

**FOOD FOR THOUGHT: EXAMINING
FEDERAL NUTRITION PROGRAMS FOR
YOUNG CHILDREN AND INFANTS**

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

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FOOD FOR THOUGHT: EXAMINING FEDERAL NUTRITION PROGRAMS FOR YOUNG CHILDREN AND INFANTS

Wednesday, July 28, 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 10:15 a.m., via Zoom, Hon. Suzanne Bonamici (Chairwoman of the Subcommittee) presiding.

Present: Representatives Bonamaci, Adams, Hayes, Leger Fernández, Mrvan, Bowman, Scott (*ex officio*), Fulcher, McClain, Spartz, 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; Carrie Hughes, Director of Health and Human Services; Ariel Jona, Policy Associate; Andre Lindsay, Policy Associate; Max Moore, Staff Assistant; Mariah Mowbray, Clerk/Special Assistant to the Staff Director; Kayla Pennebecker, Staff Assistant; Véronique Pluviose, Staff Director; Banyon Vassar, Deputy Director of Information Technology; Cyrus Artz, Minority Staff Director; Michael Davis, Minority Operations Assistant; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; Hannah Matesic, Minority Director of Operations; Eli Mitchell, Minority Legislative Assistant; and Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy.

Chairwoman BONAMICI. Thank you, good morning. We're ready to begin. I will count down from five and then we will start. Five, four, three, two, one. The Subcommittee on Civil Rights and Human Services will come to order. Welcome everyone. I note that a quorum is present.

The Subcommittee is meeting today to hear testimony on "Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants." This is an entirely remote hearing, and as such the Committee's hearing room is officially closed. 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. If a Member or witness experiences technical difficulties during the hearing, please 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, Mrs. Hayes, or another majority Member is hereby authorized to assume the gavel in the Chair's absence. To ensure that the Committee's five-minute rule is adhered to, staff will be keeping track of time, and using the Committee's remote timer.

The remote timer appears in its own thumbnail and will show a blinking light when time is expired. Members and witnesses are asked to wrap up promptly when their time has expired. Pursuant to Committee Rule 8(c) opening statements are limited to the Chair and Ranking Member, and I recognize myself now for the purpose of making an opening statement.

Today we are meeting to examine Federal nutrition programs that support young children, and to discuss our opportunity, and in fact our responsibility to give all children a healthy start in life. This hearing will focus on two key programs, the Special Supplemental Nutrition Program for Women, Infants and Children, or WIC, which serves low-income parents and children, and the Child and Adult Care Food Program, or CACFP, which serves children and adults in after school and care settings.

For decades these programs have been essential to the healthy development and long-term success of millions of children. Each month WIC provides about 6 million people, including more than half of all infants, with access to tailored nutrition counseling, healthy food prescriptions, breastfeeding support, and health screenings and referrals.

The Child and Adult Care Food Program provides the millions of children and adults in childcare and daycare centers across the country with healthy meals and snacks. But the full effects of the Federal nutrition initiatives cannot be understood through numbers alone.

In my home State of Oregon, I see first-hand the meaningful difference these programs make in the lives of our constituents. The Oregon Child Development Coalition, OCDC, provides childcare, education, and nutrition services to more than 4,000 children across the State. In 2009, a study analyzing the benefits, and areas for improvement of CACFP found that parents rely on the nutrition education, and the healthy food provided for their families through the OCDC, giving parents more confidence even as prices of food and housing rise.

Providers who were interviewed focused on the need to support more children by removing administrative barriers. An updated CACFP will allow providers like OCDC to continue care, and make sure more children in need can access nutritious foods without raising their prices.

This is just one example of the critical role Federal programs play in connecting young children and families with healthy food, and vital health services. And despite these successes, we know that child hunger, malnutrition and inadequate access to care persists in many of our communities, particularly in the aftermath of COVID-19.

Approximately one in three households with children struggled with food insecurity in the early stages of the pandemic. For households with young children, the lack of access is even worse. Within the first weeks of the pandemic nearly half of mothers with young children faced food insecurity.

[online recording cut out here] I'm going to say that again. Within the first weeks of the pandemic nearly half of all mothers with young children faced food insecurity.

This alarming surge in child hunger demands full action. Last year this Committee moved swiftly to strengthen access to Federal nutrition of public health programs, by providing key flexibilities for WIC, so programs and services could be delivered remotely to those in need.

We temporarily strengthened WIC benefits to help families afford fruits and vegetables, and we expanded access to nutrition assistance for young people in homeless shelters, while securing the need for CACFP providers. These decisive steps have helped dramatically reduce rates of food insecurity among families.

Even with these temporary enhancements however, it's imperative that we not miss the opportunity to take the lessons we learned in the last year to update and bolster child nutrition programs. Our work remains unfinished until every child, infant, and family in this country has access to the basic nutrition they need for a strong start in life.

Today with the help of our distinguished witnesses, we will discuss the next steps to take toward that goal of ending hunger. For example, as we work to reauthorize Federal child nutrition laws, we must modernize and expand both WIC and the Child and Adult Care Food Program. We can invest in updated technology to eliminate barriers that still prevent families from accessing WIC's lifechanging benefits, and we can expand the number of meals covered by the Child and Adult Care Food Program, as well as simplify the program's administration so that more care providers can participate.

In addition, future legislative packages must include significant investments in WIC and the Child and Adult Care Food Program. I applaud President Biden's commitment in the American Families Plan to expand affordable, accessible childcare. With any investment to expand and strengthen the CARE economy, corresponding investments must be provided, early childhood nutrition programs.

As we invest in our physical and human infrastructure, basic nutrition support for young children must be a top priority. I hope today's discussion will lay a strong foundation for our continued work to make certain all children and infants have the nutrition they need to succeed.

I want to thank our expert witnesses again, and now I yield to the Ranking Member Mr. Fulcher for his opening.

Mr. FULCHER. Thank you, Madam Chair. Young children and nursing or expecting mothers need adequate—

Chairwoman BONAMICI. Excuse me Mr. Fulcher, apparently the livestream is down, so we need to break just a minute here. We're going to—I've been informed that the livestream is down. House rules require that we suspend until it's back up, so we're going to pause momentarily.

[pause]

All right, so we will reconvene, and I will go back to the place, and just finish the end of my opening statement, and then I'll turn it over to Mr. Fulcher.

Today, with the help of our distinguished witnesses we will discuss the next steps we must take for the goal of ending hunger. For example, as we work to reauthorize Federal child nutrition laws, we must modernize and expand both WIC and the Child and Adult Care Food Program.

We can invest in updated technology to eliminate barriers that still prevent families from accessing WIC's lifechanging benefits. And we could expand the number of meals covered by the Child and Adult Care Food Program, as well as simplify program administration, so more care providers can participate.

In addition, future legislative packages must include significant investments in WIC and the Child and Adult Care Food Program. I applaud President Biden's commitment in the American Families Plan to expand affordable, accessible childcare. With any investment to expand and strengthen the care economy, corresponding investments must be provided to early childhood nutrition programs.

And as we invest in our physical and human infrastructure, basic nutrition support for young children must be a top priority. I hope today's discussion will lay a strong foundation for our continued work to make certain that all children and infants have the nutrition they need to succeed.

I want to thank our witnesses again, and I now yield to the Ranking Member Mr. Fulcher for his opening statement.

[The prepared statement of Chairwoman Bonamici follows:]

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

Today, we are meeting to examine Federal nutrition programs that support young children and to discuss our opportunity, and in fact, our responsibility to give all children a healthy start in life.

This hearing will focus on two key programs:

- The Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC, which serves low-income parents and children, and
- The Child and Adult Care Food Program, or C-A-C-F-P, which serves children and adults in afterschool and care settings.

For decades, these programs have been essential to the healthy development and long-term success of millions of children.

Each month, WIC provides about 6 million people—including over half of all infants—with access to tailored nutrition counseling, healthy food prescriptions, breastfeeding support, and health screenings and referrals.

The Child and Adult Care Food Program provides the millions of children, and adults, in child care and day care centers across the country with healthy meals and snacks.

But the full effects of these Federal nutrition initiatives cannot be understood through numbers, alone. In my home State of Oregon, I have seen firsthand the meaningful difference these programs make in the lives of our constituents.

The Oregon Child Development Coalition, OCDC, provides child care education and nutrition services to more than 4,000 children across the State. In 2009, a study analyzing the benefits and areas for improvement of CACFP found that parents rely on the nutrition education and the healthy foods provided for their families through the OCDC, giving parents more confidence even as prices of food and housing rise.

Providers who were interviewed focused on the need to support more children by removing administrative barriers. An updated CACFP will allow providers like

OCDC to continue care and make sure that more children in need can access nutritious foods without raising prices.

This is just one example of the critical role Federal programs play in connecting young children and families with healthy food and vital health services. And despite these successes, we know that child hunger, malnutrition, and inadequate access to care persists in many of our communities, particularly in the aftermath of COVID-19.

Approximately 1 in 3 households with children struggled with food insecurity in the early stages of the pandemic. For households with young children, the lack of access was even worse. Within the first weeks of the pandemic, nearly half of all mothers with young children faced food insecurity.

Today, with the help of our distinguished witnesses, we will discuss the next steps we must take toward the goal of ending hunger.

For example, as we work to reauthorize Federal child nutrition laws, we must modernize and expand both WIC and the Child and Adult Care Food Program.

We can invest in updated technology to eliminate barriers that still prevent families from accessing WIC's lifechanging benefits. And, we can expand the number of meals covered by the Child and Adult Care Food Program, as well as simplify program administration so that more care providers can participate.

In addition, future legislative packages must include significant investments in WIC and the Child and Adult Care Food Program. I applaud President Biden's commitment in the American Families Plan to expand affordable, accessible child care. With any investment to expand and strengthen the care economy, corresponding investments must be provided for early childhood nutrition programs. As we invest in our physical and human infrastructure, basic nutrition support for young children must be a top priority.

I hope today's discussion will lay a strong foundation for our continued work to make certain that all children and infants with the nutrition they need to succeed.

I want to thank our witnesses, again, and I now yield to the Ranking Member, Mr. Fulcher, for his opening statement.

Mr. FULCHER. Thank you, Madam Chair. Young children and nursing or expecting mothers need adequate nutrition. The better the nutritional status, the more likely both child and mother will have safer pregnancies, stronger immune systems, and longer lives.

We also know that good access to food leads to more productive learning environments. That's why Federal nutrition programs date back to the 1940's. There's a national interest in supporting a healthy baseline for future generations. There's also a critical role for private partners, including religious and other non-profit entities that help provide these services to people.

We saw this last year as we dealt with COVID-19. Today the Richard B. Russell National School Lunch Act and the Child Nutrition Act authorized both, the Special Supplemental Nutritional Program for Woman, Infants and Children, or WIC, and the Child and Adult Care Food Program, or CACFP.

These programs help provide nutrition services to vulnerable women and children. Through WIC, the Federal Government provides funding to states for the purpose of assisting low-income women who are pregnant, breastfeeding, or have children up to the age of five.

State agencies work with tens of thousands of authorized retailers, so these vulnerable mothers can purchase certain foods such as fruits, vegetables, milk, whole grains, cereal, juice, and eggs. CACFP on the other hand, reimburses meals or snacks served in eligible childcare centers, daycare, homes, and adult daycare centers.

In fiscal 2019 almost 5 million children and adults from low-income households benefited daily from the program. Last year Congress appropriated over 25 billion in taxpayer dollars for Federal

child nutrition programs. Congress acted quickly on the on-set of COVID-19 pandemic to help millions of vulnerable people keep access to this nutritional lifeline.

The Families First Coronavirus Response Act boosted WIC funding and allowed the USDA to grant flexibility waivers from certain requirements. Pandemic-related emergency actions helped ensure these vulnerable populations maintained access to these nutritional services. These programs and more, continue to operate because of executive action.

While appropriate last year, the facts on the ground are not the same. Operation Warp Speed has done its job, and life is returning to normal for most Americans. It's time for Congress to be wise stewards of taxpayer money by reinstating the statutory and regulatory system.

With any government program, particularly one that costs tens of billions of dollars a year, we must carefully balance how to administer the program without exposing taxpayers to waste or abuse. Republicans support good government solutions to prevent waste and improve recipient's interaction with the child nutrition programs.

Government programs too often encumber participants with unnecessary hurdles in archaic processes. Many families deserve the seamless experience. I look forward to hearing from today's witnesses on how best Congress can strike the right balance when we reauthorize the child nutrition programs.

My instinct tells me that industry partners can help Congress deliver on the promise of WIC and CACFP. The Federal Government is out of touch with how to help families access the nutrition programs that are available to them. Congress must work with these entities to help disadvantaged Americans get the nutrition they need to thrive.

Any reauthorization of the child nutrition programs must leverage the knowledge and experience of local partners because they know what works best for the vulnerable people we hope to serve. Thank you, Madam Chair, I yield back.

[The prepared statement of Mr. Fulcher follows:]

STATEMENT OF HON. RICH FULCHER, RANKING MEMBER, SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

Young children and nursing or expecting mothers need adequate nutrition. Well-fed children have numerous advantages. According to research, the better the nutritional value, the more likely both child and mother will have stronger immune systems, safer pregnancies, and longer lives.

We also know that access to food leads to more productive learning environments. That is why Federal nutrition programs date back to the 1940's. There is a national interest in supporting a healthy baseline for future generations. There is also a critical role for private partners, including religious and other non-profit entities, that help provide these services to people. We saw this last year as we dealt with COVID-19.

Today, the Richard B. Russell National School Lunch Act and the Child Nutrition Act authorize both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Child and Adult Care Food Program (CACFP).

These programs help provide nutrition services to vulnerable women and children. Through WIC, the Federal Government provides funding to states for the purpose of assisting low-income women who are pregnant, breastfeeding, or have children up to the age of five. State agencies work with tens of thousands of authorized retailers so these vulnerable mothers can purchase certain foods such as fruits, vegetables, milk, whole grain cereal, juice, and eggs.

CACFP, on the other hand, reimburses meals or snacks served in eligible child care centers, day care homes, and adult day care centers. In Fiscal Year 2019, almost 5 million children and adults from low-income households benefited daily from the program.

Last year, Congress appropriated over \$25 billion in taxpayer dollars for Federal child nutrition programs.

Congress acted quickly at the onset of the COVID-19 pandemic to help millions of vulnerable people keep access to this nutritional lifeline. The Families First Coronavirus Response Act boosted WIC funding and allowed the USDA to grant flexibility waivers from certain requirements. Pandemic-related emergency actions helped ensure these vulnerable populations maintain access to these nutrition services.

These programs and more continue to operate because of executive action. While appropriate last year, the facts on the ground are not the same. Operation Warp Speed has done its job, and life is returning to normal for most Americans. It is time for Congress to be wise stewards of taxpayer money by reinstating the statutory and regulatory system.

With any government program, particularly one that costs tens of billions of dollars a year, we must carefully balance how to administer the program without exposing taxpayers to waste or abuse.

Republicans support good government solutions to prevent waste and improve recipients'

interaction with the child nutrition programs. Government programs too often encumber participants with unnecessary hurdles and archaic processes. Needy families deserve a seamless experience.

I look forward to hearing from today's witnesses on how best Congress can strike the right balance when we reauthorize the child nutrition programs.

