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DELIVERY OF NUTRITION BY THE DOMESTIC  
FEEDING PROGRAMS OF THE U.S. DEPART-  
MENT OF AGRICULTURE

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Delivery of Nutrition by the Donest...

HEARING  
BEFORE THE  
SUBCOMMITTEE ON DEPARTMENT OPERATIONS  
AND NUTRITION  
OF THE  
COMMITTEE ON AGRICULTURE  
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

NOVEMBER 16, 1993

Serial No. 103-53

DEPARTMENT OF DOCUMENTS  
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# DELIVERY OF NUTRITION BY THE DOMESTIC FEEDING PROGRAMS OF THE U.S. DEPARTMENT OF AGRICULTURE

TUESDAY, NOVEMBER 16, 1993

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON DEPARTMENT  
OPERATIONS AND NUTRITION,  
COMMITTEE ON AGRICULTURE,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 1302, Longworth House Office Building, Hon. Charles W. Stenholm (chairman of the subcommittee) presiding.

Present: Representatives McKinney, Bishop, Volkmer, Clayton, Pomeroy, Lambert, Smith of Oregon, Gunderson, Barrett, Boehner, Ewing, and Kingston.

Staff present: Julia M. Paradis, assistant counsel; Glenda L. Temple, clerk; James A. Davis, Lynn Gallagher, and Pete Thomson.

## OPENING STATEMENT OF HON. CHARLES W. STENHOLM, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. STENHOLM. The subcommittee will come to order.

We welcome and thank all of you for attending this important hearing reviewing the delivery of nutrition of USDA's domestic feeding programs.

The Subcommittee on Department Operations and Nutrition has oversight responsibility over USDA's many programs and the issue of human nutrition; therefore, with the increasing interest of the American public in improving the nutritional value of our diet, it seems a good time for this subcommittee to review how well our Federal domestic feeding programs are meeting their goals of delivering adequate nutrition.

At the same time, we need to learn how these programs might deliver better nutrition without jeopardizing their basic mission.

We had hoped to have the Subcommittee on Elementary, Secondary, and Vocational Education of the Committee on Education and Labor join us this morning; however, Chairman Kildee informed me that the schedule for his subcommittee was full until the end of the session.

I have assured Chairman Kildee that we will share the hearing record with his subcommittee, and that we support the subcommittee in its legislative work with the child nutrition and school lunch programs.

The agricultural community is vitally interested in good nutrition. It exists to serve consumers. It will produce what people want to eat.

This link between agriculture and nutrition is becoming stronger every day, and this committee is in a perfect position to help strengthen that link. I welcome the challenge that linkage represents.

As we all know, studies indicate that too few of us eat a truly nutritious diet. Many of us get too many of our calories from fat. Most of us eat food loaded with salt. Our poor eating habits are costing us billions of dollars on health care. We cannot afford the economic and emotional cost of our poor eating habits.

But, the problem is complex. Eating habits vary dramatically among people in different geographic regions, cultures, and age groups, and nutritional needs also vary from person to person. Furthermore, poor nutrition is only one part of the problem. Lack of exercise is another part.

So, just how much can we expect from changes in our Federal nutrition programs in addressing this health problem? How can the USDA feeding programs influence the food choices of people they serve? After all, the primary purpose of most of these programs is simply to feed hungry people. Can we expect these programs to do more than that?

Let me give you an example of the kind of question I hope we can address today. Recent studies of the school breakfast program confirm the obvious: According to their teachers, when students begin receiving school breakfast they become more alert and ready to start the day. Their test scores improve markedly.

It seems to me we must do everything in our power to get that program into every elementary school in the Nation. Studies linking nutrition and cognitive development in kids demand that we make sure young people are eating, that they do not go through the day hungry.

Likewise, we must work to see that every low-income youngster can participate in the summer school lunch program, so that they can eat lunch every day of the year, not just during the school year.

I hope everyone here is aware of my commitment to full funding for WIC. And the support of the Agriculture Committee for the Food Stamp Program cannot be questioned. We have expanded it under the most difficult of circumstances because we realize it is the first line against hunger in this country.

Clearly, the primary purpose of most of USDA's feeding programs is to make sure that low-income people have enough to eat. The question is: Can we add the goal of providing the best possible nutrition without jeopardizing the primary purpose?

I believe that this secondary goal is not only proper but necessary and entirely possible. I support the efforts of Secretary Espy and Assistant Secretary Haas to improve the nutritional value of the food benefits delivered by all of our domestic feeding programs.

Attaining this new goal will take commitment and persistence, and we must all work together. We must put aside some of the rhetoric of the past and commit ourselves to addressing this important health issue. Federal and State administrators, antihunger advocates, school lunchroom administrators, nutritionists, consumer



groups, agricultural commodity groups, legislators, and others must work together to improve the nutritional value of USDA's food benefits.

There are many challenges to be addressed in this effort. We must use the best possible scientific evidence to determine the components of a nutritious meal, and there are practical and economic challenges to be overcome before we can deliver better nutrition. It will not be easy, and if a true partnership can be forged among all of those interested in this effort, we will succeed in providing better food benefits through our feeding programs.

I pledge the support of the subcommittee on this important effort.

Again, I thank all of you for coming this morning. We look forward to hearing from the witnesses. We look forward to all of the testimony.

With those opening remarks, I would recognize Mr. Smith for any opening comment.

Mr. SMITH of Oregon. I thank you, Mr. Chairman.

I have a statement from Congressman Emerson and one for myself for the record.

Thank you.

Mr. STENHOLM. Without objection, they will be made a part of the record.

[The prepared statements of Mr. Smith of Oregon and Mr. Emerson follow:]

STATEMENT OF THE HONORABLE BOB SMITH  
SUBCOMMITTEE ON DEPARTMENT OPERATIONS AND NUTRITION

REVIEW OF NUTRITION DELIVERY IN THE USDA  
DOMESTIC FOOD ASSISTANCE PROGRAMS

NOVEMBER 16, 1993

Thank you Mr. Chairman. I wish to welcome all of our witnesses, especially Ellen Haas, the Assistant Secretary for Food and Consumer Services. Ms. Haas and I met last week to discuss several of the issues that the Subcommittee will be hearing about today. I appreciate her willingness to meet with me and I look forward to hearing her recommendations concerning the programs of the Department of Agriculture and how to improve the nutritional well-being of the people participating in these programs.

All consumers in the United States have a wide variety of healthy food choices for their diets and, according to USDA, spend 11.4% of disposable income on food, a record low. Our food production system is the best and the most efficient in the world, thanks to United States farmers and ranchers. Consumers reap the benefits of this food production and processing system.

The USDA operates several food assistance programs for needy individuals and families, at a cost estimated to be \$40 billion in fiscal year 1994. These consumers must purchase food on a limited budget and therefore nutrition education is vital so that the food choices they make contribute to a healthy diet.

The purpose of our hearing today to hear from USDA and other expert witnesses on what is being done to improve the nutritional well-being of needy people in the United States---through the various USDA food assistance programs. The major food assistance program is the \$28 billion food stamp program. According to figures provided by USDA, more than half of the people receiving food stamp benefits are children, most of whom are living in single parent families. Families in which there is an elderly person present comprise more than 15% of the families receiving food stamps. Families with a disabled person make up more than 10% of those receiving food stamps. Nutrition education and advice on healthy diets is important for these families.

The basic advice issued by USDA is the Dietary Guidelines for Americans. This is a daily food guide with recommendations to eat a variety of foods each day. I will be interested to hear from our witnesses how this basic, common sense advice is conveyed, whether the message is received, and how USDA measures the results of its efforts.

I look forward to this hearing and welcome all of our witnesses. Thank you Mr. Chairman.

STATEMENT OF THE HONORABLE BILL EMERSON  
SUBCOMMITTEE ON DEPARTMENT OPERATIONS AND NUTRITION  
REVIEW OF NUTRITION IN USDA'S DOMESTIC FEEDING PROGRAMS  
NOVEMBER 16, 1993

THANK YOU MR. CHAIRMAN. I APPRECIATE YOUR CONSIDERATION IN SCHEDULING THIS HEARING TO ADDRESS THE OVERALL ISSUE OF NUTRITION IN THE USDA FOOD PROGRAMS. GOOD NUTRITION SHOULD BE AN ESSENTIAL COMPONENT OF ALL FEEDING PROGRAMS. THE SECRETARY OF AGRICULTURE AND THE ASSISTANT SECRETARY FOR FOOD AND CONSUMER SERVICES HAVE RECENTLY EXPRESSED THEIR INTENTION TO TAKE A CLOSER LOOK AT NUTRITION IN THE SCHOOL LUNCH AND BREAKFAST PROGRAMS. ALL USDA FOOD PROGRAMS SHOULD RECEIVE THIS SCRUTINY, ESPECIALLY THE FOOD STAMP PROGRAM.

EARLIER THIS YEAR, AS YOU WILL RECALL MR. CHAIRMAN, I WROTE EXPRESSING MY CONCERN ABOUT THE USES OF FOOD STAMPS. OVER THE PAST SEVERAL YEARS I HAVE HEARD FROM MY CONSTITUENTS, INCLUDING MANY WHO WORK IN GROCERY STORES, ABOUT THE USES OF FOOD STAMPS FOR SO-CALLED "JUNK FOODS". WHILE I AM AWARE THAT PREVIOUS PROPOSALS TO LIMIT FOOD STAMPS

TO NUTRITIOUS FOODS HAVE NOT BEEN ACCEPTED, I BELIEVE IT IS IMPORTANT TO EXPLORE THE ISSUES RAISED BY THE GENERAL PUBLIC AS TO THE USES OF FOOD STAMPS.

THE FOOD STAMP PROGRAM, COMPLETELY REVISED IN 1977, WAS ESTABLISHED TO PROVIDE FOR IMPROVED LEVELS OF NUTRITION AMONG NEEDY FAMILIES. THE APPROPRIATIONS FOR FISCAL YEAR 1994 EXCEED \$28 BILLION. THIS IS A SIGNIFICANT PROGRAM, REACHING MILLIONS OF PEOPLE EACH MONTH, AND YET THE FEDERAL GOVERNMENT DOES NOT KNOW WHAT FOODS ARE PURCHASED WITH FOOD STAMPS.

THE QUESTION I RAISE TO OUR WITNESSES TODAY IS, SHOULD THE FEDERAL GOVERNMENT KNOW WHAT ITEMS ARE BEING PURCHASED WITH FOOD STAMPS? THE ACT LIMITS THE TYPES OF STORES AUTHORIZED TO ACCEPT FOOD STAMPS--GENERALLY TO FOOD STORES-- AND FOOD STAMPS CAN BE USED TO PURCHASE ANY FOOD ITEM FOR HOME CONSUMPTION, EXCEPT HOT FOODS, ALCOHOL, AND TOBACCO.

THERE ARE TWO PRIMARY CONSIDERATIONS TO BE KEPT IN MIND WHEN CONTEMPLATING THIS ISSUE. IS THE FOOD STAMP PROGRAM MEETING ITS GOAL OF RAISING THE NUTRITIONAL LEVEL OF FOOD STAMP PARTICIPANTS AND IS THE INTEGRITY OF THE FOOD STAMP PROGRAM

MAINTAINED WHEN ANY FOOD ITEM CAN BE PURCHASED WITH FOOD STAMPS?

THERE ARE MANY PROBLEMS RELATED TO LIMITING THE USE OF FOOD STAMPS: SUCH AS HOW TO DEFINE A NUTRITIOUS FOOD; WHETHER TO INCLUDE SPECIFIC FOODS OR TO EXCLUDE JUNK FOODS; WHAT HAPPENS AT THE CHECK-OUT LINE IN THE GROCERY STORES; AND, WHETHER LIMITATIONS WILL HAVE AN EFFECT ON THE NUTRITIONAL STATUS OF NEEDY FAMILIES. THERE ARE BENEFITS THAT CAN BE ACHIEVED AS WELL: SUCH AS IMPROVING THE HEALTH OF NEEDY FAMILIES; AND, INSTILLING PUBLIC CONFIDENCE IN THE FOOD STAMP PROGRAM.

NEVERTHELESS, THE PROS AND CONS NEED TO BE WEIGHED. PERHAPS THE FIRST STEP IS TO IDENTIFY JUST WHAT FOODS ARE, IN FACT, BOUGHT WITH FOOD STAMPS. THIS IS AN IMPORTANT ISSUE FOR THE \$28 BILLION FOOD STAMP PROGRAM AND FOR THE TAXPAYERS SUPPORTING THIS PROGRAM. I HOPE OUR WITNESSES WILL CAREFULLY CONSIDER THIS ISSUE.

THANK YOU MR. CHAIRMAN.

Mr. STENHOLM. Mr. Barrett.

**OPENING STATEMENT OF HON. BILL BARRETT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEBRASKA**

Mr. BARRETT. Mr. Chairman, thanks for calling this morning's hearing to review domestic feeding programs.

Inasmuch as nearly 60 percent, I believe, of the USDA appropriations bill is made up of food programs, including, as you suggested, WIC, food stamps, child nutrition, and so forth, I think it is time that we do take a good look, a hard look at some reform.

If I am not mistaken, Congress has tried many times to changes some of these programs, modify some of them, going back into the late 1940's and early 1960's, but the participation seems to continue to increase with the funding. At least that's a perception on my part, and I think it is reality. So, today, I hope we can begin to take a look at programs seriously with an idea of not simply throwing more money at them, but perhaps taking a look at the efficiency and the mission of these programs.

I appreciate the hearing and I look forward to the testimony.

Thank you, Mr. Chairman.

Mr. STENHOLM. Mrs. Clayton.

**OPENING STATEMENT OF HON. EVA M. CLAYTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA**

Mrs. CLAYTON. Thank you, Mr. Chairman. Thank you, also, for having this hearing and the importance of it all.

We want to also associate ourselves with the fact that we are very pleased that the Agriculture Committee has increased its commitment to increase their appropriation for those of hunger, and therefore more food is available.

I think the next step is to, indeed, make sure that as the availability of food is there, the effectiveness of having that food that we are serving be nutritious food, food that is good for the development of young people, but also good for the stability and maintenance of adults, as well. It is not only availability of food, but it is the nutritional value that is important.

We also recognize that nutritional values as a health standard is going to require more than us just promulgating rules and regulation. It is, indeed, a whole behavioral set of sciences.

Many of us who are on the Agriculture Committee who are advocates—myself, included—must try to look at how we can intervene in making mind and body work together in doing the things we know we should do. This is the goal of nutrition and our USDA programs.

I look forward to your testimony.

Mr. STENHOLM. Our first witness is Ms. Ellen Haas, Assistant Secretary for Food and Consumer Services.

**STATEMENT OF ELLEN HAAS, ASSISTANT SECRETARY, FOOD AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE, ACCOMPANIED BY GEORGE BRALEY, ACTING ADMINISTRATOR, FOOD NUTRITION SERVICE**

Ms. HAAS. Thank you very much, Mr. Chairman and members of the subcommittee.

I am very pleased to be here today to talk about the Clinton administration's efforts to assure that all Americans—especially our children—have access to food that is nutritious and healthful. There is no question that you have chosen a very timely topic. Both President Clinton and Secretary Espy have put nutrition and health on the top of the Nation's agenda.

It is an agenda for change. For too long we have talked about the virtues of good nutrition, but we have done too little to practice what we preach. Since the Federal Government began providing food assistance to needy Americans more than 40 years ago, we have created an intricate network of food programs that provide access to food, but lack a preventive health focus; and yet, hunger is a public health issue.

We know what we should eat. We know what our children should eat. But our youngest consumers are ill-served by school meals that are too high in fat, saturated fat, and sodium. The 27 million Americans on food stamps deserve a program that provides access to food as well as the information that helps them make wise choices.

We must work together to get our priorities straight, to get our goals clear and our resolve unyielding. It is critical that we address these issues now as the evidence mounts linking diet to health.

We have just been conducting a series of hearings across the country on the Nutritional Objectives for School Meals. These hearings have provided compelling and indisputable scientific evidence on that link. We have heard from the American Heart Association, the American Cancer Society, deans of medical schools, the Centers for Disease Control and Prevention, as well as physicians and public health officials, and they all have made it clear that diet does affect health.

Federal food programs can make a positive contribution to people's health.

Recognizing the need to deliver on the commitment to making nutrition a priority, Secretary Espy has elevated the role of nutrition at USDA, and he has made nutrition a central mission of the Department of Agriculture. To reflect that change, should Congress support the legislation, the Assistant Secretary for Food and Consumer Services will become the Under Secretary for Food, Nutrition, and Consumer Services.

The domestic food assistance programs that I have the privilege of administering provide needy individuals and families access to our Nation's abundant food supply. There can be no question of the positive effects of programs like the Food Stamp Program, WIC, school lunch, and others in helping provide the food so many hungry people in our Nation desperately need. But, we are winning only part of the battle. Providing food alone is not enough.

A recent report by the American Heart Association found that low-income Americans are at the greatest risk for diet-related dis-



ease. The report underscores our responsibility to those we serve through our food assistance programs. Good nutrition and nutrition information should not be the exclusive right of middle- and upper-income people. We have a national health responsibility to provide all Americans with healthful food and nutrition education.

President Clinton recognizes that responsibility in his commitment to see that each citizen has the right to health care. The programs we are discussing today are a part of the President's vision.

The 1988 Surgeon General's report on nutrition and health found that for the two out of three Americans who neither smoke nor drink, eating patterns may shape their long-term health patterns more than any other personal choice. With the cost of health care spiraling, there are no choices that are more important.

The evidence continues to mount. USDA recently released a nationally representative study entitled "The School Nutrition Dietary Assessment." The SNDA report surveyed the meals that were offered as well as consumed in our Nation's schools. It was a nationally representative study that was done in 545 schools, and interviewed 3,350 students.

The report showed that school lunches exceeded the dietary guidelines for fat by 25 percent, for saturated fat by 50 percent, and sodium by nearly 100 percent. It also found that children who ate the school lunch consumed a significantly higher amount of calories from fat than children who got their lunch from brown-bagging, vending machines, or elsewhere at school.

Further, the report showed that virtually no schools conform to the Dietary Guidelines for Americans that was established in 1980 and jointly released by the Department of Agriculture and the Department of Health and Human Services.

The significance of that fact cannot be overstated. The Government-sponsored school meals served to kids today do not meet the Government's own standards for what a nutritious diet is. Concerned parents, taxpayers, and the children we serve deserve a better deal.

The SNDA report is a road map for change. Change is neither simple nor easy, but it is essential. Neither those in the Government nor those in the cafeteria can be afraid of change. The SNDA study shows we have to change.

Our school lunch initiative could be a model for how we can incorporate a nutrition component into all of our food assistance programs. What we did by holding these hearings around the country is reach out to all of the important stakeholders. We need to hear from children, from parents, from teachers, from cafeteria workers, from health experts, from doctors, from chefs, and all other interested parties. Changes should reflect not only what we think at the Department of Agriculture and what Congress thinks, but what all those affected interests think.

Mr. Chairman, we are at a crossroads. Now is the time to act. We cannot afford in health care costs or in human tragedy a nation of people with chronic heart disease. We have to use every weapon at our disposal to fight the war against preventable cancers, cardiovascular disease, stroke, and all the other diet-related diseases that plague our society. We need nothing less than a persuasive campaign on nutrition education. We can't afford to be outdone by TV

advertising aimed at children—or TV advertising aimed at adults, for that matter.

Because nutrition is so important, I am announcing the creation of a task force on nutrition education and communication consisting of key USDA officials. The special assistant, who will head this task force, will coordinate all the nutrition education and communication to ensure that our messages are cogent, coordinated, and delivered to all audiences that need them.

Indeed, we have begun working on nutrition education. Just last week Secretary Espy and I met with the president of the Walt Disney Studios to talk about ways to reach young people with nutrition information that is lively and entertaining. We are currently developing a national nutrition education strategy, and will continue to meet with a wide range of experts and with those in the industry, as well as consumer organizations and commodity groups, to help us in implementing and devising that strategy.

We believe that no one can take on this mission alone. We need everyone who is committed to better health to be our ally. Indeed, the work is already beginning. No one has been more creative than the groups representing our agricultural commodities in developing new ways to respond to the dietary guidelines.

The marketplace has responded with all kinds of low-fat, low-cholesterol, and low-sodium products that we are seeing on supermarket shelves that are appetizing and healthful, but you can be assured we will not let them rest on their laurels. We need more delicious and healthy products both for consumers in the supermarkets and for our school lunch program, as well as access to those products for our food assistance programs.

The foundation for America's low-income food assistance effort is the Food Stamp Program. This program represents the pledge that we will not tolerate hunger in America. It is the tangible expression of our unalterable belief that everyone has a right to food for themselves and their families.

One of the major innovations that the Clinton administration has, as a priority, will be to accelerate the electronic benefits transfer program in the Food Stamp Program. EBT has been shown to be cost-effective in some areas, as well as promoting program integrity, and improves the overall delivery of that program.

Through EBT and through the Mickey Leland Hunger Prevention Act, which this committee supported and approved, the Food Stamp Program will extend its reach to more needy Americans with the food they need. But the program must be more than an effective delivery program.

Even though it is the largest of our food assistance programs, it has the smallest nutrition education component. But, through nutrition education, the Food Stamp Program will become 27 million opportunities each month to change people's lives.

We have a responsibility to reach this diverse population in innovative ways where they are, with videos, nutrition information, and nutrition education that will help them make informed and knowledgeable food choices.

The changes we are talking about in our programs are not simple, silver-bullet approaches, but rather integrating nutrition into the heart of our Federal food assistance programs. Just as the

buckle-up campaign has saved lives, we need to buckle up with a positive image of proper nutrition. We need a campaign that has a comprehensive, consistent overall approach and that can be sustained over time.

Mr. Chairman and members of the subcommittee, these food assistance programs touch the lives of more than one in six Americans every day. I believe that it is essential, and Secretary Espy feels it is a priority, that food assistance policies refocus on their nutritional mission.

We have been entrusted as the guardians of our children's health. We have established fine objectives, but we have not yet adequately met them. We must begin to close the gap between the dietary guidelines and their applications in food programs.

We will close the gap. The health of our future depends upon the future of our children's health.

I thank you very much, and I would be delighted to answer any questions that you or the subcommittee have.

[The prepared statement of Ms. Haas appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you very much.

Ellen, would you define for me "adequate nutrition" and then "good nutrition" and then "optimal nutrition."

Ms. HAAS. That's an important way to start.

I am giving you what I believe is a consensus. Adequate nutrition would be getting enough calories, vitamins, and minerals to sustain a healthy and productive life.

I would say good nutrition—and I would move along to optimal almost the same way—good nutrition should reflect the health needs of today, and that means that where those calories come from are just as important. We are facing today the problems of excess—excess consumption of fat, saturated fat, sodium—and we still have problems of not enough, and that has to do with carbohydrates and fiber.

So good nutrition would reflect a balance in getting enough calories, vitamins, and minerals, but seeing that we balance and moderate the fat and sodium consumption to meet the dietary guidelines. I would say good nutrition equals the dietary guidelines.

And optimal nutrition is doing that on a consistent basis, not just doing it once a week, but doing it over your lifetime.

Mr. STENHOLM. There has been a lot of discussion as a result of some of your efforts about increasing fresh fruits and vegetables in our feeding program. Do we know what the cost of such an increase would be?

Ms. HAAS. Our fresh start initiative really only talked about going from very minimal levels, which are 2 percent of the overall fruits and vegetables available in the school lunch program, to 4 percent. So that cost is very small.

I have George Braley here, who is our Acting Administrator of the Food Nutrition Service, who could give you a more exact number.

