

Academy Priorities for the 2019 Child Nutrition Reauthorization

The Academy of Nutrition and Dietetics, the world's largest organization of food and nutrition professionals, is committed to improving the nation's health. Nationwide, The Academy represents over 104,000 registered dietitian nutritionist, dietetic technicians, registered and advanced-degree nutritionists. The Academy, on behalf of its members, is proud to present recommendations for the 2019 reauthorization of federal child nutrition programs. Reauthorization provides an opportunity to improve and strengthen these programs that touch the lives of millions of low-income children each day.

Background

Generally, every five years the United States Congress reauthorizes the existing child nutrition programs including the National School Lunch and School Breakfast Programs, the Child and Adult Care Food Program, Summer Food Service Program, Special Milk Program, Farm to School Grant Program, Fresh Fruit and Vegetable Program and The Special Supplemental Nutrition Program for Women, Infants, and Children. These child nutrition programs provide an integrated system of nutrition support for millions of America's children when they are at school, in other supervised childcare settings, while WIC supports infants, very young children and their low-income mothers during pregnancy. Services are provided through nearly 96,000 of America's public, private and parochial schools, 42,000 community food sites, 65,000 childcare centers, 103,000 home day care sites and 10,000 WIC clinic sites in community settings.^[1]

Child Nutrition Programs originated when the Great Depression caused widespread under-nutrition that resulted in 40 percent of inductees being rejected for military service in World War II.^[2] The National School Lunch Program was established at the end of the war as an entitlement program for all children to ensure that this threat to national security would never be repeated. As American households changed, women entered the workforce en masse and an understanding of children's nutritional needs grew. Congress established complementary nutrition programs, each of which addressed a specific challenge to the health or educational needs of large proportions of American children. All programs have been evaluated and are overseen for proper administration.

Unfortunately, the diets of most children continue to fall far short of recommendations for good health. Currently, more than 15 percent of households with children under the age of 18 are food insecure.^[3] At the same time, obesity rates that began rising in the 1990s have led to one in five children in the U.S. being overweight or obese.^[4] Obesity is even higher in children from racial, ethnic and low-income groups that also experience high rates of nutrition-related chronic disease (e.g., Hispanic, African American, American Indian/Alaska Native, Pacific Islanders and some Asian subgroups). Poor diet, physical inactivity and childhood obesity are resulting in the early onset of chronic diseases such as type 2 diabetes, cardiovascular disease, arthritis, and hypertension. These are diseases that historically appeared later in life but are now presenting in childhood and adolescence.^[5]

Early onset of such diseases adds a strain to our health system as children carry these conditions into adulthood. The Centers for Disease Control and Prevention estimates that obesity costs the U.S. \$147 billion annually in 2008 dollars.^[6] By 2030, medical costs associated with obesity are expected to increase by at least \$48 billion annually; medical costs coupled with reduced economic productivity costs could total between \$390 billion to \$580 billion.^[7] At the same time, growing income inequality has widened disparities in educational attainment and opportunity as well as health outcomes.^[8] Coming full circle, Mission Readiness, a nonpartisan national security organization of over 500 retired admirals, generals, and other retired senior military leaders, has expressed concern for our country's national defense because 71 percent of young people between the ages of 17 and 24 do not qualify for military service, and obesity disqualifies 31 percent of youth from serving if they so choose. In 2018, the United States Army fell short of its recruiting goal for the first time since 2005.^[9]

While there is evidence that the rise in childhood obesity may have plateaued or be decreasing in parts of the country and in some groups of children, the gains are inadequate. Authoritative reports call for an aggressive, comprehensive, multi-sector approach – using schools as a centerpiece – to reverse the epidemic of childhood obesity. Child nutrition programs provide an infrastructure that can be mobilized to improve children’s diets and health on a nationwide scale while also improving school attendance, test scores and educational attainment. There is evidence of social and economic benefits of the child nutrition programs that extend into local communities, including improvements in the diet of other family members, healthier options in the general food marketplace, economic stimulus to communities, stable customers for American agriculture, job creation and poverty reduction.^[10]

Healthy Hunger-Free Kids Act

The 2010 Healthy Hunger-Free Kids Act responded to widespread public concern by authorizing changes in the child nutrition programs and WIC. These changes ranged from creating new school lunch, breakfast and competitive food nutrition standards that align with the latest nutrition science, to elevating the status of school nutrition professionals, many of whom are RDNs, by requiring minimum qualifications and continuing education. The HHFKA also provided grant money to strengthen farm to school initiatives; improved transparency, oversight and technical assistance to schools for wellness policy development specifically related to nutrition education and promotion and food and beverage marketing to children; and expanded after-school meals programs to all states. Additional changes included a call to update the Child and Adult Care Food Program nutrition standards and authorization for breast-feeding support in WIC.

Changes Since the Healthy Hunger-Free Kids Act

The 114th United States Congress did not complete a 2016 child nutrition reauthorization, resulting in no significant legislative activity to move on reauthorization in the 115th Congress. However, the majority of program operations continued with funding through appropriations.^[11] Since the HHFKA passed in 2010, USDA has promulgated a series of regulations implementing the nutrition provisions in the legislation, including but not limited to school meals and smart snacks; the new CACFP meal patterns; wellness policies; school nutrition professional standards; and implementation expectations for WIC Electronic Benefit Transfer.