My instinct tells me that industry partners can help Congress deliver on the promise of WIC and CACFP. The Federal Government is out-of-touch with how to help families access the nutrition programs available to them. Congress must work with these entities to help disadvantaged Americans to get the nutrition they need to thrive.

Any reauthorization of the child nutrition programs must leverage the knowledge and experience of local partners because they know what works best for the vulnerable people we hope to serve.

Chairwoman BONAMICI. Thank you, Ranking Member Fulcher. 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 August 11, 2021.

I will now introduce the witnesses. Teresa Turner is a School Nutrition Specialist and Registered Dietician. She serves at the Army Child and Youth Services Nutritionist at Fort Meade.

Next, we have Paula Garrett, a Registered Dietician. She serves as the State WIC Director for the Virginia Department of Health, and a Member of the Board of Directors for the National WIC Association.

Trevor Farrell is Senior Vice President and Chief Commercial Officer Americas at Schreiber U.S., and Jessica Burris is a WIC Breastfeeding Peer Counselor with the Montgomery County, North Carolina Department of Health, and a mother of three, whose children were able to get a healthy start in life through WIC.

We appreciate the witnesses for participating today, and we look forward to your testimony. Your written statement will appear in full in the hearing record, and you are asked to limit your oral presentation to a 5-minute summary. After your presentation we will move to Member questions.

The witnesses are aware of their responsibility to provide accurate information to the Subcommittee, and therefore we will pro-

ceed with their testimony. I will first recognize Ms. Turner, Ms. Turner?

MS. TERESA L. TURNER, MS, RD, LDN, SNS, FAND, NUTRITIONIST, CHILD AND YOUTH SERVICES, UNITED STATES ARMY

Ms. TURNER. Thank you, great morning. Chair Bonamici, Ranking Member Fulcher, Committee Members, and my fellow distinguished panelists, I am honored to have the opportunity to speak before you today. My name is Teresa Turner, and I am the nutritionist at U.S. Army Child and Youth Services at Fort Meade. I am also the current President of the Maryland Academy of Nutrition and Dietetics, an affiliate of the National Academy, the world's largest organization of food and nutrition professionals whom I am here representing today.

We believe that providing well-balanced nutritious meals, and establishing early, healthy eating habits is critical to our country's current nutrition security crisis. We are particularly concerned about long-standing and ongoing racial and ethnic disparities, including those evidenced in, and heightened by the pandemic.

We believe that Congress has a great opportunity through the upcoming CNR, to strengthen critical nutrition programs like CACFP, to address some of the root causes of these disparities. As a proud civilian employee of the U.S. Army, I believe strong, Federal programs are an investment in our country's health, and in military preparedness.

Today I will share with you some of my experiences, operating CACFP, and discuss recommendations to improve the program by one—allowing childcare centers and homes the option of serving an additional meal.

Two—streamlining program requirements, reducing paperwork, and maximizing technology to improve program access. And last three—providing adequate reimbursements and funding to cover the operating costs of providing healthy foods. I run the meal programs for six child and youth programs on base.

During normal operating hours I monitor roughly 300 employees that facilitate providing breakfast, lunch, and afternoon snacks to children each day. I take immense pride in providing meals that are cooked from scratch and meet the high nutrition standards set forth by the CACFP.

I know that my Army peers could feel good about leaving their children at our centers as they set out to serve our country. Like all childcare facilities across the country, mine took a significant financial hit due to the pandemic. We were serving about 1,000 children a day, and saw that number decrease to a mere 300 through the physical limitations of distance guidelines.

We do not charge our parents for food, and the only way our program brings in revenue is by spaces filled and food reimbursement. The program's revenue fell significantly, but labor and fixed costs remained the same. I was appreciative of the funding from Congress that provided some relief for childcare centers that lost money because of declining participation.

Supply chain disruptions and increases in food and transportation expenses are also significant challenges. These additional

costs have added even more of a financial burden onto my program—an issue my peers across Maryland, and across the country are also experiencing.

As much as the pandemic hit my bottom line, it also impacted the financial security of families. It is time to reinstate an additional meal or snack into CACFP, aligning with National Childcare Standards which specifically State that young children need to eat small, healthy meals and snacks throughout the day.

My centers are typically open for a full day of care, and for children who are there eight plus hours, it is too long to go without having the recommended compliment of meals and snacks. If programs were able to provide an additional meal, it would take some time and stress off of the parents.

There is broad consensus that many childcare homes and centers across the country are not participating in CACFP due to the inadequate benefits, as well as burdensome paperwork. The Academy recommends streamlining program requirements, reducing paperwork, and maximizing technology to improve program access.

The outdated requirement for parents to specify normal hours of daycare should be eliminated. This form limits when children can receive meals and snacks, and it's based on outdated assumptions that parents work regular and consistent hours.

Many low-income families work a wide-variety of shifts, which may change from week to week. Many states require forms to be updated with every change and creating paperwork burdens for both the parent and the provider. Additionally, we are a compassionate reassessment, which means we also serve children who have medical and behavioral challenges.

Sometimes the child will not be available to eat the meal in the time indicated as our normal hours. When this happens, a child who may be receiving special care or unable to participate during regular meal service hours, receives a meal that is not reimbursable.

There are a number of small changes that can make administering the program easier. In addition, moving to annual eligibility for for-profit childcare centers, which streamline program operations in many low-income areas.

Last, we recommend increasing CACFP reimbursements to make up for the increasing cost to transport, purchase and prepare healthy foods. Food and transportation costs continue to rise and purchasing healthy food items was already harder to access than less healthy food prior to the pandemic.

The Academy believes that increasing reimbursement is an investment in our children's health. We need to establish healthy habits at an early age to promote healthy behavior and prevent obesity. We cannot afford to not invest in raising healthy children.

Thank you so much for your time today. I will be happy to respond to any questions that you may have.

[The prepared statement of Ms. Turner follows:]

PREPARED STATEMENT OF TERESA L. TURNER

Statement for the Record

Before the House Committee on Education and Labor

Subcommittee on Civil Rights and Human Services

July 28, 2021

“Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants”

By

Teresa Turner, MS, RD, LDN, SNS, FAND

Nutritionist, Child and Youth Services, US Army

President, Maryland Academy of Nutrition and Dietetics

Chair Bonamici, Ranking Member Fulcher, committee members and my fellow distinguished panelists:

I am honored to have the opportunity to speak before you today.

My name is Teresa Turner and I am the Nutritionist for U. S. Army Child and Youth Services at Fort Meade. I am also the current president of the Maryland Academy of Nutrition and Dietetics, an affiliate of the Academy of Nutrition and Dietetics, the world’s largest organization of food and nutrition professionals, whom I am representing today. The Academy represents more than 112,000 registered dietitian nutritionists; nutrition and dietetics technicians, registered; and advanced-degree nutritionists, and is committed to strengthening and eliminating barriers to federal nutrition programs, including the Child and Adult Care Food Program.

As a registered dietitian, I believe that providing access to well-balanced, nutritious, safe and appealing meals and establishing healthy eating habits at an early age is critical to address our country’s current

nutrition security crisis. My fellow Academy members and I are particularly concerned about longstanding and ongoing racial and ethnic disparities, including those evidenced in and heightened by the COVID-19 pandemic and how they have impacted communities of color. We believe that Congress has a great opportunity through the upcoming Child Nutrition Reauthorization to strengthen critical nutrition programs, like CACFP, to address some of the root causes of these disparities.

As a proud civilian employee of the U.S. Army I believe that strong federal nutrition programs are an investment in our country's health and military preparedness. Today, I will share my experiences operating CACFP and discuss recommendations to improve the program by:

1. Allowing child care centers and homes the option of serving an additional meal
2. Streamlining program requirements, reducing paperwork and maximizing technology to improve program access
3. Providing adequate reimbursement and funding to cover the operating costs of providing healthy foods, especially in light of increased costs and supply chain challenges due to the pandemic

I run the meal programs for six child and youth centers on the Fort Meade military base in Anne Arundel County, Maryland. In this role, during normal operations, I monitor roughly 300 employees and facilitate providing breakfast, lunch and afternoon snack to approximately 1,000 children each day, ranging in age from six weeks to 18 years. Army CYS services over 200,000 children at installations worldwide. I take immense pride in providing meals that are cooked from scratch and meet the high nutrition standards set forth by the CACFP. I know my fellow Army peers can feel good about leaving their children at our centers to be well fed and taken care of as they set out to serve our country.

Like all child care facilities across the country, mine took a significant financial hit due to the COVID-19 pandemic. We were serving about 1,000 children a day and saw that number decrease to a mere 300

due to physical limitations to meet social distance guidelines. As you can imagine, we do not charge our parents for food and the only way our program brings in revenue is by spaces filled and reimbursements from food served. The food program's revenue fell significantly but labor and other fixed costs remained the same. I was appreciative of the funding from Congress that provided some relief for child care centers that lost money because of declining participation in CACFP. Another significant challenge that we face today are supply chain disruptions and increases in food and transportation expenses. These additional costs have added even more of a financial burden onto my program – an issue my peers across Maryland and the country are also experiencing.

As much as the pandemic hit my bottom line, it also impacted the financial security of families everywhere. **This is one of the reasons the Academy of Nutrition and Dietetics recommends that it is time to reinstate an additional meal or snack into CACFP, aligning with national child care standards, based on the best nutrition and child development sciences, which specify young children need to eat small healthy meals and snacks throughout the day.** This helps support families to meet the nutritional needs of their children as they navigate an economic reality where two parent working households, long commutes and overpacked schedules are the norm. My centers are typically open for a full day of care and for children who are there eight hours or longer it is too long to go without having the recommended full complement of meals and snacks. If programs were able to provide breakfast, lunch, dinner, and a snack, it would take stress off the parents and ensure that their children ate a healthy meal at a reasonable time. Not to mention that families, especially with young children, could benefit from the cost savings of offering another meal as many people recover financially from the pandemic.

Additionally, there is broad consensus that many child care homes and centers across the country are not participating in CACFP due to systemic barriers including inadequate benefits and burdensome paperwork. **The Academy of Nutrition and Dietetics recommends streamlining program**

requirements, reducing paperwork, and maximizing technology to improve program access.

Specifically, the outdated requirement for parents to specify the normal hours and days of care should be eliminated. This form limits when children can receive meals and snacks and is based on outdated assumptions that parents work regular and consistent hours. Now, more than ever, many low-income families work a wide variety of shifts which may change from week to week. Many states require forms to be updated to reflect each change, creating a paperwork burden for both the parent and the provider. Additionally, we are a 'compassionate reassignment' which means we also serve some children who have medical and behavioral challenges. Sometimes a child will not be available to eat a meal in the time indicated as our normal hours. When this happens, a child who may have been receiving special care and unable to participate during regular meal service hours, receives a meal that is not reimbursable. There are a number of small administrative changes, like elimination of the normal hours reporting, that could make administration of the program infinitely easier and would better serve the children's needs. In addition, creating consistency across programs by moving to annual eligibility for for-profit child care centers would streamline program operations in many low-income areas.

Lastly, the Academy of Nutrition and Dietetics recommends increasing CACFP reimbursements

to make up for increasing costs to transport, purchase, and prepare healthy foods. Food and transportation costs continue to rise and purchasing healthy foods like fruits and vegetables, whole grains and low-fat dairy items was already harder to access than less healthy food prior to the pandemic. The Academy believes that an increase in reimbursement is an investment in our children's health. We need to establish healthy eating habits at an early age to promote healthy behaviors and prevent obesity. Especially in light of the pandemic and the complications experienced by those with diet related diseases—we can't afford NOT to invest in raising healthy children.

To conclude, I would like to very much thank you for your time today. The Academy of Nutrition and Dietetics urges Congress to consider the broad needs of military children, and all children, by allowing

an additional meal, streamlining and modernizing CACFP administrative requirements, and increasing reimbursements in order to support the long term success of the CACFP.

Thank you once again Chair Bonamici, Ranking Member Fulcher and all committee members for your time and consideration. I would be happy to respond to any questions that you may have.

Chairwoman BONAMICI. Thank you for your testimony, Ms. Turner. Next, we're going to hear from Ms. Garrett. Ms. Garrett you're recognized for five minutes for your testimony.

**MS. PAULA N. GARRETT, MS, RD, DIVISION DIRECTOR,
DIVISION OF COMMUNITY NUTRITION, VIRGINIA
DEPARTMENT OF HEALTH**

Ms. GARRETT. Chair Bonamici, Ranking Member Fulcher, Chairman Scott, Ranking Member Foxx, and Members of the House Education and Labor Committee, thank you for the opportunity to speak before you about improvements to the Special Supplemental Nutrition Program for Women, Infants and Children, WIC.

My name is Paula Garrett, and I'm testifying today in my capacity as the Virginia State WIC Director, and as a Member of the Board of Directors for the National WIC Association, a national non-profit organization representing 89 State WIC agencies, 12,000 front line service provider agencies, and the 6.3 million mothers, infants, and young children that rely on WIC.

WIC is an effective program that provides tailored nutrition education, healthy food, and support to pregnant and postpartum women and children age up to five. WIC's public health and nutrition services help assure healthy pregnancies, healthy births, and a healthy start for young children.

Every dollar spent on WIC returns \$2.48 in healthcare savings, as healthier birth outcomes result in Medicaid Savings. The WIC benefit which addresses nutrient concerns, reduces child food insecurity. In 2009, changes to the WIC food packages introduced fruits, vegetables, and whole grains, resulting in improved child diet quality and increased availability of health foods in grocery stores.

WIC's breastfeeding support has too made significant impacts on breastfeeding initiation rates among WIC infants, however, as of 2018, only 57 percent of eligible WIC participants are receiving WIC services, and the program experienced declines in participation partly attributed to structural barriers to access, suggesting opportunities to modernize and streamline WIC.

Waiver authorities provided through the Families First Coronavirus Response Act allowed WIC agencies to safely administer services via video and phone. Since the pandemic, the Virginia WIC program has seen a 12 percent increase in participation.

Remote appointments eliminate some common barriers to participation, such as transportation, or time off of work, resulting in increased attendance, and engagement of parents during appointments. Relaxing the physical presence requirement post-COVID to allow video and phone certification appointments, while creating flexibility to issue benefits as families more conveniently schedule health assessments at either the WIC clinic, or physicians' offices, would assure that WIC meets the realities of families.

Remote options should not phaseout certain health screenings which are essential to WIC's public health nutrition mission. Facilitating two-way communication of health information between physicians and WIC clinics, extending certification to 2 years, and streamlining certification periods across participant categories would help reduce repetitive paperwork and testing, which often can deter ongoing participation.

The extension of the postpartum eligibility, 2 years, well positions WIC to be part of the Federal Government's response to racial disparities and maternal health, particularly maternal mor-

tality, and morbidity among black and indigenous women. The Virginia WIC program partnered with the Virginia Department of Social Services, and the Virginia Department of Medical Assistant Services to conduct data matching through Medicaid, SNAP, and TANF.

Building Federal partnerships within Medicaid, and expanding adjunctive eligibility to include Head Start, and the Children's Health Insurance Program, and the Food Distribution Program on Indian reservations would support child retention in WIC and streamline certification.

