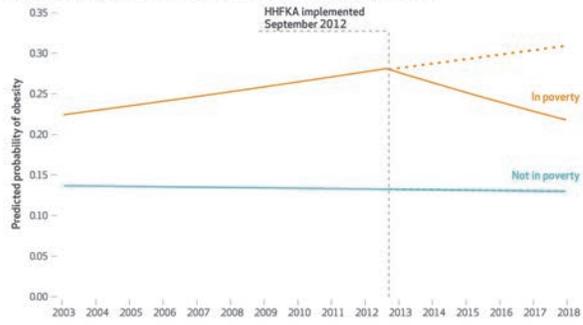
Discussion

This study, using nationally representative data of 173,013 children from all states over a fifteen-year period suggests that the passage of the Healthy, Hunger-Free Kids Act and implementation of its changes to school meals and snacks—currently affecting children in more than 99,000 schools across the US—was associated with significantly decreased risk of obesity for the estimated 5.9 million US children ages 10–17 in poverty.²⁵ These are the children who, because of their higher levels of participation in school

meals, stand to benefit most from the HHEKA.⁹ After the HHEKA's implementation for school meals and snacks, youth in poverty—who are particularly vulnerable to obesity²⁶—saw their odds of having obesity reduced by 9 percent annually; by 2018 their risk of obesity would have been 47 percent higher if there had been no legislation. Roughly, we estimate that in 2018 this meant over 500,000 fewer cases of obesity among children in poverty, reducing the risk of future chronic diseases for these children as well as avoiding substantial health care costs.²⁷ These results were robust to adjustment for changes in the sociodemographic makeup of the US youth population. There was no change in risk for children not living in households in poverty.

We are unable to definitively state a causal relationship between the HHEKA and the reversal in childhood obesity prevalence trends among children in poverty, because of the infeasibility of using a randomized design for such a policy evaluation and because the data set did not have a variable to explicitly indicate participation in school meals. However, our finding of a decrease in obesity risk among children in poverty is supported by findings of changes in dietary intake elsewhere. Studies evaluating the im-

EXHIBIT 3
 Predicted probability of obesity among youth ages 10–17 before and after implementation of Healthy, Hunger Free Kids Act (HHFKA) changes to the National School Lunch Program, by poverty status, 2003–18



SOURCE Authors' analysis of data from the National Survey of Children's Health, 2003–18. **NOTES** Sample includes youth ages 10–17 with reported body mass index, poverty status, race, and ethnicity. Survey responses from 2003, 2007, 2011–12, 2016, 2017, and 2018 were used for this analysis. Predicted probability represents the average weighted value from the sample and is derived from weighted logistic regression models that adjust for participant age, sex, race/ethnicity, and state of residence. Dotted lines show pre-HHEKA trends projected post-HHEKA, for youth in poverty and not in poverty. "Not in poverty" indicates family income above 100 percent of the federal poverty level. "In poverty" indicates family income at or below the federal poverty level.

fact of the HHFKA's school meal changes on dietary intake have found that students eating school meals consume fewer total calories and more fruit, vegetables, and whole grains than prior to the HHFKA, as well as fewer starchy vegetables.¹⁵ These dietary changes have been clearly linked with weight loss or reductions in excess weight gain.^{33,34} Additionally, we are simply unaware of another policy at the same nationwide scale impacting children in poverty that could be a likely explanation for a shift in obesity risk among youth in this age group. Changes to the nutrition standards of the Special Supplemental Program for Women, Infants, and Children (WIC) in 2009 were found to reduce risk of obesity for low-income children ages 2–4;^{35,36} however, the children affected by that policy change would not enter as ten-year-olds in the National Survey of Children's Health samples until 2015.

Results from this analysis suggest that the HHFKA school meal and snack standards may be helping reduce the risk of obesity among children in poverty and should be maintained, if not further strengthened. Indeed, given the recent attempts to relax the HHFKA standards, particularly the attempted weakening of a requirement for serving whole grains, as well as recently proposed weakening of fruit and vegetable require-

ments,²⁰ it is possible that the gains seen here could diminish in the future. These rollback efforts should be reconsidered, particularly because they were largely grounded in concerns about increased food waste and infeasible implementation, concerns that scientific research suggests are unfounded, as there have been no changes in food waste,^{35,36} and implementation of the new standards has been high, with over 80 percent of schools meeting the standards.⁹ These results also suggest that since the beneficial change to obesity risk did not extend to children not in poverty, policy makers could consider strategies for increasing participation in school meals among students who are not currently eligible for free or reduced-price lunch.

Conclusion

The implementation of stronger nutrition standards for school meals and snacks through the Healthy, Hunger-Free Kids Act was associated with a significant reduction in the risk of obesity for youth in poverty. The original 2010 HHFKA standards should be restored, and efforts to increase participation should be strengthened, to build on the law's progress in reducing childhood obesity in the United States. ■

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Public Health Focus

♣ Reducing Sodium Intake in Children: A Public Health Investment

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The antecedents of elevated blood pressure (BP) and its major consequences (cardiovascular disease and stroke) begin in childhood. Higher levels of BP early in life track into adulthood and are associated with subclinical target organ damage in children and adults. Diet behaviors, including the choice of high sodium containing foods, are established during childhood. On average, children, ages 2-19, consume more than 3,100 mg of sodium per day, with substantially greater sodium intakes in boys than girls. Importantly, studies show that lowering sodium intake in children lowers blood pressure. In view of this evidence, US Dietary Guidelines recommend a reduced sodium intake in children. Current federal nutrition standards include a step-wise

reduction in the sodium levels of school meals. The ultimate goal is to help children achieve daily sodium intakes that do not exceed upper levels recommended by the Institute of Medicine and the Dietary Guidelines for Americans. In summary, available data are sufficiently strong to recommend a lower sodium intake beginning in early in life as an effective and well-tolerated approach to reducing BP in children. Current efforts to weaken nutrition standards for school meals undermine an effective strategy aimed at improving the health of our children and our nation. *J Clin Hypertens (Greenwich)*. 2015;17:657-662. © 2015 The Authors. *The Journal of Clinical Hypertension* Published by Wiley Periodicals, Inc.

While the clinical manifestations of elevated blood pressure (BP) occur predominantly in adults, the antecedents of chronic diseases (obesity, diabetes, atherosclerotic heart disease, and stroke) begin in childhood. Hence, the contemporary approach to halting the epidemic of cardiovascular disease (CVD) emphasizes prevention of risk factors, ideally beginning very early in life among children.¹ Although prevention-oriented strategies are often tested in studies conducted in adults, interventions aimed at reducing BP over the lifespan are likely to have a greater impact if started early in childhood when eating habits are formed and before asymptomatic, preclinical abnormalities begin.

Currently, efforts are underway to weaken nutrition standards for school food programs, including efforts to repeal targets for sodium. This paper reviews evidence documenting the benefits of strategies that lower sodium intake in children and documenting that proposed reductions in sodium are both feasible and acceptable.

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THE CURRENT POLITICAL LANDSCAPE

Through two major programs (the School Breakfast Program² and the National School Lunch Program³), federal nutrition standards have a broad impact on the food served to children. Each school day, these programs serve more than 12 million and 31 million children, respectively. These programs are currently operating under the Healthy, Hunger-Free Kids Act (HHFKA).⁴ Passed in 2010, the Act marked the first time in a generation that nutrition standards for foods in schools were updated to reflect the latest nutrition science.

Because children who eat school meals can consume 50% or more of their daily calories at school,⁵ it is important that foods available in schools meet nutrient requirements and promote the development of life-long healthy eating habits. The nutrition standards in the HHFKA limit calories, saturated and *trans* fats, and added sugars while increasing fruits and vegetables and substituting whole grains for refined grains. The Act also includes sodium targets and set out a 12-year timeline for lowering sodium over three phases, based on recommendations from the Institute of Medicine (IOM) (Table).⁵ The planned reductions would lower the baseline sodium levels of approximately 1300 mg to 1500 mg per lunch⁶ to levels consistent with the Dietary Guidelines for Americans.

The phased reductions are projected to reduce the sodium content of school meals by approximately 25% to 50% by 2022. It is also projected that sodium intake among US school-aged children (defined as ages 6-18)

TABLE. Timelines for Sodium Reduction in School Lunch and Breakfast

| Lunch Sodium Reduction Timeline | | | | Breakfast Sodium Reduction Timeline | | | |
|---------------------------------|---|---|---|-------------------------------------|---|---|---|
| Grade Group | Target 1: School Year 2014-2015, mg | Target 2: School Year 2017-2018, mg | Target 3: School Year 2022-2023, mg | Grade Group | Target 1: School Year 2014-2015, mg | Target 2: School Year 2017-2018, mg | Target 3: School Year 2022-2023, mg |
| K-5 | ≤1230 | ≤935 | ≤640 | K-5 | ≤540 | ≤485 | ≤430 |
| 6-8 | ≤1360 | ≤1035 | ≤710 | 6-8 | ≤600 | ≤535 | ≤470 |
| 9-12 | ≤1420 | ≤1080 | ≤740 | 9-12 | ≤640 | ≤570 | ≤500 |

will be reduced by an average of about 75 mg to 150 mg per day and about 220 mg to 440 mg on days children consume school meals.⁷

The School Nutrition Association has voiced concerns that school food services will have difficulty in procuring foods that meet the sodium standards. As a result, Congress included a provision in a December 2014 omnibus spending bill that stated "sodium standards cannot be reduced below Target 1 until the latest scientific research establishes the reduction is beneficial for children."⁸ Ongoing efforts by some stakeholders and their representatives in Congress are attempting to weaken the sodium standards, with some calling for their complete elimination. However, the concern about difficulty in procuring foods that meet the sodium targets is not consistent with the USDA's May announcement that 95% of schools are in compliance with the new nutrition standards.⁹ Furthermore, in a national survey of food service administrators and staff, 70% of respondents reported that students like the new lunches.¹⁰

By early 2016, the federal child nutrition programs will be reauthorized, including school meal programs. Evidence from a broad array of strong scientific studies supports the current recommendations for sodium reduction in the HHSFKA.