In December 2018, USDA published a final rule that made changes to the originally established nutrition standards that permanently allows flavored, low-fat milk in the National School Lunch Program, School Breakfast Program, Special Milk Program, and the Child and Adult Care Food Program (participants ages six and older for the latter two programs); a minimum of 50 percent down from 100 percent of the weekly grains in school lunch and breakfast menus must be whole-grain rich; and adjusting the sodium reduction timeline by extending sodium target one through the end of the 2023-2024 school year, sodium target two by the 2024-2025 school year, and eliminating target three. Additionally, USDA released a new final rule to change the criteria for hiring school nutrition program directors in small local education agencies as well as state program directors. These changes allow for any food service experience, including volunteer or unpaid, to count as relevant experience to meet hiring standards for school nutrition program directors and allows for state agency directors to be considered if they have a degree in a relative field rather than just nutrition.

Child Nutrition Reauthorization 2019

A 2019 Child Nutrition Reauthorization offers an opportunity to build upon the success of the HHFKA and continue to strengthen and improve programs that serve millions of children. The Academy’s recommendations support alignment of nutrition standards with the Dietary Guidelines for Americans in concert with efforts to support implementation; streamlining, improved efficiencies, and funding to increase access to and participation in programs; funding for advancement in technology to improve intended recipient engagement in and impact from programs; intentional implementation to address health disparities among program recipients; and investment in proven strategies, including nutrition education and promotion, to improve healthy behaviors and address food insecurity.

The Academy will take a leadership role in moving forward this important legislation with the following recommendations:

Nutrition Education and Promotion

Recommendation Statement:

- Continue to support research that provides evidence-based improvements for comprehensive, culturally appropriate and nationwide nutrition education and promotion approaches that foster healthy behaviors, educational attainment and lifelong health for all children
- Support and provide adequate funds to ensure that strong, comprehensive and culturally appropriate nutrition education and promotion is included in the authorization and then provided for all child nutrition programs, including the National School Lunch Program, the School Breakfast Program, the Summer Meal Programs, the Child and Adult Care programs for day care and after school settings, the Fresh Fruit and Vegetable Program, Farm to School, and other initiatives for children
- Provide adequate funds to help all states build a state-level leadership infrastructure for comprehensive nutrition education and promotion led by qualified professionals in which every state would develop a nutrition education and promotion plan to promote, coordinate and provide nutrition education and promotion, and leadership training in all child nutrition programs
- Support efforts to make policy, systems, and environmental changes to maximize the impact of nutrition education and promotion efforts
- Continue to support and strengthen WIC Nutrition Education, including breast-feeding support, as a vital component to early health and development of the child and continuing care of the mother

Nutrition education is defined as “any combination of educational strategies, accompanied by environmental supports, designed to facilitate the adoption of food and physical activity choices and other nutrition-related behaviors conducive to health and well-being”.^[12] In order to empower children with the skills to make lifelong healthy food and physical activity choices, along with strong policy, systems and environmental supports, the Academy recommends that nutrition education be included in all child nutrition programs and that adequate funding be provided for the successful development, implementation and evaluation of the programs. The goal is to leverage the current investment in healthy food environments that USDA programs now provide with a complement of nutrition education that promotes lifelong good health, supports families and caretakers, contributes to educational outcomes, and helps to reverse childhood obesity and the premature appearance of the chronic diseases that accompany it.

Nutrition education continues to be important to schools and to students, but, with competing educational priorities, the unfunded requirements of the local wellness policy, and the consistent underfunding of current national nutrition education and promotion efforts, nutrition education has not been given adequate prioritization. The child nutrition programs could be leveraged far more than they are currently as a strategy for improving the nutritional health of children at a critical age.

Current Status

Nutrition education and food literacy are critical components to good health and the development of lifelong healthy behaviors.^[13] The positive impacts associated with nutrition education as part of USDA school nutrition programs and WIC have been evaluated and documented.^[14,15] Nutrition education is being demonstrated to support other national education priorities such as mathematics and English language standards.^[16] In its 2013 report, *Nutrition Education in the K-12 Curriculum: The Role of National Standards: Workshop Summary*, the Institute of Medicine affirmed the effectiveness of modern, comprehensive approaches and prioritized evolving areas in which specific research on the impact of nutrition education standards on academic performance is needed.^[17] Further, integrating food and nutrition education into science curricula has been shown to strengthen students’ understanding of science concepts, positioning it to be an important component of science, technology, engineering, and math (STEM) education.^[18]

Effective nutrition education is evidenced-based, sequential, delivered in effective time units, and taught by trained professionals.^[19] However, over the past two decades the ability of schools to meet these criteria has been eroded by reductions in dedicated federal funding for nutrition education programs and the availability of staff. The most recent survey confirmed that while two-thirds of all schools required classroom-based nutrition education in at least some grades,^[20] in the majority of those schools, students received less than five hours of nutrition education annually, well below the lowest proven effective threshold of 20-50 hours of nutrition education annually.^[21]

While, this represents a significant time commitment during the school year, effective nutrition education can be integrated into science, technology, engineering and math curricula. Recently, the Academy submitted comments to the Institute of Education Sciences strongly supporting their efforts to collect data to better understand the key strategies to improve academic achievement for students. The Academy stressed the importance of nutrition education as a key determinant of student health, academic achievement, social interactions and behaviors, and thus overall success in career development and economic participation.