As State WIC agencies prioritize technologies and initiatives for more modern accessible WIC experience, funding is needed to support improvements to State management information systems. In the American Rescue Act, Congress invested 880 million dollars in WIC outreach innovation and program modernization, and temporarily increased WIC's fruit and vegetable benefit.

This investment has been increasingly well-received by Virginia's WIC families, increasing the overall value of the WIC food package would support access to nutritious foods, program retention, and the shopping experience. During the pandemic, USDA was able to scale up SNAP's online shopping pilot giving years of prior planning which WIC lacked, leaving WIC unable to adapt as complicated transactions and families without equitable shopping options.

National online purchasing from WIC should be available no later than October 2024. The WIC Farmers Market Nutrition Program, F&P, provides an able benefit to WIC families to shop at local farmers markets, increasing or eliminating the FMP Able Benefit Cap of \$30.00, would further support healthy shopping options and local agriculture.

Cost-efficient technologies and statutory change to electronically process WIC F&P and WIC EBT transactions at markets is necessary. Thank you for your attention to WIC's pivotal role and promoting maternal, infant and child nutrition. I look forward to working with you to advance other solutions that enhances WIC's public health impact.

[The prepared statement of Ms. Garrett follows:]

PREPARED STATEMENT OF PAULA N. GARRETT



Testimony of Ms. Paula N. Garrett, MS, RD
 State WIC Director, Virginia Department of Health
 Board of Directors, National WIC Association

Before the House Committee on Education and Labor, Subcommittee on Civil Rights and Human Services

Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants

July 28, 2021

Chair Bonamici, Ranking Member Fulcher, Chairman Scott, Ranking Member Foxx, and Members of the House Education and Labor Committee, thank you for allowing me the opportunity to speak before you today about improvements to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). My name is Paula Garrett and I serve as the State WIC Director for the Virginia Department of Health. I am testifying today in my capacity as the Virginia State WIC Director and as a member of the Board of Directors for the National WIC Association (NWA), a national non-profit organization that represents the interests of the 89 State WIC agencies, 12,000 frontline service provider agencies that administer WIC services, and the 6.3 million mothers, infants, and young children that rely on WIC's public health nutrition support.

WIC is an effective, time-limited program that has a demonstrated impact on improving health and nutrition outcomes for pregnant and postpartum women, infants, and children up to age 5. WIC's long record of public health success could have a greater reach if ongoing barriers are resolved in order to connect more families with services. Only 57 percent of eligible participants were certified for WIC services in 2018, and millions of children have yet to receive WIC services that would improve their long-term health outcomes.¹ I appreciate this opportunity to assist the Committee in considering improvements that will smartly leverage WIC's proven support to address major national healthcare priorities.

WIC's Role in Improving Health Outcomes

For nearly fifty years, WIC's public health nutrition services have helped assure healthy pregnancies, healthy births, and a healthy start for young children. Nationally, WIC serves nearly half of all infants born in the United States each year and roughly one-quarter of all children age one to four.² WIC's role in promoting nutrition security and reducing or mitigating chronic diet-related conditions has a marked impact on healthcare expenditures, with an estimated return of \$2.48 in medical, education, and productivity costs for every dollar invested in WIC.³

During pregnancy, WIC prescribes healthy foods to ameliorate specific micronutrient deficiencies that are essential for a healthy pregnancy and fetal development, such as folate and iron. WIC's prenatal support reduces the risk of infant mortality by as much as 33%,⁴ primarily through a reduction in the rate of preterm births and low birthweight.⁵ Longstanding research validates WIC's role in reducing costs, including to the federal government, as healthier birth outcomes results in Medicaid savings.⁶ WIC's return on investment is likely even higher than reported, as most research is focused solely on prenatal participation and birth outcomes, without assessing additional cost savings related to WIC's efforts to enhance breastfeeding support,⁷ obesity prevention,⁸ and access to dental care.⁹

WIC is the nation's leading breastfeeding promotion program, providing both credentialed and peer support to encourage mothers in navigating their choice to breastfeed. Increased investment in WIC breastfeeding services over the past three decades has made a significant impact, increasing the breastfeeding initiation rates for WIC infants between 1998 and 2018 by 30%¹⁰ and doubling the rate of breastfed infants at twelve months.¹¹ WIC support – including peer counselors – is effective at addressing racial disparities in breastfeeding rates, especially among Black women.¹²

NWA promoted revisions to the WIC food packages, implemented in 2009, that aligned available WIC foods with the Dietary Guidelines for Americans and introduced fruits, vegetables, and whole grains. These reforms predictably resulted in children having improved diet quality,¹³ with children participating in WIC for the first two years of life scoring higher on the Healthy Eating Index.¹⁴ Healthier options available through the 2009 changes have led to decreases in the prevalence of

overweight and obese children participating in WIC,¹⁵ aligning the obesity rate for WIC toddlers with the national childhood obesity rate for children age two to five.¹⁶

WIC is a targeted, time-limited program that addresses specific nutrient concerns; even still, the WIC benefit is effective at reducing child food insecurity by as much as 20%.¹⁷ Although WIC's food benefit is issued as an individual prescription, WIC nutrition education programming can shape family dietary behaviors and purchasing habits.¹⁸ The 2009 reforms resulted in an increase in the availability of healthy foods in retail grocery stores, especially smaller retailers in low-income communities.¹⁹

COVID-19 Response

The COVID-19 pandemic is the most significant public health crisis in recent memory and posed specific challenges to WIC's service-delivery model. WIC services are traditionally delivered at community-based clinic sites, and federal law requires WIC participants to certify or recertify for services in person. With a public health imperative to socially distance, Congress acted swiftly to provide waiver authorities in the Families First Coronavirus Response Act that allowed State WIC Agencies to remotely certify families for services.

Remote services are a successful strategy to create new options and meet families in a more convenient manner. After years of declining participation, many State WIC Agencies that were able to fully implement remote services are reporting participation increases and higher retention of child participants. These participation gains have not been uniform, with participation declines still reported by some State agencies, especially those that are not equipped to fully implement remote services. Due to the physical presence waivers, Virginia has seen a 12 percent increase in participation between February 2020 and April 2021. Uniformly, State WIC Agencies are also reporting sharp declines in no-show rates, suggesting that the convenience of remote appointments is correlated with higher attendance and engagement by WIC participants in nutrition education.²⁰ Parents are able to be more focused during their telephone or video appointments, and WIC providers are able to build strong relationships with families, especially as new parents were separated from their own family support networks during the pandemic and navigated pregnancy, parenthood, breastfeeding, and childcare on their own.

Local WIC providers report that a return to the pre-COVID status quo will have a negative impact on participation, and one of the clearest lessons from WIC's COVID-19 response has been the need for flexibility in physical presence requirements. The experience of developing policy and procedures to accommodate a remote service model in 2020 has shown that we can maintain program integrity, local agency training and support, compliance monitoring procedures, and coordinated alignment with outreach messaging even in a virtual setting. However, remote options should not phase out health screenings like iron testing, which are an essential part of WIC's public health nutrition mission. NWA recommends relaxing the physical presence requirement to allow for integration of video and telephone technologies into certification appointments, while also creating flexibility to ensure that benefits can be issued as families more conveniently schedule health assessments at either the WIC clinic or a physician's office. Offering options and choices to families who want to participate allows clinics to provide services in a more flexible format to support the needs and schedules of participants.

In March 2021, the American Rescue Plan Act (ARPA) sought to address the nation's hunger crisis by investing \$880 million in WIC services. Within this funding, \$490 million was allocated to increase the value of the WIC benefit for a period of four months. Drawing on recommendations of

the National Academies of Sciences, Engineering, and Medicine (NASEM), ARPA authorized State WIC Agencies to more than triple the value of WIC's fruit and vegetable benefit (Cash Value Benefit). This historic investment of \$8 million to Virginia WIC families was incredibly well received by participants, driving re-certifications in the spring of 2021 and leading to increased produce purchases. The House Appropriations Committee has included a yearlong extension of this benefit increase in the fiscal year 2022 bill, and USDA is expected to consider permanent revisions to the WIC food benefit in rulemaking later this year. NWA is committed to the science-informed regulatory process and urges a formal adoption of a higher WIC benefit level to ensure greater access to nutritious foods and encourage ongoing retention of children for the duration of program eligibility, in addition to the cost-neutral recommendations from the 2017 NASEM review that sought to increase nutritional quality of the food packages, bring diet patterns into greater alignment with the Dietary Guidelines for Americans, resolve shopping challenges such as package sizes, and enhance culturally appropriate options for WIC shoppers.

Streamlining Certifications

WIC currently serves roughly 6.3 million participants nationwide.²¹ Despite the strong record of public health successes associated with WIC participation, only 57 percent of eligible individuals were certified for services in 2018.²² WIC providers have reported ongoing declines in participation since reaching a record high of 9.2 million participants in 2010 at the height of the Great Recession, driven by societal factors such as changes in fertility rates, birth rate, and immigration policy, as well as structural barriers to access, including transportation, limited availability of childcare, and in-person programmatic requirements.²³ Participation declines are most acute among children, with 30 percent of enrolled infants dropping off the program by the one-year mark and only 27 percent of eligible four-year-old children certified for WIC services.²⁴

The ongoing participation decline before the COVID-19 pandemic has led State WIC Agencies to prioritize technologies and initiatives that would streamline the certification process and minimize burdens on applicants or participating families seeking recertification. State WIC Agencies have developed a series of digital tools, including document uploaders, pre-application forms, and participant portals, that echo industry standards in healthcare settings and provide a more modern and accessible user experience for participants. Virginia WIC partnered with the Virginia Department of Social Services and the Virginia Department of Medical Assistance Services to conduct data-matching through the Medicaid, SNAP and TANF programs who could screen for eligibility and empower Virginia WIC to conduct proactive outreach to eligible families.

Recognizing both the urgent need to address a national hunger crisis and the potential for long-term public health success if families are connected with WIC services, Congress included in ARPA an additional \$390 million in funding for WIC outreach, innovation, and program modernization. The funding is available until October 1, 2024. USDA continues to consult stakeholders on how to disseminate or utilize this funding, and no final spending decisions have yet been made. It is possible that this funding could be leveraged for tools to streamline certifications, including platforms to facilitate communication of relevant health information between physician offices and WIC clinics.

Despite the exciting progress at the State level and potential for investment, structural changes to the certification process could alleviate burdens on applicants and local WIC providers. The annual requirement for recertification leads to repetitive paperwork and deters ongoing participation. NWA recommends the extension of certification periods to two years across all participant

categories and thoughtful efforts to streamline certification periods across participant categories, including automatic certification of infants born to participating women.

One of the most effective measures to streamline certifications was the introduction of adjunctive eligibility in the 1989 Child Nutrition Reauthorization. Over 80 percent of current WIC participants are enrolled in an adjunctively eligible program, which allows for automatic income eligibility and simplifies the certification appointment. Today, only Medicaid, SNAP, and TANF constitute an adjunctively eligible program. However, there is a potential to build more strategic partnerships with programs that overlap with WIC's constituency. With ongoing issues retaining child participants, it is important to focus on programs that primarily serve children, including Head Start, the Children's Health Insurance Plan, and the Food Distribution Program on Indian Reservations. NWA recommends adopting the modifications to adjunctive eligibility outlined in the bipartisan WIC For Kids Act (H.R. 4455) as effective strategies to enroll more eligible children in the program.

State-driven innovations to streamline certifications often require enhancements to the State's Management Information System (MIS), the complex computer database that manages participant files, health records, and benefits balance. As WIC continues to modernize and integrate new technologies into its service-delivery model, it is imperative that there is ongoing funding to support the administration and improvement of MIS systems.

Addressing Racial Disparities in Maternal Health

It is unconscionable that Black and Indigenous women continue to die of pregnancy or birth complications at significantly higher rates than their white counterparts. WIC is well positioned to be part of the federal government's comprehensive response to racial disparities in maternal health, particularly maternal mortality and morbidity rates.²⁵ As approximately 60 percent of maternal deaths are likely preventable,²⁶ WIC's sustained support for Black and Indigenous women's health and nutrition can address risk factors such as chronic diet-related conditions, pregnancy-induced hypertension, and preeclampsia.²⁷ NWA recommends doubling down on strategies to promote coordination and integration between WIC and healthcare at every level, including federal partnerships with Medicaid, local partnerships between clinics and physician offices, and technological innovation to streamline sharing of relevant health information. Several of these initiatives would be funded through provisions in the CARE for Families Act (H.R. 2555).

WIC's postpartum eligibility period offers new opportunities to engage women in addressing risk factors that could emerge during subsequent pregnancies. However, eligibility is limited to only six months or one year, based on an individual's breastfeeding status. WIC's individualized nutrition counseling and support not only strengthens nutrition outcomes, but also targets pre-conception barriers to healthy pregnancies, including access to healthy foods and counseling on recommended spacing between pregnancies, ensuring that women are not nutritionally depleted as they enter another pregnancy. NWA recommends extending WIC's postpartum eligibility to two years to ensure that WIC can continue to support mothers in the inter-pregnancy period, consistent with the bipartisan Wise Investment in our Children Act (WIC Act) (H.R. 2011).

Modernizing the Shopping Experience

There is urgent need for technological innovation in the WIC shopping experience, as WIC families lack equitable options to utilize modern platforms like online shopping. With over 48,000 authorized vendors,²⁸ WIC drives approximately \$4.8 billion in retail transactions each year.²⁹ The

Healthy, Hunger-Free Kids Act of 2010 advanced significant technology improvements in the shopping space by requiring State WIC Agencies to implement electronic-benefit transfer (EBT) technology, but it is imperative that WIC continue to innovate to stay current with industry practices and available transaction technologies.

In the early phases of the COVID-19 pandemic, the U.S. Department of Agriculture rapidly expanded a pilot project that permitted over 90% of SNAP households the option to remotely purchase food through Walmart, Amazon, and other retailers.³⁰ USDA was able to scale up this pilot program to a national level given years of prior planning, after Congress required development of this technology in the 2014 Farm Bill.³¹ Without similar directives, WIC lacked the infrastructure to quickly adapt online models for its more complicated transaction. NWA recommends that national online purchasing for WIC should be available no later than October 1, 2024.

In recent months, USDA has taken concerted efforts to coordinate stakeholders and address regulatory barriers. Last year, USDA initiated the WIC Online Ordering Grant project with the Gretchen Swanson Center for Nutrition, which will fund five State WIC Agencies to develop and test online ordering platforms.³² In the December 2020 omnibus legislation, Congress instructed USDA to convene a task force of diverse stakeholders to evaluate alternative transaction models – including online purchasing, home delivery, and self-checkout – and issue recommendations no later than September 30, 2021.³³ The task force recommendations are expected ahead of an announced rulemaking that could remedy current regulatory barriers to WIC online shopping, including a requirement that WIC participants redeem their benefits in-person, which precludes online purchasing.