Mr. BRALEY. Mr. Chairman, the initial efforts we are talking about here of doubling fresh fruits and vegetables would increase fresh fruit and vegetable purchases by a couple of million dollars. It is not a significant shift, and it is within the fruit and vegetable

category now, so it would, in essence, result in slightly less canned and frozen product and a move toward more fresh product, and we'll see how that goes and try to move further in that direction if it works well and if the school food authorities appreciate it.

Mr. STENHOLM. This is the total cost if every school in the United States increased from 2 to 4 percent vegetable and fresh fruit? Total cost of everybody?

Mr. BRALEY. Mr. Chairman, those are the commodity purchases that we are making at the Federal level. We buy about 20 percent of the foods that are used in schools today. Within that 20 percent, a smaller portion of it is fruits and vegetables, and within that we are doubling the amount that goes out as fresh product. So it is a relatively small dollar amount as an initial step. It is a couple of million dollars. I don't have the exact figure with me. I can certainly provide that.

Ms. HAAS. Again, Mr. Chairman, what we have done is a very incremental step. What we are looking at in overall policy to improve the nutritional quality of the school lunch program is the role of fruits and vegetables. What you are trading if you have any increased costs are the health care costs that result from the fact that children eat so little fruits and vegetables, both in the School Lunch Program as well as in the total population.

In a recent study done by the Human Nutrition Information Service, they found that on the day of the survey, 35 percent of children did not eat any fruit on the day they were surveyed, and for vegetables 25 percent did not eat any on the day they were surveyed.

We are trying to address that, which is, as you know, a way to prevent the incidence of heart disease and cancer.

Mr. STENHOLM. My time is expired now, and we will come back to this. I want to pursue this, because I have some real concerns in this area.

Mr. Smith.

Mr. SMITH of Oregon. Thank you.

Ms. Haas, welcome.

Ms. HAAS. Thank you very much.

Mr. SMITH of Oregon. Thank you for taking your time to come by and visit with me about these issues—nutrition and others. I appreciate that very much.

Ms. HAAS. It was a pleasure.

Mr. SMITH of Oregon. I am wondering what is the total cost today of nutrition education, including food assistance programs, The Human Nutrition Information Service, the dietary guidelines, the expanded food and nutrition education program, and other nutrition activities.

Ms. HAAS. Today, we spend close to \$200 million overall. WIC is the single largest contributor of nutrition education, and we see the health outcomes that result from the nutrition education component. As I said earlier, food stamps was the smallest.

Today, nutrition education is fragmented in the Department of Agriculture. It is scattered throughout seven different agencies.

Yesterday I was at an interagency task force meeting on school health, and Dr. Elders, our Surgeon General, said: "The Depart-

ment of Agriculture spends less on nutrition education than the budget of McDonald's advertising on television."

Mr. SMITH of Oregon. So I assume by that statement you don't think it is enough?

Ms. HAAS. Correct.

Mr. SMITH of Oregon. Then do you coordinate with seven agencies of Government on nutrition education, and do you coordinate with the various States who are also active in nutrition education?

Ms. HAAS. There are several interagency task forces within the Department that do coordinating, though I must say, Congressman Smith, I think that coordinating can be improved. It has not resulted in the kind of delivery of nutrition education that has had a big impact on consumer dietary patterns.

Mr. SMITH of Oregon. Obviously. The \$200 million is spent within the Department of Agriculture?

Ms. HAAS. Yes. That's correct.

Mr. SMITH of Oregon. Any idea what is spent by the six other agencies of Government?

Ms. HAAS. Well, the seven agencies I was referring to are within the Department of Agriculture. Those are subagencies. Nutrition education also is conducted by the Department of Health and Human Services in various programs—the Office of Disease Prevention and Health Promotion; as well as the Heart, Lung, and Blood Institute; National Cancer Institute. There are initiatives going on throughout the Federal Government on nutrition.

Mr. SMITH of Oregon. Does USDA and the seven subagencies coordinate with HHS?

Ms. HAAS. Yes.

Mr. SMITH of Oregon. And how do you do that?

Ms. HAAS. Again, through the Nutrition Monitoring Act there is a coordinating committee that I cochair on nutrition monitoring. As well, there are nutrition policy committees within HHS. Those are formal bodies.

Mr. SMITH of Oregon. Is that satisfactory, in your opinion?

Ms. HAAS. I believe that they are one part of coordination, but we need to do much better in developing interagency strategies for nutrition—communication and—I have been very delighted, for example, in our hearings on school lunch, that we have invited and included the Department of Education, as well as HHS, to preside with us at those hearings, and we are committed to following up to mount a campaign together.

Mr. SMITH of Oregon. I'm sure consolidation of Government strategies is out of the question, but if it were in someone's dream, by consolidating efforts of nutrition to one entity—USDA, obviously—it would certainly seem to be a more efficient program, and with more money available, obviously.

Ms. HAAS. I believe that we have an opportunity now in the changes. As I said, we are at a crossroads. The Department of Agriculture recognizes its national health responsibility in communicating nutrition information and making nutrition an integral part of our food assistance programs, and hopefully with Congress we can make that a reality.

So we are, in fact, a leader. It has not always been the case that other agencies have looked to the Department for leadership in this area.

Mr. SMITH of Oregon. Of course, Vice President Gore and Mr. Stenholm and I are going to reorganize Government, so when we do that we will reorganize nutrition along the way, I'm sure.

Ms. HAAS. It is part of it.

Mr. SMITH of Oregon. We talked a minute very quickly about the fact that we are concentrating on school lunch, which takes about \$6 billion of the budget. We are not concentrating on food stamps, which takes \$28 billion of the budget. What plans do you have to expand nutrition education to the much larger part of the budget, and probably a group of people who are much more prevalent to have problems with diet—the older people, people on food stamps?

Ms. HAAS. As I shared with you, we are beginning with children because that is our investment in the future, and the dietary patterns that begin with children in school live with them throughout their life. If we can form patterns that reflect our dietary guidelines and reflect good health, then that is an investment for the future.

That is not to say, as I said to you before, that nutrition as an integral part of food stamps is not also something that we have high on the agenda. We'd like to come back to you, and when I testified at the earlier hearing Chairman Stenholm held on nutrition education I spoke about—and I did in my formal testimony—the need for making nutrition education an integral part of food stamps.

I look at the Food Stamp Program as a public health program, and I think we have to make it a nutrition assistance program and not only a way of supporting income.

There are many ways. I go into welfare offices where people apply for food stamps and get their food cards, and they sit in empty offices—hundreds of people sitting there for hours. There could be a TV there with a video. That happens in WIC clinics. There could be posters on the wall. There could be interventions that don't occur except in isolated instances.

I think we have a great opportunity to look at the Food Stamp Program in a new way so that we can not only provide enough food to people, but we can provide the tools so that they can have access to a healthy diet.

Mr. SMITH of Oregon. Thank you, Mr. Chairman.

Mr. STENHOLM. Mrs. Clayton.

Mrs. CLAYTON. Thank you, Ms. Haas, for your testimony.

I have several questions. I want to follow up on the chairman's beginning discussion with you about nutrition adequacy, but follow a different line.

I would assume that the health programs of the nutrition program in the Agriculture Department has prevented malnutrition.

Ms. HAAS. That's right.

Mrs. CLAYTON. Is that true?

Ms. HAAS. It has gone a long way toward preventing malnutrition. It still exists in some cases, but we have certainly reduced the incidence.

Mrs. CLAYTON. Would you assume that those who receive food stamps or receive school lunch would no longer be said to be malnourished?

Ms. HAAS. For the most part.

Mrs. CLAYTON. Let me get at it a different way.

Help me to understand the difference between malnutrition and undernourished kids.

Ms. HAAS. Undernourished means children who are not getting enough of vitamins, of calories, of nutrients that they need for a productive life. Malnourished to me deals with, as I answered earlier, the health consequences today of a diet that is often high in fat and in sodium.

In the last two decades, we have learned the tight relationship between diet and health and how that affects heart disease and cancer, and it can be prevented. As the President said, prevention is part of the central core of our health care proposal.

What we eat is part of prevention. In that case, we can prevent the kind of malnutrition that exists today that is not seen as a child who is hungry; it is often a child who is getting the wrong calories from fat, and that ends up in being early onset of heart disease and those problems.

Mrs. CLAYTON. So our programs have really prevented hunger, not necessarily all the time malnutrition?

Ms. HAAS. That's right.

Mrs. CLAYTON. I just wanted to have you cite for the record the value of nutrition for health standards for vegetables and fruit. That's what I'm trying to establish for the record.

Ms. HAAS. For the record, fruits and vegetables provide essential nutrients but, at the same time, they are providing fiber that is one of the areas so low in America's diet today. Various reports—and I know we will have other physicians here confirm this—the importance of fruits and vegetables as prevention—

Mrs. CLAYTON. What disease would you—

Ms. HAAS. Heart disease, some forms of cancer.

Mrs. CLAYTON. How about in children, developmental problems as it relates to that?

Ms. HAAS. I have not seen any studies with developmental problems in fruits and vegetables, per se. The developmental problems come more from not getting enough food in those kinds of problems. But having a healthy diet does make you more alert and more ready to learn, and having those fruits and vegetables as part of your diet is a ready-to-learn component.

Mrs. CLAYTON. You spoke of coordination with Walt Disney and with others to make sure that the communication of nutritional programs would be understood and accepted by children. Is there any coordination between nutritional programs and medical schools? Is that part of the health program, to use that as a tool?

Ms. HAAS. At this time we have not done any formal coordination; however, I was very taken with the testimony both of Dr. Louis Sullivan, who is president of Moorehouse Medical College, and the dean of the Charles Drew Medical School, who testified in Los Angeles, as well as other medical professionals at our Michigan hearing in Flint, Michigan, last week, who talked about the need

to work together to educate children and for physicians to be part of that.

We have only just begun, Congresswoman Clayton, in these efforts. And, as I said, we cannot do it alone, so we are looking for partners in the health community, as well as in the entertainment community, as well as in the commodity and agricultural community.

Mrs. CLAYTON. One final question is about senior citizens. Someone else had raised that.

Food stamps obviously are a provision to make sure those of our citizens who are unable to provide enough food have the wherewithal to purchase the food.

Ms. HAAS. Right.

Mrs. CLAYTON. So they have the same right as we have to make the same wrong errors as other people make.

Ms. HAAS. Right.

Mrs. CLAYTON. But is there any effort to provide to those persons, either through senior citizen advocacy programs or through your structure that delivers the programs, information about making healthy choices? Is there any structure, distribution, literature, or any of that being integrated into the system as it is now?

Ms. HAAS. There are several programs. In fact, there are eight States that now have nutrition education plans they are working to develop. We have just given out some small grants to do that at the State level. There also are efforts through FNAP and Extension to provide nutrition education. But there has never been a coordinated, concerted effort to reach the food stamp population with this kind of information. It has been sporadic and episodic and has just been on the small level rather than a national commitment to do that.

Mrs. CLAYTON. Thank you. I understand my time has expired. Thank you.

Ms. HAAS. Thank you.

Mr. STENHOLM. Mr. Barrett.

Mr. BARRETT. Thank you, Mr. Chairman.

I think one of the problems we sometimes have with good nutrition is the fact that people don't get the right advice or don't know where to go, and I congratulate you on this pamphlet. This is excellent.

Ms. HAAS. Thank you.

Mr. BARRETT. What plans do you have to distribute this?

Ms. HAAS. Well, not only do we want to distribute that, which is the Dietary Guidelines for Americans, but we want to have our food programs such as our national School Lunch Program, conform to the Dietary Guidelines.

Presently, that has been in place since 1980. The Dietary Guidelines are updated every 5 years, and they are widely distributed.

Also, the food pyramid, which is a graphic illustration of the dietary guidelines—we have so far printed 1 million copies of the food pyramid, together with the Food Marketing Institute.

That's not what you have. You don't have this one.

Mr. BARRETT. That's the pyramid?



Ms. HAAS. That's the pyramid. Also with the Food Marketing Institute we have printed another 600,000. We have also disseminated it in different ways.

We are trying to do these kinds of things in public/private partnership to extend the reach so that the Government doesn't always have to pick up the cost of doing that but to get the message out.

Mr. BARRETT. That perhaps in part answers another question I had, but let me develop it anyway.

In your testimony you talked about the school nutrition dietary assessment study and the fact that no schools conform in America today.

Ms. HAAS. Right.

Mr. BARRETT. And you further suggested that Government-sponsored school meals served kids today do not meet the Government's own standards for a nutritious diet.

Then you went on to talk a little about a nutrition component, and the question is: I didn't hear an answer as to what specifically you were going to do in terms of school lunch programs, school breakfast programs. What changes?

Ms. HAAS. At this time we have embarked on the road to change, but we are not proposing any changes until several things happen.

We are conducting these hearings. We have held three hearings so far. We are coming back to Washington, DC, where the Secretary will be presiding at that hearing. On December 7 we are meeting with you as Members of Congress.

Then we will gather the testimony, as well as the written comments—the written comment period goes until December 15. We have had that comment period open since September.

Then we will take what we hear, the evidence that we see, and make policy recommendations at that time.

As I said, we are committed to change, but we wanted a process where we are working with Congress, we are working with the affected interests, and we are working together to bring about this change.

Mr. BARRETT. Your deadline on written testimony is the 15th of December?

Ms. HAAS. That's correct.

Mr. BARRETT. And what is your target date following that for an announcement?

Ms. HAAS. Some time in early winter—I would hope after the President's budget—that we would come back and talk to you about some concrete plans.

Mr. BARRETT. Thank you.

I guess another thing that I hear so often in my district is the fact that people that are buying food stamps at grocery stores are buying so much that is nonnutritional—it is high-priced, it is junk food, and that sort of thing. You hear it as well, I'm sure.

Are there any plans or any changes underway in the Food Stamp Program that might address this, or not?

Ms. HAAS. Let me answer that question in several ways.

Clearly that has been presented many times. I like to think of that as a myth, because what the Department of Agriculture did was, through the continuing food survey in 1989 and 1990, looked at the shopping patterns of food stamp participants and found, in

fact, that food stamp participants shop equally nutritiously or not as nutritiously—the same, in other words—as the American public—no worse, no better.

But that data, which I'd be happy to provide you with, indicates that the patterns are the same as the American shopping patterns, which also are not linked to the dietary guidelines and also result from inadequate nutrition education.

So I know that we have a problem here, but the problem is not only the problem of food stamp recipients. These are people who are stretching dollars. And we found, in fact, that for many of them they had, compared to the general population, done as well as the general population in getting the kinds of foods that were necessary for a healthy diet.

Mr. BARRETT. I assume that information was made public?

Ms. HAAS. Yes.

Mr. BARRETT. May I have a copy of it delivered to my office?

Ms. HAAS. Absolutely.

Mr. BARRETT. Thank you very much.

Thank you, Mr. Chairman.

Mr. STENHOLM. Mr. Bishop.

Mr. BISHOP. Thank you very much, Mr. Chairman.

Let me say that there have been significant reports that many of the nutrition programs were not very nutritious. I'm very happy to know that the administration is now moving toward trying to integrate the nutrition programs with our overall thrust for a more healthy population. I want to commend you for that.

Ms. HAAS. Thank you.

Mr. BISHOP. Let me ask you whether or not in that regard any review has been made of the school lunch program, for example, and some of the other feeding programs with a view toward removing any specific commodities from those programs.

Ms. HAAS. One of the things in addressing how we bring about the positive changes that we have to in the school lunch program is that we have to look at the commodity Program and what contribution it makes to the health outcomes of children.

If, as I said, children are getting 25 percent more fat and 50 percent more saturated fat when they eat our school lunch than when the same child in that school does not eat our school lunch, we have to see what is the contribution of our commodity programs.

We are looking at that seriously, and how many or what are the percentages of high-fat products we are providing.

We are doing things, however, to pilot low-fat options. For example, when we announced fresh start, we announced the piloting of low-fat turkey sausage, low-fat cheddar cheese, low-fat mozzarella. We have, in the past, piloted 10 percent fat beef patties. So there are examples of where the commodity program is also responding to the nutritional needs.

But certainly, from what I have heard of the testimony, this is a major factor to many people, and so we are looking at it seriously.

Mr. BISHOP. Let me follow up on that.

Recently officials from the Russian school system—particularly Moscow—visited this country to review our school lunch program with a view toward nutrition and finding meat substitutes because

they have a great deal of difficulty with protein there, and they found a significant interest in peanut butter and peanut products for their school lunch program. Of course, we have been utilizing that for some time.

Are there any plans to review that, or are we going to continue to utilize that, as well?

Ms. HAAS. Well, as I said, we are looking at this in a very holistic way and looking at the foods we are providing. I must say that in one of my site visits when I was out in Los Angeles for the field hearing I saw a central place where they prepared food, and they were using celery sticks with peanut butter, and they were wrapped in cellophane, and they were very popular as an item, so that was one way of getting more fiber, and it was a very popular, tasty, new initiative that they had in the California schools.

Mr. BISHOP. Thank you.

Mr. STENHOLM. Mr. Ewing.

Mr. EWING. Thank you, Mr. Chairman.

A question I have relates to whether we have a different standard that we would follow as far as suggesting or requiring foods be served or not served in the school lunch program as to what can be bought with food stamps? Do you think that if we are going to have requirements for nutrition in the schools, shouldn't those maybe be carried over to what is available for purchase under the food stamp program?

Ms. HAAS. Well, no. I see it very differently.

Since 1946, when President Truman first signed the School Lunch Act, we have had requirements to base our reimbursement on. In other words, if we are reimbursing local school districts for the lunches they serve, they have to meet a standard to provide one-third of the RDA's, including one-third of the calories.

So we have never really updated that standard since President Truman's time, and we really are still using 1946 nutrition as the standard for our school lunch program.

With food stamps, we really have believed in the right to choose the food, and we are providing food benefits, or benefits to purchase food.

Now, the food marketplace has changed dramatically since the beginning of the Food Stamp Program, as well. I know back in 1969, when the White House Conference on Nutrition was held, there were only 8,000 products in an average supermarket. Today there are close to 30,000 products in an average supermarket—much more confusing, much more processed foods, much more foods that are high-fat and high-sodium.

So we have never put a recipe together and said that a food stamp recipient had to purchase according to a recipe because we were recognizing the right to choose and treating the citizen with dignity who was in particular distress.

In the school lunch program we are providing the funds to a school district, and in order for them to be accountable they have to meet certain standards to get those funds.

I see it as very different, though parallel. We've got to give better direction. We've got to give better education. We've got to give better tools. But we can't restrict the purchases in our Food Stamp Program.

Mr. EWING. I don't agree, but I do see what you are saying.

I think it is all right to have choice for people that are using food stamps, but maybe that choice should be limited in some cases. And I think it is all right to have rules regulating school lunches, but there ought to be some choice there if we want young people to eat the food that we prepare in the school lunch program.

I think nutrition is one of the reasons we have a Food Stamp Program—to bring nutrition to those who are less fortunate in our society. Is that not right?

Ms. HAAS. Absolutely right.

Mr. EWING. Well then why would we want them wasting it on things that we all know are not nutritious?

Ms. HAAS. I could not agree with you more that the basis of this program should be nutritional assistance. How do you provide that direction and guidance? Do you do it through restricting choice, which is what you are suggesting if you are limiting what people can buy; or do we do it through providing the tools so that you can make wise choices?

I know that in the kind of education that we have done in the WIC program that we have seen health outcomes that have been very positive. I think we can work in that kind of way in an educational approach for nutrition education.

There is a different accountability, however—and I want to go back to your point—on taste for the school lunch program, because there is no reason that you should not be able to make a healthy school lunch also taste good, and for that reason I have listened with a great deal of interest to several chefs and people who have worked in the food field and the restaurant field who have testified at our hearings who have ideas of helping school lunch administrators at the local level learn how to cook healthy food that is also tasty food that the children will eat.

I have raised two children who are now in their 20's, and I can tell you that they have eaten a health diet and they have enjoyed it.

Mr. EWING. I congratulate you on that.

Ms. HAAS. Sometimes they'd throw it back at me.

Mr. EWING. I just want to make two points when we are considering this.

One, half the people who are recipients of food stamps, or the benefits of food stamps, are children, just like they are in the schools.

Two, I believe that everyone who works for the Government needs to keep in mind that it is tax dollars that pay for school lunches and tax dollars that provide food stamps, and they should go to a healthy, useful purpose in both cases.

Ms. HAAS. I could not agree with you more, and that's why what we are trying to address are the years of nutritional neglect which we really have had, and putting an emphasis and a priority, and that Secretary Espy, by making this a priority in the Department—we are going to have a concerted effort to make those tools available to people who participate in the Food Stamp Program, as well as children who participate in our school lunch program.

Mr. EWING. I am glad to hear that. Thank you.

Ms. HAAS. Thank you.

Mr. STENHOLM. Mr. Pomeroy.

Mr. POMEROY. Pass.

Mr. STENHOLM. Mr. Volkmer.

Mr. VOLKMER. I have no questions.

Mr. STENHOLM. Ellen, sometimes our actions have unintended consequences and sometimes perhaps they are intended, but your area of activities regarding our school lunch program have had some consequences that I think are rather unfortunate. We have a lot of cartoons circulating now that indicate our school lunchroom personnel are not doing a very good job. That's why I asked you the first question regarding an adequate diet, a good diet, and an optimal diet.

But right now we have some concern out there in the country that they are being attacked by us inside the beltway. They are doing the best they can with what they've got, and therefore we might come up with an optimal diet, but they don't want us mandating it on them unless we pay for it.

This is one of the areas that I think we have to be a little careful about before we start making great new plans and programs. How are we going to pay for it? Or, if we are not, how are those that we are charging with the responsibility of doing so going to pay for it?

Whether that was intended or not, it has happened. Our school lunchroom personnel are feeling right now that they are under siege from very irate parents. "What are you doing to my child?"

Ms. HAAS. Let's go through several of the points that you have raised, because I think they are very important and very serious questions.

When the Department of Agriculture and Secretary Espy and Chairman Leahy were present—and I joined them at the press conference—to release the SNDA report, there was great interest because everybody either has a child, lives next door to a child, has a grandchild, has a god child, or cares about children. And so a responsive chord was tapped. I think that there has been a great deal of interest.

The hearing that I just held last week had 88 witnesses. You know what it is like to sit at a hearing all day with 88 witnesses. I would say a great percentage of those witnesses were from the medical community, who were very concerned about the health consequences of dietary patterns that were high in fat and the gap that exists between what we are talking about in health classes and what we are serving in school lunch.

We don't, at the Department of Agriculture, point a finger at anyone. We have not in any way said it is the local school administrator's fault. We have not said that it is one particular villain.

It has been the lack of a nutrition policy at the Department of Agriculture that looked at these programs as programs that needed to meet health policies, and in a time when we have health care costs that are spiraling, we have a President who has made a commitment that disease prevention be at the cornerstone of our health care policy, we can't continue in that way.

It is very hard. If we cannot take the evidence of a 3-year report that was begun under a previous administration—we have a responsibility to release those results as they came out. It is a major

national representative study. It was done 10 years after a previous study had been made. At that time, the study looked at the level of fat that was consumed. It didn't look at what was offered as well.

What we found is that there has been no progress—or virtually no progress—since that time.

So when cartoonists have read the stories about the report and the seriousness of it, and people have their minds focused on health care today because of the leadership that the administration has taken to educate the public about the relationship of health care and security, then we have a responsibility to provide the data.

We want to move on from the time of criticism to the time of change, and that's why my testimony emphasized change and changed policies. And change, as I said, is not easy for those people who work in cafeterias, and it is not easy for a lot of groups, but if we don't change—we really have the health interests of our children at heart, and we can lose a great deal.