The Academy concludes that, as part of a comprehensive approach to improving nutrition in the United States, training, technical assistance and peer support must be implemented on a national scale. USDA's Team Nutrition initiative hosts a substantial inventory of evidence-based nutrition education resources to help teachers integrate nutrition education into math, science, English and health curricula. However, as demonstrated in funding levels since the passing of HHKFA, Team Nutrition has never been appropriated at the fully authorized level. This consistent underfunding coupled with the lack of funding for infrastructure at the state level for child nutrition programs to deliver and provide training for the use of these nutrition education resources reduces their effectiveness.

Reauthorization is an opportunity to encourage additional support and funding for thoughtfully coordinated and strategic delivery of nutrition education and promotion.

The National School Lunch and Breakfast Programs

Recommendation Statement:

- Support evidenced-based meal and nutrition standards that align with the latest Dietary Guidelines for Americans and are reviewed and updated as necessary and on an established timeline
- Support and amplify the voices of our Academy members who are leading the way in providing healthy, appealing school meals to children
- Support strong professional standards requirements for school nutrition professionals
- Provide adequate funding for schools to purchase, prepare, and serve healthy, quality foods and beverages for school meals and snacks
- Continue and increase USDA Foods support for the School Breakfast Program
- Provide adequate funding to USDA to provide training and technical assistance to support maintenance and attainment of nutrition standards, as well as the skills necessary to run a successful program
- Increase funding mechanisms for updated infrastructure and equipment to school kitchens
- Cease and desist the enforcement of the Paid Lunch Equity provision of the Healthy Hunger Free Kids Act until USDA can further explore the reason for the decreased participation in the National School Lunch Program
- Support equal and equitable access to school meals for all children by expanding and strengthening provisions that support universal school meals and the Community Eligibility Provision
- Urge USDA and the US Department of Education to develop best practices and guidance to ensure school schedules provide students adequate time to eat healthy school meals

In 1946, following the end of World War II, President Harry Truman signed the National School Lunch Act, authorizing the National School Lunch Program. The main impetus for the enactment of the NSLA was the number of malnourished young men reporting to a national draft call during World War II. As stated in the NSLA, the dual purpose of the NSLP is to safeguard the health and well-being of the nation's children and to encourage the domestic consumption of foods produced in the United States.^[22]

In the 20 years that followed, federal cash reimbursement was made for all school meals, but in the 1960s, additional cash reimbursement was provided for school meals for children from economically disadvantaged homes. In the 1980s, cuts were made to the reimbursement for school meals served to children paying both full price and reduced price for school meals. These cuts had drastic effects that led to a loss of student participation from the paying students (full paying and reduced paying) and forced some schools to no longer offer the program. Congress eventually restored some funding to the program that once again allowed meal prices to remain low enough that all children could participate. Historically, the school meal pattern and nutrition standards have been encouraged to follow the Dietary Guidelines for Americans. A series of School Nutrition Dietary Assessments, beginning in the early 1990s with the last being done in the early 2000s, indicated that schools were making some progress in meeting the nutrition standards. The last 2010 Healthy Hunger-Free Kids Act brought historic changes to the meal pattern as

dietary guidance continued to evolve with the 2005 and 2010 evidence-based revisions to the Dietary Guidelines for Americans. The 2007 Institute of Medicine report on standards for other foods and beverages for sale on campus and the 2010 IOM report on meal pattern and nutrition standards for school meals had further impacts on the revision of school meal patterns.^[23, 24] USDA issued the final rule on the meal standards in 2012. In January 2014, USDA removed weekly limits on grains and protein for meal standards in response to public push-back. Then, in the FY2015-17 appropriations laws, Congress enacted provisions that loosened the milk, whole grain, and/or sodium requirements from SY2015-2016 through SY2017-2018. In December 2018, USDA published a final rule that indefinitely changed the whole-grain, sodium, and milk requirements starting in SY2019.^[25]

School Meal Nutrition Standards

The first comprehensive, nationally representative study of the impact of the changes to school meal nutrition standards mandated by the HRFKA was recently released. This report is unique in that the study objectives include a review of nutrition quality of and cost to produce the meals, student plate waste and participation. The study confirms that since the implementation of HRFKA, school meals are significantly healthier but school meal programs have challenges meeting all of the daily and weekly meal requirements mostly due to the complexities of the regulations. In short, the strong nutrition standards are working and there is a need for support, technical assistance, and consistency to move all stakeholders towards alignment with the dietary guidelines.

According to the School Nutrition and Meal Cost study, the changes to the school meal nutrition standards significantly increased the dietary quality of both the lunch and breakfast program offerings.^[26] The Healthy Eating Index scores for lunch and breakfast increased by 41 percent and 44 percent, respectively, since HRFKA changes were implemented. The menu changes reflect an increase in whole-grains, fruits and vegetables and a decrease in sodium, refined carbohydrates and excess calories.^[27]

The study also provides information on compliance with daily and weekly meal pattern requirements, weekly meal pattern requirements for the five vegetable subcategories as well as restrictions on specific meal components (e.g. fat free milk, whole-grain rich). The methodology used in this study is different than previously reported compliance data; most compliance data was based on whether a Local Education Agency received the \$.06 incentive for meeting the new nutrition standards which was determined by an administrative review. This study reviewed the menus of school nutrition programs to calculate compliance.