NWA convened a working group in spring 2020 to clarify the permissible and feasible options for retailers, issuing a summary document in October 2020.³⁴ This resource has aided on-the-ground partnerships between local WIC providers and individual retailers that drive forward innovations to promote safe and convenient alternatives to online purchasing for WIC shoppers during the COVID-19 pandemic. Retailers added additional self-checkout lanes, built out online ordering platforms to streamline in-store or curbside transactions, and even piloted shopper helper programs that allowed limited home delivery options.³⁵

WIC Farmers Market Nutrition Program

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

WIC FMNP still relies on paper vouchers, and fewer vendors are offering banking contracts to process the checks. NWA urges swift USDA action to accelerate state-driven innovations that establish accessible, cost-efficient technology to electronically process WIC EBT and WIC FMNP transactions, as well as necessary statutory changes to effectively implement these transaction models. The statute also caps the WIC FMNP benefit at only \$30 per participant per year. WIC FMNP could grow greater partnerships between farmers markets and WIC shoppers if the benefit cap was increased or eliminated.

Thank you for your attention to WIC's pivotal role in promoting maternal, infant, and child nutrition. I look forward to working with you to advance positive solutions that enhance WIC's public health impact.

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⁸ See Finkelstein EA, Trogdon JG, Cohen JW, Dietz W (2009) Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs* 28(5):822-831.

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¹² Forrestal S, Briefel R, Mabl J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathematica Policy Research under Contract No. AG3198-B-10-0015. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

¹³ Tester JM, Leung CW & Crawford PB (2016) "Revised WIC Food Package and Children's Diet Quality," *Pediatrics*, <https://doi.org/10.1542/peds.2015-3557>.

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- ³² U.S. Department of Agriculture, USDA Expands Access to Online Shopping in SNAP, Invest in Future WIC Opportunities, Press Release No. FNS 0018.20 (Nov. 2, 2020), <https://www.fns.usda.gov/news-item/fns-001820>.
- ³³ Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020).
- ³⁴ NWA Online Ordering/Purchasing/Delivery Working Group (2020) WIC/eWIC Pickup and Delivery Requirements, https://s3.amazonaws.com/aws.upl/nwica.org/fy20_nwa_factsheet_pickup-and-delivery-requirements.pdf.
- ³⁵ April Corbin Ginnus, "Nevada to launch grocery delivery service for WIC recipients," *Nevada Current* (July 30, 2020), <https://www.nevadacurrent.com/2020/07/30/nevada-to-launch-grocery-delivery-service-for-wic-recipients/>.

Chairwoman BONAMICI. Thank you for your testimony, Ms. Garrett. Mr. Farrell you're recognized for five minutes for your testimony.

MR. TREVOR FARRELL, SENIOR VICE PRESIDENT AND CHIEF COMMERCIAL OFFICER, AMERICAS, SCHREIBER FOODS, INC.

Mr. FARRELL. Thank you, Chairwoman Bonamici and Ranking Member Fulcher, for inviting me to participate in this important hearing regarding the nutrition program for women, infants, and children. At Schreiber Foods we strive to do good through food every day.

We're a customer brand leader in shelf staple beverages and yogurt, along with natural processed cream cheese. With more than 9,000 employees and annual sales in excess of 5 billion dollars, we partner with the best retailers, restaurants, distributors, and food manufacturers around the globe.

That includes providing safe, delicious food like cheese and yogurt, through WIC. As the House Education and Labor Committee begins to draft a Child Nutrition Reauthorization Bill, dairy companies like Schreiber ask you to ensure that WIC's supplemental food package includes varieties and package sizes that reflect item preferences of WIC participants, and market availability within categories such as milk and dairy.

Specifically, Congress should allow WIC participants to choose yogurt package sizes and flavor varieties that better match our cur-

rent consumer preferences. Congress should also affirmatively enable all WIC participants to choose reduced fat 2 percent milk to ensure that pregnant women, mothers, and children redeem their milk vouchers, and receive milk's nutritional benefits.

Schreiber and the entire dairy industry are proud of the role we play in contributing to improved health outcomes for WIC families. Dairy products provide a number of essential nutrients and are core components of diets recommended by the dietary guidelines for Americans.

Milk, yogurt, and cheese provide high-quality protein, and 13 essential nutrients, including calcium, Vitamin D, and potassium. According to the dietary guidelines, these nutrients are key dietary components of public health concern. The health benefits of dairy products include better bone health and lower risk of both Type 2 diabetes, and cardiovascular disease. These are three critical areas of concern for WIC demographics.

Unfortunately, 90 percent of the U.S. population does not meet the levels of dairy consumption recommended by the DGA's. To help improve upon this nutritional issue, WIC's supplemental food package provides redemptions for milk, yogurt, and cheese. Unnecessary specifications and package restrictions however, caused the WIC dairy program to be too restrictive.

Congress should allow WIC participants to choose yogurt package sizes and flavor varieties that better match current consumer preferences. 33 states, and the District of Columbia only allow WIC households to select one 32-ounce container of yogurt, instead of choosing from a selection of the much more commonly sold single serve yogurt containers, such as 4-, 5.3-and 6-ounce cups.

In yogurt there are 200 plus varieties available in single serve containers, compared to only 33—35 varieties offered in the 32-ounce size. Even the 634 million pounds sold in 32-ounce containers are only 23 percent of the 2.7 billion pounds sold across single serve and 32-ounce sizes together.

This means that WIC participants are limited only to a fraction of the yogurt available on store shelves. As USDA reviews and updates the food package, the Department should clarify that states may allow participants to use their yogurt redemption for containers that total up to 32 ounces.

Congress should allow WIC participants to choose yogurt in smaller package sizes, which have more flavor options, are more popular with consumers, and are more readily available in stores. Congress should also affirmatively enable all WIC participants to choose reduced fat 2 percent milk.

In 2014, the Department took away the most popular milk variety, reduced fat 2 percent milk, from children older than two, as well as pregnant and lactating women, unless the WIC participant had documented medical conditions, limiting variety impacts access.

A 2015 study found that many stores in Hispanic majority and low-income neighborhoods were less likely to carry low-fat 1 percent or non-fat milk. This could result in less WIC participant access to grocery stores in their neighborhoods, and therefore less milk consumption by WIC families. Congress should allow all WIC participants to choose reduced fat 2 percent milk so that pregnant

women, mothers, and children can have better access to milk's nutritional benefits.

In conclusion, the more the WIC program allows the varieties and sizes that people want to buy, and are widely available, the more likely eligible families will participate in WIC. During the COVID pandemic milk variety and yogurt container size flexibilities were successfully used through waivers managed by State agencies to maintain food access for WIC participants.

They allowed these participants access foods that met WIC nutritional needs and were more readily available in the supply chain and on store's shelves. This allowed women, infants, and children better access to products such as yogurt and reduced fat milk, which improved our ability to provide essential ingredients and health benefits of dairy products to WIC participants.

Doing this long-term seems like a logical step. Thank you again for allowing me to participate in this hearing and I look forward to any questions you may have.

[The prepared statement of Mr. Farrell follows:]

PREPARED STATEMENT OF TREVOR FARRELL

10:15 a.m. EDT, July 28, 2021

Subcommittee Hearing:

Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants

Civil Rights and Human Services Subcommittee

House Committee on Education and Labor

U.S. House of Representatives

Washington, D.C.

Mr. Trevor Farrell

Senior Vice President and Chief Commercial Officer, Americas
Schreiber Foods, Inc.

Thank you, Chairwoman Bonamici and Ranking Member Fulcher, for inviting me to participate in this important hearing regarding the Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC.

At Schreiber Foods, we strive to do good through food every day. We're a customer-brand leader in shelf-stable beverages and yogurt, natural, process, and cream cheese. With more than 9,000 employees and annual sales of more than \$5 billion, we partner with the best retailers, restaurants, distributors and food manufacturers around the globe. That includes providing safe, delicious food – like natural cheese, American cheese and yogurt – through WIC. We do all of this recognizing our responsibility to do good in the world and are driven to make a difference in everything we do.

As the House Education and Labor Committee begins to draft a Child Nutrition Reauthorization bill, yogurt companies like Schreiber Foods and other makers of dairy products ask you to ensure that WIC's Supplemental Food Package includes varieties and package sizes that reflect preferences of WIC participants and market availability within allowed food categories, such as milk and dairy.

Specifically, Congress should allow WIC participants to choose yogurt package sizes and flavor varieties that better match current consumer preferences. Congress should also affirmatively enable all WIC participants to choose reduced fat (2%) milk, to ensure that pregnant women, mothers and children redeem milk vouchers and receive milk's nutritional benefits.

Schreiber Foods, and the dairy products industry as a whole, are proud of the role our products play in contributing to improved health outcomes for WIC families.

Dairy products, such as milk, yogurt and cheese, provide a number of essential nutrients and are core components of diets recommended by the Dietary Guidelines for Americans.¹ Milk, yogurt, and cheese provide high-quality protein and 13 essential nutrients, including calcium, vitamin D, and potassium—which, according to the Dietary Guidelines, are "dietary components of public health concern." The health benefits of dairy products include better bone health and a lower risk of type-2 diabetes and cardiovascular disease—three critical health risk areas for WIC's demographics.

¹ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

Unfortunately, 90% of the U.S. population does not meet the levels of dairy consumption recommended by the DGAs. As a result, WIC's supplemental food package provides redemptions for milk, yogurt, and cheese. Unnecessary specifications and package restrictions, however, can also cause the WIC food package to be too prescriptive.

Congress should allow WIC participants to choose yogurt package sizes and flavor varieties that better match current consumer preferences

For example, in 2014, USDA began allowing WIC participants to swap out one quart of milk, which is 32-ounces, for 32-ounces of yogurt, to provide an additional dairy choice. However, 33 states and the District Columbia only allow WIC households to select one 32-ounce container of yogurt instead of choosing a selection of the much more commonly sold single-serve yogurt containers (such as 4-ounce, 5.3-ounce and 6-ounce cups).

For comparison, in yogurt, there are approximately 35 flavor varieties offered in 32oz containers compared to approximately 200 flavor varieties available in single serve containers, and pound volume sales of 32oz containers is 634M pounds compared to 2.1B pounds of single serve containers. This means that WIC participants are limited only to a fraction of the yogurt available on store-shelves.²

States that allow only 32 ounce yogurt containers:

Alaska	Maine	Oregon
Arizona	Maryland	Pennsylvania
California	Minnesota	Rhode Island
Colorado	Missouri	South Dakota
District of Columbia	Montana	Tennessee
Delaware	Nebraska	Texas
Hawaii	New Hampshire	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	Wisconsin
Kansas	North Carolina	Wyoming
Kentucky	North Dakota	
Louisiana	Ohio	

States that allow for other size containers (some allow limited options, such as 16 oz and 32 oz containers only, or 32 oz containers and 4x4oz multipacks only):

Alabama	Iowa	Oklahoma
Arkansas	Massachusetts	South Carolina
Connecticut	Michigan	Utah
Florida	Mississippi	Vermont
Georgia	Nevada	West Virginia
Indiana	New York	

*This listing does not account for WIC programs in Tribal Nations or U.S. Territories.

² Source: IRI, MULO, L52WE 07.11.21

As USDA reviews and updates the WIC supplemental food package, the Department should clarify that states may allow WIC participants to use their yogurt redemption for containers that “total up to 32 ounces”, which will help ensure that more families have access to nutritious foods in flavors and sizes that better match their preferences. In addition, to avoid future inflexibilities, particularly in between formal food package updates which occur approximately once every ten years, Congress, as part of a Child Nutrition Reauthorization, should allow WIC participants to choose yogurt in smaller package sizes which have more flavor options and are more popular with consumers.

Congress should also affirmatively enable all WIC participants to choose reduced fat (2%) milk

In 2014, at the same time USDA began allowing yogurt into the WIC food package to provide more ways for participants to consume nutrient-dense dairy, the Department overcorrected in their rulemaking and took away the most popular milk variety, reduced fat (2%) milk, from children older than 2-years-old, as well as pregnant and lactating women unless the WIC participant has documented medical conditions. Since that change was made, WIC redemptions for low-fat (1%) milk have averaged 65-percent,³ meaning more than one-third of the recommended nutrient benefits from the milk category are not being consumed by WIC households.

In a September 2019 position paper, a number of public health organizations, including the American Academy of Pediatrics, the Academy of Nutrition and Dietetics, and the American Heart Association strongly recommended cow’s milk and water be the sole beverages to encourage in the diets of children due to its nutrient content and its contributions to healthy diets for young children.⁴

Limiting variety impacts access. A 2015 study found that many stores in Hispanic-majority and low-income neighborhoods were less likely to carry low-fat (1%) or non-fat milk, meaning due to WIC’s vendor stocking requirements, those stores may not accept WIC benefits. This could result in less WIC-participant access to grocery stores in their neighborhoods and less milk consumption by WIC families.⁵

Congress should allow all WIC participants to choose reduced fat (2%) milk so pregnant women, mothers and children can have better access to milk’s nutritional benefits.

³ National Academies of Sciences, Engineering, and Medicine. 2017. *Review of WIC food packages: Improving balance and choice: Final report*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/23655>. Page 92.

⁴ Lott M, Callahan E, Welker Duffy E, Story M, Daniels S. Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations. Technical Scientific Report. Durham, NC: Healthy Eating Research, 2019. Available at <http://healthyeatingresearch.org>

⁵ Rimkus L et al. “Disparities in the Availability and Price of Low-fat and Higher-fat Milk in US Food Stores by Community Characteristics.” *J Acad Nutr Diet*, 2015.

Conclusion

Milk-variety and yogurt container size flexibilities were successfully used through waivers provided by USDA and state agencies to maintain food access for WIC participants during the COVID pandemic emergency. They allowed WIC participants to access foods that met WIC nutritional needs but were more readily available in the supply-chain and on store shelves.

Simply put, the more the WIC food package reflects the nutrient-dense milk, yogurt, and cheese varieties that people want to buy and that are widely available, the more likely eligible families will participate in WIC by fully utilizing food redemptions and thereby achieve the nutritional benefits of the program. Dairy intake is particularly low among women who are pregnant or lactating⁶ - two subgroups within WIC who would benefit from these changes. In addition, these flexibilities would also allow additional smaller, neighborhood retailers to participate in the program due to being able to stock and carry more commercially available products, creating more food access points for WIC participants.

Thank you again for allowing me to participate in this hearing. I look forward to answering any questions you may have.

⁶ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf; pp 113-116.

Chairwoman BONAMICI. Thank you, Mr. Ferrell, for your testimony. And we have next Ms. Burris. Ms. Burris you are recognized for five minutes for your testimony.

**MRS. JESSICA BURRIS, NORTH CAROLINA WIC PARTICIPANT;
BREASTFEEDING PEER COUNSELOR, MONTGOMERY
COUNTY DEPARTMENT OF HEALTH—WIC DEPARTMENT**

Ms. BURRIS. OK thank you. Chair Bonamici, Ranking Member Fulcher, Chairman Scott, Ranking Member Foxx, and Members of the House Education and Labor Committee, thank you for holding today's hearing and providing me with the opportunity to share my experience with WIC services.

My name is Jessica Burris. I'm a mother of three in North Carolina, and I'm so grateful that each of my children was able to get a healthy start thanks to WIC. As a parent, I had questions that didn't always have easy answers, especially about how to change my diet while pregnant, and what to feed my toddlers to make sure they grow up healthy.

WIC was there for me with the answers. I have relied on the monthly benefit to purchase nutritious foods that were otherwise too costly. But WIC is more than a food benefit. The nutrition and breastfeeding support nurtures a community that helps new parents like me build healthier lives for our families.

