Child Nutrition Reauthorization Recommendations

Good nutrition should begin in childhood when eating habits are formed and chronic diseases begin to develop. Yet over the last two decades, rates of obesity have tripled in children and adolescents. Only 2% of children eat a healthy diet (moderate in saturated and trans fat, sodium, and calories, with recommended amounts of fruits, vegetables, whole grains, and low-fat dairy products). Unhealthy nutrition increases the risk of heart disease, cancer, stroke, and diabetes, which are leading causes of death, disability, and high healthcare costs.

Food Sold Outside of Meals

Established in the 1970s, the U.S. Department of Agriculture’s (USDA) nutrition standards for foods sold outside of school meals (vending, à la carte, school stores, etc.) are outdated. Strong nutrition standards in schools support nutrition and health education, parents’ ability to help their children eat healthfully, and national investments in school meals.

To conform to current nutrition science and address pressing threats to children’s health and nutrition at school, Congress should update the national nutrition standards for school foods sold out of vending machines, à la carte, school stores, and other foods sold outside of meals, and apply them to the whole campus for the full school day.

Continue to Improve Nutritional Quality of School Meals

In 1993, USDA began the “School Meals Initiative for Healthy Children” (SMI) to improve the nutritional content of school lunches and breakfasts. As a result of that and other efforts, the nutritional quality of school meals has been improving. The majority of schools offer breakfasts and lunches that meet the standards for key nutrients, such as vitamins A and C, calcium, protein, and iron. However, many school meals are still too high in saturated fat and sodium and too few children are choosing meals with enough fruits, vegetables, and whole grains. Congress should support schools’ efforts to offer and promote healthy choices, while keeping school menus appealing to children.
Increase reimbursement rates for school meals to cover increasing food, energy, and labor costs and to help schools serve meals that meet the *Dietary Guidelines for Americans*.

Require employment of **qualified nutrition professionals**, or consultation with qualified nutrition professionals, at the district level for school food service.

Congress should **encourage state child nutrition programs and schools to work towards the most recent edition of the *Dietary Guidelines for Americans* and a consistent national interpretation thereof; states and local programs should not wait until USDA completes the regulatory process for its new school meal standards.**

After the Institute of Medicine (IOM) issues its Review of National School Lunch and School Breakfast Program Meal Patterns and Nutrient Standards, require USDA to publish within 12 months a proposed rule and within 24 months a final rule to update the nutrition standards for the school meal programs.

Provide $1 million for an Institute of Medicine study on expanding (assessing more schools), simplifying, evaluating, and revising the SMI review process and/or other tools for assessing the nutritional quality of school meals and compliance with school meal standards. Issues to address include adding SMI reviews for breakfast, appropriate sampling of schools to assess for each school food service authority, and reporting of the results at the local, state and federal level. Based on the IOM report, USDA should report to Congress by January 1, 2012 regarding how it will strengthen accountability for and assessment of compliance with school meal nutrition standards.

Provide $10 million a year for **non-food assistance grants** to schools that will allow them to purchase food preparation equipment (such as refrigeration, salad bars, etc.) to improve their kitchen facilities and provide meals consistent with the *Dietary Guidelines* and food safety practices. Encourage and provide technical assistance to schools to have salad bars.
Allow funding for the Department of Defense (DoD) Fresh Program or its equivalent up to $100 million per year, and encourage the purchase of local produce when possible.

Remove the requirement specifying that schools have to sell milk at ‘various fat levels’ and allow schools to serve only low-fat or non-fat milk, as is recommended in the Dietary Guidelines for Americans.

Change the requirement for soymilk to be nutritionally equivalent to low-fat milk for only nutrients of concern for children in the Dietary Guidelines (such as calcium and potassium).

Provide an increase of $2 million, for a total of $7 million, to the National Food Service Management Institute (NFSMI) to help schools meet the Dietary Guidelines, including training and technical assistance for school districts on commodity processing and procurement.