More than half of school lunch menus met all daily meal pattern requirements but meeting all weekly meal pattern requirements and all dietary specifications was more challenging. Relative to lunch menus, larger proportions of breakfast menus met all of the daily and weekly meal pattern requirements. Programs had an easier time meeting weekly meal pattern requirements for fruits, milk and meat/meat alternates while having greater challenges meeting weekly requirements for calories, whole-grains and sodium.^[28] School Food Authorities also reported access of appropriate foods as a challenge to meeting nutrition standards.

According to a survey conducted with members of the School Nutrition Services Dietetics Practice Group, more than 70 percent (n=120) reported meeting school nutrition standards although about 30 percent reported meeting the standards with a whole-grain rich component waiver. More than 90 percent stated that they will exceed the newly established 50 percent whole-grain rich rule, while more than 75 percent said they will not serve one percent, flavored milk. All respondents reported meeting sodium one targets while nearly half have met the target two sodium goals early.

Given the new recommendations from the National Academies of Science, which suggest that sodium intake in children should be lower than previously recommended to reduce chronic disease risk,^[29] coupled with challenges in meeting sodium targets, solidifies the need to invest in technical assistance and working with industry to provide affordable, appealing low-sodium menu items for school nutrition professionals.

Meal Costs and Challenges

Beyond a significant improvement in the Healthy Eating Index score of the meals, the School Nutrition and Meal Cost study found that there was no association between healthier meals and higher costs. However, the study did indicate that the cost to produce a school meal was, on average, higher than the free reimbursement amount. For the average SFA, total revenues covered 97 percent of total reported costs, indicating that the average SFA operated at a small deficit.^[30] The greatest challenge reported by SFAs in meeting the new nutrition standards was food costs and availability of foods. In FY2019, for the first time, USDA has been given 20 million dollars to be directed to school breakfast. Continued and

increased support could benefit students, U.S. farmers and school meal programs. SFAs also reported that staff training, equipment, and infrastructure are needed to meet nutrition standards.

Equal and Equitable Access to School Meals to Support Healthy Families

The importance of high quality, nutritious school meals that serve all children regardless of family income is paramount. The Academy believes that the return on investment of the school meal programs is important for our country's future and for the future of individual children.

The NSLP provided low-cost or free lunches to 29.7 million children daily in 2018; participation has declined in six of the last seven years.^[31] The biggest decline has been seen in the paid student category. According to the School Nutrition and Meal Cost Study, in SY 2014–2015, a 10 cent increase in the price of a paid lunch was associated with a decline of 0.7 percentage points in the rate of paid meal participation in the NSLP. The Academy is concerned that this provision is out-pricing paid students from the program and is limiting the reach and impact of the newly improved school nutrition environment for all students.

Conversely, there has been an increase in the free student reimbursement category, which many attribute to the success of the Community Eligibility Provision. The HHFKA created CEP as an option to provide free meals to all students in schools with high proportions of students who automatically qualify for free or reduced-price lunches. CEP became available to schools nationwide starting in SY2014-2015, and participation has increased since then. As of SY2016- 2017, more than 20,700 schools participated in CEP, according to data from the Food Research and Action Center. This is roughly 22 percent of NSLP schools.^[32]

Members of the Academy's SNS DPG reported that the CEP has strengthened their school nutrition programs. These benefits have accrued in the form of lessening the burden of administrative duties such as application collection and counting. These stated benefits have led to claims that the reduction in administrative burden allows more focus on nutrition education, healthy menu planning, and customer service.

According to the School Nutrition Association's operations study, school meal programs continue to face challenges when students who are not enrolled in the free meal program lack adequate funds to pay for their meals. The survey found widespread unpaid meal debt, even as districts employ multiple proactive tactics to prevent or minimize student meal charges.^[33] The Academy supports provisions that encourage universal meals for all students.

Reauthorization is the time to highlight the improved efficiencies of CEP and the fact that healthy school meals positively impact academic performance for all children.

The Summer Nutrition Programs

Recommendation Statement:

- Strengthen and improve access to and participation in summer feeding programs
- Support efforts to and funding for partnerships and collaboration between the public and private sectors to promote innovative approaches to feeding children in the summer, especially among rural or remote areas and other high-risk areas where SFSP participation has been low

The Summer Food Service Program was authorized by Congress in 1968 to fill the hunger gap when school meals are not available during the summer months. Meals are available in low-income areas to children age 18 and under, administered by USDA and through state agencies. Summer Food Service sites are typically held at local organizations in the community (churches, community centers, schools and parks).

USDA introduced the National School Lunch Program Seamless Summer Option in 2001 to allow school districts to streamline the transition from school meals to summer meals, with the goal of increasing the number of districts that provide meals in the summer. The SSO is available only to school food authorities, whereas other community agencies (and school food authorities) can become SFSP sponsors.^[34]

Current Status

For optimal health and development, children need consistent and adequate nutrition all year long. During July 2017, the SFSP and SSO served three million children nationally, which is approximately only 14 percent of children who participated in the National School Lunch Program during SY2016-2017 school year.^[35] The Summer Nutrition Programs served 14,000 fewer children in July 2017 than it did in July 2016.^[36] Children are at greater risk for hunger in the summer months and their physical and mental development may be impaired due to inadequate nutrition during the break from school.