I was first pregnant when I was 14, and I had a lot of choices to make quickly. Even when I'm with my mother and a strong community behind me, I was still immensely grateful that there was a program like WIC to support me and my growing family.

WIC staff ensured that I could afford food for my daughter, and help build my nutrition knowledge to successfully breastfeed, make smart choices while shopping, and cook healthy meals. Today my oldest daughter is living and working in Charlotte, and I couldn't be prouder of how she grew up.

As I was raising her, I met my husband, found work, and settled in Troy, North Carolina. When we were ready, my husband and I had two children. While we were more established then, and even though my daughter was on Medicaid, I didn't even imagine that we would be eligible for WIC.

It was almost when my daughter was a year old before we found out through a healthcare worker that we could apply for WIC, and she referred us to a clinic. My younger children would have never received WIC support if there hadn't been a connection between WIC and Medicaid. We have to make it as easy as possible for eligible families to be connected to WIC services.

Allowing for remote certifications after the pandemic is an important first step. The program's in-person requirements were a barrier to our family, as we live in a small county that doesn't even have a birthing hospital. When my son and younger daughter were first certified in 2018, I had to drive 25 miles away to reach the WIC clinic.

The time and distance carried a cost, as my husband and I had to balance the WIC appointments with work responsibilities, and childcare arrangements. These challenges became worse during the pandemic as I am one of the millions of American women whose work was disrupted.

I am thankful that WIC waived in-person requirements starting in March 2020. I was able to recertify my children for WIC through a phone call without hassle, and without exposing my family to COVID-19. I was also able to receive nutritious education through online platforms, text messages and by phone.

Because of the age difference between my children, I've been able to see how WIC has adapted over the years. With my oldest daughter, I was just starting to learn how to shop and prepare nutritious foods. Even in the 1990's WIC encouraged healthier options and steered me away from purchasing sugary cereals for my daughter.

When my younger children reconnected with WIC, I was excited to see all of the changes that moved WIC's foods closer to the advice of doctors and scientists, like the addition of fruits and vegetables. I was overjoyed when North Carolina WIC announced the higher value for fruits and vegetables in June 2021. The benefit is typically only \$9.00, which is nowhere near enough to ensure my kids have consistent access to fruits and vegetables.

With the added value up to \$35.00 per month, I'm able to make fresh, nutritious meals for my children and introduce them to new varieties of healthy foods. WIC is not just a food benefit. WIC recognizes that good nutrition is part of overall health and through education and health screenings at clinic sites, has provided my family with individualized counseling.

In 2018, my local WIC clinic offered lead screenings, and identified that my 3-year-old son had high levels of lead. Since my pediatrician did not screen for lead, we would have never known and sought treatment if not for WIC. After the pandemic it's important to rethink WIC's relationship with Medicaid and doctors' offices and encourage greater collaboration.

WIC has a highly effective breastfeeding peer counselor program, and I was fortunate enough to be recently hired as a peer counselor. Local WIC clinics in North Carolina partner with birthing hospitals to provide breastfeeding support at the bedside—a critical time for breastfeeding initiation.

These local partnerships with WIC outside the clinic walls and connect WIC into the broader healthcare system which reflects the reality of how families like mine receive care. I participated in WIC

twice at very different parts of my life, but WIC has consistently delivered support, healthier foods, and important public health services that have significantly impacted the nutrition and well-being of my children.

I thank you for considering improvements that will build on the important work of this essential program.

[The prepared statement of Mrs. Burris follows:]

PREPARED STATEMENT OF JESSICA BURRIS

Testimony of Ms. Jessica Burris

North Carolina WIC Participant

Breastfeeding Peer Counselor, Montgomery County Department of Health WIC

Before the House Committee on Education and Labor, Subcommittee on Civil Rights and Human Services

Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants

July 28, 2021

Chair Bonamici, Ranking Member Fulcher, Chairman Scott, Ranking Member Foxx, and Members of the House Education and Labor Committee, thank you for holding today's hearing and providing me with the opportunity to share my experience with WIC services. My name is Jessica Burris. I am a mother of three in North Carolina, and I am so grateful that each of my children was able to get a healthy start thanks to WIC.

As a parent, I had a million questions that didn't always have easy answers, especially about how I should change my diet while pregnant and what to feed my toddlers to make sure they grow up healthy and strong. WIC was there for me with the answers. I have relied on the monthly benefit to purchase nutritious foods that were otherwise too costly for our grocery budget, including fresh produce and eggs. But WIC is so much more than a food benefit – the nutrition and breastfeeding services nurture a community that helps new parents like me build healthier lives for ourselves and our children.

WIC is support.

I was first pregnant when I was fourteen. I was scared, confused, and had a lot of choices to make quickly. Even with my mother and a strong community behind me, I was immensely grateful that there was a program like WIC to support me and my growing family during this time. WIC staff ensured that I could afford food for my daughter, while also helped me build my own knowledge to successfully breastfeed, make smart choices while shopping, and cook healthy foods. Today, my oldest daughter is living and working in Charlotte, and I couldn't be prouder of how she grew up.

As I was raising her, I met my husband, found work, and settled in Troy, North Carolina. When we were ready, my husband and I had two children – a boy and a girl. While we were more established then, and, even though my daughter was on Medicaid, I didn't even imagine that we would be eligible for WIC. A few months after my daughter was born, a healthcare worker pointed out that we could apply for WIC and referred us to a clinic. My younger children never would have received WIC's support if there hadn't been the connection between WIC and Medicaid.

We have to make it as easy as possible for families to know they are eligible and connect them with WIC services. Allowing for remote certifications after the pandemic is an important first step. I wanted my children to continue with WIC, but the program's in-person requirements were a barrier. I live in a small town and our county doesn't even have a birthing hospital. When my son and younger daughter were first certified in 2018, I had to drive them 25 miles away to reach the WIC clinic. The time and distance carried a cost, as my husband and I had to balance the WIC appointment with work responsibilities and child care arrangements. These challenges became worse during the pandemic, as I am one of the millions of American women whose work was disrupted, and I spent six months without employment.

I am thankful that WIC waived these in-person requirements starting in March 2020. I was able to recertify my children for WIC services on a phone call, without hassle and without exposing myself or my children to COVID-19. I also was able to receive nutrition education through online platforms, text messages, and phone appointments. The ongoing support made all the difference for our family.

WIC helps us afford healthier food.

Because of the age difference between my children, I've been able to see how WIC has adapted over the years. With my oldest daughter, I was just starting to learn how to prepare foods for her and

how to shop for nutritious choices. Even in the 1990s, WIC encouraged healthier options and steered me away from purchasing sugary cereals for my daughter. When my younger children reconnected with WIC, I was excited to see all the changes that moved WIC foods closer to the advice of doctors and scientists, including the addition of fruits and vegetables. These changes helped put into reach foods that were ordinarily too expensive for our grocery budget.

I was overjoyed when North Carolina WIC announced the higher value for fruits and vegetables in June 2021. The benefit is ordinarily only \$9 per month for my children, which is nowhere near enough to ensure my kids had consistent access to fruits and vegetables. With the added value up to \$35 per month, I'm able to make fresh, nutritious meals for my children and introduce them to new varieties of healthy foods that they hadn't tried before.

WIC partners effectively with our doctor.

WIC is not just a food benefit. WIC recognizes that good nutrition is a part of overall health and, through education and health screenings at clinic sites, has provided my family with individualized counseling. In 2018, my local WIC clinic offered lead screenings and identified that my three-year-old son had high levels of lead. Since my pediatrician does not screen for lead, we would never have known and sought treatment without the public health services provided through WIC.

After the pandemic, it's important to rethink WIC's relationship with Medicaid and doctor's offices and encourage greater collaboration. WIC has a highly effective Breastfeeding Peer Counselor program, and I was fortunate enough to be hired as a peer counselor in the middle of the pandemic. Local WIC clinics in North Carolina partner with the birthing hospital in Stanly County to provide breastfeeding support at the bedside, a critical time for breastfeeding initiation. These local partnerships bring WIC outside of the clinic walls and connect WIC into the broader healthcare system, which reflects the reality of how families like mine receive care.

I've participated in WIC twice at very different parts of my life, but WIC has consistently delivered support, healthier foods, and important public health services that have significantly impacted the nutrition and wellbeing of my children. I thank you for considering improvements that will build on the important work of this essential program.

Chairwoman BONAMICI. Thank you, Ms. Burris, and to all the witnesses for your testimony. Under Committee Rule 9(a) we are now going to question the witnesses under the five-minute rule. And I will recognize Subcommittee Members in seniority order, and as Chair, I recognize myself for five minutes.

So according to the USDA, as many as 30 million adults and 12 million children have not had enough nutritious food to eat during the pandemic. And at the same time we've seen some declining rates of participation in WIC and CACFP in recent years. Ms. Burris, the WIC Farmers Market Nutrition Program, FMNP, which you mentioned, is an excellent program.

But we know that many WIC participants are not able to fully benefit because it is capped at \$50.00 per participant. As a WIC participant, have you been able to receive the Farmers Market Nutrition Program benefits, and if so, what has your experience been like, and do you agree that benefits should be increased for this program?

Ms. BURRIS. It is not available in my county. It's available in all surrounding counties. I would love for it to be available in our county. We do have a farmer's market. I think my sister has access because she lives in Wake County in Raleigh, as she has had a positive experience with it. But I think it's great, and I would love for our county to have access to that.

Chairwoman BONAMICI. Thank you very much. And Ms. Turner, you're a witness testifying on behalf of the Academy of Nutrition and Dietetics, AND as you mentioned. I want to give you a chance to respond. Mr. Farrell mentioned that AND position paper on dairy, to justify the argument for 2 percent milk and WIC. Could you clarify what that position paper actually says about dairy?

Ms. TURNER. Thank you so much for that question, Congresswoman. I believe the document that is being referenced is the con-

sensus statement that was created by not only the Academy of Nutrition and Dietetics, but also the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, as well as the American Heart Association.

The consensus statement, excuse me, does in fact encourage children from 12 to 24 months to drink whole milk, and then for children older than 24 months it recommends consuming water or milk with less fat than whole, like skim and 1 percent.

Chairwoman BONAMICI. Thank you. And it's my understanding as well that if a child has a nutritional need, they can still get 2 percent if they have a doctor's prescription, is that correct?

Ms. TURNER. Absolutely with a special diet statement.

Chairwoman BONAMICI. Thank you. So as I detailed in my opening statement, we've been receiving feedback from providers really since 2009 about how to improve CACFP, and I'm soon going to be reintroducing my Early Childhood Nutrition Improvement Act.

This legislation will update the law to streamline paperwork requirements and incentivize care providers to interpret this program, and it will support greater access to nutritious foods for kids. These changes are long overdue, and I enjoyed bipartisan support for these changes over the past several years.

Importantly under current law, CACFP only provides up to two meals and one snack per day. So Ms. Turner, how would adding the option of a third meal or a snack per day help children and working families?

Ms. TURNER. Thank you again. I'm a numbers person, so absolutely adding just a single meal per day, 5 days per week, all year long is 260 meals that the parent would not have to provide. That leaves peace of mind for the parents. That leaves less stress for the parents which makes for a better household, and the child is more food secure.

It doesn't just benefit us as a program, it benefits the child as an individual, and the family as a whole. And I think that's really the most significant part.

Chairwoman BONAMICI. And could you describe, you talked about how many children are in your care program. Are they hungry at the end of the day if they're there for a long day?

Ms. TURNER. Absolutely. And there are smaller snacks that we give, but not a reimbursable snack, and not a full hearty snack that could supplement that hunger.

Chairwoman BONAMICI. Terrific, well thank you so much. And I guess I want to ask Ms. Burris as well, I don't know if you've used the CACFP program, but what's your thought on whether children who are in a childcare setting, at the end of the day and they're still hungry, should they be able to get another meal at the end of the day through the CACFP program?

Ms. BURRIS. Yes, thank you. Both of my children are in a daycare. I don't know if they participate in the program, but it sounds like that's what they have. They do get a snack after lunch. It's usually like a handful of Goldfish maybe, so they are really hungry when they come home.

So I do think that it would be great if that would be improved in the daycare setting.

Chairman BONAMICI. Thank you so much and I just want to as I begin to yield back, I just want to mention to my colleagues that I have been working on this proposal for CACFP. It has traditionally enjoyed bipartisan support. We're looking at providing that third meal for the kids who stay a long day, but also streamlining as we heard from so many that the paperwork requirements to make the administration smoother, and more efficient for the care providers and families. And I see my time is expired. I want to set a good example and yield back.

And now I'm going to recognize the Ranking Member Mr. Fulcher for five minutes for your questions.

Mr. FULCHER. Thank you, Madam Chair. Just as a reminder to everyone in that last exchange, Ms. Turner made a comment that adding or expanding the program would just create meals where the parents wouldn't have to provide them. That's really not true. Parents will have to provide the meals, it's just a question of which parents, because it's a taxpayer issue, and we have to fund these things in some fashion.

But to that end I want to ask a question of Mr. Farrell. Food prices are up, and we're all seeing it, we're all dealing with that, and we've just come through a massive pandemic. We've infused a tremendous amount of money into the money supply, and that's going to have ramifications. It's called inflation.

How has that impacted from your vantage point, how has that impacted the WIC program?

Mr. FARRELL. That cost structure, as you said, Representative Fulcher, they're intense right now. The last 2 years we've seen labor, freight, and packaging increases on our business alone in the tens of millions of dollars. It's so difficult right now to find labor. It's so difficult to efficiently source the raw materials that we need.

And so the dairy industry is doing everything that we can to mitigate and protect consumers from this additional cost. But to execute programs like WIC it's only going to get tougher from a cost perspective, and so allowing the use of these programs to be less cumbersome and less restrictive will help with those cost pressures.

Mr. FULCHER. So as a followup to that, I know that there are regulations, or guidance if you will in these programs that limit WIC participants, and what they can purchase in the store. What are some of the ramifications of those regulations or guidelines on the WIC program?

Mr. FARRELL. Yes, I mean again if they can't purchase 2 percent milk, except for infants below 2 years old, it's just taking the most common milk item on the shelf away from a lot of WIC participants. Many stores don't have a full array of milk products, so they're not able to give the nutritional benefits because they don't have options to sell to WIC participants.

Similarly in yogurt, a lot of these neighborhoods where WIC participants live don't have the 32-ounce size of yogurt even as an option. Typically, you know, the store shelves are smaller, a lot less space, and so just having a single serve is often times the only option that a WIC participant would have, and if those items are not shelved, then they're not going to get the nutrition and other benefits that dairy products provide.

Mr. FULCHER. So you talked about the packaging, Mr. Farrell again, I'm sorry. You talked about the packaging issue. I'm not sure I completely understood it. You mentioned a 32-ounce container, and do I understand it correctly that to qualify for the program that's the container that needs to be utilized, and is that one of those factors that could be changed, it could broaden the access to various products?

Mr. FARRELL. That's correct. There's some vagueness in the way that the laws are written because the states are actually implementing the rules a bit differently, but 33 states, plus the District of Columbia, are interpreting the rules to say only 32-ounce size.