SCIENTIFIC ISSUES RELATED TO BP AND SODIUM INTAKE IN CHILDREN

Epidemiology of Elevated BP

At birth, BP is low (approximately 60/40 mm Hg) and increases steadily in virtually all children until adolescence (Figure 1).¹¹ The rise in BP with age is similar in boys and girls, until early adolescence when the rise in systolic BP is significantly faster in boys than the corresponding rise in girls. It is important to emphasize that the overall average rate of rise in BP (~1.9 mm Hg per year in boys and ~1.5 mm Hg per year in girls), while usual, may not be normal. Because of the age-related rise in BP in children and subsequently in adults, 90% of US adults will develop hypertension over their lifetime.¹²

Adverse clinical outcomes from elevated BP rarely occur in children or adolescents, but there is considerable evidence to support an association between higher levels of BP in children and BP-related CVD in adults.

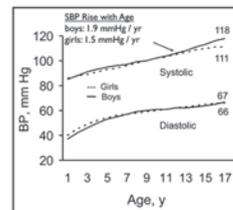


FIGURE 1. Mean systolic and diastolic blood pressure (BP) in US children (50th percentile for height), ages 1 to 17 years.¹¹

First, childhood BP tracks into adulthood, with reported tracking correlations of 0.38 for systolic BP and 0.28 for diastolic BP.¹³ Moreover, BP tracking has been shown to occur in concert with tracking of lipids and BMI,¹⁴ magnifying the potential adverse impact of childhood BP on development of CVD.

Second, BP levels are associated with subclinical CVD during childhood. BP is strongly associated with carotid intimal-medial thickness,^{15,16} pulse wave velocity,¹⁷ and left ventricular mass index^{16,18} in adolescents. Importantly, there is direct longitudinal evidence that elevated BP in adolescents predicts pathologic changes associated with CVD. Both the Bogalusa Heart Study¹⁹ and the Pathobiologic Determinants of Atherosclerosis in Youth Study (PDAY)²⁰ documented a significant association between degree of atherosclerosis in the coronary arteries and levels of ante-mortem BP in youth who died during adolescence.

Third, childhood BP has been associated with a variety of subclinical cardiovascular findings in adults. Systolic BP in children, as early as age 6 years and continuing through age 18 years, is associated with carotid intima-media thickness at age 33 to 42 years²¹; elevated BP at age 10 has predicted pulse wave velocity at age 40²²; and childhood BP has been reported to be a significant independent predictor of coronary artery calcification.^{23,24} In contrast, in those adults with elevated BP during childhood but reduced BP in adulthood, carotid intima-media thickness is not significantly different from levels found in individuals who never had elevated BP.²³

These data support the introduction of intervention strategies early in life to maintain normal BP.

Relationship of Sodium Intake and BP in Children
Reduced sodium intake lowers BP in children. A meta-analysis of 13 dietary trials in children (three trials in infants and 10 in older children) confirmed that modest reductions in sodium intake are associated with a reduction in BP.²⁶ The adverse effect of sodium on BP begins at birth. A widening gap in BP between infants fed a low-sodium formula and infants fed a regular-sodium formula was observed during the first 6 months of life in a trial conducted in the Netherlands, with significantly lower mean BP measured in the low-sodium group at the end of the trial.²⁷ Moreover, when these infants were restudied at 15 years of age, the group formerly on the low-sodium diet during infancy continued to have a significantly lower BP than the regular-formula control group, despite having been on a regular diet from age 6 months.²⁸ Thus, reducing sodium intake early in life may have a "programming" effect on future BP levels.

Studies in school children have used a variety of methods to test the sodium-BP relationship. In the 2-year Exeter-Andover Project,²⁹ it was possible to significantly reduce sodium by controlling the amount used in food preparation for students relying on the school for their meals. The result was a significant reduction in sodium intake in association with a significant reduction in BP. In a more recent school intervention study in China, grade school students and their families were trained to reduce sodium intake in their homes. Although sodium intake decreased significantly in comparison to a control group on a regular diet, the level of reduction did not have a significant impact on BP.³⁰ A 3-year trial in adolescents and their parents used an intensive education and reinforcement-maintenance program to reduce dietary sodium in a free-living population.³¹ Despite personal counseling every 3 months and frequent phone counseling, the adolescent boys did not have a significant reduction in sodium intake or BP. In contrast, the girls were able to maintain reduced sodium intake compared with baseline and had a significant reduction in BP.

These data from studies in children suggest a variety of approaches to interrupting the ongoing high prevalence of hypertension and BP-related CVD. The findings that higher levels of BP are associated with subclinical target organ damage as early as childhood, track into adulthood, and predict subclinical target organ damage in adults strongly support the need to develop and implement strategies for reducing sodium intake in the first 2 decades of life. The relationship of decreased sodium intake to decreased BP in children suggests that an effective method for reducing dietary sodium may have a significant impact on lifetime reduction of BP and its adverse effects on morbidity and mortality. Further, there is evidence that sodium

reduction may be particularly effective in overweight children.³²

SODIUM INTAKE RECOMMENDATIONS MADE BY AUTHORITATIVE BODIES

Dietary Reference Intakes for Sodium From the IOM
Recommended sodium intakes vary by age. For sodium, the IOM set the upper level (maximum intake) at 1500 mg/d, 1900 mg/d, 2200 mg/d, and 2300 mg/d for ages 1 to 3 years, 4 to 8 years, 9 to 13 years, and 14 to 18 years, respectively.³³

2010 Dietary Guidelines for Americans and 2010 Dietary Guidelines Advisory Committee Report

The 2010 Dietary Guidelines for Americans recommended a target sodium level of 2300 mg/d for the general population and 1500 mg for persons who are 51 years and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.³⁴ It was estimated that the 1500-mg recommendation applies to about half of the US population, including children.³⁵ Although no specific targets for sodium intake in infants and children were specified, the 2010 Dietary Guidelines Advisory Committee report noted that sodium intake in infants and children is of concern because BP during childhood tracks over time and elevated BP in childhood results in significant cardiovascular dysfunction and pathology both earlier and later in life. The committee emphasized that taste preferences for salt, the major source of sodium in the diet, are established early and shaped by dietary exposure.

2015 Dietary Guidelines Advisory Committee Report

The 2015 Dietary Guidelines Advisory Committee did not directly address the issue of sodium intake for children. Rather, the 2015 report identified sodium as a nutrient overconsumed relative to the upper level of dietary reference intakes.³⁶ They recommended a goal for the general population of <2300 mg dietary sodium per day or age-appropriate upper levels set by the IOM.³³ The committee noted that sodium is ubiquitous in the food supply and for this reason suggested that to decrease intake toward recommended levels concerted efforts will be needed to reduce levels in commercially prepared and processed foods and encourage more food preparation at home, specifically using less salt. Finally, it was noted that more than any other nutrient, sodium intake undermines the Healthy Eating Index for children.

WHAT CHILDREN ARE EATING NOW

The majority of the US population aged 1 year and older exceeds sodium intake recommendations, including more than 90% of children aged 4 to 18 years. In terms of absolute intake, mean sodium intakes were 191 mg/d for infants up to 6 months and 518 mg/d for those 6 to 12 months and 1709 mg/d for toddlers 1 to 2 years.³⁷ Figure 2 displays average sodium intake in

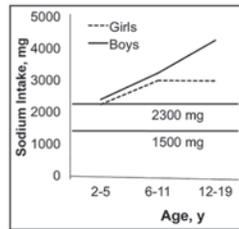


FIGURE 2. Mean sodium intake in US children by age group.⁵¹

older children and adolescents, which is remarkably similar to the high levels of intake in adults.³⁸ On average, children aged 2 to 19 years consume more than 3100 mg of sodium per day, with substantially greater sodium intakes in boys than girls. The mean sodium intake in boys, >4000 mg/d at ages 12 to 19 years, is particularly striking. This high intake, in part, reflects greater mean energy consumption in boys than girls.³⁹

Dietary Sources

Top contributors to sodium intake for birth through 2 years include formula (72%), human milk (23%), and commercial baby foods (2%). Store foods contributed 83% to 90% of sodium in this age group. For children aged 2 to 5 years, the top 10 sources of sodium include (in order) breads and rolls, poultry, frankfurters and sausages, soups, pizza, whole and reduced-fat milk, cheese, pasta mixed dishes, ready-to-eat cereal, and sandwiches.⁴⁰ Close to half (43%) of sodium in school-aged (6–18 years) children's diets came from 10 similar food categories: pizza, bread and rolls, cold cuts/cured meats, savory snacks, sandwiches, cheese, chicken patties/nuggets/tenders, pasta mixed dishes, Mexican mixed dishes, and soups. The top six sources are illustrated in an American Heart Association infographic for children.⁴¹

Among school-aged children, an average of 83% of sodium came from grocery store and restaurant foods (65% from store foods, 13% from fast-food/pizza restaurants, and 5% from other restaurants) and 9% from school cafeteria foods. By meal, children aged 6 to 18 years consume about 15% of their daily sodium at breakfast, 30% at lunch, 39% at dinner, and 16% at snack time.⁷

ACCEPTABILITY OF REDUCED SODIUM FOODS

The development of flavor preferences appears to begin in utero and is presumably influenced by maternal diet; further food preferences initiated in childhood persist long-term.^{42–44} Whether maternal sodium intake further influences the flavor of breastmilk and subsequent sodium preferences in childhood has yet to be established, but if

introduction to solid foods includes high-sodium choices, this can undermine adaptation to lower-sodium diets.

Attempts to achieve reductions in dietary sodium intake in children have most often targeted schools,^{29,30,45,46} which offer an important setting to introduce and reinforce the benefits of lowering sodium intake. One early study in a boarding high school involved a cross-over design that not only achieved successful adherence to reduced sodium intake (based on 24-hour urine collection), but further reported an unwillingness among the students to return to the original sodium level typically served in the school after only 3 weeks on the lower-sodium diet.⁴⁷ This study illustrates the feasibility and acceptability of reducing dietary sodium intake among children if presented in an ongoing and consistent manner.