Pilot programs tested alternatives to the current summer meal site model, such as providing meal delivery in rural areas to food backpacks that children could take home on holidays and over the weekend. These alternatives showed promise in that they increased participation in the targeted program.^[37] Another pilot circumvented a community partner altogether by providing Summer Electronic Benefit Transfer for Children. These demonstration projects reduced incidence of low and very low food security and improved diet quality.^[38]

Reauthorization provides an opportunity to strengthen the current summer meal site model, including providing nutrition education as well as potentially implementing the successful pilot programs especially in rural areas where participation has been low and transportation and site availability is problematic in order to reach more children in the summer months.

The Special Supplemental Nutrition Program for Women, Infants and Children

Recommendation Statement:

- Support nutrition and breast-feeding counseling as successful cost-effective health care services
- Support expansion of funding for breast-feeding peer counseling services
- Support the evidence-based, prescriptive WIC food package
- Support efforts to invest in improvements to information systems and technology to better serve WIC participants including online, texting, telehealth, and App tools to support breast-feeding and nutrition education, and enhance the clinic and shopping experience
- Continue to support efforts to conduct program evaluation including data collection, research, and innovation
- Support programmatic changes that will improve maternal and child health outcomes

The WIC program recently celebrated 40 years of success in providing healthy beginnings to millions of children and families. WIC currently serves 6.9 million participants each month nationwide, with an average food benefit per month of about \$40.^[39] The program serves nutritionally at-risk mothers and children and provides access to quality nutrition education offered in a variety of ways. Reaching mothers and their children through education, breast-feeding support, links to health care providers, and providing a prescriptive supplemental food package has made WIC a vital and cost-effective health care strategy. WIC has proven on many fronts to show a very robust return on investment in health care savings and is a driver of reduced obesity rates in early childhood.

Current Status

The current WIC food package, which was implemented in 2009, is science-based and prescriptive. To arrive at what is included in the WIC food package, the Institutes of Medicine reviewed data to see which nutrients are lacking in the diets of mothers and children to make recommendations for WIC foods. All WIC food prescriptions are consistent with the Dietary Guidelines for Americans and offer regional, local and culturally appropriate nutritious foods that are affordable and contribute to lifelong good health. A recent study showed that the 2009 WIC package was associated with a reversal of the increasing trend in obesity prevalence among WIC participants observed between 2000 and 2014.^[40] A study from the Robert Wood Johnson Foundation examined the impact of the change in the WIC food package and its impact on a child's diet and found that not only was there a significant decrease in overall obesity rates for children age zero to four (six percent), but there also was an increase in breast-feeding rates, which lead to healthier mothers and babies.^[41] The Breastfeeding Peer Counseling Program is an evidence-based program that has proven a direct correlation between the presence of breast-feeding peer counselors and the increase in breast-feeding initiation, duration and the subsequent health benefits from breast-feeding among women and infants. Current funding supports Breastfeeding Peer Counselor Programs in only 69 percent of local WIC agencies.^[42]

WIC is a proven cost-effective health service delivery model. In one study, the WIC program is found to reduce the risk for preterm birth and low birth-weight babies by 25-44 percent; these conditions currently cost the U.S. over \$26 billion per year. Another study found that for every dollar spent on pregnant women in WIC, up to \$4.21 is saved in Medicaid costs.^[43] In a 2017 study conducted in with approximately 500,000 Californians, WIC resulted in cost-savings of about \$349 million and the prevention of 7,575 preterm births; spending \$1 on prenatal WIC resulted in mean savings of \$2.48.^[44] While these gains are substantial, one out of nine infants born in the United States is born preterm, one of the highest rates in the developed countries.^[45] One of the factors that impacts preterm birth is the mother's health before conception and between pregnancies. Non-Hispanic, black mothers experienced 40 maternal deaths per 100,000 live births, compared to 12.4 deaths for non-Hispanic white women.^[46] Black women are three to four times more likely to die post-partum compared to white women.^[47] All other races of women experienced 17.8 maternal deaths per 100,000 live births. Looking ahead to reauthorization, WIC is a reliable and efficient way to engage with nutritionally at-risk mothers for preconception and interconception screening and care.^[48]

The WIC program currently uses a streamlined approach to patient care and has continued to utilize technologies that facilitate better use for participants and retailers, while contributing to improved program efficiencies. Linkages with programs such as Medicaid create cross-program efficiencies and have ensured WIC program integrity over the last two decades. Current program administration costs are under 10 percent. The use of electronic benefits transfer has improved the food redemption process and made it less complicated for participants and vendors (e.g. grocery stores) and will be fully implemented by 2020.^[49]

Reauthorization is an opportunity to promote strategies to address efforts in program evaluation, data collection, research and innovation for continued improvement and strengthening of the WIC program.

The Child and Adult Care Food Program

Recommendation Statement:

- Support the successful implementation of the new healthier nutrition standards for meals and snacks in CACFP
- Support adequate funding for CACFP nutrition and wellness education and other training efforts led by qualified staff
- Support efforts to increase access to additional reimbursable meals and snacks for children in full day childcare
- Streamline access to healthy meals for all children, such as those identified in the CACFP Paperwork Reduction Report Recommendations

The Child and Adult Care Feeding Program served nearly 6.5 million children in 2018, serving 3.6 billion meals and snacks to children.^[50] Eligible programs include group or family child care, child care centers, Head Start, recreation centers, and after school programs. For profit child care centers are also eligible if at least 25 percent of their children come from families with incomes below 185 percent of the poverty level.