Continue to improve the nutritional quality of USDA Foods (commodities):

- To support school efforts to meet the Dietary Guidelines in their meal patterns, USDA’s Agriculture Marketing Service and Farm Service Agency should purchase the widest possible variety of healthful foods and continue to use the Dietary Guidelines as the basis for specifications for USDA Food purchases and processing.

- USDA should identify, develop, and disseminate for State Departments of Agriculture and Education and local processing entities, model product specifications and practices for USDA Foods to help align those products with the Dietary Guidelines.

- USDA should conduct a study on the availability of nutrition information to school food service personnel for food service products and USDA Foods, and by January 1, 2010, make recommendations to Congress to help ensure that schools have access to the nutrition information they need for menu planning and compliance assessments.
Strengthen Local School Wellness Policies

In the Child Nutrition and WIC Reauthorization Act of 2004, Congress established the local school wellness policies, which help to ensure that school districts determine how they can best foster an environment that supports children eating well and being physically active. The wellness policy requirement has led to many schools adopting policies for foods sold on campus, physical activity, and nutrition education. However, implementation across the country has not been uniformly strong.

Congress should strengthen the local school wellness policies by requiring school districts to:

- notify and make easily accessible their wellness policies and their implementation plans to students, parents, school staff, and state officials;
- periodically assess implementation, compare with recommended model policies, and update as appropriate;
- establish standing local wellness policy committees (or work within existing school health committees) to lead development, notification, implementation, and assessment of school wellness policies; and
- include policies for physical education and food marketing in schools.

USDA, in coordination with the Centers for Disease Control and Prevention and the U.S. Department of Education, as well as appropriate nonprofit partners, should develop a national clearinghouse to help local wellness policy committees develop, implement, and assess their local wellness policies. Through the Team Nutrition Network, USDA should provide competitive grant funding through states to assist school districts in implementing, assessing, and enhancing their local wellness policies, and should ensure that all funding through the program is consistent with districts achieving local wellness policy goals.

Strengthen Nutrition Education and Promotion

Promoting and teaching healthy eating is essential to addressing childhood obesity and other diet-related health problems. Congress supported nutrition promotion and education by authorizing USDA’s Team Nutrition Network in the 2004 child nutrition reauthorization. However, funds have not been appropriated to carry out those provisions.
Congress should streamline and reform nutrition education and strengthen and provide reliable funding for the Team Nutrition Network. Mandatory funding at the level of one cent per meal served in the National School Lunch Program, the Child and Adult Care Food Program, and the Summer Food Service Program would provide approximately $70 million per year for integrated and comprehensive nutrition education and promotion programs coordinated at the national level, administered at the state level to meet unique state needs, disseminated to the local level based on prioritized community needs, and coordinated with school health programs. This program also should provide funding and resources for training and certification in nutrition and food safety for food service directors that is available to all fifty states.

Support and Strengthen the WIC Program

For more than three decades, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has improved children’s health, growth, development, and ability to learn. Congress should continue to invest in and strengthen this cost-effective program.

Congress should preserve the nutritional integrity of the new WIC food packages, upholding the strong science-based recommendations of the Institute of Medicine (i.e., changes to the WIC food packages should be left to the regulatory process). To ensure that the WIC food packages remain consistent with current dietary guidelines and science, the food packages should be reviewed, and revised as necessary, every 10 years or whenever a significant change occurs in national nutrition guidance.

Congress should strengthen nutrition education and breastfeeding support through the WIC program:

- prohibit policies that restrict the use of contingency funds for the purchase of breast pumps;
- emphasize breastfeeding support as an integral element of nutrition education throughout the Child Nutrition Act;
- expand the definition of nutrition education contracts to include technology-based contacts; and
- increase authorized funding from $20 million to $40 million a year “for special nutrition education such as breastfeeding peer counselors and other related activities” and provide for an evaluation and report to Congress on breastfeeding peer counseling activities and services.
Congress should support the implementation of the new WIC food packages and the technology needed to effectively implement the WIC program for all food retailers, including farmers’ markets (such as rendering systems EBT ready) by increasing the authorization for

1) **infrastructure funding** from $14 million to $40 million a year and
2) **MIS funding** from $30 million to $60 million (in 2002, GAO estimated that it would take between $147 million and $267 million to bring WIC’s essential program tasks up to standard (GAO-02-142, p. 22).