The cost of changing, which is the third point that you raised, is one that we are looking at. We pay a lot now in health care costs, but we need to find a way of doing things cost-effectively in the school lunch program so that we can provide these diets that are not unrealistic diets, they are not the optimal diets. Dietary guidelines are not meant as an optimal diet.

We can provide it in a cost-effective manner. We waste a lot of money. We have to find how we can deliver a program that is cost effective. That's why we are not coming to you with policy recommendations today, but we are waiting for the hearing process and the comment process which addresses cost issues to be completed and then make our policy recommendations.

Mr. STENHOLM. Thank you for that response.

You know, it is rather ironic, but many of our schools are opting out of the school lunch program and opting into Roy Rogers, McDonalds, Pizza Hut, etc., and these are where the local choices are coming from.

I know you are doing this, but I think it is good that we repeat it often. We have to work together, particularly with those who are on the front lines. And our school lunchroom personnel must be consulted with and worked with in a two-way communication so that we fully understand the problems that they have to deal with.

I know you have said this. You understand that. But I don't think it can be overstated.

Ms. HAAS. I'd like to say for the record what we have done and how we have approached this.

Not only have we met with the food service personnel probably as much as anyone—they have come to small meetings, they have come to big meetings, they have testified at lots of hearings—but we have met with commodity organizations. We have met with public health organizations.

There isn't an interest that has a stake in changing school lunch policy that I know of that we have not met with, and if we haven't they can contact me and we will be happy to meet with them.

The people on the front line are very important, but we are also saying that there is a larger universe there. There is a larger uni-

verse who has a stake in this. And when you hear the physicians who testify, as I heard them testify at our hearings, they are very concerned. And we feel that they should be at the table, as well. So we have broadened who participates in this dialog, but we have kept no one out.

Mr. STENHOLM. Mr. Pomeroy or Mr. Volkmer, do you have any questions?

Mr. VOLKMER. No. I'd just apologize for not being able to be here for the full hearing. I've got too many things going on right now.

I would like to maybe make a comment, because I don't know, Ellen, if you have commented on it or not.

I note, by reading so much of your statement so far, that the dietary guidelines for fat, saturated fat, etc., appear to not meet maybe the standards of some people as far as our school lunch program is concerned.

As one who has children—now I have grandchildren—and talking to my grandchildren about school lunches in school I find that some of the things perhaps that they should eat they don't necessarily want to eat. Doesn't that put us a little bit in a quandary?

Ms. HAAS. Yes.

Mr. VOLKMER. Is it better that a child eats lunch and maybe has a little too much fat in it, or not eat lunch?

Ms. HAAS. I am going to give you what again I heard in testimony rather than just giving you my own parental experience.

We heard testimony from the University of Tennessee professor who talked about children who are exposed frequently to vegetables being more inclined to eat them than if it is just thrown on a plate.

If you can involve children in the classroom, involve the parents in making those changes, you are going to see increased participation and you are going to also see increased eating of products or foods that are healthy for you.

What we have not done in many cases is to have that companion piece of education and involvement and tastings and ways to encourage children, and we have also not given children the kind of messages on TV or in other places where children are influenced—the kind of messages they need for eating behavior that promotes the dietary guidelines.

So we are saying you can't just make the changes on a school lunch plate without making other changes, whether it is through the educational system, whether it is through campaigns on television, or whether it is through involving children.

Children think many times that food comes from a can. We have an opportunity to teach children how food grows in the ground and where it begins and work them through a better understanding of food and its health applications for their lives, as well as more of an understanding about agriculture, as well.

Mr. VOLKMER. Perhaps you can do better than my daughter and her husband and we have been able to do with one of our grandchildren, because right now there are only about three vegetables that he will eat. I don't care how long you talk to him about how nutritious it is or anything else, he just doesn't like it. To be honest with you, he prefers to have a bowl of cereal with all that or some peanut butter.

Ms. HAAS. I might try him out with some zucchini.

Seriously, Congressman Volkmer, we—

Mr. VOLKMER. I'm being serious, because I think that there are children out there that have different appetites than perhaps are strictly dietary appetites.

Ms. HAAS. I think exactly—where is that?

Mr. VOLKMER. Have we done a survey of what children like and don't like?

Ms. HAAS. In today's Washington Post there is a report in the health section—and I thought I had it with me—it showed that the 10 largest killers today, disease killers—it is in the health section of the Washington Post—and diet was No. 2. What you are talking about is exactly what is today's pattern—people are consuming too little fruits and vegetables. We have done too little in promoting them and educating people, presenting them in a way that is tasty.

In some of the places where I ate, and I have eaten more school lunches over the past several months than you can imagine, I have seen a wide range. I have seen vegetables prepared so children can't wait to eat them. I see salads that are fresh that children choose. I have also seen green beans that are cooked forever and children would never choose them because they are almost brown in color and not green.

This is the article that I would like to put into the record, "What Really Kills People?" What it does is mention that diet is the second largest killer. I think this is an article that was in the "Journal of the American Medical Association" last week. This is the popularized version.

The point is that the eating pattern that you are talking about has to be changed. It is not going to be easy to make it interesting, tasty, and something that kids look forward to, but I do believe that it can be done.

[The article from the Washington Post, November 16, 1993, is held in the committee files.]

Mr. VOLKMER. Thank you, Mr. Chairman.

Mr. STENHOLM. Ellen, I'm looking at the dietary guidelines pamphlet. I am really interested in one question.

Ms. HAAS. Yes.

Mr. STENHOLM. What can I eat that will cause me to grow 2 more inches so I don't have to lose 10 pounds? [Laughter.]

Ms. HAAS. I am tempted to say zucchini, but I won't. I think your days of growing, Congressman Stenholm, are long over. And I think you don't want to grow any more. You are never going to grow any taller, but you really don't want to grow out, so my suggestion is following the dietary guidelines and you'll avoid growing the wrong way.

Mr. STENHOLM. I was hoping.

Ellen, you have talked about creative ways to improve nutritional value of the food purchases made by food stamp households. I have a report here by a small Arlington firm that has studied innercity supermarkets. I would like to submit this for the record.

[The report follows:]



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November 8, 1993

The Honorable Charles W. Stenholm, Chairman  
Department Operations and  
Nutrition Subcommittee  
Committee on Agriculture  
Washington DC 20515

Dear Mr. Chairman,

If America's inner city poor are to enjoy the full nutritional benefits of America's agricultural abundance and to use their food stamps to the fullest advantage, they will need convenient access to supermarkets and other modern food stores, all of which are in too short supply for too many inner city families.

I respectfully submit for the record the attached study Successful Supermarkets in Low-Income Inner Cities partially funded by U.S.D.A., as part of the proceedings of the Department Operations and Nutrition Subcommittee of November 16, 1993.

With appreciation I remain,

Sincerely Yours,



James J. O'Connor

(Attachment follows:)

**SUCCESSFUL SUPERMARKETS  
IN  
LOW-INCOME INNER CITIES**

By

James J. O'Connor and Barbara Abell

O'Connor - Abell, Inc.  
1121 Arlington Boulevard, Suite 942  
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This research was funded, in part, through Grant Number 59-3198-1-054 with the Food and Nutrition Service, U.S. Department of Agriculture. The opinions or conclusions expressed herein do not, however, necessarily reflect those of the Food and Nutrition Service, U.S. Department of Agriculture.

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## EXECUTIVE SUMMARY

The purpose of this study was to investigate successful supermarkets in low-income inner-city communities throughout the United States. This was done because of a concern that there are too few supermarkets in such areas and because of the characteristics of supermarkets which sell a large variety of quality foods at reasonable prices.

The study describes 14 supermarkets in 10 cities, selected from a nationwide group of 250 supermarkets identified as successfully doing business in large city, low-income areas. The results of the study show that there are some thriving supermarkets within large city low-income areas -- that it is possible for supermarkets to operate successfully in such areas. The study thus offers direct evidence that the normal channels of retail food trade -- modern supermarkets -- can serve to meet the evident need for better access to quality food by many residents of the inner cities.

The study identifies factors critical to the success of these supermarkets as well as other factors which encourage the entry and retention of inner-city supermarkets.

Further, the study argues that inner-city supermarkets, used to their full advantage, can promote good dietary habits and can positively affect the use of food stamps, the women, infants and children program (WIC) and nutrition education programs.

The study found that the successful supermarkets were the result of professional supermarket management being attuned to the needs and wants of the specific communities they served. Their success was augmented when the supermarkets, the cities and community development organizations cooperated to create viable food shopping opportunities in the inner city.

Additional findings of the study include:

- Some supermarkets have developed reasonable solutions to the on going problems which have plagued inner-city supermarkets for 25 years.
- While many supermarkets left the inner city during the 1960s, many stayed and successfully served their communities.
- Others have returned and succeeded. In one case a major chain has developed from a premise that adequately serving the needs of lower-income customers can be profitable to the company and the community it serves.

- These supermarkets successfully address the issues of security, volume, labor and operating costs, all of which are difficult to achieve in the inner city.
- Close working relationships with community development organizations and city governments augment the efforts of supermarkets to open and successfully operate in difficult socio economic conditions.
- These supermarkets deliver a variety of reasonably priced, quality foods in convenient locations.
- The supermarkets employ and train a significant number of local community residents.
- The supermarkets have frequently anchored new shopping centers, of three to twenty stores, which promote economic development and revitalize the local communities.
- All the supermarkets studied appear to be a source of pride and hope to their customers.

#### POSTSCRIPT

The first draft of this study was completed on April 30, 1992 -- the day Los Angeles erupted in areas previously investigated for this report. In the three intervening months further investigations, highlighted in a postscript below (pp.27-28), have confirmed the findings of this report.

(The complete report is held in the committee files.)

Mr. STENHOLM. This report claims that these supermarkets can promote good dietary habits because they provide not only product choices, but also nutrition information. It notes that effective and efficient supermarkets can be a first link in the chain of preventive health care.

I submit this for the record and hope that you will find some ways to use this in some of your own thinking as to how we might better educate the general population with the scarce resources that we have.

Ms. HAAS. Thank you.

Mr. STENHOLM. It is a very unique study. I submit this for the record.

Ms. HAAS. Great. Thank you very much.

Mr. STENHOLM. Mr. Pomeroy.

Mr. POMEROY. Ellen, I would observe, as we wrestle with health care reform and the staggering costs of attempting to get our hands around this problem, that we need to integrate the policies of our Government to promote healthy lifestyles and individual responsibility for one's own healthy outcome— and I say that as someone who had a chocolate chip cookie for breakfast and who just suffered through Mr. Volkmer's cigarette. So when it comes to healthy lifestyles, the subcommittee members, themselves, have a long way to go.

But I think we must use the full array of programs, as you suggest in your testimony, to work toward a strategy of promoting individual health consciousness and accepting of responsibilities for our own health outcomes. There simply is not enough public revenue to deal with the health needs of this country any other way, and I'm terribly concerned about the irrefutable evidence showing a direct relationship between expected longevity and income status. This is really a frightening development that must be addressed. And that disparity is growing rather than reducing.

I think that shows that this emphasis is critically important.

Ms. HAAS. I appreciate that, Congressman Pomeroy. In fact, the American Heart Association study that I cited is only one of several studies that have been released this year that showed that income and education are the greatest determinants of risk of heart disease.

As was shown in the SNDA report, the low-income students who are eating our school lunches have higher levels of saturated fat consumption than children who do not eat in the school lunch program.

So again, we have to look at the costs in general. Those costs are going to come back to haunt us as health care costs in the future. And it is only going to take an integrated, comprehensive approach.

The Department of Agriculture can't do it alone. We can't just change the programs. We've got to do things in partnership with the private sector, with other Federal agencies, and that's why we are talking, as I mentioned, with those in the television community, and we've gotten a very positive response, and hopefully we will be able to come out with initiatives that will help promote awareness in children, particularly, in positive dietary behaviors.

Mr. STENHOLM. Ms. Lambert.

Ms. LAMBERT. Thank you, Mr. Chairman.



I don't really have any questions. I have met with Ms. Haas on a couple of occasions and am excited about today's hearing and certainly the focus that we are beginning to place on nutrition. I think it is a critical issue, especially for rural districts that are severely impoverished, as is mine.

I think that's an important area for us to focus, and certainly would applaud Ms. Haas in the stance that we have got to walk our talk and we can't just ask people to do what I say but do as I do, and I think that's going to be very important when we look at the programs that USDA administers.

Actually, I may have one question, and it may have already been addressed before I came—and I apologize for being late.

What, if anything, has USDA begun or started on helping to reduce the paperwork of the administrators? Have you all addressed that?

Ms. HAAS. Certainly it is something that we are looking at very seriously, because if a school lunch administrator is spending more time—as I have heard at hearings—on paperwork and not spending enough on nutritional quality, then that is a problem.

As part of our overall efforts, in our notice in the "Federal Register" we said, "What are the obstacles and barriers and opportunities in meeting the dietary guidelines?" We are looking forward for input on where we can reduce the paperwork.

I am not a believer in filling out a million forms. We have too many conflicting forms. It makes me angry.

As you know, I spent 20 years as a consumer advocate, and now this is a new experience for me in the Government. I believe that we have a real need to streamline and to reduce the amount of paperwork.

That's part of our overall examination at this time.

Ms. LAMBERT. Thank you.

Thank you, Mr. Chairman.

Mr. STENHOLM. Ellen, maybe there is justice. A consumer advocate has to fill out the forms that you demanded that we pass legislation to do. [Laughter.]

Ms. HAAS. If that is the only justice, that's not bad. I think that there are some other things, as well, but it is fun.

Mr. STENHOLM. We thank you very much for your attendance here today. We will continue to look forward to working with you.

As I mentioned in my opening remarks, clearly, better nutrition has a tremendous role to play in health system reform. There is no question about that. The problem we have goes back to the question that I posed regarding cost, because we often get hit with the reality of long-term benefits with short-term costs—we run into budgetary ceilings.

It is a very frustrating process that we all go through, and that's why we really have to concentrate on prioritization and doing the few things that we can do better with the resources that we have, always keeping our eye on that long-term goal.

Ms. HAAS. I would agree with you, but by setting our priority—and prioritization is very important—we are putting the priority on nutrition, and we are looking at the other ways that we spend money and how that is taken away from nutrition, and focusing on

ways that are cost-effective delivery of our programs, while enhancing nutrition.

So I believe that the cost issue is a reality of the 1990's and going into the next century. We can't duck it, but there are also costs in health care costs, and those are long term, but for many they are even—they see them shorter and shorter.

As you will hear from one of the physicians today, even teenage children are seeing the consequences of high-fat diets in their bodies today, so we are paying that cost one way or another. It may not be in Agriculture's budget, but it will be in the budget of the Nation in health care costs, and we want to prevent those costs and we want to deliver our services in a cost-effective manner, and I know we can, working together.

Thank you.

Mr. STENHOLM. Thank you very much.

We will call panel 2: Dr. Bithoney, Ms. Bronner, and Dr. Dietz.

I'd like to ask our additional witnesses if you could summarize your statements and hopefully stay close to the 5 minutes, if you can. Your entire statements will be made a part of the record.

We very much appreciate your attendance here today.

Our first witness is Dr. William Bithoney, M.D., associate chief, division of general pediatrics, Children's Hospital, Boston, Massachusetts.

**STATEMENT OF WILLIAM BITHONEY, M.D., ASSOCIATE CHIEF,  
DIVISION OF GENERAL PEDIATRICS, CHILDREN'S HOSPITAL,  
BOSTON, MA**

Dr. BITHONEY. Good morning, Mr. Chairman and members of the subcommittee. It is a pleasure to be here with you today.

I am Dr. William Bithoney, and I am currently the associate chief of general pediatrics of Children's Hospital in Boston, and I am also director of the hospital's growth and nutrition program.

The growth and nutrition program was established to treat children suffering from failure to thrive syndrome; that is, children suffering from undernutrition and malnutrition. This program is funded by the State of Massachusetts' Department of Public Health.

Failure to thrive occurs in all socioeconomic strata. Children can become malnourished for a number of reasons, including organic medical diseases or psychologically based feeding disorders. It is, however, our clear experience, confirmed by the results of multiple national nutrition surveys, that the incidence of childhood undernutrition is directly tied to poverty status.

It is also our direct experience that without access to Federal supplemental nutrition programs such as food stamps, WIC, school breakfast and school lunch, children often become malnourished.

The overwhelming preponderance of literature on the subject of childhood undernutrition and malnutrition strongly links diet and health. Children who become malnourished, especially in their early years, are known to have a marked and measurable decrease in their cognitive abilities.

Malnutrition in the first years of life is associated with slow brain growth. Just as the body requires calories for muscles such

as the biceps to grow, so, too, does the body require calories for the brain to grow.

Children whose brains do not grow are documented as having decreased intellectual ability—that is, they function weakly—in the same way that small muscles that don't grow are also weakened.

Unfortunately, many children today are indeed suffering from such effects. Studies by the Harvard School of Public Health published in "Science" estimated that roughly 1 million children were undernourished in the United States. Our own smaller-scale studies from innercity clinics in Boston showed that of 900 consecutively seen children in our well child clinics, fully 8 percent were acutely or chronically malnourished.

Follow-up studies, both from the Third World and now from the United States, have shown that these children who were malnourished in early years will subsequently do poorly in school, and thus later in life, due to slow and abnormal brain growth.

However, the link between malnutrition and health is not merely one of impaired cognitive ability in undernourished kids. Children who are malnourished also seem to be at increased risk for diseases such as lead poisoning. Also, children who become severely malnourished—that is, third degree malnourished—are at markedly increased risk for infections.

Severely malnourished children are immunologically similar in some ways to children suffering from HIV infection, and therefore can suffer overwhelming disease. Simple infections, such as ear infection or pneumonia, may become uncontrollable.

The cost of such physical compromises is both overwhelming acutely and permanently debilitating. Further, more minor but important medical effects are seen in these children. Studies of undernourished children who are iron deficient have shown that iron deficiency per se impairs cognition.

Our own studies have shown that malnourished children are at increased risk for lead poisoning, with its associated impairment in cognition.

The domestic feeding programs of the USDA are the No. 1 tools that we have today to prevent malnutrition. In our growth and nutrition program at Children's Hospital, the first prescription we as physicians make for a malnourished child is not a drug prescription. Instead, when confronted with a malnourished child we immediately do an assessment for eligibility and participation in Federal nutrition programs such as WIC, food stamps, school lunch, or school breakfast.

Routinely, we learn that malnourished children who come to us are not receiving these programs; however—and happily—once children are enrolled in these programs it is our heartening clinical experience that these problems routinely disappear.

I'll give one example.

A 12-month-old child was dropped from the WIC program because of procedural and administrative issues. The child subsequently became undernourished. Her mother, who stated that she could not afford formula or milk for the child any longer, fed her diluted coffee lightener, hoping that this would be adequate.

The child fell from approximately the 50th percentile to below the third percentile. This meant that her weight fell from 20

pounds to 18 pounds over 9 months, when she should have been gaining weight, not losing it. Thus, at 21 months of age she was the size of an 8-month-old.

Upon reenrollment in the WIC program and enrollment in the Food Stamp Program, the child immediately began to gain weight, so that by 24 months of age she was normally sized.

Overall, I would judge the nutritional value of the food benefits provided by the USDA domestic feeding programs to be superb. If no such feeding programs existed, the future of the 25 percent of American children under age 6 living below the Federal poverty level would be bleak, indeed. The problems documented by the Harvard study with 1 million children estimated to be acutely or chronically malnourished would be far more severe.

In my daily experience working with malnourished and homeless children, I find that the programs of the USDA are relatively well targeted towards populations in need. However, some of the most needy and most disenfranchised do not have adequate access to programs for which they qualify.

It is my recommendation that more offices capable of enrolling people be placed in neighborhood health centers, homeless shelters, drop-in centers, head start programs, hospitals, and other locations where disenfranchised children are seen.

The point is for enrollment in these programs to go as quickly and easily as possible. For example, it is my opinion that every child found to be eligible for head start should also immediately qualify for school breakfast and lunch programs, as well.

Another observation I would make is that the provision of nutrition information is often not done in a culturally sensitive manner. The increased use of bicultural, bilingual, or at least better-trained nutrition consultants is of major importance.

With regard to the school breakfast and lunch programs, I suggest that they place more emphasis on lower fat content items for older children. The heavy emphasis on cheese and whole milk products is contrary to current nutrition recommendations for older children.

However, it is important that such changes not simply be legislated; rather, funds need to be allocated to pay for the higher cost of more nutritious meals. Further, money should be allocated to pay for marketing for both parents and children so that they learn what constitutes good nutrition and how to prepare such meals.

Overall, I would like to commend the subcommittee for its work and thank you on behalf of the families living in poverty who are assisted by these vital programs.

Thank you for the opportunity to testify. I would be happy to take any questions.

[The prepared statement of Dr. Bithoney appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you. Next, Dr. Bronner.

**STATEMENT OF YVONNE BRONNER, ASSISTANT PROFESSOR,  
DEPARTMENT OF MATERNAL AND CHILD HEALTH, JOHNS  
HOPKINS SCHOOL OF HYGIENE AND PUBLIC HEALTH, ON  
BEHALF OF THE AMERICAN DIETETIC ASSOCIATION**

Ms. BRONNER. Good morning, Chairman Stenholm and members of the subcommittee.

I am Dr. Yvonne Bronner. I am a registered dietitian, and I am here today representing the American Dietetic Association, the world's largest organization of nutrition professionals. Our 63,500 members serve the public through the promotion of optimal nutrition, health, and well-being.

We appreciate the opportunity to address you today regarding the U.S. Department of Agriculture's domestic food programs.

Mr. Chairman, we applaud the strong support and interest you have shown for the food and nutrition programs within USDA. Public food programs are of critical importance for improving nutritional status of children and their families.

As you know, scientific research indicates that nutrition and eating habits play a critical, cost-saving role in both the prevention of diseases such as cancer, stroke, diabetes, and coronary heart disease, as well as in the treatment and therapy of acute disease conditions.

The USDA food programs have done well in meeting the established goal of improving the health and well-being of participants by providing food to their targeted populations.

ADA members who work directly with these programs know that these food assistance programs improve dietary intake and nutritional health of at-risk populations. Studies by the General Accounting Office, USDA, and others verify the success of these programs. However, USDA feeding programs must respond to scientific findings regarding the role of diet in health promotion and prevention of chronic degenerative diseases.

The USDA food and nutrition programs serve over 27 million people at an annual cost of \$24 billion, accounting for 53 percent of the Department's total budget.

The Department of Agriculture Reorganization Act would elevate the position of Assistant Secretary for Food and Consumer Services to the Under Secretary for Food, Nutrition, and Consumer Services.

This proposed change recognizes the magnitude of the food and nutrition programs, and signals the increasing importance of nutrition to the American public and within the Department, itself.

USDA has been working over the past few years to make changes in its programs to improve the nutritional quality of its food and nutrition programs. For example, Secretary Espy has stressed the importance of including nutrition education in USDA food delivery programs. ADA believes expanded nutrition education is essential to enhance public health.

Secretary Espy also recently released the school nutrition dietary assessment study, which is stimulating thoughtful debate about the Nation's school lunch and breakfast programs.

Finally, USDA recently announced a program to double the amount of fresh fruits and vegetables in the school lunches.

All of these changes are positive and can lead to improved health and nutritional status for consumers, especially children. The

USDA child nutrition programs play a crucial role in bridging the gap between disease and health.

I would like to briefly review some of these successful programs.

One of the USDA's most cost-effective programs is WIC. According to the U.S. General Accounting Office, extensive medical research shows that WIC generates short-term reductions in medical costs and long-term improvements in children's health.