FEASIBILITY OF SODIUM REDUCTION IN SCHOOL MEALS AND COMPETITIVE FOODS

The food industry has demonstrated progress in lowering sodium, and several major food companies are already offering products that meet the current school meals standards.⁴⁸ Some of this progress has been achieved by simply reducing salt, with further reductions occurring as a result of innovation in food manufacturing technologies and culinary techniques.⁴⁹ The broad variability of sodium content within similar food categories indicates that reduction to lower levels is feasible in at least some products. A recent survey showed a wide range of sodium content in the same branded foods across countries. Regional taste preferences may not be responsible for the variation in salt content, because no one country consistently had the highest-sodium products.⁵⁰

Taste is an important driver of food choices, but it is well-recognized that taste is a malleable trait. Although more sensory research would strengthen this conclusion, it is likely that children's preferences for salty foods will shift downward without loss of taste enjoyment if sodium in school meals is reduced in a gradual, stepwise fashion. Aided by technical assistance to help schools create meals that meet the sodium standards, the phased sodium reductions in the HHSFKA are achievable.

The shift from Target 1 to Target 2 sodium levels in school lunches is approximately 300 mg per lunch across all grade levels, or 100 mg/y given that schools have three full school years to reduce from Target 1 to Target 2 levels. For reference, the amount of sodium in a single small pickle spear is approximately 300 mg. A reduction of 300 mg sodium per meal could also be achieved with a combination of food substitutions, such as using an unbreaded instead of a breaded chicken patty on a sandwich and seasoning rice with herbs and spices instead of salt. Additional suggestions for food substitutions are illustrated in an American Heart Association infographic.⁵¹

Leading contributors to sodium intake (such as pizza and breads/rolls) are also leading contributors to energy intake among children. Hence, strategies to reduce

intake of these foods and/or replace them with lower-sodium versions or potassium-rich fruits and vegetables could have a positive impact on a spectrum of health issues, from elevated BP to childhood obesity. Furthermore, sodium reduction is not an isolated recommendation. It is an important component of a healthy dietary pattern exemplified by the nutrition standards described in the HHSFKA. The foods that comprise the diets aligned with this pattern will not only have less sodium, but they are expected to have more potassium, magnesium, and calcium than standard American diets.

CHALLENGES OF PREVENTION RESEARCH IN CHILDREN

Prevention research in children is challenging. In observational studies, it is difficult to accurately and precisely measure lifestyle factors related to diet and physical activity. This is particularly the case for sodium,⁵² in which children or their adult proxies self-report dietary intake. The attendant result can be spuriously null findings, as recently reported.⁵³ Likewise, it is difficult to achieve a substantial contrast in dietary sodium intake in behavior intervention studies in children. Controlled feeding studies in children provide a powerful means to achieve a large experimental contrast but are logistically challenging, expensive, and inherently brief. Finally, trials with hard clinical outcomes are impossible to conduct in children, an issue common to all lifestyle interventions, not just sodium reduction. Indeed, there are no trials that have documented benefits of weight loss, smoking cessation, and increased physical activity on hard outcomes in children or even adults.

SUMMARY AND CONCLUSIONS

The antecedents of elevated BP and other chronic diseases begin early in life, as do food preferences. Given the vast scope of the hypertension epidemic and its adverse health consequences, the most appropriate approach to halt this epidemic should include prevention strategies that target children. Available data are sufficiently strong to recommend a reduced sodium intake as an effective and well-tolerated approach to lower BP. Indeed, findings that higher levels of BP are associated with subclinical target organ damage in childhood, track into adulthood, and predict adult subclinical target organ damage strongly support the need to implement strategies for reducing sodium intake in the first 2 decades of life. Rather than repealing public health efforts to lower sodium in school meals, we must redouble our efforts that ultimately should improve our children's health and the health of our nation.

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K-12 Lunch

June 2021, In-School

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|--|---|---|
|  31 |  Hamburger Celery Sticks Apple 1 |  Chicken Meatball Sub Tater Tots Blueberries 2 |  Turkey-Pepperoni Pizza Baby Carrots Orange 3 |  Beef & Cheese Taco Refried Beans Banana 4 |
| Try the savory Chicken Meatball Sub on June 2 nd ! | | | | |
|  Toasted Grilled Cheese (v) Baby Carrots Orange 7 |  Beef Teriyaki Sub Fresh Broccoli Banana 8 |  Chicken Patty Sandwich Green Pepper Sticks w/ Garlic Veggie Dip Apple Slices 9 |  Cheese Pizza (v) Cucumber Slices Orange 10 |  Chicken & Cheese Brown Rice Bowl Black Bean Salsa Banana 11 |
| It is always our pleasure to serve you! | | | | |
| <p>All chicken served is No Antibiotic Ever. Our menus are pork-free. Vegetarian entrees are identified with (V). Local produce grown within 350 miles is identified with (L). Menus containing fish are identified with  We only use heart-healthy whole grains. Our milk options include 1%, low-fat, and fat-free.</p> <p>This institution is an equal opportunity provider. Not all offerings may be available in all buildings. Questions? E-mail us at food@cps.edu</p> | | | <p style="font-size: 1.2em;">Thank you for dining with us!</p> | |
|  | |  | |  |

K-12 Lunch

June 2021, In-School

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--|--|--|---|
|  14 Vegetarian Chili Mac Cucumber Slices Orange |  15 Hamburger Celery Sticks Banana |  16 Chicken Tenders Grape Tomatoes Apple Slices |  17 Personal Cheese Pizza (v) Baby Carrots Banana |  18 Beef Nachos Refried Beans Strawberries |
|  21 Mac & Cheese (v) Fresh Broccoli Orange |  22 Marinara Chicken Meatball Sub Celery Sticks Blueberries |  23 Chicken Patty Sandwich Baby Carrots Apple |  | |
| <p>All chicken served is No Antibiotic Ever. Our menus are pork-free. Vegetarian entrees are identified with (V). Local produce grown within 350 miles is identified with (L). Menus containing fish are identified with . We only use heart-healthy whole grains. . Our milk options include 1%, low-fat, and fat-free.</p> <p>This institution is an equal opportunity provider. Not all offerings may be available in all buildings. Questions? E-mail us at food@cps.edu</p> | | | <p>Thank you for dining with us!</p> | |







FACT SHEET



Nutrition Standards and School Meals

OVERVIEW

Prior to the COVID-19 pandemic, nearly 44 million students received breakfast and/or lunch through the National School Lunch Program (NSLP) (30M),¹ and the School Breakfast Program (SBP) (14M)² each day in the United States. These numbers include all participating children whether they receive free, reduced-price, or full-price meals. The majority of student participants are from under-resourced families.³ Once schools return to 100% in-person learning, we can anticipate the programs will return to these numbers and perhaps even higher with the economic downturn.

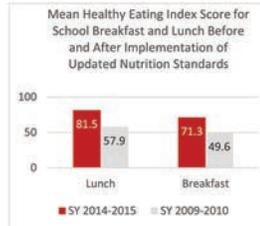
Since its inception in the 1940s, as a response to national security readiness, school lunches have had nutrition standards. Today, there are still concerns about the health of our nation's students; however, the health concerns have shifted to too many calories from foods that have minimal nutritional value. Currently, one-third of children are not only at an unhealthy weight, but are also at increased risk of developing heart disease and diabetes.⁴ Youth now have health conditions previously only associated with adults, like high blood pressure⁵ and high cholesterol levels.⁶ Most school-aged children do not consume a diet aligned with American Heart Association recommendations. Children consume far too much sodium^{7,8} and added sugars,⁹ and too few fruits and vegetables.⁴

The most recent process for updating national nutrition standards began in 2004, when the National Academy of Medicine was commissioned to provide recommendations on what constitutes a healthy school meal.¹⁰ In December 2010, the bipartisan Healthy, Hunger-Free Kids Act (HHFKA) was signed into law, further empowering the USDA to update the national nutrition standards for school meals in 2012 and establish nutrition standards for other foods sold in schools throughout the school day in 2014. HHFKA also provided an extra per meal reimbursement incentive to encourage programs to adopt the updated standards.¹¹ Prior to the pandemic, more than 99 percent of schools that participate in the National School Lunch Program (NSLP) were meeting these nutrition standards, up from 14 percent in 2009-2010.^{12,13} This means that an overwhelming majority of children are now receiving healthier lunches at school.

A PUBLIC HEALTH VICTORY FOR KIDS AND SCHOOLS

School meal standards help schools promote a positive food environment and establish a foundation for a lifetime of healthy behaviors. Studies have suggested that a healthy diet is associated with improved academic achievement¹⁴ and that certain breakfast programs are associated with increased attendance.¹⁵ Additionally, the 2012 updated nutrition standards have had several beneficial effects on the health of students and participation in programs, and have not caused increased food waste.

- School meals have gotten healthier with the implementation of the 2012 standards,^{3,16} students are eating better,^{17,18} and school lunch participants have healthier lunches than non-participants.^{3,18}
- The nutrition standards have not had a negative effect on participation over time; participation has even increased for children who receive free meals.¹
- A national study found that improved school nutrition standards are associated with a decrease in obesity among students from under-resourced families.¹⁸
- By 2025, it is estimated that 2014 healthy nutritional standards for all foods sold in schools will prevent 1.8 million cases of childhood obesity.¹⁹ In particular, applying standards to foods sold outside of meal programs (Smart Snacks) can lead to costs savings of nearly \$800 million.¹⁹
- According to the U.S. Department of Agriculture (USDA)'s *School Nutrition and Meal Cost Study*, food waste has not increased since the implementation of the HHFKA and it was a problem before the most recent meal pattern updates.³



Recent studies have concluded school meals are getting healthier and any challenges are expected to resolve over time with increased technical assistance to programs.²⁰ In fact, targeted support and technical assistance appear to have mitigated initial troubles.