We would like to see clarification so that 32 ounces in total with a combination of sizes as an option for consumers be a more clear rule written into the changes you're about to make.

Mr. FULCHER. So I've only got a minute left, and Mr. Farrell I want to just close with a sales pitch from my home State. We are a major dairy producer in the State of Idaho, and so to that end your view on the importance of dairy as part of the daily diet, and why it's so important to have it included here.

Mr. FARRELL. Yes. I mean it was in my testimony the importance of what dairy can bring to the diet. Again, milk and water were prescribed as the best beverages to have for children ages one to five. We want to make that accessible, but there's so many, 13 key nutrients, it helps with bone health, it reduces the risk of cardiovascular disease.

You know there are so many public health benefits of dairy, and we want to make sure that as many WIC participants as possible get access to those.

Mr. FULCHER. Mr. Farrell and panel Members, thank you so much. Madam Chair I yield back.

Chairwoman BONAMICI. Thank you, Ranking Member Fulcher. Next, I'm going to recognize Dr. Adams for five minutes for your questions.

Ms. ADAMS. Thank you, Madam Chair. Good morning, everybody. Thank you, Representative Bonamici and Ranking Member Fulcher, for holding the meeting. We know that children are our future, but how they can be our future when they do not have adequate nutrition during their formative years is really the question.

The pandemic has exacerbated the food insecurity for many, particularly for children, and I pointed this out over and over again, as many of you have as well. But streamlining and modernizing the application process will help alleviate the burden on those who could obtain proper nutrition through established government programs.

Ms. BURRIS, as a fellow North Carolinian welcome to the Committee. But as a WIC participant, can you share more about your experience with shopping for WIC foods?

Ms. BURRIS. Thank you. My experience overall is pretty positive. The only setbacks have been not labeling in the stores, like saying what WIC foods are available. Like not having proper labeling. Some stores have great labeling, and some don't, that's where the benefit app comes in handy, because if you're not sure you can scan the bar code and it tells you if it's a WIC approved item or not.

I just think more advertisement in the stores. Not really advertisement, but just pointing out which are the WIC approved items for parents. That's just really the only thing that I could see that needs improvement, but overall it's a good experience, and I'm very satisfied with the foods that are available.

Ms. ADAMS. Right. OK. Thank you. So if we had that, what you just mentioned, that identification and so forth, that would make your shopping experience better, thank you. Ms. Turner thank you for your service.

In addition to providing nutrition education experience with children through the programs at Fort Meade, you've also worked to engage parents and caregivers. So how does providing nutrition education for parents and other family Members help you achieve your goals with the program?

Ms. TURNER. Thank you so much. Children need people to care for them. They also need people to guide and lead them. They're not responsible for their own food, they don't work, and so it's important that the adults in their lives that they look up to, and that take care of them are able to understand healthy habits and proper nutrition so that they can pass those on to the children.

Role modeling, basic nutrition education, access, how to save money while grocery shopping, how to read nutrition labels, all of that information goes to the parents and caregivers, and they're more confident and comfortable to pass that information on to the children, and that's what they need, that guidance in their homes.

Ms. ADAMS. Right. Ms. Garrett would you explain or speak to the impact that children of color experience within the WIC program, and what other measures could be taken by Congress to support all children and families?

Ms. GARRETT. Thank you for your question. As far as what we're doing for WIC, we provide the nutrition education, and assessment, and the healthy foods we need to support our families. What we've seen in the pandemic is that our participation has increased significantly.

Because we found that families were more food insecure, and that they needed this benefit. And so the waivers, especially the waiver for reduced, excuse me, for remote certification, and physical presence helped to facilitate some of those barriers that our families faced, and also the waiver to allow for some flexibilities in the foods also allowed for families to receive the benefit that they were entitled to have.

Ms. ADAMS. Thank you. Mr. Farrell nearly all of your testimony focused on dairy and packaging sizing. Could you speak to other important aspects of the WIC program?

Mr. FARRELL. Yes, for sure. I mean I think again trying to provide nutritional benefits, it's not just dairy, but similarly fruits and vegetables, grains. We're just trying to get nutrients to these participants. The reason dairy is a factor again, there's a study that 90 percent of U.S. citizens are not getting enough dairy in their diets.

But I do think it's just it's simply part of a balanced diet, and those other fruits and vegetables are as critically important.

Ms. ADAMS. Right. Ms. Garrett, I just have a few moments, but what forms of support does WIC offer new mothers?

Ms. GARRETT. Well we provide especially breastfeeding support, in terms of the breastfeeding peer counselor program. We also have done bedside WIC certification appointments. Now granted that has not happened since COVID, but we have had several of our districts who provide certification appointments right at the bedside, so the parents never leave the hospital without their WIC benefits, and then we also——

Ms. ADAMS. Thank you. Thank you, ma'am, I'm out of time.

Ms. GARRETT. Thank you, thank you, Dr. Adams.

Ms. ADAMS. Madam Chair I'm going to yield back.

Chairwoman BONAMICI. Thank you, Dr. Adams. Next, I'm going to recognize the Ranking Member of the Full Committee Dr. Foxx from North Carolina. Dr. Foxx you're muted.

Ms. FOXX. Sorry.

Chairwoman BONAMICI. There you go.

Ms. FOXX. Thank you. Thank you, Chair Bonamici. Thank you for our witnesses. My questions are going to be for Mr. Farrell. Mr. Farrell the WIC program fails if we don't have industry partners in the program. To me that means we need to ensure the program requirements do not limit the ability of those partners to meet the needs of the participants, while still being able to operate through business.

You've discussed a little bit with Chair Fulcher about the problems you've seen in your business. So can you react to that, and discuss a little bit more about what that means that we should consider as we reauthorize the program without necessarily repeating what you told Mr. Fulcher?

Mr. FARRELL. Yes, thank you Representative Foxx. Nutrition programs like WIC and SNAP, they work well when they involve foods that are accessible in the market, and throughout the supply chain. And problems occur when product specifications, rules and regulations, limit what's readily available.

And it also hurts stores trying to participate in WIC because they don't have access. So as a result, WIC participants, they're losing both accessibility to foods and stores, and they're losing access to stores altogether. You know we've got to get these nutritional benefits in the hands of our consumers, and you know the more rules and regulations we put on to that access, the harder it is to do that effectively.

Ms. FOXX. Yes. The 32-ounce example you used is very good. You know I sit here and listen to my colleagues talk about feeding more and more and more meals. There seems to be absolutely no sense of where the money comes from to pay for these programs. I bring up accountability in all programs all the time.

It should be a major focus, as we're utilizing taxpayer dollars. This is not manna from heaven that we have, so taxpayer dollars. And the American people are the most generous people in the world. They help their neighbors in need. So while I know accountability is largely the responsibility of the government, it takes all partners in our programs to help protect the integrity of our programs.

Mr. Farrell, what are some accountability provisions you recommend helping ensure the WIC program is meeting its purpose without wasting precious taxpayer dollars? And I'll ask Ms. Turner

and Ms. Garrett to answer that as well, once Mr. Farrell completes his response, and you see I have 2 minutes, so we need fairly quick responses.

Mr. FARRELL. Yes, I do think that you know the responsibility for those in the industry like the dairy industry is to make sure that our products meet WIC standards, nutritional standards, container size requirements, et cetera. The more restrictions, and the more—the tougher it is for us to do that effectively and efficiently, it's just going to make access that much harder.

I think accountability really falls outside of our industry, but I do agree with the things that you're saying there. To me it's not so much about more money into the program, it's more about making it efficient and allowing these products to truly get in consumers' hands.

Ms. FOXX. Thank you. Ms. Turner, a quick response please. Where can we be more accountable to have more money?

Ms. TURNER. Thank you so much. Considering it's an investment in children, and investment benefits everyone in the whole community, I think it's important that the community and the Academy of Nutrition and Dietetics agrees that the community contribute and is able to contribute to all of the investments of children to benefit society as a whole.

Ms. FOXX. Ms. Burris? I'm sorry, Ms. Garrett, apologize.

Ms. GARRETT. Thank you, Representative Foxx. As a State WIC Director I am one of those individuals who is responsible for holding our budget accountable. So in reference to the 32-ounce container size, that's a State option, and we have to make sure that we are making best use of the food funds that are provided to us.

So those types of decisions are the ones that we have to make. In choosing different container sizes you also introduce increased cost into the food package that is already at some times already exacerbated.

Ms. FOXX. OK. Mr. Farrell I'll go back to you for just a second. You brought up the issue of inflation. You brought up the issue of having a hard time finding labor. Nobody has mentioned farmers. I have a lot of dairy farmers in my district, and they are being killed by inflation, particularly the cost of fuel.

Would you like to add anything to what you said about how inflation is impacting farmers?

Mr. FARRELL. Yes absolutely. Farmers operate on very thin margins as you know. Everything that you said is absolutely true. It's a tough place to be right now as a farmer, and of course we need them to be healthy, and to provide great products to consumers and WIC participants.

Ms. FOXX. Yes, it starts right there. If we don't have them because there will be no "investment," in children. Thank you very much. I yield back.

Chairwoman BONAMICI. Thank you, Dr. Foxx. Next, I recognize Representative Hayes for five minutes for your questions.

Ms. HAYES. Thank you. Thank you, Chair Bonamici, and thank you to all the witnesses today for being here. The programs we are discussing are crucial to supporting new mothers and children through the early stages of childhood and setting up entire families for success.

Ms. Turner, I want to thank you for your comment just now that investing in our children is investing in our communities. That is something very important to remember. Despite the program's continued success for those who utilize it, we know that in recent years the WIC program has seen a significant decline in participants.

This is especially concerning in light of all of the child hunger crisis that we've seen caused by COVID-19. So my question is for Ms. Garrett. In your work as a WIC State Director, do you find that many families are unaware that they qualify for the program?

Ms. GARRETT. So thank you for your question Representative Hayes, yes, we find that a lot of our parents find that they are not actually eligible for the WIC program, and so we'd like to thank Congress for the passage of the 880 million dollars that would allow for WIC modernization and outreach to actually help families to find out that they're actually eligible.

And also, looking at expanding adjunctive eligibility to Head Start families, and to also people who are getting CHIP, and then for the food distribution program on Indian reservations. Folks don't know that they are eligible, and that is where we're finding that we have 43 percent of the Nation's participants who could actually benefit from the program.

So putting measures in place to expand the program would be a great benefit.

Ms. HAYES. Thank you. That is actually a problem that I've been working on during my time in Congress. And it actually has received bipartisan support. This month I introduced the WIC for Kids Act with Representative Jenniffer González-Colón.

This legislation would expand adjunctive eligibility to include Members of a family participating in SNAP, Medicaid and TANF, and expand eligibility to those participating in Head Start, Early Head Start, the food distribution programs on Indian reservations that you just referenced, and the Children's Health Insurance Program.

Our bill also extends child certification periods to 2 years and provides flexibility so families can recertify at the same time. The next question for you Ms. Garrett as well. I'm glad to see that you recommend expanding adjunctive eligibility to Head Start in your testimony.

Can you share more about why adjunctive eligibility to this program and others would help families?

Ms. GARRETT. Well families have already gone through the eligibility process for attainment into or participation in those programs, and if we align our certification eligibility guidelines along with those, adjunctive eligibility means almost "automatic eligibility" into the WIC program.

So it makes it much easier for families that have already been determined eligible for those other programs, then they would be automatically eligible for the WIC program and can have those benefits.

In the past we have partnered with Head Start in providing nutrition appointments, certifications, nutrition education, right there in the Head Start centers where parents can actually come, drop their children off for Head Start, take care of their WIC certifi-

cation appointments and nutrition education appointments, and get their benefits and take them in one fell shot.

Ms. HAYES. Thank you. I've actually seen that in my own district, in my community. We have Head Start centers that are community-based centers where there is housing, there is employment, there are just all of these wrap around services that once parents drop off their children they can access. I'm very proud that my community has started that. I was a Head Start child myself, and all of my children went through Head Start.

And like Ms. Burris, I was a young mom who accessed the WIC program. The other thing that I'm hearing a lot of, and Ms. Turner kind of touched on it, is the need for an additional snack during the day. So with the remainder of my time, Ms. Turner can you just if there's anything else you want to share about why that is important.

Ms. TURNER. Absolutely. Thank you again for that question. Resources—everyone is not able to provide, especially with the pandemic, especially with job loss and food insecurity on a whole. Everybody is not capable of providing, and so it's important to take care of children who are not responsible for the State that they're in. They shouldn't go hungry because of access.

Ms. HAYES. Thank you. Thank you so much. Madam Chair with that I yield back.

Chairwoman BONAMICI. Thank you Representative. Next, I recognize Representative Spartz. I don't know if you're here because you're not on camera, oh there you are. I recognize you for five minutes for your questions.

Mrs. SPARTZ. Thank you, Madam Chair. I appreciate the conversation, and I think it's an important conversation, but I also you know, I look at a lot of government programs and the economy, and I'm noticing that they're very costly, very expensive, and not have as much value at the end of the one they're trying to accomplish, so definitely we have to look at how we can have much more accountability and return on investment.

But also there also how we can look at some of that underlying causes, and what we are really trying to achieve to get people really to become self-sufficient, learn good healthy habits, eating habits. We really still we talk about you know having issues with obesity. We still have you know, a certain amount of children, in schools still have obesity issues, which is a big problem.

So is there are any other part of this problem should we additional flexibility in choice. I think it will make it more efficient, and probably healthier and better for people, but Mr. Farrell is there any other things maybe wrap around services, around and other things that would be useful that we can educate mothers, and you know about some you know, maybe healthy eating habits and other things.

Should we incorporate some additional things that could be useful?

Mr. FARRELL. I think continued education, Representative Spartz, which you have mentioned. Again, dairy is an example. 13 essential nutrients, including calcium, Vitamin D, and potassium, you know, to make sure that mothers understand that that's important to their diets, and the diets of their children.

You know I think within dairy at times as an example, there can be myths like full fat dairy foods. Is it good for you, or is it bad? And you know recent studies have shown that there are far more positive benefits in having full fled dairy foods, you know, it does not have negative health outcomes like obesity, diabetes.

And so we've got to educate consumers. I think that's the biggest thing, and others have talked about you know how do we do a better job in store of making sure that WIC participants understand what products they can go to. I think Jessica mentioned that.

I do think that's a really positive thing that we should try to accomplish.

Mrs. SPARTZ. Maybe Ms. Garrett and Ms. Turner, you can add since you kind of work at that State level, and from research perspective because it seems to me until we educate people to make healthy choices themselves, you know, nothing's going to happen. How are we going to do a better job?

I recently went to the store and looked how many foods, I usually have a rule if it's more than five ingredients I'm not buying it OK, this is my personal rule, but I don't understand what is on the package, I am not buying it you know.

But how we can educate people to make these healthy situations, because and then I think the interest will adjust to provide healthier products you know, but there are a lot. I just went to the store. I don't do much time shopping, I'm too busy, and I'll look at how many products are so unhealthy, and a lot of them have empty shelves, and I'm thinking this is pretty hard to stay healthy, made in this food.

So any thoughts you have Ms. Garrett and Ms. Turner, I have a few minutes left.