The child and adult care program is designed to provide low-cost balanced meals to children or adults in supervised care settings.

Research shows that the selection of vegetables, fruits, and milk significantly increased the percent of iron, vitamin A, and vitamin C, as well as calcium increased as a result of following these guidelines.

Other successful USDA child nutrition programs are the national school lunch program and the school breakfast program. These two programs have made a substantial contribution to the daily meals of the Nation's school children.

Secretary Espy put it well when he said, "A good school lunch or breakfast is just as important as a good book. You can't get what is in the book unless you energize the brain." We support this statement.

ADA believes that the USDA food and nutrition programs should strive to improve the nutritional intake of target populations, provide food and meals that reflect the dietary guidelines for Americans, and help consumers learn to make healthy choices.

I would like to identify changes that ADA believes would enhance USDA's programs:

One, nutrition education geared to making healthier food choices should be a component of all food and nutrition programs.

Two, ADA believes that the food and nutrition programs should be consistent with the dietary guidelines.

Three, prepared food products sold to schools by vendors should be lower in fat and sodium than many of them currently are.

There are many examples in the Nation of utilizing innovative ideas to improve the quality of the food and nutrition programs. They are leading the way by determining effective ways to meet the dietary guidelines and other nutrition standards.

One example is the lunchpower intervention study developed in Minnesota. This program implemented and evaluated a healthful school lunch program that provided tasty food choices that were lower in fat and sodium, and they did not lose participation in the school program.

Mr. Chairman, the USDA food and nutrition programs are doing a good job of providing nutrition to their targeted populations. ADA believes that changes could be made to improve programs in terms of management, nutrition quality, meeting dietary guidelines, and nutrition education; however, if there are mandates for change, adequate and appropriate resources must be provided.

Thank you.

[The prepared statement of Ms. Bronner appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you.

Next, we will hear from Dr. Dietz.

**STATEMENT OF WILLIAM H. DIETZ, M.D., DIRECTOR, CLINICAL NUTRITION, THE FLOATING HOSPITAL, NEW ENGLAND MEDICAL CENTER; AND ASSOCIATE PROFESSOR, DEPARTMENT OF PEDIATRICS, TUFTS UNIVERSITY SCHOOL OF MEDICINE**

Dr. DIETZ. Good morning. My name is Bill Dietz.

I am honored and grateful for the invitation to discuss with you the delivery of nutrition by the Department of Agriculture's feeding programs such as the school lunch.

Among Federal feeding programs that affect school-age children, none is more important than the school lunch. As you know, the school lunch supplies approximately 30 percent of the daily caloric intake for children and adolescents, and almost half the children in the United States consume the school lunch daily.

No other setting in the United States offers as profound an opportunity for the modification of diet for such a large percentage of children.

Diseases of nutritional excess occur with a significantly greater prevalence in the United States and much of the developed world than diseases of nutritional deficiency.

For example, recent estimates suggest that elevated cholesterol affects 35 percent of America's children, obesity affects 20 percent, and hypertension affects 2 percent. All three of these diseases may either be prevented or alleviated by reductions in dietary fat, saturated fat, cholesterol, and sodium.

The single most effective step that we can take to prevent these diseases and to treat those children in whom these diseases are already established is to impose limits on the fat and sodium content of the school lunch.

Revision of the school lunch pattern to achieve these nutritional goals is essential to the health of our children and represents a no- or low-cost intervention that we cannot afford to ignore.

Five major factors affect the nutrient content of the school lunch. These include the USDA school lunch pattern, the flexibility that the school food service director has in the implementation of the pattern, the limitations that commodity foods impose on the ability of the best-intentioned school food service director to meet the dietary guidelines, the expectations and preferences that children have for the school lunch, and the cost constraints that now affect the provision of the school lunch.

School lunch menus are driven by quantities of foods in specific groups rather than specific quantities of nutrients such as total fat, saturated fat, cholesterol, and sodium. Although the food pattern that mandated vegetables and fruit, bread, etc., was essential to meet the nutritional needs of the U.S. population in the 1940s, it no longer addresses the diseases of excess that are now prevalent in the pediatric population.

The easiest and least expensive approach to incorporate health concerns into the school lunch is to update the school lunch pattern to include guidelines for fat, cholesterol, saturated fat, sodium, and perhaps fiber levels.

The best estimates for these guidelines would suggest that total fat be limited to 30 percent of calories, that saturated fat be limited to 10 percent of calories, that cholesterol be limited to 100 milli-

grams per 1,000 calories, and that the sodium content be less than 1 gram per meal.

If the food pattern and caloric levels of the lunch are maintained—and that's worth emphasizing—I can think of no subset of the population that will be adversely affected by the reductions in fat, saturated fat, cholesterol, or sodium to these levels.

Compliance with the guidelines on a weekly rather than a daily basis would increase the flexibility of the school food service director and still be consistent with the health of our children.

The discretion that the school food service director has in the implementation of the school lunch pattern is considerable. For example, commodity chicken is often processed before it is served to children as chicken nuggets. How the chicken is processed is a decision that the school food service director makes and can have a major impact on the type of fat, the quantity of fat, and the amount of sodium the final chicken nugget contains.

The fat and sodium content of a chicken nugget can vary two-fold in studies that we have done in Massachusetts, depending on whether the chicken nugget is deep fried or baked. The costs of the baked and fried products are comparable.

Many responsible food service directors in Massachusetts and across the country already rely on careful menu planning and food processing to keep fat and sodium levels within acceptable limits; however, revision of the pattern to include the nutrient patterns outlined above in the school lunch pattern is essential to provide the mandate necessary for all school food service directors to modify the meals that they serve.

The third factor that affects what is served in the school lunch is the type of commodity food that is available. Attention to the fat, cholesterol and sodium content of commodity food will have a substantial effect on the intake of these nutrients by children without altering the types of foods that can be supplied as commodity foods.

For example, a variety of USDA commodity foods cannot currently be included in the school lunch without exceeding the dietary guidelines. Frozen fruits and vegetables, or fresh fruits and vegetables such as carrots, potatoes, etc., rather than canned vegetables and fruit in heavy syrup will help make these products more appealing and nutritious and increase the likelihood of their consumption.

Fourth, the consumers served by the school lunch have a major influence on what is consumed and, as a consequence, what is served. If children won't eat what is served, no food service director will continue to serve it.

This problem is complicated by the expectations of children, many of whom appear to believe that the school lunch entitles them to a daily opportunity to consume fast food.

Mr. Chairman, you mentioned that a number of school districts in the United States have contracted with fast food vendors to provide school lunches so that lunches on Monday are from McDonald's, Tuesday from Pizza Hut, and so forth. This provides a tacit endorsement of these products for children, contradicts the lessons that we subsequently try to teach them about the relationship between diet and health, and violates the dietary guidelines that we are trying to promote.



My written testimony includes further comment about the difficulty in serving à la carte items. I think there is a reasonable possibility that the perceptions of children can be altered by involving them in preparing the school lunch and planning the school lunch and using the school lunch as a carrier for nutrition education. My written testimony includes an example from Massachusetts in that vein.

In summary, I applaud your deep and abiding interest in the health and welfare of American children. Modification of the school lunch provides a unique opportunity to improve the diets of a large subgroup of our population that is most vulnerable to the effects of nutrient excess.

Hypercholesterolemia, obesity, and hypertension are major sources of diseases in childhood and account for an enormous share of health care costs in adults.

On behalf of the health of our children, I urge you to promote limits on the nutrients that contribute to these diseases by adding limits on fat, cholesterol, saturated fat, and sodium to the school lunch pattern.

Our task will be to supplement your efforts through an improved understanding of the role of nutrition and health in disease, and to help parents and children implement the changes necessary to achieve these goals.

Thank you again for this opportunity.

[The prepared statement of Dr. Dietz appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you.

Thank each of you for your excellent testimony—thought provoking. You deal with this problem on a daily basis, and we appreciate your sharing your ideas and thoughts with us.

I say “problem,” but I always like to use the word “opportunity” because I think in your testimony you have acknowledged that it is not the masses but often the minority numbers of children that have malnourishment problems, I believe, if I read and heard you correctly.

But we do have a problem. Would you be able in any way to quantify in your own judgment, based on your personal experience, as well as your professional review, what the malnourishment problem in the United States is? And quantify it by what percentage of our children today are malnourished to a 1- 2- or 3-degree.

Dr. DIETZ. Is this a question directed to me?

Mr. STENHOLM. Anybody can answer that, if you can.

Dr. DIETZ. I think there are more children who are overnourished than are undernourished in the U.S. population. I think that Bill’s data—and our own supports it from our own clinic in Massachusetts—suggests that there are maybe 8 percent of children who are undernourished either acutely or chronically.

Mr. STENHOLM. Eight percent?

Dr. DIETZ. Eight percent, whereas 35 percent of children have hypercholesterolemia and 20 percent are obese. So you are absolutely right: the problem that we have to confront is the diseases of deficiency and excess that occur simultaneously in the same population.

The best guess is that the source of undernutrition in the United States is either energy deficiency or zinc deficiency or some other trace element. It is not protein. I think that's why I emphasized that if the school lunch pattern is changed to incorporate limits on fat intake, that we need to maintain caloric levels in the food pattern because, for example, calcium that children get from milk is vitally important in reducing blood pressure and preventing hypertension.

Dr. BITHONEY. With regard to malnutrition, it really depends on how you define it. For instance, at 1 year of age many studies would indicate perhaps 12 percent of infants have iron deficiency anemia, which is another major issue—a deficiency of one very important mineral.

Studies from the Harvard School of Public Health—national surveys—have indicated roughly 750,000 children to be acutely or chronically malnourished, but, as Dr. Dietz said, overnutrition is certainly more prevalent. As to the consequences of undernutrition, they are certainly severe, however—especially in children under age 3 when they are in a period of rapid brain growth.

Malnutrition and undernutrition during that period of time can have permanent, life-long consequences in terms of their growth, cognition, and behavior and subsequently, of course, their ability to graduate from school and hold a job. We are talking about very long-term benefits.

Mr. STENHOLM. Ms. Bronner.

Ms. BRONNER. I don't have anything to add to those statements regarding the prevalence.

Mr. STENHOLM. Isn't it wonderful to be living in a country in which our problem is overnourishment rather than undernourishment?

In regard to dealing with nutrition and dieting, how important is cost? If overall food costs were to increase by 25 percent, in your judgment what would be the result?

Ms. BRONNER. I would like to speak to that. One of the things that we have noticed already is that as we have made dietary guidelines around increasing the grain products, fresh fruits, and vegetables, we have noticed escalating costs in those products within the supermarkets.

And many people who have low incomes—and not so much those that are already on the food programs, but those with marginal incomes, the nearly-poor, are the ones most at risk for not being able to have a nutritional intake based on these escalating costs.

Therefore, an increase in the cost of products may have a negative impact on the poor, as well as the fact that we are entering into a period—we are already in a period of recession in which not only the poor or nearly poor, but many people have to make choices. One of the areas of the budget that has some discretion is the food part. So, therefore, I think raising the costs of foods that we are recommending can have a negative impact.

Dr. BITHONEY. I'd like to also comment that the USDA has defined the poverty level as that level of income that is demonstrably inadequate to provide for the basic necessities of life, including food, clothing, and shelter. So, by definition, people that live below

the Federal poverty level had an inadequate income to pay for those basic necessities.

Today, the latest estimates are that 25 percent of children under age 6 live below the Federal poverty level, and so when food prices rise, we would expect and we do see an effect. We also have seen studies that malnutrition is worse in northern cities during cold months when bills for heating are higher.

Mr. STENHOLM. Hold that thought for right now.

I'll recognize Mr. Gunderson and then I want to come back to this point.

Mr. GUNDERSON. Mr. Chairman, I was sitting here listening to your questioning and their responses regarding the need for more fresh fruit and vegetables at reasonable prices, and it sounded to me—I never thought we would get a connection between school lunch and supporting NAFTA, but probably there is a merit in passing NAFTA to solve the school lunch nutrition challenge we have here.

I think I've got a major disconnect on the school lunch thing, and I think I have had it ever since I was in school, and I don't think it is curable.

We are sitting here spending all kinds of time today and time previously, and I think we are going to spend time tomorrow in the Education and Labor Committee, and we are consumed with the fact that rather than 30 percent of the calories coming from fat, 38 percent of the calories come from fat, and we've got more sodium than we want.

If I look at this whole report from school lunch people, you know what number jumped out to me more than anything else? On any given day, 44 percent of the kids in America don't use school lunch. We are consumed about this nitty-gritty of whether we have 30 or 38 percent—percent, not number, but percent—coming from fat. It just seems to me we have lost our senses.

I talked to my school administrators and my school boards and they say, "Steve, we are remodeling our school and, frankly, we are trying to decide whether we even want to continue the school lunch program."

Yet, we sit here with this ideal—someone told me outside we are trying to design the perfect yuppy lunch and impose it on every school kid in America.

Am I losing something here or what? Because when I was in school you would take a look at that school lunch and you would go, "That's gross," and you would say, "I think I am going to go downtown to the bakery and I'm going to get three donuts with that big lard frosting on top and a can of Coke and I'm going to call that lunch instead."

What is the disconnect?

Dr. DIETZ. You are absolutely right that student preference is a major determinant of what is consumed. I think that you can't assume that the 44 percent who is not consuming the school lunch is not doing so out of preference. It may be that their parents have made a decision not to serve them the school lunch and are sending their lunch. It may be those who consume it are certainly more economically driven to do so.

But I wouldn't dismiss the difference between 38 percent and 30 percent as an insignificant change, nor would I say that the school lunch will necessarily be yuppified if it falls into the guidelines that I am proposing, for several reasons.

As I pointed out, a chicken nugget is not the same chicken nugget in one school versus another. It can be the same product, taste as good, but have a far different fat content and be the identical food.

Second, the reduction in fat that involves may be highly significant because, in fact, the difference between obesity and nonobesity in the children that I see clinically can be calculated to be between 50 and 100 calories a day. That's the difference between a high-fat product and a low-fat product, not a no-fat product.

Mr. GUNDERSON. But isn't that the whole point? When are we going to start dealing with individuals as individuals?

I come from a small, rural community, and the typical young guy in my school district gets up and helps dad with the chores, he goes to school, he has a meal, he then goes and plays football, he's got football practice and he probably stays in town to do play practice that night before he gets home, and he's got that one meal all day long—this growing kid with this high energy—and we are sitting here worried because instead of 30 percent he is going to have 38 percent of his calories from fat. Lord, he burned that off 10 times.

Dr. DIETZ. But most children don't. I think that we should be supplying that football player the same number of calories, which is what he needs to go play football, but reduce the fat and change the composition of that fat.

Prevention of disease isn't caused by a huge change in nutritional intake, it is caused by attention to nutrient excesses around the edges. So an 8 percent difference in fat may be that 50 to 100 calories. That's what we are talking about. If that fat is saturated fat and you're talking about that on a daily basis, that may well reduce the plaques that are forming on his artery after he finishes playing football or as he plays football.

I know those sound like hair-splitting percentages, but in my opinion those are very effective means when applied to a population for reducing the prevalence of those diseases.

Mr. GUNDERSON. Except the disconnect is that in trying to achieve that goal you are going to increase the 40 percent who don't participate in the school lunch today to 60 percent tomorrow because they are going to say, "I won't eat that stuff." Then what have you gained? That's what I don't understand.

Ms. BRONNER. I'd like to respond to that, if I may.

Dr. DIETZ. Yes. Go ahead.

Ms. BRONNER. One of the things that we are very interested in from a nutritional point of view is an environmental education approach. What that means is that we are not only interested in any given segment, but we are interested in all people understanding the value of eating a well-balanced, well-selected diet for the impact that it is going to have currently on their feeling of well-being, and then the long-term impact on the decrease in the development of degenerative diseases.

We believe that if that is going to happen we are going to have to begin to educate not only children, because they have an easier

ability for behavioral changes, but clearly we also need to educate parents because we have a generation now, as was pointed out by one of the members regarding the fact that he eats in a certain way, he has always eaten in this way, and perhaps this is a tradition.

However, what we are hoping is that as parents change and as children change that we all can become educated toward eating a more healthful diet and then we will have a demand for these products within the school.

It is clear that currently we have a school lunch program that has been driven away from its basic concepts because parents as well as students have requested this, and we have caved into these requests against our better judgment.

I think if we want to have a healthy population of people, the guidelines and the programs provide a platform for us to accomplish that.

Mr. GUNDERSON. Good luck.

I don't want to carry the tangent, but we ought to have a goal that when we can convince teachers to participate in the school lunch program, then probably we have some chance of getting the students to participate, but they are not going to do that when you put these kind of constraints on what they have to meet in terms of presentation.

I think you are going to throw the baby out with the bath water, and 5 years from now you are all going to be coming here asking us how we recreate a school lunch program that no one participates in, so be careful.

Dr. BITHONEY. I would like to just make a comment if I could. Of the malnourished and homeless kids that we see, it is very important that they just have access to food, and I certainly understand the point that Congressman Gunderson is making.

I agree with Dr. Dietz, however, but I just want to make the point in general that what we need is expansion of the school lunch and school breakfast program.

We recently had a story from a very wealthy suburb in Massachusetts. Some of our homeless kids had been taken out of Boston and put in a wealthy suburb, Wellesley. It was thought that they would do very well. They were going to a wonderful school, and we thought that they were just going to be great.

It turned out they were doing very badly, they were irritable, they had major school problems. When it was looked into, what we found was that the school lunch and school breakfast that they had depended on in the Boston schools weren't available in the suburban schools, and when they were given access to school lunch and school breakfast their behavior got better, and so forth.

I am just here to advocate for that population in terms of the expansion of the program. I would also like to advocate that the quality be improved.

Mr. STENHOLM. Ms. Lambert.

Ms. LAMBERT. Thank you, Mr. Chairman.

As we talk about the nutritional guidelines and certain necessities in pediatrics and in children, I think it obviously goes further back than school age. I think that's critical.

My husband is an OB/GYN, and as you deliver low birth-weight babies, you recognize that sometimes that stigmatism or that misfortune continues.

I think it is important that we also address the WIC program. My concerns would be: Would you have suggestions and ways that we could better educate the recipients of the WIC program in light of the problem that we have with low birth weight babies and the nutritional toxicology problems that we have in children that are being born?

Ms. BRONNER. Well, there are 2 answers I'd like to give to that. The first is that we are very pleased that WIC is now going to be expanded to cover the total potentially eligible population, because that has been one of the major problems that we have felt, that a lot of people who really needed the program could not have access to it.

And then, in terms of the education that WIC offers, WIC is very comprehensive in trying to meet the needs of educating its clients, but not also in terms of content as well as the medium. They look at cultural sensitivity, because now we have a lot of cultures that we are working with, and we need to have our materials—education materials—be sensitive to those cultures so that we are offering suggestions that can be implemented within the settings.

So we believe that we are using mediums that are important. We have the messages in a culturally sensitive approach, as well as WIC makes a big effort of keeping its educators informed in terms of the latest scientific developments.

So in terms of nutrition during pregnancy, weight gained during pregnancy is a high priority, as well as monitoring prepregnancy weight, so these are issues that are currently being addressed within the WIC program.

Ms. LAMBERT. So you do see those issues being addressed by USDA?

Ms. BRONNER. As well, and, of course, the most recent report that came out with respect to the impact of WIC on health and development and in terms of limiting the cost of care to low birth weight infants, those results were all positive.

Ms. LAMBERT. Thank you.

I would just like to echo the concerns that Dr. Bithoney had mentioned. It is important, obviously, to keep those programs. I have several situations in my district where the same results were found. When you moved children into an area where they are not getting the sustenance, teachers find that the children are not learning, they are irritable and, quite frankly, it is because they are coming to school hungry and those needs are not being met, so I would definitely echo that in having seen that personally. I think it is very important.

Thank you, Mr. Chairman.

Mr. STENHOLM. I want to pursue just a little bit further the question of cost and its effect on the programs that we are talking about, because I totally agree with your assessment that if cost goes up it creates major additional nutritional problems for low-income people.

That gets us into another area of responsibility of this subcommittee—we are Department Operations and Nutrition. We are

involved in the oversight of the reorganization of USDA as we take less resources and attempt to reshape USDA to meet the modern needs of agriculturual producers and consumers, and it is a traumatic experience that we are going through and about to go through more in earnest because change is coming for budget reasons.

The second area in which there is a slight amount of controversy is in the food safety and environment area in which we have well-intentioned individuals and organizations who believe that we can eliminate technology from the production of food, that we do not and should not use pesticides on our food because they are harmful to children, and overused—misused—that's certainly true.

But the other side of this question is: Unless we use the technology, those of us in the producing side know for a fact that there will be less food at a much higher cost. That's a fact. People disagree with that, but it is still very factual.

Now, we've got a conflict here that unless we resolve both of these questions in a favorable way it is going to be extremely difficult.

And then we go a little bit further, and I always challenge the hunger community—particularly world hunger community—unless the rest of the world is able to utilize the technology that has made us the best-fed Nation in quality, quantity, safety, at the lowest cost of any other country in the world—unless others have the opportunity to use that same technology, they will not be able to come close to meeting our standards.

That's why I asked you the question. I don't know that I would ask for a comment today from you, because most cases when I talk to people who are dealing with nutrition you really haven't thought about it.

That's no criticism meant because it is something that most of us do not think about. We just take for granted that this abundance of food happens, but when you look a little bit further you understand it happens because of the utilization of technology, and that's a balance that we are going to have to try to keep somehow, some way, or pay the price.

I have begun to discuss this issue, not only in official hearings such as this, but in my numerous private conversations with those of you trained and concerned and extremely helpful to us in the area of nutrition. As a producer I am sincerely interested in better nutrition for consumers in America because that is where my future is. In real life I am a farmer, for those of you that may not know or could care less, perhaps.

But I come to this table of nutrition and hunger from a little bit different perspective than a lot of other people, but no less dedicated to working out some more satisfactory solutions.

You can't feed people better with less food. You can't do it. So when we get into the question of FIFRA—the Federal Insecticide, Fungicide, and Rodenticide Act—and we start looking at setting tolerance levels for manmade poisons in our food, we are going to be challenging you to take a look at it from your perspective and offering your views and observations to your colleagues and others so that this subcommittee might make the right decision and this Congress might make the right decision, whatever that is.

Whatever the majority of us end up doing will be right, but if we should, in our wisdom, limit the amount of technology available to food production there will be an increase in cost, and we must weigh that cost versus the benefit.

This is a very difficult subject for us for which there are no exact answers today—extremely difficult for the general population because, as I have observed many times, try convincing you, the consumer, that a little bit of carcinogen in your food is OK. That's a pretty tough sell. But anybody that knows nutrition and food knows that God put a little bit of it in it all by himself, and there is no different impact on the human body from that which God made by Himself and that which He had man make.

So I just offer that. If you care to comment, I'd be glad to have it. In most cases, you are usually smarter than those of us up here—you don't comment on areas which you really haven't thought about.

If you would, I'd like to have it. If not, I'll thank you for your participation today and this subcommittee will look forward to continuing to work with you.

We thank you for taking your time to come and share your views with us today. More importantly, we thank you for what you do, and we do sincerely look forward to working with you as we work with the Department in attempting to do a better job than we are doing today.

As you have testified, we are doing a pretty good job. When you can have three witnesses, and one says we are underfeeding and the others say we are overfeeding, and everybody agrees that the major problem is that we are overfeeding, that's not a problem—that's an opportunity we have. We have to work smarter.

Thank you for being here.

Let's combine panel four with panel three. If panel 4 is here, we will have them join us also at the table right now and proceed.