Congress should provide $5 million to **update health outcomes research and an evaluation** of the effectiveness of the WIC program.

Congress should **not cap nutrition services funding**, which would reduce program benefits for mothers and children and is essential for providing WIC food benefits and implementing effective state food and vendor cost containment measures. Nutrition services are central functions of the WIC program, and include nutrition counseling and education, obesity prevention, breastfeeding support, and health care and other critical social service referrals.

Advocates for Better Children’s Diets
Alaska Seafood Marketing Institute
America Walks
American Association for Health Education
American Cancer Society Cancer Action Network
American Clinical Board of Nutrition
American Dental Association
American Diabetes Association
American Dietetic Association
American Heart Association/American Stroke Association
American Institute for Cancer Research
American Medical Athletic Association
American Public Health Association
American Running Association
American Society of Bariatric Physicians
American School Health Association
Arkansas 5 A Day Coalition
Association of Maternal and Child Health Programs
Association of State & Territorial Public Health Nutrition Directors
Be Active New York State
California Center for Public Health Advocacy
California Food Policy Advocates
California WIC Association
Campaign to End Obesity
Center for Communications, Health & the Environment
Center for Science in the Public Interest
Children in Balance
City of Elyria Public Health District
Community Health Partnership: Oregon’s Public Health Institute
Consortium to Lower Obesity in Chicago Children
Consumer Federation of America
Cooper Institute
Coulee Region Childhood Obesity Coalition
Directors of Health Promotion and Education
Dole Food Company
Dole Nutrition Institute
East Coast Greenway Alliance
FamilyCook Productions
FGE Food & Nutrition Team
Fitness Forward
Focus on Agriculture in Rural Maine Schools
Food, Nutrition & Policy Consultants, LLC
Food Security Partners of Middle Tennessee
Food Studies Institute
FoodFit
FoodPlay Productions
Health Promotion Advocates
Health Promotion Council
Healthy Schools Campaign
Institute for America’s Health
Institute for Integrative Nutrition
Louisiana Public Health Institute
National Action Against Obesity
National Alliance for Breastfeeding Advocacy
National Association for Sport and Physical Education
National Association of Chronic Disease Directors
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of Public Health Institutes
National Association of School Nurses
National Association of State Boards of Education
National Farm to School Network
National Network of Public Health Institutes
National Physicians Alliance
National Parent Teacher Association
National Research Center for Women & Families
National Student Nurses Association
National WIC Association
New England Coalition for Health Promotion and Disease Prevention
New York Coalition for Healthy School Food
New York State Healthy Eating and Physical Activity Alliance
North Dakota Dietetic Association
New York State Nutrition Council
Obesity Action Coalition
Oral Health America
Oregon Nutrition Policy Alliance
Partners for a Healthier Community
Partners for a Healthy Nevada
Partners in Corporate Health
Partnership for Prevention
Physicians Committee for Responsible Medicine
Prevention Institute
Produce for Better Health Foundation
Produce Marketing Association
Save the Children
School Nutrition Association
Shape Up America!
Sports, Play and Active Recreation for Kids
Society for Nutrition Education
Society of State Directors of Health, Physical Education & Recreation
Trust for America’s Health
U.S. Apple Association
United Fresh Produce Association
United States Water Fitness Association
Yaffe Foundation
YMCA of the USA
For more information, please contact either Arianne Corbett with the Center for Science in the Public Interest at 202.777.8358 or acorbett@cspinet.org; Jennifer Weber with the American Dietetic Association at 202.775.8277 or jweber@eatright.org; Derek Scholes with the American Heart Association at 202.785.7927 or derek.scholes@heart.org; Jim Vanderhook with the National PTA at 202.289.6790 or jvanderhook@pta.org; or Tae Chong with the National WIC Association at 202.232.5492 or tchong@nwica.org.