- Providing school food service employees with the training they need is critical to meeting the 2012 updated nutrition standards.²¹
- In a 2016 national survey of 489 school nutrition directors, 84 percent of program directors reported rising or stable combined revenue (meal reimbursements plus snack and beverage sales) after implementing the updated nutrition standards.²²
- A study found that schools were able to follow the 2012 nutrition standards regardless of whether they were located in high-income or low-income ZIP codes.²³

- Simple changes in how the lunch day is structured, such as time of day lunch is served, length of lunch, having lunch after recess, and an inviting atmosphere can also reduce plate waste.²⁴
- Data suggests that flavored milk can be removed from schools and consumption of plain milk can increase over time.²⁵

NUTRITION SECURITY

In 2018, 11.2 million children living in the U.S. were food insecure.²⁶ Before COVID-19, data showed that 1 in 9 U.S. households were food insecure. Emerging data show that as of May 2020, the food insecurity rate had already increased to 1 in 5 households (2 in 5 for families with children).²⁷ Black and Latinx families were found to be nearly twice as likely as white families to be struggling with food insecurity during COVID-19.²⁸ The NSLP and SBP are essential nutrition assistance programs and important community safety nets to ensure children have access to healthy foods throughout the school year and during emergency situations, like COVID-19 and natural disasters. Research from the USDA has found that children from food-insecure and marginally secure households were more likely to eat school meals and receive more of their food and nutrient intake from school meals than did other children.²⁹ A longitudinal study found that NSLP participation was associated with a 14 percent reduction in the risk of food insufficiency among households with at least one child receiving a free or reduced-price school lunch.³⁰

COMMUNITY ELIGIBILITY PROVISION AND HEALTHY SCHOOL MEALS FOR ALL

Considering the COVID-19 pandemic and resulting economic recession, it is more important than ever to ensure children can participate in the school meals programs. Continuing to implement and expand Community Eligibility Provision (CEP) or permanently extending healthy school meals for all are two ways to ensure children receive a steady source of healthy meals every school day.

As part of the HHFKA, Congress created CEP to allow schools in under-resourced communities to provide free meals to all students and do not need eligible students to individually apply.³¹ Reimbursement to programs is provided on the percentage of students who are eligible for free meals.

- Schools that participate in CEP often see increased participation and a reduction in paperwork, allowing school nutrition professionals to focus less on program administration and more on offering and preparing healthy, appealing meals.^{32, 33}
- CEP reduces stigma that school meals are only for children from under-resourced families.³⁴
- When schools do not need to collect fees for paid and reduced-price meals, students can move more quickly through the cafeteria line, potentially giving children, especially the youngest and most vulnerable children, more time to eat.³⁴

Healthy school meals for all allows all enrolled children in a school that operates the NSLP or SBP to receive free breakfast and free lunch, regardless of their family's income. Healthy school meals for all also negates the need for families to apply or schools to verify eligibility for the programs. Unlike CEP, programs would receive reimbursement for all children.

For students and families, healthy school meals for all: ensures that all students receive two free, healthy meals every school day; reduces the burden on families to complete the eligibility paperwork; helps the family budget; ensures that students whose families may move in and out of eligibility or are in the foster care system always receive healthy meals; and mitigates stigma and lunch shaming.

For the school food service program, healthy school meals for all: reduces administrative burden; provides a steady budget; eliminates unpaid meal balances; helps the lunch line move faster; and takes pressure off of school food service programs to increase revenue by serving foods that may be lower in nutritional quality.

ONGOING THREATS TO NUTRITION IN SCHOOLS

Since HHFKA was passed into law, efforts to weaken the policies began near immediately, despite the clear success of school meals. Congress made attempts through several years of appropriations riders. In 2018 and 2020, USDA proposed rules that would roll back various standards, including sodium, whole grains, milk, vegetable subgroups, and fruit in grab and go breakfast. Thankfully, neither of these rules were finalized. A rapid health impact assessment published by Healthy Eating Research found that the USDA's 2020 proposed changes to school nutrition standards would negatively affect the quality of children's diets who consume school meals and competitive foods, reduce participation and increase the risk that students fall into food insecurity, and could impact student academic performance and learning, especially among students who rely most on school foods, including Hispanic and Black children and those from underserved communities.³⁵ These efforts to roll back school meal nutrition standards weaken the integrity of the programs and harm children.

THE ASSOCIATION ADVOCATES

Despite some growing pains and challenges, schools are serving more healthy meals than ever. To keep the school meals program strong and help ensure children living in the U.S. have access to nutritious food throughout the year, the American Heart Association will continue to advocate for robust school nutrition standards that align with the Dietary Guidelines for Americans, improving the nutrition standards for summer food service program, expanding access to the school meals program—including programs over the summer and during school closures, and supporting school nutrition staff to ensure staff are able to serve nutritious foods. These critical programs support the health and wellbeing of children living in the U.S.

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¹ One in seven U.S. youth aged 12-19 years had high blood pressure or elevated blood pressure in 2013-2016.

² Twenty percent of children ages 8-17 had high cholesterol levels.

³ More than 90 percent of school-age children consume too much sodium, a risk factor for high blood pressure and many other health problems.

⁴ U.S. children 2-19 years old consume, on average, 14 percent of their daily calories from added sugars, even though the recommendation from the Dietary Guidelines for Americans is less than 10%.

⁵ Only 1.5 percent of children living in the U.S. consume the amount of vegetables recommended by the DGA and 3-14 percent of children eat the recommend amount of fruit

⁶ Compared to data from school year (SY) 2009-2010, in SY 2014-2015, the mean Healthy Eating Index (HEI) score (a measure of meeting the Dietary Guidelines for Americans (DGA)) for lunches increased from 57.9 to 81.5 and for breakfast increased from 49.6 to 71.3 out of a possible 100.

⁷ A 2018 systematic review found that implementing the updated nutrition standards for competitive foods reduced children's sugary drink intake by 0.18 servings per day and unhealthy snacks by 0.17 servings per day, while implementing the updated nutrition standards for school meals increased fruit intake by 0.75 servings per day and reduced sodium by 170 milligrams per day

⁸ The *School Nutrition and Meal Cost Study* found that NSLP participants had a significantly higher HEI score compared with non-participants (80.1 versus 65.1).

FACT SHEET



Salt

Reducing Sodium in the Diets of American Children

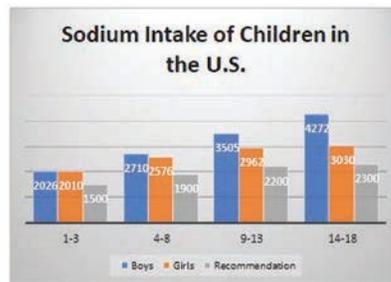
OVERVIEW

More than 90 percent of school-age children consume too much sodium, a risk factor for high blood pressure and many other health problems.¹ High blood pressure was once generally considered to be an illness that affected mainly middle-aged and older individuals, yet one in seven U.S. youth aged 12-19 years had high blood pressure or elevated blood pressure in 2013-2016.² High blood pressure increases the risk for heart disease and stroke, two leading causes of death in the U.S.³



Youth who have cardiovascular disease risk factors, such as high blood pressure, obesity, and diabetes, are more likely to have these risk factors as adults, putting them at greater risk for heart disease and stroke.² Higher blood pressure earlier in life can continue into adulthood, resulting in lifelong health problems.¹ Evidence shows that a lower sodium diet can reduce blood pressure in children.⁴ Importantly, studies suggest that infants' and children's preference for the taste of sodium is formed by dietary exposure, meaning the less sodium children consume, the less they want.⁵

The American Heart Association advocates for a multifaceted, stepwise reduction in sodium consumption in the U.S. diet for children and adults. This, combined with a nutritious diet that relies on fruits and vegetables, whole grains, low-fat and nonfat dairy products, beans, fish, and lean meats could help to improve the health of all generations of Americans.⁶



THE CURRENT STATE OF AFFAIRS

- Ten food categories contributed to almost half (48%) of U.S. school-aged children's sodium intake: pizza, Mexican-mixed dishes, sandwiches, breads, cold cuts, soups, savory snacks, cheese, milk, and poultry.⁷
- Children consume more sodium than is recommended for their age groups. Only 2-11 percent of children in different age and sex subgroups consume less than 2,300 mg of sodium per day.⁸ Boys tend to consume more sodium than girls and children between the ages of 14 and 18 typically consume the most sodium per day.¹
- The National Academy of Medicine has established a sodium intake chronic disease reduction level of 1,200 mg for children 1-3; 1,500 mg for children aged 4-8; 1,800 mg for children 9-13; and 2,300 mg for children 14-18.⁹
- The Healthy, Hunger-Free Kids Act of 2010 empowered the U.S. Department of Agriculture (USDA) to adopt a gradual, 10-year reduction to align sodium levels in school meals with the Dietary Guidelines for Americans, as recommended by the National Academy of Medicine. The first phase has already been implemented and schools were supposed to implement the final phase by the 2022-23 school year.¹⁰ In December 2018, the United States Department of Agriculture issued a new final rule that delayed the second phase of sodium reduction to the 2024-25 school year and eliminated the third and final phase of sodium reduction.¹¹ Children who eat a school meal consume 26 percent of their sodium from cafeteria foods.¹² Eliminating the final phase of sodium reduction means the school foods will not be consistent with the Dietary Guidelines for Americans as required and threatens to reverse the progress made in improving nutrition and decreasing sodium consumption in children.

FACT SHEET: Reducing Sodium in the Diets of American Children**ECONOMIC AND HEALTH BENEFITS**

A government-supported national policy to reduce sodium by 10 percent over ten years would be cost effective in most countries across the world, including the U.S.¹³ This cost effectiveness is seen even without accounting for healthcare savings that come from preventing heart attacks and stroke.¹³ The many benefits of lowering sodium intake underscore the need for a comprehensive, coordinated public health strategy in order to lower the amount of sodium in the average person's diet.

The U.S. Food and Drug Administration (FDA) has proposed draft voluntary sodium targets for processed and commercially prepared foods. If those targets were achieved, it could prevent approximately 450,000 cases of cardiovascular disease, gain approximately 2.1 million discounted quality-adjusted life years, and produce discounted cost savings (health savings minus policy costs) of approximately \$41 billion.¹⁴ A reduction in high blood pressure in children today could result in longer, healthier lives, and may lower hospitalization costs in the future.

