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Dear Members of the House Committee on Education and Workforce,

As pediatricians, public health researchers, and child health and policy experts with the nonpartisan Children's HealthWatch, we write to express strong concern over the draft bill to reauthorize child nutrition programs under the Child Nutrition Act. These programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program (CACFP), the National School Lunch and National School Breakfast Programs, the Summer Food Service Program (SFSP), and Summer Electronic Benefits Transfer (SEBT), provide nutritional support for children year round in places where they live, learn, and play. Ensuring that these programs are strengthened and firmly rooted in science and evidence-based practices is necessary to improve child health and reduce food insecurity.

We have several concerns with components of the bill and recommend an evidence-based approach to these policies. Below we have detailed these concerns:

- **Community Eligibility Provision (CEP) for School Meals** – Restricting community eligibility for schools in high-poverty areas that are utilizing this provision to feed lunch and breakfast at no charge to all students would mean that 3.4 million students in 7,022 schools nation-wide who are already benefiting from CEP would lose this benefit.<sup>1</sup> By eliminating the administrative burdens of screening and verifying large numbers of individual applications, CEP decreases administrative costs and increases participation in school meal programs. The school meals programs are effective; they not only improve attendance, but also improve students' cognitive performance and diet quality. Further, these programs increase access to food for children in food-insecure households.<sup>2,3</sup> The evidence suggests that maximizing school meal participation by setting community eligibility standards at 40 percent will ensure we educate the competitive, capable workforce needed for the United States of tomorrow.
- **Child and Adult Care Food Program (CACFP)** –Research by Children's HealthWatch shows children receiving meals through CACFP are healthier and less likely to have developmental delays than children in subsidized child care who do not receive those meals.<sup>4</sup> Consistent with nutrition guidelines for toddlers and preschoolers set by the American Academy of Pediatrics, nutritious foods should be spaced into three meals, along with two or three snacks.<sup>5</sup> Young children's bodies and brains need frequent, high-quality nourishment. Providing an additional meal for children in care for longer than nine hours is consistent with this recommendation and the evidence is already strong to support implementation of an additional meal for all children in child care without need for a further pilot.
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):**  
Adjunctive eligibility: Research shows participation in WIC improves physical health, cognitive development, diet quality, and household food security.<sup>6,7,8,9</sup> Retaining adjunctive eligibility, which permits enrollment in SNAP, TANF, and Medicaid to confer automatic income eligibility for WIC, without changes is critical to ensuring that WIC is aligned with its evidence-based mission of improving maternal and child health for families facing economic hardships.

Eligibility for 5 year olds: Research by Children’s HealthWatch shows that continuous participation in WIC improves the health of young children.<sup>10</sup> Many children experience a gap in nutritional support between turning five and entering kindergarten, where they are then able to participate in school meals. Increasing WIC eligibility to age six would bridge the time from their 5<sup>th</sup> birthday to school entry, improving the health of young children before they enter school, during a time of critical brain and body growth for the more than 700,000 children aging out of WIC annually.<sup>11</sup> Closing this gap by increasing WIC eligibility to age six would protect the health of vulnerable young children and make this a much stronger bill.

- **Summer Food Service Program (SFSP)** – Children’s brains and bodies require high quality nutrition for optimal development year round. Two complementary methods for ensuring adequate nutrition during the summer months are the Summer Food Service Program (SFSP) and Summer Electronic Benefits Transfer for Children (SEBT). SFSP provides important nutritional support to children during the summer, when school is out of session.<sup>12</sup> Many children who receive school meals during the school year go without critical nutrition in the summer due to inadequate access.<sup>13</sup> If this bill supported sites offering nutritious meals year round by streamlining CACFP and SFSP applications and ensuring that reimbursement levels are not reduced in the process, the Child Nutrition Act would be better aligned with child health goals.
- **Summer Electronic Benefits Transfer for Children (SEBT)** – Many children are unable to access congregate meal sites during the summer due to geographic or safety reasons. Families of children who are unable to access nutritional support in the summer are put at greater risk of food insecurity.<sup>14</sup> The Healthy Hunger-Free Kids Act allowed USDA to create SEBT as a demonstration study to provide food assistance to low-income children during the summer by providing their family more resources to use for purchasing food in stores. This pilot has been evaluated annually by USDA, demonstrating reductions in very low food security in children, the most severe form of food insecurity, for families receiving at least \$30 in benefits.<sup>15</sup> The SEBT program protected children from severe food insecurity during the summer and expanding it with benefit levels of at least \$30 per month per child would help achieve the goals established by the recent bipartisan National Commission on Hunger.<sup>16</sup>

**Science-based Standards and Evidence-based Practices:** There is an extensive body of literature on the benefits of child nutrition programs for the health, development, and food security of children. Food insecurity – limited or uncertain access to enough food for all household members to live active and healthy lives– is linked to negative outcomes in young children including increased risk for developmental delays,<sup>17</sup> iron-deficiency anemia,<sup>18</sup> fair or poor health, and hospitalizations.<sup>19,20</sup> Among school-aged children, food insecurity is associated with poor academic performance, poor emotional and physical health, and impaired social skills.<sup>21,22,23</sup>

Child nutrition programs have been shown to protect children from these negative effects. WIC participation has been positively associated with healthy birth outcomes, improved diets for infants, including increased iron density, and higher rates of vaccinations and other preventative health care.<sup>24</sup> CACFP has been shown to increase consumption of milk and vegetables, reduce the prevalence of both overweight *and* underweight, and reduce developmental risk for young children.<sup>25,4</sup> School meals programs are associated with improved dietary intake and food security for school-aged children.<sup>3</sup> And states offering more Summer Food Service Program meals have lower prevalence of food insecurity during the summer than states with fewer summer meals.<sup>26</sup> The benefits of all these programs are strongly supported by research as is their effectiveness in reducing food insecurity and improving child health from birth through adolescence.

**Any child nutrition program legislation considered by Congress should rely on science-based standards and evidence-based practices to promote healthy eating starting from early childhood and provide families with the resources necessary to remain food secure.**

We urge the House Committee on Education and Workforce to carefully consider these concerns related to the health of children in their deliberations of this bill. There is a strong evidence base for the changes outlined above are critical for sustaining and improving health and development among children from birth through adolescence, and for reducing health care costs.

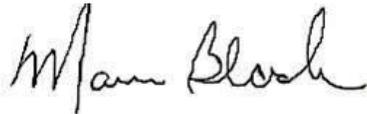
Sincerely,



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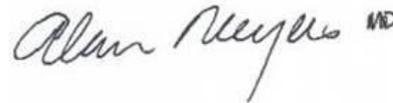
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[Children's HealthWatch](#) is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four who are from families experiencing economic hardship. We analyze and release our findings to academics, legislators, and the public to inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

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