Ms. GARRETT. OK. Well thank you for your question. So what we do in the WIC program is that we provide immense nutrition education. That is actually the cornerstone of our program. Many people think it's providing supplemental foods, but it's actually the nutrition education that provides the cornerstone, like we said before, that gives the young children a backbone by which to stand further in life.

And so, we tried to streamline the nutrition education to meet the families where they are, and they're doing right now everything is virtual, but prior to COVID, we were doing individual nutrition education, group nutrition education, online nutrition education platforms, to meet parents where they are, so that we can ensure that they get the nutrition education without being a burden to them.

And then also what we've done in creating our food labels that Ms. Burris spoke of, we call them WIC, but we call them wholesome, informed choices, which lets people know who are not receiving WIC, that these choices that have been made and put on our food package, are wholesome and informed choices for all individuals who are living in the Commonwealth of Virginia.

So the dieticians that have looked at the food package and determined what foods need to be put on those are making sure Congresswoman Spartz, that it is healthy for all individuals.

Mrs. SPARTZ. I'm sure that they look at this, you know, labels too. I need to make sure that people, Ms. Turner I have like only 2 seconds left, can you add something to it.

Ms. TURNER. Yes. Ms. Garrett covered a lot of it actually, thank you so much for the question. The best part about the CACFP, and child nutrition programs, is the education component, how it's built into the program, and you don't serve food and administer the program without adding nutrition into it from the child all the up until the adult.

Mrs. SPARTZ. OK. Well thank you. I yield back.

Chairwoman BONAMICI. Thank you Representative. I now recognize Representative Leger Fernández for five minutes for your questions.

Ms. LEGER FERNÁNDEZ. Thank you so much Chair Bonamici, and to our witnesses for making sure that our mothers and our precious, precious, little ones are receiving the nutrition they need. You know across this country because of inequality, and because our Federal minimum wage is a poverty wage, many of our working families simply don't earn enough to provide nutritious food.

And I think we need to focus on the importance of that investment, and that that is indeed taxpayer money well spent. You know earlier this month Secretary Vilsack visited my district, and spoke with a roundtable of nutrition experts, parents, farmers, you know I have an incredibly rural district with dairy farmers, all kinds, chili farmers, all kinds of farmers, and Native Americans.

We discussed the importance of connecting the local farms to schools and programs like WIC because that also supports the local supply chains, which we saw was a problem in the pandemic. But it also helps the rural economy itself, you know, while providing families with healthy nutritious foods, connecting them to the farmers.

Ms. Garrett and others, you spoke about you know the farmer's market role. Can you talk about what some of those additional benefits that we might see connecting WIC and farmers, connecting parents and their children at farmers market to the farmers. Share a little bit more of your experience regarding that.

Ms. GARRETT. OK. Here in Virginia we have the Farmer's Market Nutrition Program, and it's not as large as we would like for it to be, however, it does bring the local agriculture and our WIC participants together so that children and families can see where their food actually comes from.

A lot of times at their grocery store they just think that you know food appears magically from a fairy that they have food here in the grocery store, but actually touching and actually providing income back into local economies is what we are trying to do in addition to providing healthy foods, letting people see this is where these foods come from.

These are the individuals who are providing these foods to you so you can actually have that connection, that community connection. I think that we should look at increasing that farmer's market, that nutrition benefit to families so that they can actually enjoy more of those fresh fruits and vegetables that come from their communities.

Ms. LEGER FERNÁNDEZ. Right. And in New Mexico, in Santa Fe we actually double up the value because we know that that fresh food that's not sort of—that's not done at you know, industrial scales, is both healthier, but also more expensive.

So I want to move on to talking about the impacts that the pandemic had on the rise in childhood obesity. In my State by the time that students reach kindergarten, 38 percent of American Indian students are overweight, or obese. You know, 30 percent of Hispanic students, and 21 percent of white students.

I know Ms. Garrett you shared in your written testimony that there is specific obesity prevention efforts. I'd love to hear how you think and, or other witnesses in the time I have left to talk about the importance of that, of addressing those issues.

Ms. GARRETT. So I'll speak very briefly ma'am. One of the things that we're also talking about in good nutrition education is how physical activity also couples with that. Even though in the pandemic we weren't able to participate together in activities, families were still able to go outside and play.

So when we talk about some of the measures that we have as far as our WIC program is concerned, we're looking to provide low-fat food options for our families that are culturally appropriate for them as well. And so making sure that you're finding foods that are culturally appropriate, that are low in fat, and then integrating the need for physical activity along with that helps to reduce the incidence of childhood obesity, and also making sure that we do not inundate our children with sugary beverages and high sugar cereals and the like.

Ms. LEGER FERNÁNDEZ. All right. I really appreciate the focus on the cultural appropriateness. You know there was a lot of blue corn grown in those farms, those local farms I talked about, which is a staple in Native American pueblos in my district, and yet there isn't an easy way to get those into the market, to get those into USDA, so we'll do that. Madam Chair, my time is about up, and so I will yield back.

Chairwoman BONAMICI. Thank you very much. And I see that they are calling votes I believe at this time. I'm going to recognize Mr. Fitzgerald for five minutes, and turn the gavel over to Representative Hayes, and then when I come back from voting I will take back over, so Representative Fitzgerald, you're recognized for five minutes for your questions. Representative Hayes you will preside until I get back.

Ms. HAYES. Thank you.

Mr. FITZGERALD. Thank you, Madam Chair. Just a couple of questions real quick for Mr. Farrell. Being from Wisconsin, and as Mr. Fulcher said earlier, you know there's a lot of dairy in this State, and so I wanted to ask, it appears that milk consumption in some of the school programs has been declining over the last 8 years. Is there a simple fix like how about flavored milk?

Mr. FARRELL. Yes, for sure, that would be a simple fix that I think would really have a big impact Representative Fitzgerald. Good to be with you today. We've got a production facility in the West Bend which I know is in your district in Wisconsin.

But yes, you know, flavored milk is an example. In 2012 when USDA removed flavored milk, as well as higher fat milk varieties,

consumption declined by more than 10 percent during the proceeding 5 years. And then when low-fat flavored milk returned, 58 percent of schools that were surveyed showed increased milk consumption.

That change definitely made an impact. Flavored milk has the same nutritional benefits as regular milk, same thing with 2 percent versus lower fat varieties. And so giving WIC participants more options, giving school programs more options, is going to allow us to give them the health benefits of dairy in a bigger way.

Mr. FITZGERALD. Very good. And just one other question for you. While this hearing is about WIC and CACFP, I want to ask about sodium in the school meal programs, and what concerns do you have, if all, any? Target 3 of the sodium requirements could be instituted and there seems to be some concerns around that.

Mr. FARRELL. Yes, major concerns. The dairy industry is continuously making products as healthy as possible for consumers, and that includes sodium reduction. It's been a big initiative across our industry. But the Target 3 sodium limits being proposed for school meals, it's just beyond technological and food safety limits.

It's going to actually increase risk in consumers, and I don't think we want to do that. Salt serves a functional and food safety purpose in the manufacturing process, and in the products even as they're out on the store shelves. It affects fermentation which you know helps us prevent the growth of pathogens.

So you know I do think the Target 3 sodium limits could drastically reduce or eliminate cheese in school meals. I don't think that's a good thing, and so I think we need to just make sure that we fully understand the impacts.

Mr. FITZGERALD. Thank you very much. Thanks for being here today, and Madam Chair I yield back.

Ms. HAYES. Thank you for your questions. I now recognize Representative Mrvan, you have five minutes for your questions.

Mr. MRVAN. Thank you, Chairwoman. At this time first I want to start off by saying I represent northwest Indiana, Lake County, part of this for 15 years I worked in serving as an elected official of the most vulnerable populations. My county of Lake County had 10.5 deaths per 1,000 when it came to infant mortality.

With that, we talked about, or I heard return on investment. There was a study in the Journal of American Medical Association that came out on December 6 that found that babies born to WIC participation in vulnerable communities are 33 percent less likely to die in the first year of life. That to me is a great return on our investment in prioritizing.

And so I know that WIC, along with other collaborative partners made a major impact in infant mortality in my county, and I just want to express that to you, and Ms. Turner, all that you do for the most vulnerable populations.

My question today is this Committee provided nearly 400 million for outreach in program modernization work in WIC to try to recruit and retain more participants for this important program. Ms. Garrett, why is it important for the USDA and Congress to be focused on increasing recruitment and retention in WIC?

Ms. GARRETT. Well thank you for your question, sir. The fact that you just mentioned the return on the investment with your

community in itself, and that you saw that there was—according to the report that you just read, there’s a 33 percent reduction in infant deaths, is why we need to expand the outreach for the WIC program.

It also is used to you know to help retain those people that are already on the program, to show them the benefits for those who are not on the program, and to retain those that are on the program the benefits that the program can provide to them. Not only is it about the supplemental food, but it’s also about the nutrition education, it’s also about the assessments, it’s also about the referrals.

A lot of times WIC is the first point of entry into healthcare for a lot of our participants, and so this is where we’re able to catch a lot of those issues that would potentially present themselves as problems for our families later on in life. And so this money that is being provided for us, this funding, would then help to expand that, and also help to streamline the program that we have.

You know we’re always looking to modernize our program. As you’ve seen in the pandemic, we’ve had to make a lot of changes very quickly to make our program relevant as we move forward.

Mr. MRVAN. Thank you, Ms. Garrett. And as I talked about, as an administer of emergency assistance, we participated in making sure we saw 3,500 people a year, and those families were required—or not required but were encouraged to look into the WIC program to change those statistics of childhood development outcomes, and also as we’ve talked about, the infant mortality.

My second question, and I just want to say that was a coordinate effort to make sure that we kept recruiting and talking about it and uplifting the benefits of the WIC program. In addition to nutritional support and breastfeeding counseling, WIC participants receive health and immunization screenings?

Ms. Burris, could you speak to the impact of these screenings in your community, especially the tests that may not always be conducted by a physician, such as blood lead tests.

Ms. BURRIS. Thank you. So I had a personal experience. My son when he was 3, we had just entered into WIC, and he got his lead and his iron tests, and it came back high in lead. I would have never known because his normal pediatrician visits never tested for lead.

So we had to go to the pediatrician and do three followups to see his lead levels drop, and we figured out what it was, but we would have never known. And even when I first I was on WIC for like a month when my daughter joined, because I was an exclusively breastfeeding mom, but I didn’t realize that my iron was low. They had to check my iron.

So just things like that, it just makes such a big difference, and it made me feel good that was there, because otherwise I wouldn’t have known.

Mr. MRVAN. Thank you, Ms. Burris. In closing I just want to say I’ve worked first-hand on this issue in making sure that the most vulnerable populations had access to food. The impact that it has, and the outcomes that studies show that children who are eating nutritious meals have value and also reducing the infant mortality,

is something that one of the reasons why I'm here in Congress, is to make sure that we advocate for that.

So going forward I just want to thank all the advocates who are doing what they can on a daily basis to make sure that people have access to this program. With that I yield back.

Mrs. HAYES. Thank you so much Representative Mrvan. Our next Member should come from the republican side, Representative McClain, are you available for questioning? OK. So I'll go to our next democrat witness, who is Representative Bowman. Please unmute and ask your questions for five minutes.

Mr. BOWMAN. Thank you so much Madam Chair. Am I unmuted? Yes, I think I am, yes thank you. Ms. Turner, thank you so much for your testimony today, and your work serving military families as a nutritionist for the Army, and also your work as President of the Maryland Academy of Nutrition and Dietetics, excuse me.

Less than a year ago I was a principal for a middle school in the Bronx and providing after school programming for our students was a critical part of serving students and the community, providing a safe, nurturing, enriching place for students to be outside of regular school hours is a major priority I hear about for my constituents, especially in terms of protecting our youth from exposure to high rates of violence.

You know from your work that no matter how high quality a program is in terms of enrichment offerings, if a child is hungry, everything else is secondary. For many children in my district the food they get from an after-school program might be the most nutritious source of food they'll get before the following day at school, through their school breakfast program.

In addition to needing more out of school time programs overall, we need these programs to all be able to offer nutritious foods to the students they serve. What kind of barriers do after school programs, excuse me, after school or out of school time programs face in accepting—excuse me, accessing CACFP? How can we best alleviate these barriers?

Ms. TURNER. Hi. Thank you so much for your question. Some of it is knowledge about the program, not knowing how to get into the program, the paperwork barriers, the verification barriers that I spoke of in my testimony. To make it not as difficult, and not as cumbersome for on both the side of the program, and the side of the child and family, so that it's easy to enter the program and be able to receive the food.

Mr. BOWMAN. Awesome. As you know Ms. Turner, COVID-19's harmful economic toll on families led to a spike in food insecurity because so much of this past year has been remote for students. We don't have complete, nor immediate visibility into child hunger that could emerge suddenly. That means a student and their family experiencing hunger can easily experience it in isolation, and without being connected to programs or resources to address this need immediately.

The next school year is just around the corner. What are your thoughts on the need for tracking student hunger on a continuous basis, and how could the way we administer the CACFP program help in that important effort?

Ms. TURNER. Thank you so much. The main aspect of technical assistance and nutrition education as a way to reach people, and a way to inform them about what is available is helpful as well as you mentioned tracking could be a part of that to connect the two and bridge the gap between what is missing.

Mr. BOWMAN. How can we support coordination and collaboration at the local and Federal levels between child nutrition programs, and schools, after school programs, and childcare settings? Do you have examples of that anywhere in the country where it's working really well?

Ms. TURNER. At this time there's not a specific example, but I can certainly get back to you if you will allow me to.

Mr. BOWMAN. Well I appreciate that, absolutely. My office will be in touch and thank you for your testimony. Madam Chair I yield back.

Ms. HAYES. Thank you, Representative Bowman. Again, Representative McClain are you available for your questions? OK, the next Representative on the democrat side is Representative Mfume. OK, I'm not really sure what other Members are available, so we're going to take a brief recess. There's votes going on right now, so that has something to do with it, so we'll take a brief recess and be back momentarily.

(Recess.)

Mrs. HAYES. I have handled the gavel back to the Chair and informed the Chair we are making progress here. If we were in the middle of a question my apologies.

Mr. VASSAR. Chair Bonamici, Chair Hayes had just recessed immediately before you sat down.

Chairwoman HAYES. Oh terrific, OK. The recess is the call of the Chair. We will reconvene when we have more Members come back and join us thank you and when Chairman Scott comes back, we will reconvene.

[Recess]

Chairwoman BONAMICI. OK. I have returned. I will reconvene the hearing of the Civil Rights and Human Services Subcommittee and recognize the Chairman of the Full Committee Representative Scott for five minutes for your questions.

Mr. SCOTT. Thank you, Madam Chairwoman, can you hear me?

Chairwoman BONAMICI. Yes, we can hear you.

Mr. SCOTT. Thank you. I appreciate the accommodation. Before I get to our questions, I'd like to take a moment to recognize Ms. Garrett who is a former constituent of mine, and a graduate of Hampton University in my district. Ms. Garrett, thank you for being with us today to discuss these very important issues.

You are just a few minutes ago discussed the fact that WIC, investments in WIC actually saved money, \$2.48 for every dollar spent. You also mentioned that it reduces—we just mentioned that it reduces our infant mortality. The way it does that is reduce low birth weight which is very expensive.

Can you go into detail about how we save money on investments in WIC?