CACFP is a documented success, improving nutrition and supporting healthy development and obesity prevention. The Institute of Medicine, citing research on the association between participation in federal nutrition assistance programs, improved dietary quality, and decreased risk of overweight among children, identified increasing participating in CACFP as a strategy to promote healthy eating.^[51] The U.S. Department of Agriculture's Evaluation of the Child Care Food Program reported that the meals and snacks provided by child care centers and family day care homes participating in the food program were nutritionally superior to those provided by non-participating centers.^[52] The food provided by participating family care homes and child care centers were more nutrient-dense and supplied a higher proportion of children's daily needs for most nutrients. Participating homes and centers also had higher food quality and variety scores when compared to non-participating centers.

The 2010 Healthy, Hunger-Free Kids Act required that monies spent in the CACFP improve the health of young Americans through evidence-based nutrition standards and include nutrition and wellness education. HHKFA also funded a USDA study of CACFP and child care nutrition and wellness practices. State CACFP agencies and sponsoring organizations are required to promote nutrition and wellness to the sites including childcare centers and other programs participating in CACFP. The sites are required to provide healthy meals and snacks, adequate physical activity, and limit

screen time. State CACFP agencies receive training from USDA while the sponsoring organizations receive training from the state agencies and USDA.

Current Status

After HHFKA, USDA updated CACFP's meal patterns. The final rule revised the meal patterns for both meals served in child care centers and day care homes, as well as preschool meals served through the NSLP and SBP, effective October 1, 2017.^[53] For children under the age of 12 months, the new meal patterns eliminated juice, supported breast-feeding and set guidelines for the introduction of solid foods. For children ages one and older, the new meal patterns increased whole-grains, fruits and vegetables, and low-fat and fat-free milk. It also limited sugar in cereals and yogurts.^[54]

Approximately 7.5 million children, from newborns to five-year-olds not yet in kindergarten, are enrolled in ECE centers as their primary care arrangement^[55] and children birth to three-years-old spend, on average, 32 hours a week at these centers.^[56] Many of these centers are funded through CACFP, which may receive daily reimbursements for up to either two meals and one snack or one meal and two snacks for each participant as long as the meals and snacks meet federal nutrition standards. If a child is spending more than eight hours a day in child care, the Academy recommends they have access to an additional healthy, balanced meal.

Sponsors who administer CACFP at-risk meal programs find it challenging because of burdensome paperwork. According to the CACFP At-Risk Afterschool Meals Best Practice Report, even though USDA has regulations to reduce administrative burden by simplifying paperwork, it was still a barrier to sponsor participation. Though USDA has regulations that simplify paperwork across programs, some state agencies noted that recordkeeping was a barrier to sponsor participation. "Some sponsors participating in multiple nutrition assistance programs were asked to complete three different applications and collect three different sets of paperwork for the Summer Food Service Program, at-risk afterschool meals, and the National School Lunch Program. One State agency streamlined the application for schools by making the afterschool meals application a one-page addendum to the NSLP application; for non-school sponsors, this State agency partnered with an advocacy organization to streamline the application from 72 pages to 12 pages."^[57]

Reauthorization presents an opportunity to support this critical program, which nourishes and develops healthy children in early care and education settings, and outside of school time.

The Farm to School Grant Program

Recommendation Statement:

- Provide funding and support to build upon the success of and growing demand for the Farm to School Grant Program, including continued expansion to early care and education settings, summer, afterschool and tribal communities

The Healthy Hunger-Free Kids Act of 2010 authorized and funded USDA to establish a Farm to School Program to assist eligible entities through grants and technical assistance and in implementing farm to school programs that improve access to local foods. Farm-to-school programs broadly refer to "efforts that bring regionally and locally produced foods into school cafeterias," with a focus on enhancing child nutrition.^[58] The goals of these efforts include increasing fruit and vegetable consumption among students, supporting local farmers and rural communities and providing nutrition and agriculture education to school districts and farmers. USDA awards competitive grants yearly for: training, supporting operations, planning, purchasing equipment, developing school gardens, developing partnerships and implementing farm to school programs. Most grant mechanisms require a 25 percent match from the state to confirm local support.

Current status

According to the most recent Farm to School Census, the Farm to School Grant Program is now in 5,254 districts and more than 40,000 schools have invested \$789 million in local communities. This translates into more than 17,000 salad bars being offered in schools and more than 7,000 school gardens. Lastly, more than 1,000 summer and 1,500 early care sites are offering farm to school activities.^[59]

Demand for this grant program is high. Academy members support the benefits that are provided to students, families, school nutrition programs and communities through these programs.

Reauthorization of this program provides an opportunity to continue and expand the reach of this successful program which will provide access to more children, farmers and communities.

The Fresh Fruit and Vegetable Program

Recommendation Statement:

- Strengthen and expand the reach of the successful Fresh Fruit and Vegetable Program for elementary students from predominantly economically disadvantaged families to support a reduction in chronic disease through improved dietary quality
- Support the current criteria for the Fresh Fruit and Vegetable program by requiring that all fruits and vegetables provided must be fresh

The Fresh Fruit and Vegetable Program is unique among the child nutrition programs because it is funded through the Farm Bill and authorized by the Child Nutrition Act.