Our first witness is Dr. Allen Rosenfeld.

#### **STATEMENT OF ALLEN ROSENFELD, DIRECTOR, GOVERNMENT AFFAIRS, PUBLIC VOICE FOR FOOD & HEALTH POLICY**

Mr. ROSENFELD. Good morning, Mr. Chairman.

I am Allen Rosenfeld. I am director of government affairs for Public Voice for Food and Health Policy. I am pleased to testify today and want to commend you and the subcommittee for holding this very important and timely hearing.

Since 1989, Public Voice has published five research reports on the nutritional quality of the national school lunch program, and today I would like to focus my remarks strictly on that program.

The school lunch program we feel is an indispensable component of the Nation's defenses against childhood hunger and inadequate nutrition. It serves, as we have heard earlier, over 4 billion lunches annually to about 25 million students.

Since many of those students rely on school lunch for much of their daily intake of calories and essential nutrients, we feel the Nation is getting a huge return on the \$4.7 billion it expends annually on the program.



But the return on the Nation's investment could be much higher. When we look beyond the calories supplied by the program we see a disturbing pattern of meals that are far too high in sodium and supply too many calories from fat and saturated fat.

As we heard earlier from the Assistant Secretary, USDA's recent dietary assessment study is but the latest in a string of studies since 1983 to find that school lunches are not meeting the Federal dietary recommendations, particularly with regard to fat, saturated fat, and sodium.

The link between fat, saturated fat, and sodium and the risk of serious chronic illnesses is now a matter of scientific consensus. Common sense and the Surgeon General also tell us that unhealthy childhood eating patterns are likely to stay with us through adulthood, and experts in child nutrition—some of which we have heard today—including the National Academy of Sciences in 1989—have concluded that children over 2 years of age need no more fat for nervous system development than the levels prescribed by U.S. dietary guidelines.

Given these relationships, we feel there is little excuse for not moving aggressively to improve the nutritional quality of federally subsidized school lunches. Such action would be consistent with the program's legislative mandate to "safeguard the health and well-being of the Nation's children and to meet minimum nutritional requirements prescribed by the Secretary on the basis of tested nutrition research."

We believe that the U.S. dietary guidelines should be officially incorporated into those minimum nutrition requirements stipulated in the original legislation, and once USDA field hearings have been concluded, we are hoping that Mr. Espy and Assistant Secretary Haas will do just that.

Congress can assure that USDA takes this kind of action by requiring the Department in the reauthorization of the Childhood Nutrition Act to promulgate the appropriate regulations.

But a simple Federal mandate will not be nearly enough. Additional regulatory and legislative changes are also needed. For one thing, existing legislation requiring whole milk to be offered in school lunches needs to be eliminated. While the whole milk requirement may help prevent further buildup of unwanted butterfat, it maintains a serious obstacle to healthier school lunches.

In addition, USDA should stop using school lunches as an outlet for surpluses of high-fat products such as butter, full-fat cheese, and fried potatoes.

Between 1988 and 1992, for example, the program received an average of 206 million pounds per year of butter, oil, and cheese through the commodity program, or approximately 17 percent of USDA's total commodity program allocations.

At the local level, investments are going to have to be made to ensure that school lunch providers have the capacity to turn the dietary guideline goals into reality. This means that any mandate from Washington must be accompanied by an enhanced commitment to nutrition on the part of local school lunch providers and a substantial Federal resource allocation.

Increased Federal investments will be needed in new storage, handling, and cooking equipment; a massive nutrition education

program for students; and training school lunch providers in the construction and preparation of attractive, good-tasting, healthier meals.

Although no more than 1 percent of schools met the U.S. dietary guidelines according to the USDA study, we know from studies of selected schools that it can be done when these pieces of the puzzle are put in place.

Mr. Chairman, there could not be a better time to put all the pieces together. Today, we have a uniquely favorable climate for making this excellent Federal program even bigger and even better.

It is our hope that you and the members of the committee will work closely with congressional colleagues and the administration and with us at Public Voice to ensure that the national school lunch program meets all the needs of all eligible students and provides them with the most nutritious meals possible. Thank you.

[The prepared statement of Mr. Rosenfeld appears at the conclusion of the hearing.]

Ms. LAMBERT [assuming chair]. Thank you.

I'd like to call on Ms. Dorothy Caldwell, but also to, at this point, welcome her. It is a special delight of mine to always be able to welcome folks from Arkansas.

**STATEMENT OF DOROTHY CALDWELL, PRESIDENT, AMERICAN SCHOOL FOOD SERVICE ASSOCIATION, AND DIRECTOR, CHILD NUTRITION, STATE OF ARKANSAS**

Ms. CALDWELL. Thank you, Madam Chair. I am Dorothy Caldwell, president of the American School Food Service Association. I am also the director of child nutrition for the State of Arkansas, and for 20 years was the director of child nutrition for the Lee County, Arkansas, school district. So I know about programs on line.

You have heard this morning—and knew before you heard it—that there is a broad consensus in the medical community that a well-balanced, nutritious diet is an important part of health promotion and disease prevention. The American School Food Service Association bought into that consensus opinion years ago.

ASFSA is very pleased with this interest in nutrition and health. We endorsed the USDA/HHS dietary guidelines when they were first released in 1980. We endorsed the second edition in 1985, as well as the third edition, which was the first edition to apply to children, in 1990.

In addition, we have promoted the use of the dietary guidelines in schools with allied education associations, which often have a lot of control over our local programs, and with the school food service industry.

The National School Lunch Act passed in 1946 forged a strong partnership between nutrition and agriculture. It has been a successful partnership.

According to the recently published USDA School Nutrition Dietary Assessment Study, the child nutrition programs are very successful. School lunches are superior to all choices that students make in meeting the recommended dietary allowances for key nu-

trients. The school lunch program provides one-third of the RDA's for all of those nutrients.

Students who bought lunches at school, but not a part of the national school lunch program, such as from vending machines, snack bars, or à la carte operations, consumed just 23 percent of the RDA for calories and less than 20 percent of the RDA for several important nutrients—vitamin A, vitamin B6, calcium, iron, and zinc.

Students who bought lunch off-campus, and even those who brought lunch from home, consumed less than one-third of the RDA's for these key nutrients.

And the bad news from that study is that only 56 percent of students participate in school lunch, clearly indicating that we must promote access to these nutritious meals. Forty-four percent of students in school are eating lunches that do not meet their RDA's.

The USDA study also noted that 44 percent of the school lunch programs now offer students at least one school lunch menu that meets the 30 percent fat goal. The study also showed that school breakfast averaged only 31 percent of its calories from fat, and that both lunch and breakfast met the cholesterol goal. You didn't see that in the headlines, but it is in the study.

Since this goal was not applied to children until 1990, and since the Healthy People 2000 report published by HHS establishes the goal that 90 percent of the schools follow the dietary guidelines by the year 2000, we feel that we have made significant progress.

Have we done enough? No.

Is there much more we can do to improve the nutritional quality of school meals? Absolutely yes, and we must all do more.

Our goal is to meet the goal established by HHS in Healthy People 2000 and have 90 percent of the schools throughout the country adhering to those dietary guidelines by the year 2000. We believe that children over the age of 2 should consume a diet of 30 percent or fewer calories from fat, and that school lunch and breakfast programs provide an ideal setting to advance that goal.

We must, however, be realistic and recognize the obstacles to reaching that goal.

First and foremost, we must respond to the food preferences of our customers, the children who purchase school lunches and breakfasts. Food that is not eaten is not healthful.

The recent USDA report noted that in the school lunch program 38 percent of the calories come from fat. While this is too high, it is not surprising. The Surgeon General's report on nutrition and health found that 37 percent of all calories consumed in the United States come from fat.

In short, students are eating in school the same way they eat when they are at home or in restaurants.

Further, the USDA study indicates that when the fat level in the school lunch program falls below 32 percent, participation drops significantly. We need to change that.

Second, school food service resources are limited, eliminating calories from fat and replacing those much-needed calories with carbohydrates requires additional money. The child nutrition programs were cut by \$1.5 billion in 1981. We serve more than 1 million fewer children today than we did in 1979 as a result of those cuts.

Third, there must be a greater priority at USDA to provide technical assistance, training, and nutrition education. The emphasis must shift from micromanaging programs to providing support for improvement.

Fourth, in order for us to give more attention to nutrition integrity, we must be freed from the current emphasis on income documentation and verification which you spoke of earlier.

According to a study by the National Center for Education Statistics, nearly one-half of all the paperwork in the school originates in the cafeteria. The school lunch and breakfast programs have become enormously difficult to administer. School lunch programs are being asked to duplicate that which is already being done by the IRS and the State departments of social services.

There are approximately 13 million children receiving a free or reduced-price meal in this country. We must collect data on each of those households. It is time for the Department and the Congress to decide what is more important and how we should spend our limited resources and time at the local level.

In 1994, the Congress will again reauthorize the child nutrition programs. Our written testimony lists a number of changes we believe the Congress can enact to help us to be more successful, and I would be delighted to talk with anyone about those at any time.

Madam Chairman, I have been very impressed with the questions that have been raised this morning and the comments that have been made from the different members of this subcommittee.

President Clinton is the first President in 14 years not to propose massive cuts in child nutrition. We are optimistic that this will afford us all an opportunity not to fight against reduced funding, but to focus our attention on how to improve these programs.

Finally, we are encouraged by your interest in this subject and by your hearing this morning. We look forward with great enthusiasm to being a part of the rebirth of school meals that will focus on the whole child and move that child gradually from where he is to the healthful eating behaviors that he needs for a lifetime.

Thank you.

[The prepared statement of Ms. Caldwell appears at the conclusion of the hearing.]

Ms. LAMBERT. Thank you, Ms. Caldwell. And welcome, again, from our home in Arkansas to here.

Next we will call on Ms. Zoe Slagle.

**STATEMENT OF ZOE P. SLAGLE, PRESIDENT, AMERICAN COMMODITY DISTRIBUTION ASSOCIATION, AND COORDINATOR, COMMODITY PROGRAM, STATE OF MICHIGAN**

Ms. SLAGLE. Madam Chairperson, I am Zoe Slagle, president of the American Commodity Distribution Association and coordinator of the commodity program in the State of Michigan, and I am very honored to appear before you today.

We appreciate this opportunity to present our views on the success of our commodity distribution programs in meeting the goals of delivering adequate nutrition to our target populations.

I am here to discuss one facet of the total effort to deliver nutrition and fight hunger in America, the USDA commodity distribution program, a small but very important part of the Federal effort.

The American Commodity Distribution Association is a nonprofit, professional association with members representing all State and territory commodity distribution agencies, agricultural organizations, food processors, storage and transportation companies, and recipient agencies such as schools, community action agencies, and other nonprofit organizations.

Our association members work very closely with USDA, our different member components, allied organizations such as ASFSA, hunger relief organizations, and nutrition and anti-hunger groups such as FRAC.

On August 25, 1993, USDA commodity distribution programs celebrated their 58th year. Its dual mission is providing wholesome and nutritious products to school districts and other domestic food programs and providing support to American agriculture.

Today the commodity distribution program provides nutritious foods to schools, residential facilities, elderly feeding programs, child and adult care programs, public and nonprofit hospitals, correctional facilities, emergency food assistance facilities, the commodity supplemental food program, disaster relief, food banks, food pantries, soup kitchens, temporary shelters, summer feeding, summer camps, charitable institutions, and Indian reservations.

In the 1991 fiscal year, over 2.1 billion pounds of foods valued at over \$1.1 billion were distributed by USDA to the above programs.

The USDA commodity distribution program in this country serves those who cannot participate in the Food Stamp Program or who choose not to participate. In short, the only means for a healthy diet for some segments of our population is through the commodity programs.

The various commodity programs are not the backbone of our fight against hunger and for improved nutrition, but for many Americans in specific situations they are the only vehicle for reaching them with a healthy diet.

In addition to providing Americans in need of assistance with wholesome and nutritious food, these programs are an efficient use of our limited tax dollars because foods are provided at a low cost through USDA's buying power, while at the same time supporting American agriculture.

In 1988 the Congress enacted the Child Nutrition Reform Act and WIC amendments of 1987, which made many improvements in the program. Since then, USDA has lowered the fat level of bulk ground beef from 22 to 20 percent, and done many other very specific things which I have submitted to the record that have helped bring about the improved nutritional quality of the commodities presented by the program.

That does not mean, however, that we cannot continue to improve the program from a nutritional point of view and reach more Americans that need our food. We can do better.

To do what we need to do is to lower certain barriers. The cash-in-lieu of commodities and commodity letter of credit—CLOC—pilot programs need to come to their natural terminations. These pilots were authorized in 1980 and have been functioning since then.

In June 1992, after study and review of the CLOC modification, demonstration, evaluation, final report, and a review of the many

substantial and quality improvements made in the commodity program, USDA announced its position of not supporting the continuation or expansion of the CLOC system.

State administrative expense—SAE—funding for the commodity distribution program would provide the resources for State distributing agencies to provide optimum service to recipient agencies. Currently, many States are forced to add charges for storage and delivery of commodities to simply perform the regulatory functions.

They are unable to provide technical assistance such as food receiving and storage, food introduction information, nutritional information, or work on establishing additional nutritional guidelines for processing. This provision is in Senator Leahy's Better Nutrition and Health for Children Act, S. 1614, section 307, and I ask your support.

In my written testimony I have several other recommendations for improvement of the commodity program and assistance the commodity program needs to provide the service it does for the citizens of this country, and I hope that you will consider them.

Mr. Chairman, the USDA commodity distribution program has gone through many changes and improvements, and it can be even better. We are excited by the priority that the Secretary and the Assistant Secretary and Congress has given these important issues. We are confident that we can support this effort in a positive way in the commodity distribution program.

I thank you for your interest and for this hearing.

[The prepared statement of Ms. Slagle appears at the conclusion of the hearing.]

Mr. STENHOLM [resuming chair]. Dr. Burt.

**STATEMENT OF MARTHA R. BURT, PROGRAM DIRECTOR, SOCIAL SERVICES RESEARCH PROGRAM, HUMAN RESOURCES POLICY CENTER, URBAN INSTITUTE**

Ms. BURT. Thank you, Mr. Chairman.

I am Martha Burt. I am the director of the social services research program at the Urban Institute, and I am going to change the subject.

I am very happy to be here today at a hearing which is focused on children and on nutrition to change the subject to elderly and hunger. I think it is really important for us to do more research and to learn more about actual hunger as opposed to whether you are not getting the right nutrients, because the seniors that we have interviewed in a new study—which was just released today—are basically not eating, so they are definitely not getting the right nutrients.

My written testimony has a lot more of this material, but I want to let people know what questions we asked that we are defining as hunger and food insecurity, the fundamental result of the study in terms of number of seniors who are experiencing food insecurity or hunger in a 6 month period, and then go directly to some of the programs which are in the jurisdiction of this subcommittee and talk about some of what we found about them.

First of all, we define hunger and food insecurity—we are talking about anxiety, worry, and concern about whether you are going to get enough to eat, with considerable numbers of times when you

do not. That is food insecurity. It is fundamentally an economic issue.

There are many other ways seniors don't get enough to eat, from being too sick to eat, too depressed to eat, not being used to cooking for themselves, and so if there is no one else for them to cook for, they don't cook. But what we are fundamentally talking about here is not having food because you can't afford to buy it.

The five questions that we asked to measure this concept are:

In the past 6 months have you had to choose between buying medications and buying food?

Have you had to choose between paying the rent or other bills and buying food?

Have you had days when you had no food in the house and no money or food stamps to buy any?

Have you skipped meals because you had no food in the house and no money or food stamps to buy it?

And in the past 6 months have you done any of the following things because you had no food in the house and no money to buy it?

There was a long list of things that included things totally under your control like eating less or buying cheaper foods or serving smaller meals; things related to your personal network like borrowing money from friends, eating with your daughter, and other kinds of things because you had no food; the use of formal programs, including congregate meal programs and meals on wheels through the Older Americans Act and Food Stamp Program—either using them or applying for them.

Last, was the use of emergency food programs, including food pantries, the commodities distribution program, and soup kitchens. Very few seniors were using soup kitchens, but I am very unhappy to report that quite a few were using both commodities distribution programs—which they shouldn't be eating most of what they get—and the food pantries, which are emergency, and they are using them on a regular basis. Sometimes they are using them in preference to the formal programs that are available to them.

We did two different things. We did a national mail survey which was biased in a very conservative direction because basically literate people, people willing to fill out a mail questionnaire on their own, were the respondents to it.

We balanced that by going to 16 low-income communities, split between urban and rural—Pine Bluff was one of them, and Fort Worth was another—and split between predominantly African-American, predominantly Hispanic, predominantly white, and we have one in three New Mexico pueblos, which are Indian tribes.

These were specifically communities of low-income Americans. The studies were done by local agencies who were familiar with the communities, familiar with the people, and who could elicit both cooperation and responses from them in ways that often national surveys cannot.

The results from these local surveys projected onto the country as a whole, and controlling for income, are at a minimum 2.5 million Americans over 65 are suffering from hunger and food insecurity—which is 1 in 12—and the high estimate is about 5 million, or 1 in 6.

This is very high, and not really an acceptable situation, and also I think rather a startling situation because we are used to thinking of having done well by the elderly and of having reduced poverty among the elderly and of the elderly basically being quite well off.

One of the startling findings, as you can see from this chart, is that a little more than half of that food insecurity is among elderly persons who are literally poor. They are below the official poverty line. But about 40 percent of the food insecurity and hunger that we found is among seniors who are between 100 and 150 percent of poverty.

It suggests that our poverty line does not very well index the amount of money that it takes to live in this country, and it also has implications for the Food Stamp Program because those people are not eligible for it.

We can help people who are at the poverty level, but we are not able to help maybe 40 percent of these people who are food insecure through the Food Stamp Program.

We did look at the ability of existing programs to cover people with food insecurity, and it turns out that among people with two or more of these indicators of food insecurity—that is, people with a severe need, only about 25 percent are receiving food stamps at the moment. This is the very last line on this chart.

Other programs are not doing much better, so if you look at congregate meals only about one-third—35 percent—of the people with two or more food insecurity indicators or hunger indicators are being covered or going to those programs.

We would suggest several things in terms of recommendations. We would certainly suggest—as everybody else always does—looking at the thrifty food plan and really thinking about whether it provides enough resources for people to eat.

We would also suggest a lot of things related to income supports that don't have to do specifically with food programs. The choices between medical care and food, the choices between rent and food suggest that if you free up people's incomes through some of the health care reform proposals to pay for prescription drugs, through additional housing supports, through perhaps raising supplemental security income until it hits the poverty line—which it does not now do—and through a number of other mechanisms that relate to the income of the lowest-income elderly and of this marginal group that are between 100 and 150 percent of poverty, we can address this problem more than we have.

It is important to note that, while we think we are doing great on seniors because we have gotten the official poverty rate down to about 13 percent, 41 percent are living below 200 percent of poverty, so there are many seniors that are just over that line, and one of the findings of our study ironically is that the poorer you are the more you pay major, big-ticket items like housing.

If you have been an owner all your life, if you have had money, now you still have money and you don't have a mortgage any more. If you have rented all your life, if you haven't had any money, you are still renting and you are still paying, and out of your much-more-limited income you still have these rather big expenses.

Thank you very much.



[The prepared statement of Ms. Burt appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you. Next, Ms. Joseph.

#### STATEMENT OF ANNE JOSEPH, DIRECTOR, KENTUCKY TASK FORCE ON HUNGER

Ms. JOSEPH. Good afternoon. Thank you for the opportunity to appear before you today.

My name is Anne Joseph. I am the director of the Kentucky Task Force on Hunger. The task force has a long-term commitment to assist grassroots coalitions and local communities in working to alleviate hunger and guaranteeing food security for all citizens of the State of Kentucky.

When contacted by the Urban Institute to conduct a community study of hunger among the rural elderly, which Martha Burt has just described, we enlisted the research support of Dr. Sara Quandt, an applied anthropologist and professor at the University of Kentucky who specializes in health issues of the rural elderly.

Our study targeted Perry County, which is located in the coal fields of eastern Kentucky, and the county was chosen because it is fairly typical of many rural areas of the region. Its economy is based on extractive industries which have resulted in high rates of unemployment and poverty.

The Kentucky survey found that a large number of the poor elderly experience hunger or food insecurity. Simply put, they do not get enough to eat. These older people are often overlooked in the general perception that poverty and its effects among the elderly have been drastically reduced in the last two decades.

Researchers in Kentucky found that 25 percent of the people surveyed in 33.3 percent of those participating in group meal programs had experienced at least one of the signs of food insecurity in the previous 6 months, and that is further described in my testimony, and I believe in Martha Burt's as well.

Important to note is that, despite the high levels of poverty in the Kentucky meal program sample, a greater proportion of these seniors are paying for their housing—in other words, not being subsidized—as compared to the national and community samples.

Also, almost all people in the meal program sample must make utility payments, nearly all spending \$100 or more a month.

Only one-third of the food insecure are participating in or have applied to receive assistance from food programs, while two-third of the food insecure use the services of local emergency food programs, and while we know—and we'll hear more about that—that these emergency food programs do their very best to assist those in need, they are woefully inadequate and only meant to deal with an emergency situation. They do not supply and cannot supply the food necessary for a well-balanced diet on an ongoing basis.

The findings of the survey that we completed are clear: many of the low-income elderly in the State of Kentucky are nutritionally at risk. Many of these at-risk elderly are not using the food programs that are now available.

To reverse these negative trends we recommend that additional funds for congregate and home-delivered meals be appropriated in order to reach those at risk. We know that the funding is tight, but

we also know that the elderly look to you to become their champion in these deliberations.

An extensive system of outreach must be developed and supported to let people know about the availability of programs, where they are located, who is eligible, and how to apply.

Since some people are not using congregate meal programs for what they call health-related reasons, we need to find out exactly what this means so we can accommodate their needs.

Meal Programs need to be better targeted to those at greater risk—the isolated, the less-educated, the poorest.

Many of the nutrition-related problems of the low-income elderly could be ameliorated with an income supplement, and if we are truly concerned about reducing health care costs in the short and long term, and about improving the quality of life of our Nation's growing elderly population, we have to attend to the problem of hunger among the elderly that this report has documented.

Special attention must be given to the Food Stamp Program as the foremost means available to alleviate hunger—in this case amongst the elderly, but certainly for all income persons—children and their families eligible for its services.

We need to focus our efforts on developing a positive image for the program, marketing the program, ensuring that benefits are appropriate and adequate to meet the needs of those needing their services.

The thrifty food plan is one of the four food plans developed by USDA for use as a standard of family food use and costs. We know that this plan is not adequate. It has been widely criticized as nutritionally deficient, and as an inaccurate reflection of the actual cost of the market basket.

Many of the poor we know do not have access to supermarkets, to transportation, and we have to look at these issues as we deal with their hunger needs.

Clearly, if we want to see the Food Stamp Program adequately serve those eligible to receive benefits, we must undertake a review of the thrifty food plan. This is the direction that should be taken rather than pursuing the issue of limiting food choices for food stamp users.

In their study "Food Shopping Skills of the Rich and Poor," Peterkin and Hannah found that generally, food shopping expertise of households with low incomes and receiving food stamps was as good or better than that of the other households.

Households with incomes below the poverty thresholds made selections that provided more nutrients per dollar than households with higher incomes. If low-income households are already doing better than higher-income households, why do we want to consider limiting their choices?

The issue of achieving good nutritional status should be viewed broadly. It should be seen as a societal concern rather than directed toward one segment of our population.