THE ASSOCIATION ADVOCATES

The opportunity to address lower sodium levels for children can be found in a broad range of initiatives. The American Heart Association will:

- Continue to advocate for and work with schools to further the progress made to lower sodium in school meals and Smart Snacks to healthy, appropriate levels, by both encouraging schools to continue to lower sodium in their menus.
- Advocate to reverse USDA's sodium rollback decision.
- Advocate for increasing availability of fruits and vegetables in schools through commodities, food purchasing, school gardens, Farm to School, the Fresh Fruit and Vegetable Program (FFVP), and the fruit and vegetable standards in school meals.
- Advocate to establish nutrition standards for restaurant children's meals.
- Support improving access to and affordability of fruits and vegetables in the community by providing various incentives. Examples include: incentives for small and mid-size farms to produce specialty crops that can be distributed locally and regionally, which fosters community-led approaches to improve consumer access to healthy and fresh foods in low income neighborhoods; the Healthy Food Financing Initiative (HFFI), which helps bring grocery stores into food deserts and low-income communities; and incentives in the Supplemental Nutrition Assistance Program (SNAP), including the Food Insecurity Nutrition Incentive (FIN) program, which promote the purchase of healthy foods, especially fruits, vegetables, and high-fiber, whole grains, as well as fruit and vegetable prescription pilots.
- Support food service guideline standards for foods purchased by government agencies and employers that include criteria for strong sodium limits.
- Advocate for a strong sodium recommendation in the 2020-2025 Dietary Guidelines for Americans.
- Educate consumers about the revised Nutrition Facts label on food products and the lower Daily Value for sodium.
- Support efforts by food manufacturers, restaurants, and other food service companies to reduce sodium in their products and support the FDA's voluntary sodium targets and once released, encourage companies to adopt them.

¹³ Appel et al. Reducing Sodium Intake in Children: A Public Health Investment. *Journal of Clinical Hypertension*. 2015; 17(8): 657-662. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4563475/pdf/JCH17-657.pdf>

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²⁰ Xoon SS, et al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141:e59–e99. <https://doi.org/10.1161/CIR.0000000000000973>

²¹ National Academies of Sciences, Engineering, and Medicine. 2019. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press. <https://doi.org/10.17126/2019.00353>

²² Department of Agriculture. (2012). *Nutrition standards in the National School Lunch and School Breakfast Programs; Final Rule (7 CFR Parts 210 and 220)*. Washington, DC: US Government Printing Office. Retrieved from: <https://www.govinfo.gov/content/pkg/FR-2012-10-16/pdf/2012-10101.pdf>

²³ Department of Agriculture. (2018). *Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements; Final Rule (7 CFR Parts 210, 215, 220, and 226)*. Washington, DC: US Government Printing Office. Retrieved from: <https://www.govinfo.gov/content/pkg/FR-2018-12-12/pdf/2018-26767.pdf>

²⁴ Cogswell ME, et al. (2014). *Vital signs: sodium intake among U.S. school-aged children—2009–2010*. *Morbidity and Mortality Weekly Report*. 63(26):789–797. Retrieved from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a1.htm>

²⁵ Webb et al. Cost Effectiveness of a Government Supported Policy Strategy to Decrease Sodium Intake. *BMC*. 2017;356:6899 | doi: 10.1186/s12916-017-0899-9. Retrieved from: <https://www.bmc.com/content/356/1/6899>

²⁶ Proulx-Stuttard J, Rajendran C, Collins B, Hoozeforhan D, Huang Y, Bondou P, et al. (2018) Estimating the health and economic effects of the proposed US Food and Drug Administration voluntary sodium reformulation: Microsimulation cost-effectiveness analysis. *PLoS Med* 15(4): e1002524. Retrieved from: <https://doi.org/10.1371/journal.pmed.1002524>

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Rollback Of Nutrition Standards Not Supported By Evidence

[Rachel Kogan](#)

MARCH 13, 2019 DOI: 10.1377/hblog20190312.130704



One of the latest moves of the Trump Administration to dismantle Obama-Era policies has targeted school cafeterias. On February 11, a new [rule](#) that rolls back evidence-based nutrition standards went into effect. It gives school lunchrooms the “flexibility” to provide

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flavored milk, higher sodium foods, and fewer whole grains. This post provides a history of the Healthy, Hunger-Free Kids Act (HHFKA) and refutes the policy justifications provided by the United States Department of Agriculture (USDA) for rolling back this effort to combat childhood obesity.

Background On The Healthy, Hunger-Free Kids Act

The National School Lunch Program (NSLP) was initially developed to solve the problem of malnourished children who were going hungry during a time of extreme poverty. The Healthy, Hunger-Free Kids Act (HHFKA), passed in 2010, sought to modify the NSLP to address the main contemporary challenge in child nutrition – obesity. [Studies](#) from the early 2000s found that NSLP participants were more likely to be overweight than nonparticipants and had higher than recommended intakes of fat and sodium. Food consumed in schools accounts for as much as 50 percent of children's daily caloric [intake](#), and [studies](#) have shown that children who are repeatedly exposed to more nutritious foods are statistically more likely to reporting "liking" and consuming more of those foods. Thus, the school represents a critical place for intervention to encourage healthier eating habits.

One of the HHFKA's major changes was a requirement for the USDA to "establish science-based" national nutrition standards. The law required the USDA standards to be "based on recommendations made by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences," popularly known as the Institute of Medicine (IOM). In January 2012, two years after the passage of the HHFKA, the USDA issued a lengthy final rule with new nutrition standards for the NSLP.

Among the most contentious standards outlined in the 2012 [rule](#) are the standards for whole grains, sodium, and milk. The USDA focused on increasing whole grains in school lunches in response to "evidence suggest[ing] eating whole grains . . . may lower bodyweight and reduce the risk of cardiovascular disease." The rule required half of grains served to be "whole grain-rich" upon implementation in 2012, and for all grains to be whole-grain rich two years post implementation, by 2014. The rule established a 10-year timeline to reduce sodium to the maximum levels set for each age group (approximately 25-50 percent reductions), with two intermediate targets, "reflecting the Dietary Guidelines recommendation . . . to limit sodium intake to lower the risk of chronic diseases."

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The rule also expanded on the statutory requirement that schools serve only fat-free and low-fat milk by limiting flavored milk to fat-free milk because non-fat-free flavored milk "contributes added sugars and fat to the meal." As discussed further below, the majority of schools have complied with these regulations since 2016.

Trump Administration's Attack On the Evidence-based Nutrition Standards

In May 2017, USDA formally altered the HHFKA nutrition standards. The process began with a [proclamation](#) by USDA Secretary Perdue promising to "make school meals great again" by giving schools "flexibility" in their meal planning related to whole grains, sodium, and milk. Later that year, the USDA issued an [interim final rule](#) enacting the flexibilities announced in the Proclamation. This past December, the Department promulgated a [Final Rule](#) rolling back the nutrition standards even further, despite over 98 percent of commenters opposing the rule, including the [American Heart Association](#), the [Academy of Nutrition and Dietetics](#), and the National Association of Pediatric Nurse Practitioners, among others. The changes in the 2018 final rule are summarized in Exhibit 1 below.

Exhibit 1: Differences Between 2018 And 2012 Final Rules

| | Obama Final Rule (2012) | Trump Final Rule (2018) |
|--------------|--|---|
| Sodium | <ul style="list-style-type: none"> • Meet Target 1 by SY 2014-2015 • Meet Target 2 by SY 2017-2018 • Meet Target 3 by SY 2022-2023 | <ul style="list-style-type: none"> • Meet Target 1 by SY 2023-2024 • Meet Target 2 by SY 2024-2025 • Eliminates Target 3 |
| Whole Grains | <ul style="list-style-type: none"> • Half of grains must be whole grain-rich by July 2013 • All grains must be whole grain-rich by July 2014 | <ul style="list-style-type: none"> • Half of grains must be whole grain-rich indefinitely |
| Milk | <ul style="list-style-type: none"> • Allows only fat-free or low-fat milk and fat-free flavored milk to be served beginning January 2012 | <ul style="list-style-type: none"> • Allows fat-free or low-fat flavored and unflavored milk |

Source: Author's Analysis

The Trump Administration's rule extends the lowest sodium target from 2017 to 2024, the year after the original standards would have reduced sodium to the evidence-based

target levels. It also allows lunchrooms to begin offering low-fat flavored milk. Additionally, the rule requires only that half of weekly grains meet the whole grain-rich criteria rather than all grains.

These changes to nutrition standards were predominately justified by a prevailing narrative that the HHFKA standards were unworkable because student dissatisfaction with meals led to increased plate waste and reduced revenue for schools, citing the School Nutrition Association's opposition as validation for the change in policy. My analysis below casts doubt on these rationales.

Plate Waste

Despite the USDA and the School Nutrition Association (SNA) claims that schools were facing serious challenges meeting the nutrition standards, the [data](#) indicate that the vast majority of schools had successfully implemented the updated standards. The Virgin Islands was the only US state or territory with fewer than 90 percent compliant School Food Authorities (SFAs), and twenty-eight states achieved 100 percent SFA [compliance](#) by the end of 2016. These compliance rates are much higher than previous nutrition standards. For example, a 2005 [survey](#) found that only one in ten high schools met federal standards for fat content in lunches. If compliance is a measure of success, then the HHFKA nutrition standards were perhaps the most successful school lunch reform in history. However, USDA Secretary Perdue, in a [press release](#), argued that compliance cannot be considered a measure of success for school meals if the "kids won't eat it."

A major criticism levied against the HHFKA nutrition standards was that compliant meals were unacceptable to students, thrown into the trash rather than consumed and thus a waste of money. The USDA had some evidence to support this claim. A [GAO study](#) of eight school districts reported five of the eight were experiencing plate waste; however, officials in the other three "suggest[ed] that plate waste may be decreasing in some SFAs." Additionally, the SNA, a trade organization that represents "school nutrition professionals" published a [position paper](#) criticizing the rule for increasing plate waste.

However, there is robust evidence that the nutrition standards do not lead to increased plate waste but instead ensure children are eating healthier foods at school. Multiple [peer-reviewed studies](#) comparing plate waste before and after the HHFKA have found that food waste actually decreased following the implementation of the new standards and children were eating more fruits and vegetables.