The purpose of the FFVP is to introduce children to a wide variety of fresh fruits and vegetables to help them develop eating habits that improve health and prevent obesity, overweight and subsequent chronic disease risk. Keeping the program criteria of fresh fruits and vegetables is particularly important since program participants often lack consistent access to fresh produce. FFVP has been successful; a recent evaluation indicated that students eat more fruits and vegetables without increasing total caloric intake, suggesting that the fruit and vegetable snacks replace less healthy foods. Parents report that children eat more fruits and vegetables at school and at home. Increasing low-income children's fruit and vegetable consumption provides the greatest public health benefit and demonstrates good stewardship of public funding because without this program, these children have the lowest intake of fruits and vegetables and are at the greatest risk of poor health outcomes.^[60] The same evaluation also indicated that exposure to nutrition education was higher in schools participating in the FFVP as compared to those not participating.

Current Status

Funding is set by law at \$150 million for school year 2011-2012 and inflation-indexed for every year after. In FY2017, states used approximately \$184 million in FFVP funds.^[61] Members of the Academy have voiced support for this program and can attest to its popularity. There are more funds requested than available to be awarded to qualifying schools.

Reauthorization is an opportunity to support the integrity and promote the benefits of the program as well as request expansion.

- [1] Congressional Research Service (2019). School Meals Programs and Other USDA Child Nutrition Programs: A Primer. <https://crsreports.congress.gov/product/pdf/R/R43783> Accessed June 4, 2019.
- [2] Mission Readiness (2010). Too Fat to Fight. http://cdn.missionreadiness.org/MR_Too_Fat_to_Fight-1.pdf Accessed June 4, 2019.
- [3] Economic Research Service (2018). Food Security Key Statistics and Graphs. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>. Accessed on June 4, 2019.
- [4] <https://www.cdc.gov/obesity/data/childhood.html>. Accessed June 4, 2019.
- [5] Consequence of Obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/childhood/causes.html> Accessed June 7, 2019.
- [6] Adult Obesity Facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/data/adult.html> Accessed June 7, 2019.
- [7] Trust for America's Health. (2012). F as in Fat: How Obesity Threatens America's Future.
- [8] Reardon SF. (2011). The widening academic achievement gap between the rich and the poor: new evidence and possible explanations. In R. Murnane & G. Duncan (Eds.), *Whither Opportunity? Rising Inequality and the Uncertain Life Chances of Low-Income Children*. New York: Russell Sage Foundation Press.
- [9] Mission Readiness (2018). Unhealthy and Unprepared. <https://www.strongnation.org/articles/737-unhealthy-and-unprepared> Accessed June 4, 2019.
- [10] IOM (Institute of Medicine). (2012). *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press.
- [11] <https://crsreports.congress.gov/product/pdf/R/R43783>
- [12] Hayes D, Contento I, Weekly C. Position of the Academy of Nutrition and Dietetics, Society for Nutrition Education and Behavior, and School Nutrition Association: Comprehensive Nutrition Programs and Services in Schools. *J Acad Nutr Diet*. 2018;118(5):913-919.
- [13] HEALTH AND ACADEMIC ACHIEVEMENT. HEALTH AND ACADEMIC ACHIEVEMENT. 2014. https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf. Accessed June 8, 2019.
- [14] Kourlaba G, Kondaki K, Grammatikaki E, Roma-Giannikou E, Manios Y. Diet quality of preschool children and maternal perceptions/ misperceptions: the GENESIS study. *Public Health Nutr*. 2009;123: 738-742.
- [15] Murimi M, Sample A, Guthrie J, Landry D. Nutrition education in team nutrition middle schools: teachers' perceptions of important topics to be taught and teaching curriculum used. *J Child Nutr Mgt*. 2007;31(2).
- [16] Shilts MK, Lamp C, Horowitz M, Townsend MS. Pilot Study: EatFit impacts sixth graders' academic performance on achievement of mathematics and English education standards. *JNEB*. 2009;41(2):127-131
- [17] IOM(InstituteofMedicine).(2013).NutritionEducationintheK-12curriculum:TheRoleofNationalStandards: Workshop Summary. Washington, DC: The National Academies Press.
- [18] Hovland JA, Carraway-Stage VG, Cela A, Collins C, Diaz SR, Collins A, Duffrin MW. Food-based science curriculum increases 4th graders multidisciplinary science knowledge. *J Food Sci*. 2013;12(4):81-86.
- [19] Contento I. Nutrition Education: Lessons from the Past. Presented at the National Nutrition Education Curriculum Standards Workshop, Institute of Medicine 2013.
- [20] School Nutrition Dietary Assessment IV Summary of Findings. USDA Office of Research and Analysis. (2012). http://www.fns.usda.gov/sites/default/files/SNDA-IV_Findings_0.pdf. Accessed on June 8, 2019.
- [21] IBID.
- [22] Section 2 of the National School Lunch Act (42 U.S.C. 1751).
- [23] IOM(InstituteofMedicine).(2007).NutritionStandardsforFoodsinSchools:LeadingtheWayTowardHealthier Youth. Washington, DC: The National Academies Press.
- [24] IOM(InstituteofMedicine).(2010).SchoolMeals:BuildingBlocksforHealthyChildren.Washington,DC :The National Academies Press.
- [25] Congressional Research Service. Child Nutrition Programs: Current Issues. <https://crsreports.congress.gov/product/pdf/R/R45486> Accessed June 8, 2019.
- [26] USDA. School Nutrition and Meal Cost Study. https://fns-prod.azureedge.net/sites/default/files/resource-files/SNMCS_Summary-Findings.pdf. Accessed on June 8, 2019.