Nutrition education and information should be made available to all our citizens. This information should be incorporated into our school curriculums. To single out the poor is to unfairly stigmatize them. The issue of good nutrition is a societal problem in need of a societal solution.

Finally, we must remember that the elderly are members of families. They have children and grandchildren. In Kentucky, one in four of our children is living in poverty. Today my presentation looks at the elderly, but we must not allow ourselves to ignore the entire picture—all those at risk.

Children and their families, including the elderly members—all these at risk must be included as we seek remedies to the problems of those in society who most need our assistance.

Thank you.

[The prepared statement of Ms. Joseph appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you. Sister Vladimiroff.

**STATEMENT OF SISTER CHRISTINE VLADIMIROFF, PRESIDENT AND CHIEF EXECUTIVE OFFICER, SECOND HARVEST, NATIONAL NETWORK OF FOOD BANKS**

Sister VLADIMIROFF. I am grateful for this opportunity to testify in front of the subcommittee regarding the domestic feeding programs of the U.S. Department of Agriculture.

All of the feeding programs need to be vital links to the well-being and health for the recipients; therefore, the nutritional content and impact of diet are of paramount concern. However, as I state that, I also know that the Second Harvest Food Bank programs, in many instances, mean just plain survival for hungry people, a way out of hunger for that day, that month, and in some instances for years.

I bring a unique perspective to today's conversation. You see, as president of Second Harvest's national network of food banks, the largest domestic charitable distribution organization of food for hungry persons, Second Harvest serves the people who do not have access to your programs.

We see, in our network, results of the shortcomings of the present system, and more powerfully, we serve those persons who cannot subsist on what is given to them through the domestic feeding programs funded at the present levels.

This is not to say that what is in place is not crucial, but it is not universally effective.

If our concern is for the nutrition and well-being of all our people, we need to make deeper commitments to the underfunded programs and examine the barriers to access and correct the lack of outreach so people can eat, so lack of proper nutrition does not claim the health of those who are most fragile in society.

Second Harvest is a network of 187 food banks which distributes donated food to 48,000 agencies such as shelters, food kitchens, pantries, etc. Our mission is focused on domestic hunger, and our service is to people who are hungry.

In 1992, as a network, we distributed over 620 million pounds of donated food to our clients. This excludes Government commodities and purchased food. We'd be proud of this if we weren't so alarmed.

So I cite this not as praise of our network, but as a way to present to you the dimensions of the problem we face each day. The statistics serve as indicators that reliance on the nonprofit sector for food is growing, and we need to examine the programs in place at the Federal and State levels to see what this cause might be.

If we look at recent research which has been funded by Kraft General Foods at our network and whom we are serving, 71 percent of the food programs in our system have been established since 1981. There has been a 46.5 percent growth in new charitable feeding programs since 1986. And in the last 3 years, we have seen a 16 percent increase in those programs feeding hungry people. Local communities are responding to the needs of hungry people with generosity and compassion.

In that same research we have found that persons were turned away by local agencies because of a lack of resources—that is both foods and funds—to meet the demand.

Our agencies, 45 percent of them, have begun to ration food, but hours for soup kitchens and pantries, and distribute pantry bags that contain less.

Our food banks and agencies tell us that demand is up 37 percent year-to-date, and our statistics show food donations up 10 percent, so whatever math, new or old, this does not work out to feeding the hungry people.

We are deeply concerned. The people who depend on us are fearful.

You asked, in preparation for this testimony, to consider the question: "How well are the domestic feeding programs administered by USDA meeting their goal of providing food for their various target populations?"

My answer is: Not well enough, and not to some at all.

I believe in the appropriate role of the nonprofit sector. I am proud of the work of Second Harvest in responding to the issue of domestic hunger, but I also know our limits. We are efficient and effective. In 15 years of existence we have created an infrastructure, we have local community support, and we are close to the people we serve.

We are the safety net to those who are not caught by the safety net that should be provided by governmental programs in the interest of the common good.

Second Harvest research makes us painfully aware that children are 40 percent of our clients served through our agencies and programs, though they make up 26 percent of the general population of the United States. Nutrition is critical to health and the future cognitive capacity of our children. We don't want to let them down, and we try our best.

As a former teacher—I have spent all my life in the classroom up to the last 2 years—I know you only have one chance at childhood.

Of our clients, 31.5 percent are the working poor, at times choosing between rent and food; and 11 percent of the households with children have reported that they miss meals regularly during the month when they run out of assistance and food and money.

What began as a temporary emergency feeding network, a stop-gap measure, is now a part of the scenario in most communities—food banks, soup kitchens, pantries, shelters, congregate feeding programs. This should not be normative in our country.

We are concerned about feeding people. We are concerned about nutrition. Our future generation depends on this.

As an organization we have tried to enlarge our capacity to accept and move fresh fruits and vegetables. With the aid of nutritionists, we have become creative in recipes and meal planning with the unpredictable product that comes to us through donations.

We encourage food stamp recipients to visit our pantries at the beginning of the month so we can advise them what to buy with the food stamps that will complement what we have on hand in donated food so as to enhance their opportunity to have a nutritious meal. This is an attempt to reverse the practice of coming to us at the end of the month when they have no funds or stamps left.

We are outfitting a dehydration plant in Lubbock, Texas, to try to make use of the food that goes to waste in the fields there.

We are working with the Terra Marine and Bluewater Fisheries so we can add protein to the diet through our emergency food programs.

We are working with chefs and nutritionists in terms of providing better meals at soup kitchens and pantries.

In addition to donated food as a network we also distributed in 1992 close to 93 million pounds of TEFAP, 25 million pounds of soup kitchen/food bank program food, and 35 million pounds of other Government food—primarily CSFP. This is a total of more than 906 million pounds of USDA commodities in 1992. Of the 187 Second Harvest food banks, 70 percent distribute USDA commodities.

USDA commodities are an opportunity for us to enhance the diet dependent on donated food products available to our agencies. TEFAP is critical as a reliable supplier of a few valued commodities and as a stabilizer in a massive system of unpredictable food supplies that is typical in a charitable network.

I have surveyed our network and see what the percent of cuts in TEFAP funding, both administrative funds and food purchase funds, will do to the quality of the nutrition that we will be able to maintain in our emergency food boxes and pantry programs.

TEFAP has an additional benefit. It enables us to give families food to take home and prepare and eat, as opposed to the soup kitchen environment—not always the best for children.

Let me cite one example.

At the Greater Boston Food Bank, 50 percent of the recipients of the USDA commodities through food pantries receive no other Government food assistance, yet the new allocation of TEFAP funds will contain a 62.8 percent cut, or a loss of 544,000 pounds of commodities to the food bank, which equates to a loss of 410,000 meals to poor, hungry families in Massachusetts.

Another example highlights a special feature of TEFAP and the complement it gives to the charitable distribution system with the ultimate beneficiaries being the poor and those at nutritional risk.

In Fairfield, Ohio, our food bank serves 19 southern Ohio counties, 22 percent of the State population. On the average each month, 250 charitable agencies distribute 400,000 pounds of USDA commodities to 27,000 families as local distributors of Shared Harvest Food Bank.

These local distributors use approximately 3,000 volunteers each month to handle, pack, distribute, and do the paperwork to ensure

people in this largely rural area have access to some type of supplemental food.

The overhead, transportation, warehousing, distribution, and administration for this Federal program is being subsidized, to a large extent, by the volunteer sector.

Our records show that approximately 45 percent of the recipient population over the past 3 years have been Social Security recipients, and another 23 percent are single parents with one or two children. All recipients have income levels of 150 percent of poverty.

In this predominantly rural area, a sophisticated delivery system of social service simply does not exist. The commodities are distributed by township trustees, volunteer fire departments, and American Legion posts.

It makes no sense to them that the allocations for soup kitchen commodities were increased while TEFAP was decreased. There simply are not homeless shelters and soup kitchens in places like Cold Grove, South Point, Ottoway, and Sinking Springs. It is hard to tell the people who live there that we care even though their population is not large enough to make a difference when decisions are made about programs that affect them.

I submit to you that hunger is 100 percent curable. We have enough food in this Nation. We need to improve the quality, availability, and distribution of food. Health through nutrition is achievable for all sectors of society. We know what it takes for a good diet. We must make this accessible to all individuals so all may gain food security.

Your work as a committee is very important, and the decisions you will make will influence if people will eat, and it will influence what they will have available to them in terms of nutrition, and that's a heavy responsibility.

I would recommend that as we look at the 1995 farm bill that we look at the USDA commodities programs and that they be reviewed. It would seem feasible that one program with one set of regulations, administrative guidelines would be more effective, allowing commodities to be used according to local needs. Simplify the paperwork, allowing local agencies the use of resources for the service of people.

I would also recommend that the USDA commodities program be targeted to hunger and nutrition and not be weakened in its focus in terms of trying to resolve farm subsidies and market prices in the same program.

I know that we have wisdom to accomplish both, and both are important, but let us declare the priority of people who need food.

I would also call for the change in the measurement of poverty, and that we review the access and outreach for present Federal nutrition programs, and that the Department of Agriculture seek new partnerships with charitable feeding programs to maintain an efficient delivery system for nutrition education and distribution of supplemental food to reach targeted populations and to enhance existing Federal programs.

Again, I am grateful for the time that was given and for the presentation of the ideas here.

Thank you very much.

[The prepared statement of Sister Vladimiroff appears at the conclusion of the hearing.]

Mr. STENHOLM. Thank you.

Ms. Lambert.

Ms. LAMBERT. Thank you, Mr. Chairman.

I believe I'll go back to what we started with on this panel, and that was the school lunch programs.

I would like to ask Ms. Caldwell: What could USDA do to help the local authorities and the administrators on the local level to administer the programs more effectively? Are there suggestions you have? And has Arkansas or any other State undertaken certain initiatives independent of USDA to bring about improvements?

Ms. CALDWELL. One of the programs that we are working very hard on is a universal school lunch program. You know that the Secretary has said that every child should have a book, and that good nutrition is just as important. We agree with that wholeheartedly. And we think that by the year 2000 that will be the case in every school in the country, and we look forward to that.

In the meantime, however, we do think one of the best things that could be done to resolve a number of these problems we discussed this morning is to get some pilots in each State—we would recommend one in each State—in a variety of schools where you have high numbers of children who are eligible for free and reduced price, where you have low numbers, where you have urban areas and rural areas, where you have centralized kitchens and on-site operations.

Get a number of those pilots going, and give them some latitude at the local level. That's not easy for USDA to do. It is an agency that believes in prescribing very definitely everything that we do on the local level.

But we can take a lesson from education and we can take a lesson from CDC—the Center for Disease Control. Some of the grants they have given in the areas of smoking cessation and drugs have been wonderful grants, and people have had opportunities at the local level to operate programs in a way that they work, and we can determine what the cost/benefit relationships would be of providing a nutritious, high-quality meal for all children in a school, just as we provide books for them. That's the main thing that we would look for this year.

There are a number of additional initiatives that are smaller initiatives. I would be glad to discuss those if we have time.

Ms. LAMBERT. Thank you.

Are there currently any State programs that have been initiated independent of USDA that you are aware of?

Ms. CALDWELL. Yes. There are a number. We have worked very closely with the American Cancer Society in their programs for school lunch—changing the course. It left me for a minute. We have also worked on hearty school lunch with the American Heart Association. We have worked with a number of groups to come up with those kinds of programs so that we integrate the classroom and the cafeteria.

I think you all know that kids know far more about nutrition than they are willing to practice, so the most successful programs on the local level have been those where we have integrated the

classroom information with the cafeteria, and also changing the environments in the school so that children are encouraged to make healthful choices.

That's not something that is done routinely around the country, and we have discovered that in those schools where that environment promotes the school meals rather than promotes à la carte or rather than promote snack bars or vending machines, that we have much higher nutrient intakes and we have lower-fat choices in those schools.

Ms. LAMBERT. Thank you.

Ms. Slagle, you mentioned the operations of the commodities with the different programs that you supply, whether it is schools or whether it is food banks.

I have been doing a lot of work with the vista program in my district, along with the Delta Service Corps, where food banks are set up throughout the First Congressional District in Arkansas.

Is there one similar problem that you see reoccurring in your dealings with all of the different entities that you supply—one similar problem in distribution that maybe shows through in all of those that you deal with?

Ms. SLAGLE. Probably the major problem is lack of administrative funding and the necessity of relying on volunteers. Most of these programs—as Second Harvest referred to—are operated by a substantial number of volunteers. Of course, there is nothing wrong with that. That is a very good thing, but it makes it very difficult to run an efficient program—especially according to very stringent regulations. And we find our local agencies sometimes have difficulty in doing that because of lack of administrative funding.

In Michigan the community action programs run the TEFAP Program, and then the affiliate of Second Harvest runs the other programs. They rely very heavily on volunteers.

They are very successful programs, and they reach all areas of the State, but I would say that is the primary—

Ms. LAMBERT. So maybe technical assistance—either technical assistance in the form of already-trained administrators or perhaps technical assistance in training volunteers?

Ms. SLAGLE. That is correct. Then that leads to another difficulty in that there is no State administrative funding for the commodity programs, and that leaves the State to provide that assistance, or subsidize by the SAE money of the school lunch program.

Many States have their commodity program in four different agencies, which increase the cost of administering the program, and this is a difficulty. Again, some States have it in one agency and then it is more efficient. But, again, it is the administering money that creates some problems.

Ms. LAMBERT. Thank you.

Sister VLADIMIROFF. I would just like to add to the comment about administrative funding. It is really operational funding, and it is especially needed in rural areas.

As the commodities program is cut, it costs us as much to take one palette of commodities out through the country as it does a truckload, and it makes it more inefficient as the volume is cut.

So we estimate in the Second Harvest network that in the delivery of USDA commodities the food bank and/or charitable entities



are subsidizing anywhere between 20 to 80 percent of the overhead costs of transportation, warehousing, and distribution costs along with the volunteers. So it is not just technical assistance, it is real money.

Ms. LAMBERT. One last question.

Ms. Joseph, I noticed you mentioned the need for an extensive system of outreach. I know that Martha Burt also mentioned availability, especially when you are talking about the elderly.

I know that in my work with the homeless, as well as in the food banks, we found through the church that we were being extremely redundant in the money we were spending; that if we could make the elderly—and, more importantly, the homeless—aware of what was already available to them—what we did was on a business-size card, we printed up the place and the address of where those services were available to them.

I don't know what kind of combined effort there may be along with the religious institutions and others that are very actively involved with assisting the homeless and the needy and the hungry, how they are capable of really helping in the sense of making aware the availability of current programs that are already in place.

It was important to us because we were working in the food banks and we were working in the soup kitchens, and we were finding that we were trying to provide our own, and we were being redundant and we were not really achieving the maximum out of what we could by just simply, in our instance, making those aware of what was already available.

Ms. JOSEPH. Assuring that you put those in need, or connect those in need with the services available, already in place to serve them. So what you have already described in terms of the organizations, the groups who are working with those populations, indeed going beyond just offering the food at the soup kitchen or the emergency food, making sure that folks know about the programs, know how they are eligible. It is even helpful when those of you are performing the services also know how these programs operate, not just that there is a food stamp office downtown, but that you can help to acquaint the folks who you feel will very possible be eligible with how to go through the application process and what may make them eligible and what to expect and what they need, as well as a general presentation, a publicwide presentation, an education effort for the public at large about these programs, about the value of these programs, what I talked about in terms of marketing.

We know how to sell products. McDonald's knows how to sell their product, and on and on. Let's develop a positive image, a positive picture of these programs so folks who are eligible for the services are comfortable using them.

Very clearly, the elderly population does not feel comfortable, as many other groups, and we really have to turn around the way we as a general public have been presenting the programs and make it much more of a—of course this is there.

This is there to supplement what you have, and this is for you, and this is also a value to the community at large. It brings in additional dollars, which turn over several times at the markets, which lead to employment opportunities. It has many good reasons

to move ahead, both for the institution that is helping, for the person in need, and for the general economy of the community.

Ms. LAMBERT. I would encourage us all to look at ways that we can further merge the education of what we currently have for those that are eligible that are not taking advantage. Certainly I think the education aspect of it is critical from all aspects, whether it is school nutrition, whether it is getting the programs out to the needy and to the elderly. I think that is important for all of us to recognize.

Thank you, Mr. Chairman.

Mr. STENHOLM. Sister Vladimiroff, if you could place an order to Ms. Slagle of commodities, what would you order?

Sister VLADIMIROFF. Rice, beans, pasta. Those would be gold commodities to us in the food bank. We also would want—again, we have a limited capacity for fresh food, and we are trying to enlarge that, but corn meal, which we do have, butter, cheese—which we have had in the past.

Those commodities and the choice of commodities are really shrinking, and we sort of use those as pivots or anchors around which we can put the donated food which we have no control over what comes and what kind of megadonations we get.

Mr. STENHOLM. Ms. Lambert said she liked the rice.

Sister VLADIMIROFF. In a business like ours, I watch every commodity and pricing, and when Japan ran out of rice I thought, "That's bad news for the food banks," because if the rice starts going overseas, we won't have it to be donated to us, and therefore a staple is gone.

Mr. STENHOLM. That's one of the real dilemmas that we face today, because in the operation of our farm programs we have made the decision that we want our farmers to be market oriented, and to be market oriented it means that we have attempted to price our commodities at the world-subsidized level, which is way below what it costs our producers to produce; therefore, it shouldn't come as a shock to anyone that our surpluses of various commodities are evaporating because you can't expect our farmers to produce in abundance below the cost of production, but yet that's what we tell them that they've got to do.

Sister VLADIMIROFF. And I agree with that, but I think the way the commodities program was envisioned at the time of the Depression was to take care of the farm surpluses because people didn't have money and the food wasn't moving in the markets.

I would call us to look at the USDA farm program in terms of nutrition and feeding people rather than of the farm.

I think we have the wisdom to do both, but I think the problem back at the time of the Depression was conceived as a farm surplus problem. The problem now is hunger in our country, and we need to conceive of the solution in relation to how we frame that problem.

I don't pretend to know a lot about the agricultural policy. I'm into feeding people, but I know I need the agricultural community to do that, and I respect what they do, but we have set-aside lands. We do pay not to plant. Or we have regulations which we have to get suspended in Texas in the Lubbock area about black-eyed peas

and set-aside land that only half of it could be harvested mechanically, etc., whereas we could send in gleaners to get that.

I think we can do more with what we have because we certainly are a rich agricultural land.

Mr. STENHOLM. Do you have a quick suggestion as to how?

Sister VLADIMIROFF. No, but I'll hang in on the conversation.

Mr. ROSENFELD. Mr. Chairman, if I might chime in here while we are on the subject of the commodity programs, which I know is a deep interest to you, personally, and you as the chairman of the subcommittee that has oversight of the school lunch program. I was very interested to hear what Zoe Slagle had to say. I have worked with Zoe on a number of these issues, and I know how concerned she is about issues related to nutrition in the school lunch program.

But one can't help but get the impression that the commodity program is tied in knots right now. As Zoe said, there is a dual purpose there. On the one hand she wants to provide wholesome, nutritious food; on the other hand, she has the mandate to support the agricultural commodity programs.

Now, there may be somewhat of an inherent conflict in the mission as it has been traditionally interpreted. If you are looking for solutions, I would suggest that if we are going to keep this kind of dual purpose then for the school lunch program, if we need to use the program to support the dairy program, for example—which I know is also of great interest to you—then we may think about moving to products like reduced-fat butter.

There are companies that can produce very good-tasting and very useful butter at 40 percent milk fat instead of 80 percent that's required under existing statute.

Second, we could go for reduced-fat cheeses. There are also non-fat cheese products that are out there.

So the options I think are out there. We just need to really start focusing on the innovative products that are available and untie some of those knots that we currently find ourselves in with regard to meeting those dual purposes.

Mr. STENHOLM. That's certainly a good suggestion. From a dairy perspective right now, our dairy industry is looking at exiting from USDA and running their own dairy program, which I think will mean that any kind of commodities produced for feeding programs are going to have to be purchased from a self-help, self-controlled dairy board run by dairy farmers, and therefore they will not, if there is no market there for it, they won't be producing it.

That's where we are headed with dairy policy and what I see, so that may well come about. But that gets us into some budget dilemmas, because where do we get the money to give to the various feeding programs to purchase that which you want to purchase?

That's going to be another part of the dilemma. You can't escape the fact that right now, whether we like the distribution or not, the volume has been fairly adequate. The price has been good.

The price will not always be as good, but the quality and the nutritional value will be better. There is a trade-off there, and perhaps that's the best trade-off that we can make, but it is coming.

You know, Ms. Slagle, I am reading on page 5 of your testimony in which you list some accomplishments since 1988: purchased

ground beef patties with a fat content of 10 percent, lowered the fat level of bulk ground beef from 22 to 20, lowered the maximum fat content in canned pork from 21 to 18, expanded the variety of poultry products, eliminated the use of tropical oils—somebody could take that as a sign of a pretty good step forward.

Ms. SLAGLE. Absolutely.

Mr. STENHOLM. Instead, somebody listening to this hearing today could have gotten the misimpression that we haven't done anything and that everything is going to heck in a handbasket regarding our nutritional levels, and so forth.

But if your testimony is correct—and I have no reason to disbelieve it—maybe we are moving in the right direction.

Say yes or no.

Ms. SLAGLE. I am quite optimistic about the commodity distribution program and its capability to assist the school lunch program in their goals and in its capability of assisting in the Hunger Programs.

One of the items that hasn't come up is the fact that aside from the direct need of the people that receive the TEFAP commodities and the soup kitchen/food bank commodities is that the agencies who deliver those commodities like to do it, even though it costs them money and an extreme effort in recruiting volunteers to do so because it is a wonderful draw to their other programs.

Food has a magical thing about it. It is a very emotional thing. Our community action agencies are very happy to distribute the commodity food for that reason—because they can use that as a draw to bring the people in that need assistance in heating, in utility payments, and other services that they offer—job training, and so forth.

As just a side effect, the commodity program for the hungry does a very good service.

Mr. STENHOLM. You know, a simplistic answer to the question that I asked of you a moment ago—I don't know of a single farmer that would not gladly give away 10 percent of everything they produce every year if they could somehow assure themselves of a profit on the other 90 percent—whatever volume we are talking about.

That has been the goal—rather elusive—of our farm programs over the years. They have been soundly criticized because we have not reached the goal, by many. But that would be a simplistic answer to the question. Sister, if you could ever help us figure out how to put that in legislative language and get 218 votes—

Sister VLADIMIROFF. The farm community has been very good to us in allowing us to glean. In the State of Michigan, I believe, they have tax credits for the donations that they give through the food banks from the fields, and in Lubbock we are working with them on the dehydration plant there so that produce is not plowed under but prepared and given a shelf life for the poor.

I think they are key, and I think they are partners in resolving the hunger problem, and I'm grateful.

Mr. STENHOLM. I want to ask you again if you have any expertise to comment on this, and I particularly want to ask you, Dr. Rosenfeld, the question concerning technology use in agriculture.

Since all of the testimony that we have heard today has indicated an increased problem with feeding of the poor if you have increases in the cost, it is going to happen.

Therefore, when we get into the debate regarding technology and its utilization, if the technology can produce abundance at a cheaper price with some risk, where will you come down? Eliminating maximum amount of risk and increasing the price of food, or helping to find an acceptable risk and providing a lower-cost of overall food?

Mr. ROSENFELD. I wouldn't frame it in that kind of a dichotomous way.

Mr. STENHOLM. I know you wouldn't, but I would. [Laughter.] I'm asking the question, Dr. Rosenfeld.

