

Child Nutrition Reauthorization Overview

What is the Child Nutrition and WIC Reauthorization Act?

Generally, every five years the United States Congress reauthorizes the existing child nutrition programs including the National School Lunch (NSLP) and School Breakfast Programs (SBP), the Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), Special Milk Program (SMP), Farm to School Grant Program, Fresh Fruit and Vegetable Program (FFVP) and The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These child nutrition programs provide a critical system of nutrition support for millions of America's children when they are at school or other supervised child care settings, while WIC supports infants, very young children and their low-income mothers during pregnancy.

What is the reach of the programs authorized in the Child Nutrition and WIC Reauthorization Act?

The largest of the programs, NSLP and SBP, subsidized meals for nearly 30 million children with an average of 21 million average daily lunches served and 11.5 million average daily breakfasts served in 88,300 schools. In fiscal year 2021, CACFP provided services for 4.1 million children in 139,000 child care homes and centers and 107,800 adults in 2,400 adult day care centers nationwide.¹ During the 2020-2021 school year, the Farm to School Grant Program has supported 159 grants, serving 7,610 schools and more than 2.5 million students.² WIC served 6.2 million recipients per month in FY2020.³ Due to delays in reporting because of the COVID-19 pandemic, these numbers may change and will likely increase.

Why should Academy members care about the Child Nutrition and WIC Reauthorization Act?

The diets of most children continue to fall far short of recommendations for good health despite the widespread efforts of the child nutrition programs. In 2019, prior to the COVID-19 pandemic, 10.7 million (14.6%) of children lived in a food insecure household. Due to the economic impact of the pandemic, Feeding America predicts that the 2021 child food insecurity rate will rise to 17.9%, affecting an additional 2.3 million children.⁴ At the same time, obesity rates that began rising in the 1990s have led to one in five children in the United States having overweight or obesity.⁵ The Children's Hospital of Philadelphia Care Network published a study that revealed that overall obesity prevalence increased from 13.7% in the pre-pandemic period (June to December 2019) to 15.4% (June to December 2020) in the pandemic period.⁶

Poor diet 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.⁷ 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.⁸

Child Nutrition Programs provide an infrastructure that can be mobilized to improve children's diets and health on a national 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 grocery store, economic stimulus to communities, stable customers for American agriculture, job creation and poverty reduction.⁹

When was the last reauthorization?

The last reauthorization, the Healthy, Hunger-Free Kids Act, was passed in 2010. Consequently, these programs have not been updated in a decade. Although the current law, the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296), expired on September 30, 2015, the programs continue to operate. 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. 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.

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What has happened since the last reauthorization?

According to a Tufts University study that followed dietary trends over a 15-year period between 2003 and 2018, the percentage of poor nutritional quality food consumed at schools declined from 56% to 24%. This drastic improvement took place mostly after 2010, simultaneously occurring with the passage of the "Healthy, Hunger-Free Kids Act". As a result, schools are the healthiest place to eat right now, demonstrating the widespread effect of child nutrition reauthorization.¹²

In December 2018, USDA published a rule that made changes to the originally established nutrition standards. This rule permanently allowed flavored, low-fat milk in the NSLP, SBP, SMP and the CACFP; lowered the minimum percentage of grains that must be whole-grain rich in breakfast and lunch menus from 100% to 50%; and delayed sodium reduction targets while eliminating the third target altogether. In 2020, the federal court struck this down, leaving the country with the original nutrition standards.

Due to the COVID-19 pandemic, USDA issued pandemic flexibilities ranging from flexibility in meal patterns and access criteria for the child nutrition programs and WIC. These flexibilities supported safety and social distancing measures during the pandemic and many will continue into school year 2021-2022. 15

Conclusion

The COVID-19 pandemic has illuminated the need to provide access to healthy meals throughout the life cycle especially given the pandemic's disproportionate impact on people with diet-related diseases and communities of color. Investing in strong school nutrition programs to help establish life-long healthy eating habits is more important than ever. Congress has a unique opportunity to take lessons learned from this health emergency and make significant improvements to the child nutrition programs in the upcoming Child Nutrition Reauthorization.

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