Other studies have demonstrated the USDA “Smarter Lunchroom” strategies can reduce plate waste for schools that may be struggling to foster student acceptance of healthier meals. One *Journal of Pediatrics* [study](#) found a relatively inexpensive “lunchroom makeover” led to statistically significant increased consumption of fruit and vegetables. Another larger randomized, control [trial](#) found that implementing additional smarter lunchroom strategies – including prominent placement of fruits and vegetables, “creative names,” multiple options, and “fruit factoids” at eye level – increased fruit consumption by 23 percent and vegetable consumption by 51 percent.

These proven strategies can help the schools that are struggling with plate waste. Rather than rolling back the nutrition standards, the USDA could have provided targeted technical assistance to help schools implement the original evidence-based standards.

Concerns About Revenue

Critics of the original nutrition standards claimed that compliance added enormous costs and simultaneously reduced revenue. Secretary Perdue [cited](#) concerns about rising costs and decreased participation in his proclamation announcing USDA’s commitment to rolling back the HHFKA standards. The SNA [position paper](#) arguing for the rollback of the HHFKA standards was based in part on a survey of 1,160 members. In that survey, SNA reported that half of respondents anticipated that expenses would exceed revenue for the 2014-15 school year and that 75 percent found decreased lunch participation to be a “serious” or “moderate” challenge.

The SNA position paper and the survey that informed it have been criticized as unrepresentative and divorced from the NSLP’s history. While the [survey](#) did indicate that half of respondents expected to operate at a loss, this number actually decreased from 65 percent before the HHFKA was enacted. Additionally, the survey, which had a [lower response rate](#) than is typical for email surveys, ultimately represented less than 1 percent of total SNA membership. Furthermore, 33 percent of respondents were cafeteria managers or employees, who cannot speak to the overall fiscal health of the school district, rather than district directors.

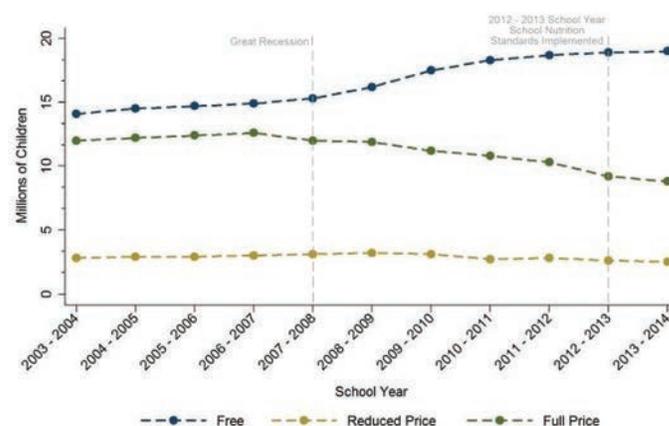
In contrast to the SNA survey, an [independent Pew Charitable Trust and Robert Wood Johnson Foundation survey](#) of 489 school nutrition directors found 84 percent of program directors reported rising or stable revenue. In this survey, the most frequently cited financial concerns were equipment and labor costs rather than the cost of HHFKA-compliant foods.

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Additionally, a closer examination of USDA data casts doubt on the claim that the HHFKA nutrition standards threaten school lunch budgets by decreasing participation. First, the nutrition standards cannot be cast as the sole cause of the decline in school lunch participation. School lunch participation rates began to decline in 2008, well before the implementation of the HHRKA nutrition standards as shown in Exhibit 2 below.

Exhibit 2: Average Daily Participation In The National School Lunch Program (NSLP)



Source: [Food Research & Action Center](#)

A major factor impacting school cafeteria budgets is the [reduced number of paying children](#), accompanied by an increase in the number of children eligible for free or reduced-price lunch. While this decline is undoubtedly a budgetary challenge, the decline began before the HHFKA standards were implemented. Likely contributors to this decline include changing economic circumstances during the recession when more children met the income threshold for subsidized lunches and rising charges for paid lunches, which [research has shown](#) to be correlated with decreased participation among paid students. When the participation rates are viewed in historical context, it is clear that the HHFKA nutrition standards were not the only source of declining revenue.

<https://www.healthaffairs.org/doi/10.1377/hblog20190312.130704/full/>

6/12

Reasons To Distrust SNA Opposition

It may seem contradictory that the SNA, whose stated vision is to provide “every student access to nutritious meals at school,” would lobby so strongly against science-based nutrition standards. However, there is evidence that corporate capture of SNA leadership may have led to a change in policy, from support to opposition, regarding federal efforts to mandate more nutritious meals. [SNA was one of the major groups lobbying for the HHFKA](#) in 2010, but by 2015 the group was aligned with Republicans seeking to undo the Obama-sponsored law.

By 2014, about [half](#) of SNA's operating budget came from food industry members, including processed-food giants PepsiCo, General Mills, and Domino's. SNA also actively seeks out companies in the food industry for “[profitable partnerships](#).” The food industry opposed the HHFKA's nutrition standards that would require reformulating many products served and sold in schools. The SNA's flip-flop in position on nutrition standards appears to align with the interests of its corporate sponsors rather than its mission or its members.

Former leaders of the organization were so outraged by the SNA's reversal of position that [nineteen past presidents wrote a letter](#) to Congress urging legislators to “reject calls for waivers [and] maintain strong standards in all schools.” Additionally [86 members of the SNA signed an open letter](#) expressing “deep concern[s]” with “ongoing requests to weaken or waive school nutrition standards” even after SNA leaders sent an urgent email urging its members not to sign. While it is important when evaluating a program to consider challenges reported by those who administer it, the questionable data and politics of the SNA cast doubt on the merits of its position on the HHFKA nutrition standards.

Summing Up

The USDA's justifications for rolling back school nutrition standards are flimsy, and the growing evidence of the benefits of the previous standards further undermine the agency's new policy. The original standards were primed to have a major impact on obesity. An [evaluation](#) of seven high-profile obesity policies estimated that the original nutrition standards would prevent 1,816,000 cases of childhood obesity and found that the standards had the “largest impact on reducing childhood obesity of any of the

interventions evaluated in [the] study.” In addition to their impact on obesity, healthier menus have been linked to improved academic achievement.

The USDA's ill-advised rollback of these standards threatens the progress made by the compliant school districts. USDA's decision to halve the amount of required whole grains and extend the highest sodium target discourages vendors and schools from investing in lunch items that comply with the original standards. The new rule contradicts the text of the HHFKA and its intent to promote healthier school lunches using evidence-based nutrition standards with no robust policy rationale to justify the changes.

[Additional submission by Mrs. Foxx follow:]

Estimate: Universal free rate for all school lunch and breakfast meals

PRELIMINARY ESTIMATE - Subject to Change
6/11/2021

(Millions of dollars, by fiscal year)

| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2021-2026 | 2021-2031 |
|-----------------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-----------|
| CHANGES IN DIRECT SPENDING | | | | | | | | | | | | | |
| Estimated Budget Authority | 0 | 1,100 | 7,100 | 7,300 | 7,600 | 7,800 | 8,000 | 8,300 | 8,600 | 8,800 | 9,100 | 30,900 | 73,700 |
| Estimated Outlays | 0 | 900 | 7,000 | 7,300 | 7,500 | 7,800 | 8,000 | 8,300 | 8,500 | 8,800 | 9,000 | 30,500 | 73,100 |

Notes: Estimates are relative to CBO's February 2021 baseline.
Details may not sum to totals because of rounding.

Estimate assumes policy is effective on July 1, 2022.
Estimate does not include the additional costs related to extending eligibility for the afterschool snack program, the CACFP at-risk afterschool program, or the Summer Food Service Program.

CBO Contact: Susan Beyer, x5-2663

[Questions submitted for the record and the responses by Mr. Wilson follow:]

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June 21, 2021

Mr. Michael J. Wilson
 Director
 Maryland Hunger Solutions
 1101 Saint Paul, Unit 801
 Baltimore, MD 21202

Dear Mr. Wilson:

I would like to thank you for testifying at the Subcommittee on Civil Rights and Human Services hearing entitled "*Ending Child Hunger: Priorities for Child Nutrition Reauthorization*," held on Thursday, June 10, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Monday, June 28, 2021, for inclusion in the official hearing record. Your responses should be sent to Rasheedah Hasan (Rasheedah.Hasan@mail.house.gov), Mariah Mowbray (Mariah.Mowbray@mail.house.gov), and Ali Hard (Ali.Hard@mail.house.gov) of the Committee staff. They can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
 Chairman

Enclosure

Subcommittee on Civil Rights and Human Services Hearing
 "*Ending Child Hunger: Priorities for Child Nutrition Reauthorization*"
 Thursday, June 10, 2021
 12:00 p.m. (Eastern Time)

Chair Suzanne Bonamici (D – OR)

Access to affordable child care and nutritious meals are both essential to the health and economic vitality of working families. As Congress expands child care resources, it is important that we also enhance children's health and development through nutritious foods. The Child and Adult Care Food Program (CACFP) serves more than 4.2 million children and 138,000 adults daily. This program has unfortunately seen declining rates of participation in recent years. In your testimony, you describe several recommendations to incentivize CACFP participation and strengthen outcomes for children in child care, afterschool programs, or early childhood education.

- Mr. Wilson, how would updating the cost-of-living adjustment for CACFP reimbursement from the Consumer Price Index for food at home to the Consumer Price Index for food away from home help bring family care home providers back into the program?
- What are some of the ways Congress can improve nutrition knowledge of care providers through technical assistance, professional development, and educational materials?

Chair Suzanne Bonamici (D – OR) Access to affordable child care and nutritious meals are both essential to the health and economic vitality of working families. As Congress expands child care resources, it is important that we also enhance children's health and development through nutritious foods. The Child and Adult Care Food Program (CACFP) serves more than 4.2 million children and 138,000 adults daily. This program has unfortunately seen declining rates of participation in recent years. In your testimony, you describe several recommendations to incentivize CACFP participation and strengthen outcomes for children in child care, afterschool programs, or early childhood education.