Mr. ROSENFELD. I think that we need to opt for technology and abundance, but with the caveat that we can make changes in the way we grow our food and meet the kind of environmental and food safety objectives that the country also holds very dear, and we know that's the case given opinion surveys, reactions to NAS reports, and all that.

You were right earlier when you said the general population doesn't want cancer-causing chemicals put in their food. Mother nature is blameless, and they will excuse that and try to avoid it whenever they can, but when they see the food system consciously putting it in their food, then that drives them ballistic—and you know that as the chairman of the subcommittee that works on pesticide issues, and I know it as a consumer group leader.

What we need to strive for—and I think the agricultural community, the consumer and environmental community, and the nutrition community need to come together on this—is a way to grow our food abundantly at a very reasonable price—and there is no question we do that right now—and develop the technology that we need in order to make sure that we meet our food safety and environmental objectives, as well.

I would hope that since you brought the subject up that at some time you will hold oversight hearings looking at USDA's commitment over time—and I think it has been a slim one, at best—to help farmers to develop these technologies.

Just as farmers would love to give away 10 percent or maybe more of what they produce to those that really need it, I don't think you can tell me that there are many farmers out there that want to spray pesticides any more than they are doing right now. We know that. We have talked to farmers.

They would just as soon get rid of the stuff if they could, but their bottom line is important and they haven't been given the tools that they need to move into alternative pest control methods.

So we are caught in a dilemma here, and it is a catch-22 situation. We are never going to get off the dime until we start moving toward newer technologies, and we are not there right now, and it is putting farmers in a very bad position.

Mr. STENHOLM. Well, your answer disturbs me, as I thought it would. You ducked it about as good as any politician that sits up here. [Laughter.]

And I say that in a friendly way, because you have said it very well.

But I do think—and you recognize this—there is a trade-off that has to occur, and this is one of the points that I am going to make over and over as we get into the technological side of this question as well as the hunger and nutrition side, because if we blindly follow the general theme that we can produce in abundance as cheaply as we do today without technology, then the folks at this table concerned about availability of food are going to be more troubled than you are today.

I think that's a given. At least I have had no testimony before this subcommittee that indicates that if the price of food goes up that it creates more of a serious problem for the disadvantaged because of the lack of money.

If you assume that we are going to be able to continue to get increased food stamps, increased nutrition programs, increased availability for emergency feeding programs in the budget squeeze that we are in, in order to compensate, I think you had better take another look at your whole card as far as the policy that the various organizations at this table are following because I can't see it.

I'm not saying that the goals and the desires aren't there, but the facts of life indicate that, and that's a major concern that I have because, just as we talk about the increased importance of fresh fruits and vegetables in our school lunch programs—absolutely. But the problem we have is distribution and cost.

On the one hand we have technology that comes along that now says that we can create a tomato—and soon other vegetables—that will stay fresh longer. But there is opposition to the technology because we are changing the genetic makeup of the tomato in doing so. Therefore, there is strong opposition to the utilization of the technology that will provide the fresh fruit at a much cheaper cost, because it doesn't cost as much to store it, and yet we have opposition constantly before this committee for that technology.

Again, there is a trade-off. I respect all opinions. Those who oppose the supertomato, I respect their opinions on this. But I think it is important that all of us acknowledge that there is a trade-off. If you want fresh fruits and vegetables, perhaps some of this new biotechnology is something we ought to look at.

It is the same when it comes to food safety. We are all concerned about *E coli* poisoning when it happens to any of us — particularly our children. We know that irradiation of foods will do a wonderful job of cleaning up the little critters that run around on our meat and poultry, but we have strong opposition to the utilization of irradiation because of philosophical beliefs.

At some point those of you at this table representing the different perspectives—and I think it was wonderful, and I'm sorry Dr. Burt had to leave because she brought the full gamut from the children to the old, from hunger to nutrition—all of it is right there sitting at the table.

Just as we are accused of being overly sympathetic to the producing side—you are not going to prove me guilty of that as chairman of this committee. By the same token, those that have the various opinions that I am against anything new, should know that I want it done better, we are all going to constantly be changed.

I am not saying any one of you have done that today, but there are those out there—perhaps in the audience and perhaps somewhere else. That's a problem we've got.

I don't have the answer either. I wish I did.

I appreciate your attendance here today. Each of you have played and will continue to play a very important role with this subcommittee and the other committees of jurisdiction as we get into the various legislative aspects this year.

Welfare reform is coming, and it is something I wish we could have led with. I wish we already had some of the ideas focusing, because I don't think there is any question, just as we readily admit, we can do a better job with our commodity programs than we are doing. That's a given. We can do a better job of seeing that the truly needy are better taken care of by making some changes in our welfare distribution system. That's a given, too.

I think when we get into that, perhaps there will be some opportunities that present themselves in which we can accomplish all the goals that you have testified here today for.

Thank you for being here. We appreciate it.

We call our last witness, Dr. Fraker.

We are pleased to have with us today Dr. Tom Fraker from the research organization Mathematica Policy Research, Inc. This organization has conducted numerous studies for USDA of the Food Stamp Program over the years, and Dr. Fraker will talk to us about a concern we hear all too often—what is purchased at grocery stores with food stamps.

Congressman Emerson asked us to address this issue because Members of Congress probably hear more about it than any other involving the Food Stamp Program.

We are hopeful that you, Dr. Fraker, will be able to shed some light on it today.

I welcome you.

**STATEMENT OF THOMAS M. FRAKER, SENIOR ECONOMIST,  
MATHEMATICA POLICY RESEARCH, INC., ACCOMPANIED BY  
JIM OHLS, SENIOR ECONOMIST**

Mr. FRAKER. Thank you, Chairman Stenholm. And good afternoon.

Jim Ohls and I are senior economists at Mathematica Policy Research, and since 1980 we have been analyzing the food expenditure and consumption patterns of food stamp recipients.

We appreciate the opportunity to share what we have learned with this subcommittee.

There are several different possible approaches to gaining information on how food stamp recipients use their benefits. One direct approach would be to examine the types of foods that are purchased with food stamps.

Unfortunately, we are not aware of any existing data set that would support such an examination; however, there are several indirect approaches that provide insight into how food stamp benefits are spent.

These approaches entail the use of existing USDA and BLS data sets to describe the expenditure and food consumption patterns of food stamp recipients.

I will briefly review the findings from these approaches.

Please turn to figure 1 in my written testimony.

Figure 1 shows the percentage of total expenditures that food stamp recipients and low-income nonrecipients allocate to eight exhaustive categories of consumer goods and services. These statistics are from the Bureau of Labor Statistics' consumer expenditure survey.

What we see is that recipients allocate a greater share of their expenditures to food than do low-income nonrecipients. In particular, recipients allocate 23 percent of their total expenditures to food at home, compared with 16 percent for nonrecipients.

Some of this difference is likely due to the impact of the benefits, some to substantially higher total expenditures among nonrecipients, and some to other differences between the two groups.

Let's turn now to figure 2, where we will examine the dollar value of food use broken down into various food groups.

Figure 2 presents findings from surveys of food stamp households in San Diego County and 12 counties in Alabama. It shows that on average recipients of food stamp coupons use food with a money value well in excess of their food stamp benefit amount.

The monthly money value of food used exceeds the food stamp benefit by 50 percent in Alabama and 180 percent in San Diego. These findings imply that in both sites, food stamp recipients supplement their coupon purchases of food with large cash purchases of food.

The three food groups shown at the top of the expenditure bars—that is, beverages, sugars and sweets, fats and oils, which consist largely of foods with lower nutrient values—these food groups account for just \$32, or 12 percent of the total money value of food used by coupon recipients.

Let's turn now to figure 3, which shows the food intake by individuals broken down by food group.

Through a data collection effort known as the continuing survey of food intakes by individuals—that is the CSFII—the Human Nutrition Information Service of USDA annually collects 3 days of data on all of the food eaten by individual members of food stamp households and nonrecipient households.

Figure 3 shows the average daily intake of food in grams from each of nine exhaustive food groups.

Now, as Assistant Secretary Haas noted earlier this morning, and as Ann Joseph just underlined for us, the overall patterns of food intake by recipients and nonrecipients are generally similar. In several respects the intake by recipients are nutritionally preferable.

For example, with respect to beverages, recipients consume 35 percent less beverages than do nonrecipients. They also consume less fats and oils and sugars and sweets than do nonrecipients.

Of the remaining six food groups, recipients have somewhat lower intakes of three groups—vegetables; fruits; and meat, poultry, and fish—and somewhat higher intakes of three other groups—grains; milk products; and eggs, legumes, and nuts.

Now, to more directly address the issue at hand, let's consider figure 4, where we will examine the intake of snack foods.



Several Congressman this morning raised concerns about the intake of snack foods. We know that some taxpayers become upset when they become aware of the use of food stamps to purchase snack foods, which often are high in sugar, fat, and sodium and low in vitamins and minerals. Most people consume these foods, so it is not surprising that such purchases are made with food stamps. However, food stamp recipients consume less snack foods than do nonrecipients.

Figure 4, which, again, is based on the CSFII, shows that recipients consume 20 to 50 percent less of cakes, salty snacks, candy, and soft drinks than do nonrecipients.

In summary, food stamp recipients allocate a greater percentage of their total expenditures to food than do low-income nonrecipients. On average, recipients use food that has a money value well in excess of their food stamp benefit amount. Fats and oils, sugars and sweets, and beverages account for only 12 to 13 percent of the money value of food used by food stamp recipients.

For eight of nine food groups, the mean intake by individual recipients is generally similar to that by nonrecipients.

The mean intake of beverages is substantially lower among recipients.

A more detailed examination of food intake reveals that recipients consumed 20 to 50 percent less of four types of snack foods than do nonrecipients; thus, the evidence from USDA and BLS data sets indicates that food stamp recipients use large amounts of food relative to their food stamp benefits and devote the majority of their food purchases to foods that are relatively high in nutritional value.

This ends our prepared testimony. We'd be happy to field any questions that you might have.

[The prepared statement of Mr. Fraker appears at the conclusion of the hearing.]

Mr. STENHOLM. Looking at figure 1, food stamp recipients eat 2 percent away from home, low-income 5 percent. You made the point 25 percent is spent by food stamp recipients on food and 21 percent buy nonfood stamp recipients. Does that mean they eat 4 percent less food?

Mr. FRAKER. No. Not necessarily 4 percent less food. They spend 4 percentage points less—they allocate 4 percentage points less of their total budget, of their total expenditures, to food.

Mr. STENHOLM. They buy less-expensive foods?

Mr. OHLS. I don't think we know that. I don't think we have evidence to support whether or not they buy less expensive foods.

Mr. STENHOLM. Well, they've got to either buy less-expensive foods or they've got to buy less food, or what?

Mr. FRAKER. One thing that is going on here is that these two groups—the food stamp recipients and the low-income nonrecipients, have equal incomes on average. However, we know that the total expenditures by the low-income nonrecipients are higher on average than the food stamp recipients.

We believe they are dissaving. So the nonrecipients are spending more in total on everything, allocating a smaller share to food—not necessarily a smaller number of dollars, a smaller share.

Mr. STENHOLM. Maybe that will get over to me here after I sleep on it for a little while, but I'm having difficulty—

Mr. FRAKER. Another way of putting it is that the expenditure pie for the low-income nonrecipients is larger than for the recipients. The slice allocated to food is smaller for the nonrecipients.

Mr. STENHOLM. In figure 4 that's interesting. You say in your work that food stamp recipients buy less snack food than the average, not just low-income, but all, everybody else.

Mr. OHLS. That's right.

Mr. STENHOLM. You have compared this to the general population, as a whole?

Mr. FRAKER. Yes. This is based on data provided by HNIS and the comparison that is made in the HNIS data is between recipients and all nonrecipients without respect to the income of the nonrecipients.

Mr. STENHOLM. Have you done any work in the area of ascertaining—often we hear the complaint that food stamp recipients buy x amount and get change and then take the change and buy cigarettes, and so forth. Have you done any work along that line as to the utilization of food stamps as far as the amount of change that an average food stamp recipient receives?

Mr. FRAKER. We are conducting a study currently that will address that.

Mr. OHLS. We are conducting a study for USDA now to look at reasons and methods of trafficking in food stamps. That's one way of converting food stamp benefits to cash, limited, obviously, by the size of the coupons.

I don't think we have any evidence right now of the magnitude of that.

I think there is no question that some trafficking happens. Various kinds of trafficking happen. We have conducted focus groups of food stamp recipients for various projects where the issue of trafficking has come up, and some recipients at least know of traffickers. Relatively few say they have practiced it themselves.

We don't know the size. We don't know how much of that happens.

I think what these data seem to demonstrate is that, by and large, the food purchasing resources of food stamp households are being used to purchase reasonably nutritious food—food that looks roughly like the food purchased by the general population.

That suggests that they are not converting most of their food stamp benefits to cash.

Mr. FRAKER. I think that comes out in figure 2 where we see that in Alabama and San Diego the food stamp recipients are spending much more on food than the value of their food stamp benefits.

Mr. STENHOLM. Based on your work, is there anything that just jumps out at you where you would recommend a change in the Food Stamp Program to make it better?

Mr. OHLS. I don't think so. It is clearly the cornerstone of our antihunger policy. Overall, I think our judgment is it is doing a remarkably good job. Certainly, there exists hunger. The accessibility and the size of the benefits are not sufficient to end hunger in America, but it is certainly doing an effective job, I think, from what we see—and we have looked at it a lot—in terms of—

Mr. STENHOLM. I understand it is working well, but what could make it work better?

Mr. FRAKER. I think these findings do caution against increased paternalism in the program and restricting the types of foods that households can buy.

I'd also just note that electronic benefit transfer is being experimented with in several States, and, while the cost of that technology is currently quite high, there is hope that it will fall markedly in a fairly short period of time, so that may be a much more cost-effective way of delivering benefits to households.

I might add that it has the potential for doing away with some of the type of trafficking that you mentioned earlier, although I suppose it would open up avenues for new types of trafficking that perhaps we aren't even aware of—computer hackers and the like.

Mr. STENHOLM. I am very interested in that and in seeing that proceed. You are right—whatever we do, somebody will figure out how to beat the system before the sun sets the day we do it, but you've got to try to stay one step ahead of them.

Thank you very much for your attendance here today and your work. We appreciate it.

Mr. FRAKER. You are welcome.

Mr. STENHOLM. This being the last witness, the subcommittee stands adjourned.

[Whereupon, at 1:45 p.m., the subcommittee adjourned, to reconvene, subject to the call of the Chair.]

[Material submitted for inclusion in the record follows:]

TESTIMONY OF ELLEN HAAS  
ASSISTANT SECRETARY, FOOD AND CONSUMER SERVICES  
U.S. DEPARTMENT OF AGRICULTURE  
BEFORE THE  
HOUSE SUBCOMMITTEE ON DEPARTMENT OPERATIONS  
AND NUTRITION  
HOUSE COMMITTEE ON AGRICULTURE  
NOVEMBER 16, 1993

Good morning Mr. Chairman. I am pleased to be here today to talk about the Clinton Administration's efforts to assure that all Americans, especially our children, have access to food that is nutritious and healthful. You have chosen a particularly timely topic. Both President Clinton and Secretary Espy have put nutrition and health at the top of the Nation's agenda.

It is an agenda for change. For too long, we have talked about the virtues of good nutrition, but done too little to practice what we preach. Since the Federal Government began providing food assistance to needy Americans more than 40 years ago, we have created an intricate network of food programs that provide access to food, but lack a preventive health focus. And yet, hunger is a public health issue.

We know what we should eat. We know what our children should eat. But our youngest consumers are ill served by school meals that are too high in fat, saturated fat and sodium. The 27

million Americans on food stamps deserve a program that provides access to food and the information that helps them make wise choices. We must work together to get our priorities straight, our goals clear and our resolve unyielding.

It is critical that we address these issues now as the evidence mounts linking diet to health.

Our series of hearings on nutrition objectives have provided compelling and indisputable scientific testimony of that link. The American Heart Association, the Centers for Disease Control and Prevention, scientists from Emory, Charles Drew, Michigan, and Morehouse Universities and others all made clear that diet affects health.

Federal food programs can make a positive contribution to people's health.

Recognizing the need to deliver on the commitment to making nutrition a priority, Secretary Espy has elevated the role of nutrition at USDA and has made it a central mission for the Department. To reflect this change, the Assistant Secretary for Food and Consumer Services will become Undersecretary for Food, Nutrition and Consumer Services.

The domestic food assistance programs that I have the privilege of administering provide needy individuals and families access to the Nation's abundant food supply. There can be no question of the positive effects of programs like the Food Stamp Program, WIC, School Lunch and others in helping provide the food so many hungry people in our nation desperately need. But, we are winning only part of the battle. Providing food alone is not enough.

A recent report by the American Heart Association found that low-income Americans are at the greatest risk for diet-related diseases. The report underscores our responsibility to those we serve through our food assistance programs. Good nutrition and nutrition information should not be exclusive to middle and upper income people. We have a national health responsibility to provide all Americans with healthful foods and nutrition education.

President Clinton recognizes that responsibility. His commitment to every citizen's right to health care could not be clearer. In his speech to Congress, the President asked the American people to support quality, affordable health care for all. He spoke with passion and eloquence about the right of all people to what he called "health security."

The programs we are discussing today are part of the President's vision. The 1988 Surgeon General's Report on Nutrition and Health found that for the two out of three Americans who neither smoke nor drink, eating patterns may shape their long-term health prospects more than any other personal choice. With the cost of health care spiraling, these are choices no American can ignore.

The evidence continues to mount. USDA recently released a nationally representative study entitled the School Nutrition Dietary Assessment Study (SNDA). The SNDA report surveyed the meals offered in 545 schools and interviewed 3,350 students attending these schools. The report showed that school lunches exceeded dietary guidelines for fat by more than 25 percent, saturated fat by 50 percent and sodium by nearly 100 percent. It also found that children who ate the school lunch consumed a significantly higher amount of calories from fat than children who got their lunch from brown-bagging, vending machines, or elsewhere at school. Further, the report showed that virtually no schools conform to the Dietary Guidelines for Americans, first established in 1980 by the Departments of Health and Human Services and USDA.

The significance of that fact cannot be overstated: the Government-sponsored school meals served to kids today do not meet the Government's own standards for a nutritious diet.

Concerned parents, taxpayers and the children we serve deserve a better deal.

The SNDA report is a road map for change. And change is neither simple nor easy. But it is essential. Neither those in the Government nor those in the cafeteria can be afraid of change. The SNDA study shows us we have to change.

Our school lunch initiatives could be a model for how we can incorporate a nutrition component into all of our food assistance programs. We need to hear from parents, teachers, cafeteria workers, chefs, health experts and all other interested parties; change should reflect not only what we think, but what all those affected think.

Mr. Chairman, we are at a cross-roads. Now is the time to act. We cannot afford in health care costs or in human tragedy a nation of people with chronic heart disease. We have to mobilize every weapon at our disposal to fight the war against preventable cancers, cardiovascular disease, stroke and all the other diet-related killers that plague our society. We need nothing less than a persuasive campaign on nutrition education. We cannot afford to be outgunned by TV advertising aimed at children.

Because nutrition is so important, I am announcing the creation of a Task Force on Nutrition Education and Communication



consisting of key USDA nutrition officials and headed by a senior member of my staff. This Special Assistant will coordinate all nutrition education and communications to ensure that the department's messages about nutrition are cogent, coordinated, and delivered to all our audiences, and that the campaign for nutrition education is a national one.

Indeed, we have already begun reaching out; Secretary Espy and I met last week with the president of The Walt Disney Studios to talk about ways to reach young people with nutrition information that is lively and entertaining. We are currently developing a national nutrition education strategy, and will continue to meet with a wide range of academicians, food industry professionals, commodity groups and concerned individuals to help us in devising and implementing the strategy.

No one can take on this mission alone. We need everyone committed to better health to be an ally. Indeed, the work is already beginning. No one has been more creative than the groups representing our agricultural commodities. The market has responded to the call for more nutritious foods with low-fat, low cholesterol and low-sodium products that are appetizing and healthful. But, you can be assured that we will not let them rest on their laurels; we need more delicious and healthy products both for consumers in the supermarkets and for service

in the National School Lunch Program and throughout our food assistance programs.

The foundation for America's low-income food assistance effort is the Food Stamp Program. The program represents the pledge that we will not tolerate hunger in America. It is the tangible expression of our unalterable belief that everyone has a right to food for themselves and their families. The Food Stamp Program helps all population groups, while other nutrition programs supplement food stamps for children, pregnant women, the elderly and other vulnerable groups. Under this program, needy families receive monthly allotments of coupons to use in purchasing food for a nutritious diet at retail stores.

One of the major innovations of the Clinton Administration will be to accelerate the adoption of Electronic Benefits Transfer (EBT) in the Food Stamp Program. EBT has been shown to be cost-effective in some areas and may have implications for program integrity and improvement. USDA is working closely with States to help them develop cost-effective systems. EBT provides dignity for recipients, more convenience for retailers, and more accountability for program administrators.

Through EBT, and through the Mickey Leland Act, which this committee supported and approved, the Food Stamp Program will extend its reach to more needy Americans with the food they need. But the program must be more than an efficient delivery system. Even though it is the largest of our food assistance programs, it has the smallest nutrition education component. But, through nutrition education, the Food Stamp Program will become 27 million opportunities each month to change people's lives. We have a responsibility to reach this diverse population with videos, nutrition information and nutrition education that will help them to make informed and knowledgeable food choices.

The change we are talking about in our programs is not a simple 'silver bullet' approach, but rather an integration of nutrition into the heart of the Federal food programs. Just as the "buckle-up" campaign has saved lives, we need to "buckle-up" with a positive image of proper nutrition. We need a campaign that is comprehensive, consistent and can be sustained over time.

The last time I testified before this committee on this topic, a number of Members spoke to me after the hearing with questions about how nutrition programs could be shaped and nutrition policy improved. I look forward to doing just that with your help.

Mr. Chairman and Members of the Committee, our programs touch the lives of more than 1 in every 6 Americans every day. I believe it is essential that Federal food assistance policies refocus on their nutritional mission.

We have been entrusted as the guardians of our children's health. We have established fine objectives, but we have not yet adequately met them. We must begin to close the gap between the dietary guidelines and their application in food programs. We will close that gap. The health of our future depends upon the future of our children's health.

This concludes my statement. I would be happy to answer any questions that you or the Committee members might have.

STATEMENT OF  
WILLIAM BITHONEY, M.D.  
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DIVISION OF GENERAL PEDIATRICS  
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BEFORE THE  
HOUSE COMMITTEE ON AGRICULTURE  
SUBCOMMITTEE ON DEPARTMENT OPERATIONS  
AND NUTRITION  
NOVEMBER 16, 1993

Good morning: It is a pleasure to be here with you today. My name is Dr. William Bithoney, I am currently the Associate Chief of General Pediatrics at Children's Hospital in Boston, and the Director of the Hospital's Growth and Nutrition Program.

The Growth and Nutrition program was established to treat children suffering from Failure to Thrive (FTT) syndrome, i.e. children suffering from undernutrition and malnutrition. This program is funded by the State of Massachusetts, Department of Public Health. Failure to Thrive occurs in all socioeconomic strata. Children can become malnourished for a number of reasons including organic medical disease or psychologically based feeding disorders. It is, however, our clear experience, confirmed by the results of multiple national nutrition surveys, that the incidence of childhood undernutrition is directly tied to poverty status. It is also our direct experience that without access to federal supplemental nutrition programs, such as food stamps, WIC, school breakfast, and school lunch, that children often become malnourished.