Ms. GARRETT. Yes. Thank you, Chairman Scott, for the kind words, and yes, a proud HVC Alum, Hampton University. So to answer your question sir we, just like Ms. Burris said earlier, we are

able to detect many issues that present themselves early on in many (audio cut back in) women's pregnancies.

And so what we're doing is that we, you know, periodically we are doing health checks on our pregnant women. We do weight checks. We are making sure that they are eating properly, they're eating to feed two. We're also assuring that many of the women are getting tested for gestational diabetes.

And so, we're ensuring that a lot of the milestones that one that is pregnant would also meet, we're also following up on them, so ensuring that these women are healthy going into their pregnancy a lot of times will help to reduce low birth weight babies. And it will also help to deter and bring down the incidence of maternal mortality and morbidity by providing these women the nutrients that they need in order to have a successful and healthy pregnancy.

Mr. SCOTT. And do you also reduce remedial education costs? Is that a cost savings too by investments in WIC?

Ms. GARRETT. A lot of times it is because like I said we are providing for children, the nutrients they need in order to start off on a health setting, on a healthy foot, and also making sure that the nutrition that they receive is appropriate for their development at that point.

Mr. SCOTT. Thank you. Now you offer services that you normally require to be in-person that you're offering remotely, what services are we talking about?

Ms. GARRETT. So currently we are doing our certification appointments remotely, so those will be the ones that families present themselves in, in which they would have a full certification visit with—get their metric measurements taken, a nutrition assessment done, nutrition education done, those are done virtually, so either by video or by phone, and then also nutrition education is being presented to families through video and phone conversations as well.

Mr. SCOTT. And do you lose very much by doing it remotely?

Ms. GARRETT. Actually we've increased by doing it remotely because it's done at the convenience of the parent and the family.

Mr. SCOTT. OK. And how can we make it easier to participate in WIC?

Ms. GARRETT. Well some of the things that we can streamline is looking at our certification requirements, looking at the time that is necessary, and then to conduct an assessment appointment, and then look at how we can continue to have these relaxed physical presence requirements moving forward through WIC.

Mr. SCOTT. OK. Mrs. Turner can you talk about the importance of combining summer and after school meals with education programming?

Ms. TURNER. Absolutely. When children learn all together and things aren't siphoned, they're able to absorb the knowledge pretty well. If you mix nutrition education with the other education they receive, with their favorite things, with colors and movies that they watch, they're able to recall this information and utilize it later to make healthier decisions.

Mr. SCOTT. And how do you help their families as well as the mother and child, how do you help the whole family?

Ms. TURNER. Something we like to call learning up, especially when you teach young children. They're very excited about the things they learn, so they can't wait to get home and talk to their brothers and sisters and parents and grandparents about the new fruits and vegetables they tried, about what a whole grain is, and you'd be surprised that older people will learn totally new things that they might not have discovered before through the eyes of their children.

Mr. SCOTT. Thank you so much. Thank you, Madam Chair, for the accommodation, thank you.

Chairwoman BONAMICI. Thank you, Chairman Scott. And it appears that there are no further Members to ask questions, so 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 August 11, preferably in Microsoft Word format.

Only a Member of the Subcommittee or an invited witness may submit materials for inclusion in the hearing record, and the materials must address the subject matter of the hearing. Please submit materials to the Committee Clerk electronically by emailing submissions to edandlabor.hearings@mail.house.gov.

Again, I want to thank all of the witnesses for your participation today. Members of the Subcommittee may have some additional questions for you, and we ask you to please respond to those questions in writing. The hearing record will be held 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 seven days. The questions submitted must address the subject matter of the hearing, and I now recognize the distinguished Ranking Member Mr. Fulcher for a closing statement.

Mr. FULCHER. Thank you, Madam, Chairman, and thank you to those who testified. You know we have this tendency to as Members of Congress, to throw money at problems, and sometimes that's just necessary.

And I think all of us agree the importance of these programs and the importance of having strong nutritional value and just making that available to those who are vulnerable. And so we're in significant agreement on that. Where we disagree probably has to do with some of the access questions, what may be available in terms of dairy of course.

We've talked about that a lot. And just the expansion and the necessity as to whether or not we are smarter in expanding the existing programs, or if it's wise to allow private and public to re-engage and take more of a responsibility when it comes to running these programs.

So on the republican side at least from my standpoint, it's—and I try to be mindful of being wise stewards as taxpayers and making that available and leveraging our private entities and our partnerships in this effort. But Madam Chair it's educational. I thank you for your efforts, and I thank those who took their time to testify before us today.

Please know that you're appreciated. With that I yield back.

Chairwoman BONAMICI. Thank you, Ranking Member Fulcher. I now recognize myself for the purpose of making a closing statement. Thank you so much to the witnesses for sharing your expertise and your stories. Today we focused on efforts in Congress to address childhood hunger, as well as our responsibility and opportunity to meet the needs of children and families to Federal nutrition programs, including WIC, and the Childhood and Adult Care Food Program.

But from my perspective we have established not only at this Subcommittee hearing, but over the years, that these dollars spent are a good investment. Children are our future. Our families are so important. These programs are designed to give young children a healthy start in life and expand the access to nutrition services for families.

And thank you again for the witnesses for explaining why that's important. Unfortunately, as our witnesses made clear, the pandemic caused an already alarming child hunger crisis to surge. The American Rescue Plan has helped to reduce rates of food insecurity, but too many Americans, especially people of color, are still experiencing food insufficiency.

The ongoing needs in our communities across the country is why we must pass key proposals in the American Families Plan as well, and permanently reauthorize child nutrition programs. As I said at the start of the hearing our work remains unfinished. Until every child, infant and family has access to the basic nutrition they need for a strong start in life.

I look forward to working with all of my colleagues to finally make that aspiration a reality. And thank you again to everyone for a productive hearing. If there's no further business without objection, this Subcommittee stands adjourned.

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

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August 9, 2021

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Mr. Trevor Farrell
Senior Vice President and Chief Commercial Officer, Americas
Schreiber Foods, Inc.
P.O. Box 19010
Green Bay, WI 54307-9010

Dear Mr. Farrell:

I would like to thank you for testifying at the Subcommittee on Civil Rights and Human Services hearing entitled *"Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants,"* held on Wednesday, July 28, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Monday, August 16, 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 Alison Hard (Alison.Hard@mail.house.gov) of the Committee Staff. They can be contacted via email should you have any questions.

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

Sincerely,

ROBERT C. "BOBBY" SCOTT
Chairman

Subcommittee on Civil Rights and Human Services Hearing
“Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants”
 Wednesday, July 28, 2021
 10:15 a.m. (Eastern Time)

Representative Glenn Thompson (R – PA)

I appreciate the opportunity to discuss a program which is near and dear to me—the Special Supplemental Nutrition Program for Women, Infants, and Children Program, more commonly referred to as the WIC program.

As someone who has participated in WIC, I know firsthand the benefits of this program and will continue to fight for those who need access to these vital services.

However, this program is far from perfect. Originally piloted in 1972, WIC burdens participants with unnecessary hurdles and outdated processes. Families looking to access this program deserve a seamless experience.

Additionally, through regulations of past Administrations, the program has taken steps in the wrong direction.

In 2014, under the Obama Administration, the U.S. Department of Agriculture issued a final rule that made several major changes to the rules in the WIC program adversely impacting the nutrition of WIC participants.

The 2014 final rule changed what dairy products were permitted to be used by WIC participants. Specifically, the rule eliminated 2% reduced-fat milk as a choice, unless it was medically justified, and only allowed 1% or non-fat milk varieties into the program.

Now, milk is the number one source of nine essential nutrients in young Americans’ diets and provides multiple health benefits. No other beverage comes close to this level of natural nutritional value.

However, over the years, we have seen a dramatic decrease in dairy consumption across the board. One of our witnesses, Mr. Farrell, illustrated this point in his testimony. He said, “90 percent of the U.S. population does not meet the levels of dairy consumption recommended by the Dietary Guidelines for Americans” This continues to bring me great concern.

As such, I have supported and introduced multiple pieces of legislation that aim to fix this issue.

Specifically, these bills:

- Codify the 2018 rulemaking from USDA that gives the schools the option to serve flavored low-fat (1%) milk to students.
- Allow for unflavored and flavored whole milk to be offered in school cafeterias.
- And, more important to this hearing, allow for WIC participants to choose the most nutritious type of milk best suited for their individual dietary needs, by providing them with the option of non-fat, low-fat (1%), reduced-fat (2%), or whole milk.

Mr. Farrell, in your experience, what can Congress do to ensure WIC participants are able to make the healthiest decisions for themselves and their families?”

One last question—USDA has said they will begin to modify the meal pattern regulations to reflect the new Dietary Guidelines for Americans. Do you have any concerns or issues we should be aware of as we talk with the agency about this update?

QUESTIONS FOR THE RECORD
Including responses from
Mr. Trevor Farrell
Senior Vice President and Chief Commercial Officer, Americas
Schreiber Foods, Inc.

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“Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants”
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- And, more important to this hearing, allow for WIC participants to choose the most nutritious type of milk best suited for their individual dietary needs, by providing them with the option of non-fat, low-fat (1%), reduced-fat (2%), or whole milk.

Response to Rep. Thompson's listed legislation:

Congressman Thompson, my company, Schreiber Foods, our trade association, the International Dairy Foods Association (IDFA), and the dairy industry as a whole greatly appreciates and supports legislation, sponsored by you and others on House Education and Labor Committee, promoting milk and dairy consumption for those who can most benefit from milk's 13 essential nutrients, including the School Milk Nutrition Act (H.R. 4635) to codify 2018 rulemaking from USDA that gives the schools the option to serve flavored low-fat (1%) milk to students; the Whole Milk for Healthy Kids Act (H.R. 1861) to allow for unflavored and flavored whole milk to be offered in school cafeterias, and the GIVE MILK Act (H.R. 818) to allow for WIC participants to choose among non-fat, low-fat (1%), reduced-fat (2%), or whole milk, each providing milk's 13 essential nutrients.

There is tremendous support for including these bills within Child Nutrition Reauthorization as well as providing WIC food package size and variety flexibility, and for school meal pattern sodium-reduction "targets", re-evaluating and reconsidering whether sodium reduction targets are proven feasible before being established in regulation, particularly for dairy products like cheese, where sodium reduction is currently at its technological limits without jeopardizing the food safety and integrity of the product.

Mr. Farrell, in your experience, what can Congress do to ensure WIC participants are able to make the healthiest decisions for themselves and their families?"

Congress should simplify the WIC food package to those foods and food containers, that are consistent with WIC's nutrition objectives, but are more widely available in the marketplace and provide expanded consumer choice, so WIC participants actually buy, consume, and receive the intended nutritional health benefits from each food category.

Schreiber Foods and the dairy industry are proud of the nutritional role our products provide in the WIC food package, including cheese, yogurt and milk. Nutrition programs, like WIC and SNAP, provide maximum benefits when they include foods that are broadly accessible in the market and supply-chain.

Problems occur when product-specifications are based on regulations that only permit a limited number of product options and are therefore not widely available in the marketplace, such as limited yogurt-sizes or milk varieties. Stores that cannot stock these specific items, then cannot participate in WIC. As a result, WIC participants are losing both accessibility to certain foods in stores or losing access to stores altogether.

Another WIC food package concern emerged when USDA removed the most popular milk variety, reduced fat (2%) milk, from children older than 2-years-old, as well as from

pregnant and lactating women. While a medical exception can be provided on an individual basis, however, for practical purposes, it is highly unlikely that a WIC participant will take the time and effort to specifically go to their doctor or state WIC office to request and be evaluated to get to a medical prescription to buy 2% milk. This is certainly not something they can do when they are attempting to shop at a store. They are more likely to not purchase milk at all or if possible they may use their non-WIC dollars to purchase milk. To that point, WIC redemptions for low-fat (1%) milk have averaged 65-percent, meaning WIC participants are not getting one-third of the intended nutrient benefits from the WIC program's milk category.

The WIC program, and any simplification of the food package, is a way to help more pregnant women, infants and children benefit from more nutrient-dense dairy, whole-grains and fruits and vegetables. The same is true for school meal programs.

One last question—USDA has said they will begin to modify the meal pattern regulations to reflect the new Dietary Guidelines for Americans. Do you have any concerns or issues we should be aware of as we talk with the agency about this update?

The 2020-2025 Dietary Guidelines for Americans, like many versions before it, recommend increased intake of dairy products for all Americans because dairy products—like milk, yogurt, and cheese—provide high-quality protein, including milk's 13 essential nutrients, among them, calcium, vitamin D, and potassium—which are "dietary components of public health concern." Increasing dairy intake is even more important because 90% of the US population, including among school-age children, does not meet recommended levels of dairy consumption, meaning that they are missing out on these nutritional and health benefits.

Low-fat flavored milk is consistent with the Dietary Guidelines for Americans, but is currently in USDA regulatory limbo for school meals. As USDA Secretary Tom Vilsack has said, the most important thing is that children drink the milk to ensure students get the essential nutrients that dairy, particularly milk, provide. The same is true for yogurt and cheese. One-size-fits-all restrictions may ignore nutrient-dense foods and beverages, like dairy products, that can be vital sources of essential nutrition. The DGAs also recognize this. The 2020-2025 DGAs noted "A small amount of added sugars... can be added to nutrient-dense foods and beverages to help meet food group recommendations" such as added sugar in flavored milk in order to encourage and increase dairy consumption. The dairy industry has met this challenge by reducing the calorie and added sugar content of flavored milk by 57%, from 16.7 grams to 7.1 grams of added sugar between School Years 2006-07 and 2019-20.

In 2012 when USDA removed low-fat (1%) flavored milk, as well as higher milkfat varieties, overall school milk consumption declined by more than 10% in volume between the 2012 and 2018, when low-fat, flavored milk returned to schools. When low-fat, flavored milk returned, 58% of schools that were surveyed showed increased milk consumption.

An April 2020 district court ruling reimposed a USDA final rule from 2012, that prohibited low-fat, flavored milk schools, and the dairy industry is concerned that USDA will continue this prohibition and resulting declining school milk consumption despite low-fat, flavored milk being consistent with the DGAs.

The dairy industry appreciates Congress, including many on this Committee, writing USDA and co-sponsoring legislation to allow low-fat flavored milk in schools. We ask for the child nutrition reauthorization bill that this Committee produces include a provision that guarantees that schools can continue to offer low-fat flavored milk to their students.

IDFA is also concerned that pending sodium limit “targets” will dramatically reduce or eliminate cheese in school meals, and result in losing the nutrient-dense protein, vitamin A, and calcium it provides as part of a meal or as a meat-alternate. IDFA is seeking additional implementation time prior to Target 2 compliance and for Target 3, a re-evaluation and reconsideration of whether those sodium reduction targets are proven feasible before being established.

The dairy industry is continually making its products as healthy as possible, including sodium reduction. “Target 3” sodium limits for school meals, which are now scheduled to be effective in SY2022-2023, may be beyond technological and food safety limits since for cheese, salt serves a critical functional and food safety role by affecting fermentation, which can influence pH and water activity, while also preventing the growth of pathogens.

[Whereupon, at 11:55 a.m., the Subcommittee adjourned.]