- Mr. Wilson, how would updating the cost-of-living adjustment for CACFP reimbursement from the Consumer Price Index for food at home to the Consumer Price Index for food away from home help bring family care home providers back into the program?

Thank you for the question, Chair Bonamici. I am glad to be able to offer a more detailed answer to this very important question. Updating the cost-of-living adjustment for CACFP reimbursement to the Consumer Price Index for Food Away from Home will help to bring family child care home providers back into the program by increasing the resources they will receive to meet the CACFP meal nutrition standards. The Consumer Price Index for Food at Home, which is the cost-of-living adjustment used for CACFP homes, has not kept up with the cost of providing CACFP meals. The Consumer Price Index for Food Away from Home, which is the cost-of-living adjustment used for child care centers, has been a better indicator of the costs for homes and centers. Until recently (2015-2019), the CACFP reimbursement rates for family child care providers have stagnated while rates for centers have continued to grow. Even with the high food inflation rates this year, family child care homes reimbursements will only be increased by .7 percent compared to 4 percent for centers. As per the federal statute, these inflation adjustments will be based on the 2021 May year to date Consumer Price Index for Food Away from Home (.7 percent) for family child care homes and Food Away from Home (4 percent) for centers.

- What are some of the ways Congress can improve nutrition knowledge of care providers through technical assistance, professional development, and educational materials?

CACFP's role in providing nutritious meals and snacks to low-income children in child care centers and family child care homes is very important. Nationwide, preschoolers are consuming diets too high in calories, saturated fat, and sweets and too low in fruits, vegetables, whole grains, and low-fat dairy. The healthy food provided by CACFP, of course, makes a substantial contribution towards meeting the nutritional needs of children in child care, particularly low-income children.¹ CACFP assures that children in child care receive good nutrition through ongoing training, technical assistance and support.

Childhood overweight and obesity, an issue that disproportionately affects low-income children, continues to be one of the nation's most pressing public health problems. During the COVID-19 pandemic childhood overweight and obesity appears to have increased. Intervening in early childhood and providing high quality child care programming is critically important as lifelong health behaviors are developed

during this time. By paying for nutritious meals and snacks for eligible children enrolled at participating child care centers and family child care homes, CACFP plays an important role in improving the quality of child care programs and in making them more affordable for low-income parents.

It will be important to continue funding the USDA's Team Nutrition CACFP nutrition education and program efforts. These funds will be crucial to supporting the continuation of USDA's important role in providing valuable and innovative materials, training, technical assistance and support to State agencies and program operators — all of which are critical to the success of the new CACFP healthier meal pattern and nutrition standards.

As children get older and transition from child care to school, it is important to ensure continued access to nutritious meals to combat hunger and support health and educational outcomes. Too many children miss out on nutritious meals at schools, because they are not offered to all children at no charge. *The Case for Healthy School Meals for All*¹ is made in the attached policy brief developed by the Food Research and Action Center. The Community Eligibility Provision, which allows high poverty schools to offer free meals to all students, has highlighted the importance and value of offering meals to all students. The value of community eligibility is described in greater detail in the attached MD REPORT and in *Community Eligibility: The Key to Hunger Free Schools*.² And it is important to note that offering meals to all students at no charge overcomes school meal debt and the stigmatizing practices that schools have implemented in response. These issues are described further in the attached MD REPORT and in the *School Meals Debt Policy brief*.³ States are focusing on the need for Healthy School Meals for All, with your home state of Oregon leading efforts to increase the number of schools to offer free meals to all students, and California and Maine both passing legislation to make it a reality for every student and school in the state, which creates important momentum for Congress to act.

Since school meals are not available to children year-round, the summer, extended breaks, and emergency school closures (such as occurred during the pandemic) too often create times of hunger for families who rely on school meals. Days away from school also can create learning disruptions. I encourage you to strengthen the link between meals and quality programs that combat hunger and support learning and enrichment, and to create a permanent EBT program for children that provides nutrition benefits to replace the loss of school meals when schools are closed. The need to do this is further described in the attached brief: *Rethinking Summer Food: A New Vision to Reduce Summer Hunger*.⁴

Once again, thank you to you and the Members of the Committee for the opportunity to testify and to share the experiences of a state-based advocacy and outreach organization, and more importantly, the hopes of children and families across our state, as well as across the nation.

¹ <https://frac.org/wp-content/uploads/SchoolMealsForAll.pdf>

² <https://frac.org/wp-content/uploads/CEP-Report-2021.pdf>

³ <https://frac.org/wp-content/uploads/cnr-addressing-school-meals-debt.pdf>

⁴ <https://frac.org/wp-content/uploads/rethinking-summer-food-new-vision-to-reduce-summer-hunger.pdf>

[Questions submitted for the record and the responses by Ms. Cooper follow:]

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June 21, 2021

Ms. Crystal Cooper
 Executive Director, Nutrition Support Services
 Chicago Public Schools
 42 W. Madison Street
 Chicago, IL 60602

Dear Ms. Cooper:

I would like to thank you for testifying at the Subcommittee on Civil Rights and Human Services hearing entitled "*Ending Child Hunger: Priorities for Child Nutrition Reauthorization*," held on Thursday, June 10, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Monday, June 28, 2021, for inclusion in the official hearing record. Your responses should be sent to Rasheedah Hasan (Rasheedah.Hasan@mail.house.gov), Mariah Mowbray (Mariah.Mowbray@mail.house.gov), and Ali Hard (Ali.Hard@mail.house.gov) of the Committee staff. They can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
 Chairman

Enclosure

Subcommittee on Civil Rights and Human Services Hearing
“Ending Child Hunger: Priorities for Child Nutrition Reauthorization”
 Thursday, June 10, 2021
 12:00 p.m. (Eastern Time)

Chair Suzanne Bonamici (D – OR)

We have heard from school food operators across the country that the lack of kitchen equipment is a significant barrier to preparing healthy and appetizing meals. In response to this need, President Biden’s American Jobs Plan calls for \$500 million for school kitchen equipment grants.

- Ms. Cooper, what type of equipment would school districts like yours purchase with these grants?
- How can these kitchen equipment grants also improve capacity for scratch cooking?

Leading public health groups have called for a new nutrition standard in school meals that would limit added sugars to align with the latest Dietary Guidelines for Americans. One study found that 90 percent of schools exceed the DGA limit for added sugars in breakfast and 70 percent for lunch. Excessive consumption of added sugars in children is linked to obesity, poor diet quality, cavities, and increased risk of heart disease. One important lesson from the implementation of the Healthy, Hungry-Free Kids Act is that many operators would benefit from pilot programs and phasing in of the updated nutrition standards.

- Ms. Cooper, how could the Department of Agriculture implement a new added sugar standard in a way that supports program operators?
- How would you design a pilot program or technical assistance to support schools implementing these standards?

A John Hopkins University study, originally published in 2015, shows that more than 90 percent of kids consume too much sodium. In recent years, waivers and regulatory rollbacks of the sodium nutrition standards in the Healthy, Hunger-Free Kids Act undermined efforts to reduce sodium levels in school meals. Your district’s lunch menu provides appetizing foods and meets target two of sodium nutrition standards.

- Ms. Cooper, how can Congress and USDA better support other districts to meet sodium standards?
- How have the students you have served responded to the healthier options, and what positive effects has this made on their academic performance?
- How would nutrition education programs support students in making healthy meal choices?

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"Ending Child Hunger: Priorities for Child Nutrition Reauthorization"
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We have heard from school food operators across the country that the lack of kitchen equipment is a significant barrier to preparing healthy and appetizing meals. In response to this need, President Biden's American Jobs Plan calls for \$500 million for school kitchen equipment grants.

• Ms. Cooper, what type of equipment would school districts like yours purchase with these grants?

Response: We would purchase equipment such as combi ovens, retherm ovens, equipment that is more energy efficient, higher end serving lines and equipment that is made of better materials for longer durability. We would also explore better non traditional seating options in our dining rooms and enhance the overall dining experience for our students.

• How can these kitchen equipment grants also improve capacity for scratch cooking?

Response: Equipment like combi oven technology eliminates the inconsistencies we see with kitchen equipment that cannot be programmed to cook items to a certain temperature using a specific amount of heat, moisture, or combination of both.

One of our biggest challenges is ensuring that food comes out looking consistent at every school. Technology like combi ovens and other specialized equipment can be programmed to ensure an even and consistent product every time. These grants would also help with the infrastructure updates that would be required in some of our older schools, including proper ventilation and design to ensure kitchens are set up properly for scratch cooking.

Leading public health groups have called for a new nutrition standard in school meals that would limit added sugars to align with the latest Dietary Guidelines for Americans. One study found that 90 percent of schools exceed the DGA limit for added sugars in breakfast and 70 percent for lunch. Excessive consumption of added sugars in children is linked to obesity, poor diet quality, cavities, and increased risk of heart disease. One important lesson from the implementation of the Healthy, Hungry-Free Kids Act is that many operators would benefit from pilot programs and the phasing in of the updated nutrition standards.

• Ms. Cooper, how could the Department of Agriculture implement a new added sugar standard in a way that supports program operators?

Response: Implementation of an added sugar standard would push schools to think more creatively about breakfast options beyond the carbohydrate-rich dishes that are typical of the American diet (pancakes, waffles, french toast with syrup, hot cereals, muffins, etc.).

The USDA could start by initiating best practices for added sugars that are in line with the current Dietary Guidelines, that is, not exceeding 10% of daily calories or approximately 50g. Best practices for added sugar could include:

- Offering guidelines for analyzing what 50g of added sugar per day may look like across eating occasions, considering research on the average amount of times people eat per day.
- Offer "not to exceed" goals for grams of added sugar during each eating occasion (for intended meal composition).
- Propose methods for diversifying meals, -including breakfast, lunch, and snack- with savory and plant -forward items.
- Stress the importance of food manufacturers and food service companies to update nutrition labels to include total sugar and added sugar, and reflect this data in nutrition analysis software
- Educate on prevalent sources of added sugars for children, including sugar-sweetened beverages, that students may have access to outside of school programs.

• How would you design a pilot program or technical assistance to support schools implementing these standards?