- [27] IBID.
- [28] IBID.
- [29] National Association of Science, Engineering, and Medicine. Dietary Reference Intakes for Sodium and Potassium. <http://www.nationalacademies.org/hmd/Reports/2019/dietary-reference-intakes-sodium-potassium.aspx> Accessed June 8, 2019.
- [30] USDA. School Nutrition and Meal Cost Study. https://fns-prod.azureedge.net/sites/default/files/resource-files/SNMCS_Summary-Findings.pdf. Accessed on June 8, 2019.
- [31] USDA. National School Lunch Program. <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program.aspx> Accessed June 7, 2019.
- [32] CRS child nutrition.
- [33] SNA. Operations Study.
- [34] Turner L, Calvert H. The Academic, Behavioral, and Health Influence of Summer Child Nutrition Programs: A Narrative Review and Proposed Research and Policy Agenda J Acad Nutr Diet. 2019;119(6):972-983.
- [35] <http://frac.org/wp-content/uploads/2018-summer-nutrition-report.pdf>.
- [36] IBID.
- [37] Congressional Research Service. Child Nutrition Programs: Current Issues. <https://crsreports.congress.gov/product/pdf/R/R45486> Accessed June 8, 2019.
- [38] USDA. Summer EBT Demonstration: Summary Report. <https://fns-prod.azureedge.net/sites/default/files/ops/sebtcfinalreport-summary.pdf> Accessed June 8, 2019.
- [39] USDA. WIC Data Tables. https://fns-prod.azureedge.net/sites/default/files/resource-files/37WIC_Monthly-5.pdf Accessed on June 8, 2019.
- [40] Daepf MIG, Gortmaker SL, Wang YC, et al. WIC Food Package Changes: Trends in Childhood Obesity Prevalence. Pediatrics. 2019;143(5):e20182841.
- [41] Chiasson, MA, Findley, SE, Sekhobo, JP, Scheinmann, R, Edmunds, LS, Faly, AS and McLeod, NJ Changing WIC changes what children eat. Obesity, 2013;21: 1423–1429. doi: 10.1002/oby.20295.
- [42] NAC recommendations, 2017.
- [43] WIC: Solid Returns on Investment While Reducing the Deficit. National WIC Association. Accessed at https://s3.amazonaws.com/aws.upl/nwica.org/WIC_Return_on_Investment.pdf on June 9, 2019.
- [44] Niango et al. Economic evaluation of California prenatal participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to prevent preterm birth. Preventive Medicine. 2019;124:42-49.
- [45] March of Dimes, PMNCH, Save the Children, WHO. Born to Soon: The Global Action Report on Preterm Birth. Eds CP Howson, MV Kinney, JE Lawn, World Health Organization, Geneva, 2012.
- [46] Prevention, C. f. (2019). Reproductive Health: Maternal-infant health. Retrieved from CDC.gov: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>.
- [47] IBID.
- [48] Dunlop AL, Dretler AW, Hadal HJ, and Logue KM. Acceptability and potential impact of brief preconception health risk assessment and counseling in the WIC setting. Am J Health Promot. 2013;27(sp3):S58-S65
- [49] Adjunctive Eligibility for the WIC Program. National WIC Association. Accessed at <https://s3.amazonaws.com/aws.upl/nwica.org/Adjunctiveeligibility2012.pdf> on January 12, 2015.
- [50] CRS. An Introduction to Child Nutrition Reauthorization. <https://fas.org/sgp/crs/misc/IF10266.pdf>. Accessed June 9, 2019.
- [51] Institute of Medicine. (2009). Local government action to prevent childhood obesity. Washington, DC: The National Academies Press.
- [52] Fox, M.K., W. Hamilton, & B. Lin (Eds.), Effects of food assistance and nutrition programs on nutrition and health: Volume 3, literature review (Food Assistance and Nutrition Research.
- [53] CRS. School Meals Programs and Other USDA Child Nutrition Programs: A Primer. https://www.everycrsreport.com/files/20190211_R43783_24a3a0ba4bdaa04076738d4defbd0b39f67709b0.pdf. Accessed June 9, 2019.
- [54] IBID.
- [55] Early Childhood Program Participation, Results from the National Household Education Surveys Program of 2016: First Look National Center for Education Statistics Web site External. Accessed April 2, 2019.
- [56] Early Care and Education Usage and Households' Out-of-Pocket Costs: Tabulations from the National Survey of Early Care and Education (NSECE) OPRE Report #2016-09 | August 2016 [PDF-2.41MB] External Accessed April 2, 2019.

- [57] USDA. CACFP At-Risk Afterschool Meals Best Practices, 2011. https://fns-prod.azureedge.net/sites/default/files/Best_Practices_Report.pdf Accessed June 10, 2019
- [58] HHFKA, Section 243 (Access to Local Foods: Farm to School Program), amending §18 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(j)).
- [59] USDA. Farm to School Census. <https://farmtoschoolcensus.fns.usda.gov/> Accessed June 9, 2019.
- [60] USDA. Final Evaluation of the Fresh Fruit and Vegetable Program. <https://fns-prod.azureedge.net/sites/default/files/FFVP.pdf> Accessed June 9, 2019.
- [61] FY2019 USDA Budget Explanatory Notes for Committee on Appropriations for USDA-FNS, p. 32-14, <https://www.obpa.usda.gov/32fns2019notes.pdf>.