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Mr. Chairman and Members, thank you for this opportunity to appear before the committee. My name is Ken Hecht and I am the executive director of California Food Policy Advocates. CFPA is a statewide food policy and advocacy organization devoted to improving the health and well-being of low-income Californians by increasing their access to nutritious, affordable food. We focus our work on strengthening the federal food programs – given their size and scope, they have proved to be strong resources in preventing hunger and food insecurity among our low-income families and communities. Now, however, we recognize that these nutrition programs have an additional role to play: preventing overweight and obesity, particularly among low-income people. Indeed, the skill with which we develop the obesity-prevention capacity of the federal nutrition programs may well determine the feasibility of the health care reforms to which the Obama Administration and so many others are committed.

I would like to talk today about the Child and Adult Care Food Program and how this overlooked nutrition program can be improved to keep so many of our young children healthy and well nourished as they prepare to enter school. The child care food program originally was designed to prevent hunger and food insecurity among our preschool population. Those needs persist, particularly as our country weathers the current economic downturn, but now we know that our youngsters also are in jeopardy of an additional and significant nutrition threat: overweight and obesity.

As everyone knows, the United States is in the midst of what the Surgeon General has described as an obesity epidemic¹. What fewer people realize is how early in life this condition appears. Among 2-5 year olds, nearly 25 percent, 1 in 4, is either obese or overweight² -- before entering kindergarten. This prevalence has more than doubled in just 30 years time. The consequences are severe – type 2 diabetes, hypertension, heart problems, as well as adverse impacts to academic and social performance. These consequences may last a lifetime: obese youngsters are statistically more likely to go on to be obese as adolescents and then as adults. Obesity is very difficult to reverse, so prevention is the best, if not the only viable, strategy.

Let me turn now to the Child and Adult Care Food Program. Begun in 1968, the Program today serves more than 3 million children, in child care centers and homes, with benefits totaling \$1.7 billion. The Program provides much needed federal reimbursement that supports food service in child care agencies, but the Program does much more. Participating providers must follow meal patterns to ensure that children receive the variety of nutrients they need. The Program calls for 3 monitoring visits to participating child care homes each year, a rare opportunity for providers caring for their youngsters all day to learn how to include good nutrition in their program. Many studies over the years have lauded the Program as a key component of quality child care.

Child care has grown rapidly over the past decade, in response to well-documented workforce trends. In California, for example, close to half of the

¹ Testimony □ Before the Subcommittee on Education Reform, □ Committee on Education and the Workforce, □ United States House of Representatives, "The Obesity Crisis in America, Statement of □ Richard H. Carmona, M.D., M.P.H., F.A.C.S. □ Surgeon General, <http://www.surgeongeneral.gov/news/testimony/obesity07162003.htm>

² <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm>

state's children between three and five years old (approximately 550,000 children) are enrolled in licensed child care. One-third of them are in full-time child care, and more than half attend child care at least 15 hours per week. Plainly, many children are consuming much of their daily nutrition in child care. Thus, child care is an exceedingly important and, for the most part, unexamined element in our children's nutrition environment.

In order to learn what foods and beverages are being served in child care, CFPA, together with an exceptional team of researchers and child care sponsors and providers, recently conducted a comprehensive study of nutritional quality in licensed child care settings in California. This is the first systematic assessment of child care nutritional quality in many years. This multi-component study involved: lunch service observations at child care sites (n=54) in Los Angeles County; a statewide survey of child care providers (n=429); and stakeholder interviews (n=31) of federal, state, and local child care program administrators.

The findings revealed that sites participating in CACFP served more healthful foods and more frequently followed recommended food practices than non-CACFP sites, so it is critical to expand the reach of CACFP by improving access and participation among low-income providers. Lunches brought from home, almost exclusively reported in non-CACFP centers, were of even lower quality than lunches provided by child care sites. Stakeholders agreed that all licensed child care facilities should be required to follow the CACFP meal pattern and that strategies should be developed for improving lunches brought from home.

The study also showed that meals and snacks served in CACFP-participating child care sites often fell short of the goals articulated in the 2005 Dietary Guidelines for Americans. For example, while non-CACFP sites served far fewer portions of whole grains (about 13 percent), CACFP-participating sites did not

do well with whole grains, either: only about 27 percent served whole grains at all. Similarly, nearly half the CACFP-participating family child care homes served whole milk to children over 2 years of age. These findings should not be surprising, remembering that the Program's meal patterns were developed years ago to prevent food insecurity and hunger, have remained largely untouched since, and were not designed to respond to the more recently emerging issue of obesity and overweight.

CFPA has taken part in two California state-convened stakeholder committees whose work sheds considerable light on how nutrition in child care, generally, and in CACFP, in particular, can be improved to respond to the obesity epidemic. One of the state panels focused exclusively on CACFP and developed an approach to nutritional quality that strengthens it without disturbing the Program's adherence to the meal pattern as the core of its nutritional requirements.