Response:

- Training on menu planning and commodity usage for meeting new sodium standards.
- Educational materials for various stakeholders to explain the intent behind removing added sugars from the diet
- Develop metrics for manufacturers and food providers to gauge progress toward the goal of reducing sugar, using stepwise targets for reduction (similar to sodium)
- Evaluate and consider augmenting the costs (make food cheaper) of including lower added sugar (produce, scratch cooking, food preparation skills, staff time, food storage, etc.).
- Funding for equipment, training, etc.

A Johns Hopkins University study, originally published in 2015, shows that more than 90 percent of kids consume too much sodium. In recent years, waivers and regulatory rollbacks of the sodium nutrition standards in the Healthy, Hunger-Free Kids Act undermined efforts to reduce sodium levels in school meals. Your district's lunch menu provides appetizing foods and meets target two of sodium nutrition standards.

• Ms. Cooper, how can Congress and USDA better support other districts to meet sodium standards?

Response: Evaluate and consider augmenting the costs of including lower sodium foods (fresh or frozen produce, scratch cooking, food preparation skills/training, staff time, food storage, etc.).

Please see sample menus on meeting the Target 3 sodium reduction.

• How have the students you have served responded to the healthier options, and what positive effects has this made on their academic performance?

Response:

- Multiple exposures are required for students to adjust to healthier options that may, for example, contain reduced sodium.
- Providing well-balanced and nourishing meals can help students improve concentration and behavior, leading to better academic performance
- Further funding and research is needed to evaluate academic outcomes associated with improved meal pattern requirements.
- Bottom line, Fed students learn better. We've removed obstruction, i.e. paperwork and payments from the meal experience, allowing greater access to food through participation in the meal program.
- Without access to healthy foods, children could be susceptible to illness, leading to absenteeism.
- Each year we work to improve menu options according to DGAs and student interests. We hope to also increase more culturally-relevant foods
- Our students are involved in school food menu options through food fairs, discussions about the menu, and creating new recipes using only healthy ingredients

• How would nutrition education programs support students in making healthy meal choices?

Response: Nutrition education may improve students' dietary knowledge, attitudes, behaviors, and health outcomes. Nutrition education can be incorporated into core subjects and can make connections between the school garden, classroom, cafeteria, and home.

K-8 BREAKFAST

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--|---|---|---|
| Veggie Sausage on English Muffin Rice Krispies Cheddar Cheese Cubes Craisins Fresh Pear 1% Milk Skim Milk | Triple Berry French Toast Banana Muffin Hard Boiled Egg Blueberries Fresh Orange 1% Milk Skim Milk | Cheesy Egg Bite w/ Toast Honey Wheat Bagel Grape Jelly Fresh Apple Blended Fruit Juice 1% Milk Skim Milk | Maple Mini Waffles Cheerios String Cheese Fresh Banana Craisins 1% Milk Skim Milk | Hot Cinnamon Oatmeal French Toast Bar Strawberries Fresh Pear 1% Milk Skim Milk |
| Strawberry Pancakes Raspberry Lemon Oat Bar Fresh Apple Craisins 1% Milk Skim Milk | C.Sausage on English Muffin Carrot Bread Cheddar Cheese Cubes Fresh Pear Orange Juice 1% Milk Skim Milk | Cinnamon French Toast Strawberry Banana Yogurt Graham Crackers Blueberries Fresh Apple 1% Milk Skim Milk | Sunnyside Quesadilla w/ Salsa Cinnamon Chee Hard Boiled Egg Fresh Orange Strawberries 1% Milk Skim Milk | Blueberry Mini Waffles Apple Cherry Bar Fresh Banana Fresh Pear 1% Milk Skim Milk |
| Veggie Sausage on a Biscuit Rice Chee Cheddar Cheese Cubes Fresh Pear Craisins 1% Milk Skim Milk | Maple Pancakes Apple Cinnamon Muffin Hard Boiled Egg Fresh Banana Fresh Orange 1% Milk Skim Milk | Egg & Cheese on English Muffin Oatmeal Raisin Bar Fresh Apple Blended Fruit Juice 1% Milk Skim Milk | Triple Berry French Toast Corn Chee String Cheese Fresh Orange Strawberries 1% Milk Skim Milk | Hot Cinnamon Oatmeal Orange Vanilla Oat Bar Blueberries Fresh Banana 1% Milk Skim Milk |
| Maple Mini Waffles Honey Bunches of Oats Hard Boiled Egg Fresh Apple Craisins 1% Milk Skim Milk | Cheesy Egg Casserole w/ Toast Date & Orange Bread Cheddar Cheese Cubes Fresh Pear Orange Juice 1% Milk Skim Milk | Blueberry Muffin Top String Cheese Strawberry Banana Yogurt Graham Crackers Blueberries Fresh Banana 1% Milk Skim Milk | C.Sausage on a Biscuit Cinnamon Raisin Bagel Grape Jelly Fresh Apple Strawberries 1% Milk Skim Milk | Strawberry Pancakes Honey Oats Granola Bar Fresh Orange Fresh Banana 1% Milk Skim Milk |

| | Average | Weekly Target |
|--------|---------|---------------|
| Sodium | 410 mg | 430 mg |

K-8 LUNCH

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|---|--|---|--|
| Sweet Potato Bean Chili Seasoned Rice Protein Kit with Taco Hummus Sun Butter & Jelly Sandwich Roasted Sweet Potatoes Fresh Cucumber Slices Fresh Apple Fresh Orange Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Chicken Quesadilla Bean & Cheese Quesadilla Egg Chef Salad Fresh Baked Breadsticks Sun Butter & Jelly Sandwich Sweet Corn Fresh Broccoli Fresh Banana Craisins Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Hamburger Spicy Black Bean Burger Vegetarian Nacho Salad Sun Butter & Jelly Sandwich BBQ Black Beans Celery Sticks Fresh Orange Fresh Pear Ranch Dressing Ketchup Mustard 1% Milk Skim Milk Chocolate Skim Milk | Lemon/Pepper Chicken Leg Parsley Noodles Veggie Cheese Sub Sun Butter & Jelly Sandwich Green Beans Baby Carrots Fresh Apple Strawberries Ranch Dressing Ketchup Mustard 1% Milk Skim Milk Chocolate Skim Milk | Fish Sticks Herbed Quinoa Rice Blend Personal Cheese Pizza Sun Butter & Jelly Sandwich Fresh Broccoli Side Garden Salad Blueberries Fresh Banana Ranch Dressing Tartar Sauce 1% Milk Skim Milk Chocolate Skim Milk |
| Vegetarian Asian Noodle Salad Protein Kit with Yogurt & String Cheese Sun Butter & Jelly Sandwich Fresh Cucumber Slices Baby Carrots Fresh Pear Blueberries Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Beef Nachos Bean Nachos Chicken Caesar Salad Fresh Baked Breadsticks Sun Butter & Jelly Sandwich Black Bean Salsa Fresh Broccoli Fresh Apple Fresh Banana Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Veggie Fried Rice Fresh Baked Breadstick Italian Chicken Wrap Sun Butter & Jelly Sandwich Baby Carrots Celery Sticks Craisins Fresh Pear Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Mashed Potato Chicken Nugget Bowl Vegetarian Baja Salad Fresh Baked Breadstick Sun Butter & Jelly Sandwich Mashed Potatoes w/ Gravy Sweet Corn Fresh Banana Fresh Apple Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Chicago Deep Dish Pasta Chickpea Salad Stackable Flatbreads Sun Butter & Jelly Sandwich Side Garden Salad Fresh Broccoli Fresh Orange Strawberries Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk |

K-8 LUNCH

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|--|
| Vegetarian Shepherd's Pie Fresh Baked Breadstick Protein Kit with Taco Hummus Sun Butter & Jelly Sandwich Mashed Potatoes Baby Carrots Fresh Apple Fresh Orange Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Chicken Tacos Lentil Tacos Pico De Gallo Chicken Salad Sandwich Sun Butter & Jelly Sandwich Sauteed Peppers & Onions Fresh Cucumber Slices Craisins Fresh Pear Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Spaghetti w/ Italian Beef Sauce Spaghetti w/ Italian Chickpea Sauce C.Ham, T. Salami, T. Pastrami, & Cheddar Sub Sun Butter & Jelly Sandwich Fresh Broccoli Side Garden Salad Blueberries Fresh Orange Ranch Dressing Mustard 1% Milk Skim Milk Chocolate Skim Milk | Rotisserie A/BF Chicken Leg Herbed Quinoa Rice Blend Egg Chef Salad Fresh Baked Breadstick Sun Butter & Jelly Sandwich Garlic Green Beans Baby Carrots Fresh Pear Fresh Banana Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Hot Dog Vegetarian Nacho Salad Sun Butter & Jelly Sandwich Campfire Beans Fresh Broccoli Fresh Apple Strawberries Ketchup Mustard Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk |
| Lentil Stoppo Joe Chickpea Salad Stackable Flatbreads Sun Butter & Jelly Sandwich Celery Sticks Baby Carrots Fresh Pear Fresh Banana Ketchup Mustard Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Beef Burrito Bowl Bean Burrito Bowl Stacked High C.Ham Sandwich Sun Butter & Jelly Sandwich Sweet Corn Fresh Broccoli Fresh Apple Blueberries Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | C.Meatball Sub Greek Dressing Three Cheese Wrap Sun Butter & Jelly Sandwich Cucumber & Tomato Salad Baby Carrots Craisins Fresh Banana Mustard Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Homestyle Meatloaf Fresh Baked Breadstick Vegetarian Baja Salad Fresh Baked Breadstick Sun Butter & Jelly Sandwich Roasted Sweet Potatoes Three Bean Salad Fresh Orange Fresh Pear Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk | Personal Cheese Pizza Italian Chicken Wrap Sun Butter & Jelly Sandwich Fresh Cucumber Slices Side Garden Salad Fresh Orange Strawberries Mustard Ranch Dressing 1% Milk Skim Milk Chocolate Skim Milk |

| | Average | Weekly Target |
|--------|---------|---------------|
| Sodium | 633 mg | 640 mg |

[Whereupon, at 1:41 p.m., the Subcommittee adjourned.]