As the Committee knows, USDA has engaged the Institute of Medicine to advise it on alignment of CACFP to the 2005 Dietary Guidelines for Americans after the panel finishes its work on NSLP and SBP. This is a very positive development, but it is important to note that any new, obesity-responsive, IOM-recommended changes might not be implemented until 2014. This delay puts a great many children at continued risk for developing unhealthy habits.

The changes we recommend, based in large part on the work of the California state stakeholder panel, have been shaped in a way that avoids interference with IOM's assignment, and most of them can be made at no cost or very low cost.

Recommendations for Improving Nutritional Quality In CACFP

1. **Congress should provide a higher reimbursement for CACFP meals and snacks and should direct USDA to quickly prescribe stronger nutrition standards, which bring meals and snacks into greater compliance with the Dietary Guidelines for Americans.**

Congress should act now to begin to improve the nutritional quality of meals and snacks served through CACFP within current meal patterns. The principles that inform the modest changes proposed here are consistent both with longstanding nutritional improvements incorporated in the National School Lunch Program and with very recent nutritional improvements currently being made to the WIC program, which serves young children in exactly the same age group.

- Serve only lowfat milk to children two and older.
- Require at least half of all grains be whole.
- Serve more fresh fruits and vegetables³.
- Serve more lean meats and beans/legumes for protein.
- Limit fried foods.
- Limit sweet grains, such as muffins, pastries, and donuts.
- Limit fruits canned in syrup, especially heavy syrup.

2. **Federal regulations, memoranda, training, and materials relating to nutrition for CACFP should align with WIC's new nutrition messages and guidelines.** Recent changes to the WIC food package will be implemented nationwide by October 2009. Many of the changes will result in greater availability (and, hopefully, affordability) of the nutritious foods that are often lacking in CACFP meals. WIC and CACFP serve largely similar

³ A recent, informal grocery survey in the San Francisco Bay Area found this to be the only item – increasing servings of fresh fruits and vegetables – requiring additional cost.

populations and thus nutrition messages related to both programs ought to be consistent.

3. Child care sites receiving reimbursement through CACFP should provide a healthier food environment and more physical activity. The nutrition requirements of CACFP apply only to foods or beverages reimbursed through the program. Thus, there is no guidance with regard to a host of other items – including food, beverages, behaviors and activities – that can undermine the benefits of CACFP’s nutritional goals. The nutrition and physical activity environments in child care ought to promote healthy choices beyond the reimbursable items. Modeling on the “Foods of Minimal Nutritional Value (FMNV)” concept in school meals, CACFP can support healthier environments in child care settings by requiring the following improvements related to food and physical activity:

- **Eliminating Foods with Minimal Nutritional Value, such as sodas, chips, and candy.**
- **Ensuring easy access to tap water and promoting water consumption.**
- **Promoting healthy food-related behaviors, such as serving family style meals, adults eating the same foods along with the children, including age-appropriate nutrition education, and others.**
- **Discouraging counterproductive food-related behaviors, such as using food as a reward or punishment, encouraging clean plates.**
- **Placing limits on screen time, including computer and video games.**
- **Developing strategies to improve the nutritional quality of food from home.**

Recommendations for Expanding CACFP Participation

Child care sites participating in CACFP have higher meal quality than those that do not. Yet, many eligible children fail to be enrolled in CACFP and thereby miss out on these benefits. Participation in the program is declining despite its clear fiscal and nutritional benefits. Examples of opportunities to capture more of these nutritionally needy children, by streamlining, simplifying and modernizing enrollment, include:

- **Permitting centers, in addition to family child care homes, to calculate their reimbursement rate on the basis of area eligibility;**
- **Extending CACFP categorical eligibility to children in family child care participating in other means-tested, federally funded programs; and**
- **Requiring the state nutrition agency (or its designee) to serve as sponsor of last resort in portions of the state without a sponsoring organization so that children are not deprived of CACFP in their family child care home solely on the basis of their residence.**

Recommendations for Simplifying and Streamlining CACFP Administration

There is consensus among CACFP observers that the program suffers from excessive paperwork, which serves as a deterrent to potential sponsors and providers, severely limiting both the growth of the program and the realization of the program's potential as a public health resource. Examples of positive changes include:

- **Allow schools serving both preschoolers and K-12 students to operate both meal services under a single set of USDA rules and regulations.**

- **Allow community-based agencies that operate SFSP to administer CACFP snacks during the school year under the same rules as their child care program.**
- **Eliminate the block claiming and five day reconciliation requirements.**
- **Allow carryover funds so that CACFP sponsoring organizations can plan multi-year administrative budgets.**
- **Allow family child care sponsors to calculate administrative reimbursement using a “homes times rates” system similar to the Simplified Summer Food Service Program’s accounting formula.**
- **Quickly implement remaining recommendations from the USDA Paperwork Reduction Initiative.**
- **Appropriate more funding for State Administrative Expense for increased monitoring and evaluation of independent CACFP centers so that they, like locally sponsored centers and homes, can be monitored three times per year.**