The overwhelming preponderance of literature on the subject of childhood undernutrition and malnutrition strongly links diet and health. Children who become malnourished, especially in their early years (i.e. before age three) are known to have a marked and measurable decrease in their cognitive abilities. Malnutrition in the first years of life is associated with slow brain growth. Just as the body requires calories for muscles such as the biceps to grow, so too does the body require calories for the brain to grow. Children whose brains do not grow are documented as having decreased intellectual ability (i.e. they function weakly) in the same way that small muscles that don't grow are also weakened.

Unfortunately, many children today are indeed suffering from such effects. Studies by the Harvard School of Public Health published in Science in 1988, estimated that roughly 1 million children were undernourished in the U.S. Our own smaller scale studies from inner-city clinics in Boston, show that of 900 consecutively seen children in our well child clinics fully 8% were acutely or chronically malnourished. Follow-up studies, both from the third world and now from the United States have shown that these children who are malnourished in early years will subsequently do poorly in school, and thus later in life due to slow and abnormal brain

growth.

However, the link between malnutrition and health is not merely one of impaired cognitive ability in undernourished kids. Children who are malnourished also seem to be at increased risk for diseases such as lead poisoning. Also, children who become severely malnourished (i.e. 3rd degree malnourished) are at markedly increased risk for infections. Severely malnourished children are immunologically similar in many ways to children suffering from HIV infections and therefore, can suffer overwhelming disease. Simple infections, such as ear infection or pneumonia, may become uncontrollable. The cost of such physical compromise is both overwhelming acutely and permanently debilitating. Further, more minor but important medical effects are seen in these children. Studies of undernourished children who are iron deficient have shown that iron deficiency per se also impairs cognition. Our own studies have shown that malnourished children are at increased risk for lead poisoning with it's associated impairment in cognition.

The domestic feeding programs of the U.S. Department of Agriculture, are the number one tools that we have in the U.S. today to prevent malnutrition. In our Growth and Nutrition program at Children's, the first prescription we as physicians make for malnourished kid is not a drug prescription; instead, when confronted with a malnourished child we immediately do an assessment for eligibility and participation in federal nutrition programs, such as WIC, food stamps, school lunch or school breakfast. Routinely, we learn that malnourished children who come to us are not receiving these programs. However, and happily, once children are enrolled in these programs it is our heartening clinical experience that these problems routinely disappear. I'll give one example:

A 12 month old child was dropped from the WIC program, because of procedural and administrative issues. The child subsequently became undernourished. Her mother, who states that she could not afford formula or milk for the child any longer, fed her diluted coffee lightener, hoping that this would be adequate. The child fell from approximately the 50th percentile to the third percentile. This meant that her weight fell from 20 pounds to 18 pounds over 9 months, when she should have been gaining weight, not losing it. Thus, at age 21 months she was the size of a 8 month old. Upon re-enrollment in the WIC program and enrollment in the food stamp program, the child immediately began to gain weight so that by 24 months of age she was normally sized.

In this case, the nutritional programs of the U.S.D.A. were directly responsible for preventing this child's malnutrition and subsequent intellectual compromise. Access to the food provided by these programs means that this child will have a chance to avoid the intellectual and physical compromise engendered by malnutrition. The example presented here, while clearly anecdotal, does not represent an isolated case.

In 1989, we published a study that showed that children who lived in families that were poor, and did not receive WIC, were significantly more likely to be fed diluted formula. Even in children whose families received WIC, there was a tendency to dilute the formula once the total milk intake exceeded the 28 ounces per day allotment of WIC. In my estimation, this is clear evidence that supplemental feeding programs prevent malnutrition, directly.

Overall, I would judge the nutritional value of the food benefits provided by the U.S. Department of Agriculture, domestic feeding programs to be superb. If no such feeding programs existed, the future of the 25 percent of American children under age six living below the federal poverty level would be bleak indeed. The problems documented in the Harvard study with 1,000,000 children estimated to be acutely or chronically malnourished would be far more severe.

In my daily experience working with malnourished and homeless children, I find that the programs of the USDA are relatively well targetted toward populations in need. However, some of the most needy and most disenfranchised do not have adequate access to programs for which they qualify. It is my recommendation that more offices capable of enrolling people be placed in neighborhood health centers, homeless shelters, drop in centers, Head Start programs, hospitals and other locations where disenfranchised children are seen. The point is for enrollment in these programs to go as quickly and easily as possible. For example: it is my opinion that every child found to be eligible for Head Start should also immediately qualify for school breakfast and lunch programs as well. Another observation I would make is that the provision of nutrition information is often not done in a culturally sensitive manner. The increased use of bicultural bilingual, or at least better trained nutrition consultants is of major importance.

With regard to the school breakfast and lunch programs, I suggest that they place more emphasis on lower fat content items for older children. The heavy emphasis on cheese and whole milk products is contrary to current nutrition recommendations for older children. Such diets do not promote prudent food choices especially with regard to cholesterol and fat intake. However, it is important that such changes not simply be legislated. Rather, funds need to be allocated to pay for the higher cost of more nutritious meals. Further, money should be allocated to pay for marketing to both parents and children so that they learn what constitutes good nutrition and how to prepare such meals.

Finally, I would like to share with you one final story which demonstrates the importance of school based meals for children living in poverty:

Recently, a shelter for homeless children was opened in the wealthy Boston suburb of Wellesley. Homeless children

from inner city Boston began living in Wellesley and attending the excellent school system there. It was soon noticed that these children were irritable and doing poorly in school. Upon investigation it was determined that the schools in Wellesley lacked school breakfast and lunch programs, and thus, these children were literally hungry all day because their parents didn't have the money to buy them lunch and breakfast. The children were actually doing worse in spite of being in a much better school system.

This story illustrates the critical need for access to USDA programs for all poor children wherever they may live.

Overall, I would like to commend the Committee for it's work and thank you on behalf of the families living in poverty who are assisted by these vital federal programs.

Thank you for the opportunity to testify and I'll be happy to take any questions.




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**Testimony of**  
**The American Dietetic Association**  
**on**  
**Delivery of Nutrition by USDA Domestic Feeding Programs**  
**before the**  
**Department of Operations and Nutrition Subcommittee**  
**House Agriculture Committee**

**November 16, 1993**

Good morning Chairman Stenholm and members of the Subcommittee. I am Dr. Yvonne Bronner. I am a registered dietitian and I am here today representing The American Dietetic Association (ADA), the world's largest organization of nutrition professionals. Our 63,500 members serve the public through the promotion of optimal nutrition, health and well being. We appreciate the opportunity to address you today regarding the United States Department of Agriculture's (USDA) domestic food programs.

Mr. Chairman, we applaud the strong support and interest you have shown for the food and nutrition programs within USDA. Public food programs are of critical importance for improving the nutritional status of children and their families. As you know, scientific research indicates that nutrition and eating habits play a critical, cost-saving role in both the prevention of diseases such as cancer, stroke, diabetes, and coronary heart disease as well as in the treatment and therapy of acute disease conditions.

The USDA food programs have done well in meeting the established goal of improving the health and well being of the participants by providing food to their targeted populations. The National School Lunch Program serves about 25 million lunches every day and the Child and Adult Care Food Program serves over 117 million meals every month. Over 27 million people utilize Food Stamp benefits each month, and the Women, Infants and Children Special Supplemental Feeding Program (WIC) serves 5.9 million participants monthly.

ADA's members who work directly with these programs know that these food assistance programs improve dietary intake and nutritional health of at-risk populations. Studies by the General Accounting Office (GAO), USDA and others verify the success of these programs. However, USDA feeding programs must respond to scientific findings regarding the role of diet in health promotion and the prevention of chronic degenerative disease. In addition, ADA believes that the quality of services provided by USDA's food assistance programs could be enhanced in several key areas. Our testimony will address challenges faced by USDA's nutrition programs and recommendations for improvements.

Department Operations and Nutrition Subcommittee  
November 16, 1993  
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### **USDA Food and Nutrition Programs**

The USDA food and nutrition programs serve over 27 million people at an annual cost of \$24 billion dollars, accounting for 53% of the Department's total budget. The Department of Agriculture Reorganization Act of 1993 (HR 3171) would elevate the position of Assistant Secretary for Food and Consumer Services to the Under Secretary for Food, Nutrition and Consumer Services. This proposed change recognizes the magnitude of the food and nutrition programs, and signals the increasing importance of nutrition to the American public and within the Department itself.

USDA has been working over the past few years to make changes in its programs to improve the nutritional quality of its food and nutrition programs. For example, Secretary Espy has stressed the importance of including nutrition education in USDA food delivery programs. ADA believes expanded nutrition education is essential to enhance public health. Secretary Espy also recently released the School Nutrition Dietary Assessment Study which is stimulating thoughtful debate about the nation's school lunch and breakfast programs. Finally, USDA recently announced a program to double the amounts of fresh fruits and vegetables in the school lunches. All of these changes are positive and can lead to improved health and nutritional status for consumers, especially children.

Children constitute one of the most vulnerable segments of society. They depend on their families and communities to provide a nurturing environment that will enable them to become healthy and productive adults. Optimum nutrition during childhood is necessary for learning and proper growth and development, and is an important part of health promotion and disease prevention.

The USDA child nutrition programs (e.g., National School Lunch Program, School Breakfast Program, Nutrition Education and Training Program, WIC, Summer Food Program, Child and Adult Care Food Program) play a crucial role in bridging the gap between disease and health. This is especially true for the low income children whose parents often do not have the resources to provide adequate nutrition. These programs have been successful in making a significant contribution to the daily nutrient intake of children and ensuring that children do not go hungry. I would like to briefly review some of these successful programs.

One of USDA's most cost-effective programs is WIC. The WIC Program provides nutritious food along with nutrition education and counseling to lower income women, infants and children at nutritional risk. Nutrients such as protein, iron, vitamins A and C and calcium are often below the Recommended Dietary Allowances in the diets of children and pregnant women. The WIC food package was designed to provide foods that are dense in these nutrients. According to the U.S. General Accounting Office (GAO), extensive medical research shows that WIC generates short-term reductions in medical costs and long-term improvements in children's health.

The Child and Adult Care Food Program (CACFP) is designed to provide low cost balanced meals to children or adults in supervised care settings. It also teaches caregivers to provide nutritious meals. A study done by Choices for Children of Continuing Development, Inc., a California-based child development organization, found that the nutritional content of child care meals was greatly improved when the CACFP meal pattern was followed. Specifically, the selection of vegetables, fruits and milk significantly increased and the percent of iron, vitamin A, vitamin C and calcium increased by 43% or more.

Other successful USDA child nutrition programs are the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). These two programs have made a substantial contribution to the daily meals of the nation's school children. The NSLP was authorized in 1946 to "safeguard the health and well-being of the nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other foods." It is well known that children are better able to learn when they are adequately nourished. Secretary Espy put it well when he said "A good school lunch or breakfast -- is just as important as a good book. You can't get what is in the book -- unless you energize the brain."

USDA recently released the School Nutrition Dietary Assessment Study (SNDA) that identifies areas where the school meal programs are doing well and areas that need improvement. While key improvements warrant consideration, ADA believes that the positive aspects of the school meal programs must also be recognized. For instance, the SNDA study shows that the lunches of NSLP participants are richer in most vitamins and minerals than are those of non-participants. In 44% of schools, students can select at least one NSLP lunch with the five meal components that meets the goal of 30 percent or less of calories from fat. Participants in the SBP have higher daily intakes of protein and calcium than non-participants.

#### Possible Improvements and Challenges Faced

ADA believes that the USDA food and nutrition programs should strive to improve the nutritional intake of target populations, provide food and meals that reflect the Dietary Guidelines for Americans, and help consumers learn to make healthy dietary choices. While we look to the ideal for providing the healthful diet to consumers, we realize that there are barriers that these programs need to overcome. Improvements will require, at a minimum, additional training, education and resources. Together, consumers, providers, government and others need to work together toward change.

I would like to identify several changes that ADA believes would enhance USDA's feeding programs:

1. Nutrition education, geared to making healthier food choices, should be a component of all food and nutrition programs. Nutrition education helps the public understand the relationship between what they eat and their future health. In response to numerous consumer requests, ADA established its Consumer Nutrition Hot Line, which averages over 15,000 requests each month. The Hot Line provides timely, accurate nutrition information to the public. It offers recorded nutrition messages on important health/diet questions and registered dietitians are on hand to answer individual food and nutrition questions.

In September 1993, ADA released a survey on American Dietary Habits. A joint project between ADA and Kraft General Foods, the survey found across-the-board gains in public recognition of the importance of nutrition, regardless of age, education or sex. However, the survey showed that a declining number of Americans are actually living up to their beliefs. We should be heartened by the progress that has been made in building awareness of nutrition's role in a healthy life, but awareness is only half the challenge. To help Americans act on their belief, education efforts must be intensified so consumers know how and want to take that next step. The growing gap between attitude and behavior is the apparent result of several misconceptions consumers have about healthy eating.

In order to address this growing gap between attitude and behavior, children must receive adequate nutrition education. In 1991, ADA and the International Food Information Council commissioned a survey on the attitudes of children toward their eating habits. The survey found that the children interviewed showed a high level of awareness of the basic food groups. It also showed that the two most often mentioned sources of information about food and nutrition included school (95%) and parents (86%).

The USDA Nutrition Education and Training (NET) program has worked to have thousands of teachers regularly include nutrition lessons in the classroom and to train school food service personnel. The fact that 95% of children identified school as a source of nutrition information shows that it has had an impact. However, funding for this key program is only \$10 million for FY93 (down from \$26 million in 1979). ADA recommends that a minimum of 50 cents be provided per child enrolled in schools and in child care institutions so that more children can eat healthfully and more schools and child care institutions can offer meals that meet the Dietary Guidelines. Nutrition education, including the NET program, must be integrated fully into schools so children have the opportunity to learn healthy eating habits and behaviors which can last a lifetime.

Food Stamp recipients should receive nutrition education along with their benefits so that they are better able to make the best use of them. Information on nutrition, shopping and planning would help recipients make good dietary choices.

2. ADA believes that the food and nutrition programs should be consistent with the Dietary Guidelines for Americans. However, we know that there are constraints on some programs that make this a challenging goal. Some of those constraints include the lack of training for food service personnel on topics such as food preparation methods and procurement of the most appropriate foods, limited budgets, limited and changing availability of commodities that are high in fiber, low in sodium and fat and the lack of a credentialed professionals with management and nutrition skills who can also work with the educators in promoting nutrition education.

Program staff must have the expertise to make appropriate changes in the foods provided. Care must be given to make sure that a menu designed to be low fat is not lacking in the other nutrients required by consumers. There must be a person on staff with the right skills and education to ensure that appropriate nutrition is provided.

USDA commodity products represent approximately 20% of the total budget of the school lunch and breakfast programs. Many of these products are high in fat and sodium which makes it difficult for managers to include them in a menu that meets the Dietary Guidelines. Another problem is that when more appropriate commodities such as low fat hamburger patties have been offered to schools, their continued availability is uncertain. Managers have a difficult time including these products in their menus when they do not know if or when the products will be available again. Commodities to the schools and the other nutrition programs must be lower in fat and sodium, higher in fiber, and include more fruits and vegetables. Once offered, their availability must be more constant than in the past.

3. Prepared food products sold to schools by vendors should be lower in fat and sodium than many of them currently are. Vendor products are a large and important component of many programs. For example, in four school districts in Minnesota, in 19 days of menus, at least 12 of the entrees were vendor products. More needs to be done to increase the demand for low fat and sodium products so that vendors will modify their product line.

ADA believes that the food and nutrition programs should strive to make improvements that can enhance their programs and that they must be given adequate resources to do so. It is not enough to say "make changes." Programs must be provided with the training, staff, education, products and funding that allows them to do their best.

#### **Innovative Changes Are Already Happening**

There are many examples in the nation of utilizing innovative ideas to improve the quality of the food and nutrition programs. They are leading the way by determining effective ways to meet the Dietary Guidelines and other nutrition standards.

One example is the LUNCHPOWER! Intervention Study developed in Minnesota. This program implemented and evaluated a healthful school lunch program that provided tasty food choices that were lower in fat and sodium. A team of registered dietitians, food service directors and cook managers reduced the fat and sodium content of school lunches by modifying recipes and food preparation methods and by identifying and selecting vendor products that were lower in fat and sodium. Nutrition education messages for students and parents were developed and implemented in the schools. These changes produced a decrease in the mean daily amount of total fat in the lunch menu from 32 g to 20 g (39% to 29%). Schools found they could serve lower-sodium and lower-fat meals and retain student participation.

#### **Summary**

The USDA food and nutrition programs are doing a good job of providing nutrition to their targeted populations. ADA believes that changes could be made to improve programs in terms of management, nutrition quality, meeting Dietary Guidelines and nutrition education. However, if there are mandates for change, adequate and appropriate resources must be provided.

William H. Dietz, M.D., Ph.D.  
Associate Professor of Pediatrics  
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Director of Clinical Nutrition  
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Good morning. My name is William H. Dietz. I am an Associate Professor of Pediatrics at the Tufts University School of Medicine, and Director of Clinical Nutrition at the Floating Hospital in Boston. I am honored by the invitation to discuss with you the delivery of nutrition by Department of Agriculture feeding programs such as the school lunch.

Diseases of nutritional excess occur with a significantly greater prevalence than diseases of nutritional deficiency among children in the United States and much of the developed world. Although the adverse consequences of these diseases occur primarily in adults and adolescents, their precursors occur in children. For example, recent estimates suggest that hypercholesterolemia affects 35% of the pediatric population, obesity affects 20%, and hypertension 2%. Obesity accounts for a disproportionate share of both hyperlipidemia and hypertension in children. In the United States, the medical costs to treat the complications of obesity alone approximate over forty billion dollars per year. Paradoxically, the prevalence of obesity in both children and adults appears to be increasing rapidly among the disadvantaged populations who depend on federal feeding programs to meet their nutritional needs. Furthermore, all three of these diseases may either be prevented or alleviated by reductions in dietary fat, saturated fat, cholesterol, and sodium.

Among federal feeding programs that affect school-aged children, none is more important than the school lunch. Based on our calculations and data derived from several of our studies, the school lunch supplies approximately 30% of the daily caloric requirement for children and adolescents 10 to 15 years of age. Almost half of the children in the United States consume the school lunch daily. No other setting in the United States offers as profound an opportunity for the modification of diet for such a large percentage of children. The single most important step that we could take to prevent these diseases, and to treat those children in whom these diseases are already present is to impose limits on the fat and sodium content of the school lunch. Revision of the school lunch pattern to achieve the nutritional goals essential to the health of our children represents a responsibility that we cannot afford to ignore.

This morning I would like to address five major factors that affect the nutrient composition of the school lunch. These include the USDA school lunch pattern, the flexibility that the school food service director has in the implementation of the pattern, the limitations that commodity foods impose on the ability of the best intentioned school food service director to meet the dietary guidelines, the expectations and preferences that children have for the school lunch, and the cost constraints that now affect the provision of the school lunch in our schools. These factors are all interrelated. Each has the potential for modification.

School lunch menus are driven by quantities of foods in specific groups such as meat, vegetables or fruit, bread or bread alternates, and milk rather than specific quantities of nutrients such as total fat, saturated fat, cholesterol, and sodium. Although the food pattern was essential to meet the nutritional needs of the U.S. population in the 1940's, it no longer addresses the diseases prevalent in our population. The easiest and least expensive approach to incorporate health concerns into the school lunch is to update the school lunch pattern to include guidelines for fat, cholesterol, saturated fat, sodium, and perhaps fiber levels. The best estimates for these

guidelines would suggest that total fat be limited to 30% of calories, that saturated fat be limited to 10% of calories, that cholesterol be limited to 100 mg/1000 Kcal, and that the sodium content be less than 1 gm/meal. If the food pattern and caloric levels of the lunch are maintained, I can think of no subset of the population that will be adversely affected by reductions in fat, saturated fat, cholesterol and sodium to these levels. Compliance with the guidelines on a weekly rather than daily basis would increase the flexibility of the school food service director and still be consistent with the health of our children.

The discretion that the food service director has in the implementation of the current school lunch pattern is considerable. For example, commodity chicken must be processed before it is served to children as chicken nuggets. How the chicken is processed can have a major impact on the type of fat, the quantity of fat, and the amount of sodium the final chicken nugget contains. The American Heart Association/Massachusetts School Food Service Association School Lunch Task Force, which I chair, has shown that the fat and sodium content of a chicken nugget can vary two-fold, depending on whether the chicken nugget is deep fried or baked. The costs of the baked and fried products are comparable. An additional project in Massachusetts is the Menu Development Project at the John Stalker Institute of Food and Nutrition at Framingham State College. This project is funded through the Department of Education, and will supply schools with a five week cycle of menus that meet the dietary guidelines, are based on student preferences, and consider economic constraints. Many responsible school food service directors in Massachusetts and across the country already rely on careful menu planning and food processing to keep fat and sodium levels within acceptable limits. However, inclusion of the nutrient limits outlined above in the school lunch pattern is essential to provide the mandate necessary for all school food service directors to modify the meals they serve.

The third factor that affects what is served in the school lunch is the type of commodity food that is available. Attention to the fat, cholesterol, and sodium content of the commodity food will have a substantial effect on the intake of these nutrients by children, without altering the types of foods that are supplied as commodity foods. A variety of USDA commodity foods cannot be included in the school lunch without exceeding current dietary guidelines. Frozen fruits and vegetables, or fresh root vegetables such as carrots, potatoes, or sweet potatoes, rather than canned vegetables and fruit in heavy syrup will help make these products more appealing and nutritious, and increase the likelihood of their consumption. An important constraint that commodity foods impose on school food service directors is that many feel that they should refuse to use the high fat commodity foods for nutritional reasons, but face increased costs if their budgets are not defrayed by the use of commodity foods.

Fourth, the consumers served by the school lunch have a major influence on what is consumed, and as a consequence, what is served. If children won't eat what is served, no school food service director will continue to serve it. This problem is complicated by the expectations of children, many of whom appear to believe that the school lunch entitles them to a daily opportunity to consume fast food. Large numbers of our children believe that good nutrition is something left at home. Two examples may illustrate this point. In a number of school districts around the United States, school districts have contracted with fast food vendors to provide

school lunches. As a result, lunches on Monday are from McDonald's, Tuesday from Pizza Hut, Wednesday from Wendy's, Thursday from Papa Gino's, and Friday from Burger King. The tacit product endorsement provided by this arrangement contradicts the lessons we subsequently try to teach about the relationship between diet and health, and violates the dietary guidelines that we are trying to promote. The second example was related to me by a colleague who was discussing with her daughter the furor about the school lunch generated by Secretary Espy's comments two weeks ago. When the mother said to her daughter that she hoped that the school lunches would improve, her daughter replied "You mean they'll make them more nutritious? Yecch!" For children, nutrition has become a four letter word. An important goal of the school lunch is to teach children that nutritious food can be good food.

In Massachusetts, our School Lunch Task Force has begun to address consumer preference by the development of a curriculum that promotes the school lunch as a focus for nutrition education. In this curriculum, elementary school children learn about the school lunch pattern, and learn to integrate the school lunch pattern and the food pyramid. The curriculum culminates in a student-designed school lunch menu that is subsequently served in the cafeteria. Although the curriculum is about to be field tested, we believe that this approach and others like it are essential to help children understand what foods are served in the school lunch and why. It seems apparent that as long as children expect to eat differently in school than they do at home, they will continue to reject more healthful alternatives. Furthermore, early attention to the relationship between nutrition and health may determine the development of appropriate food choices in adolescence and adulthood.

The final factor is cost. Although the federal reimbursement for the school lunch is constant across states, the cost of the school lunch and the level of state reimbursement varies widely from state to state. In many states, the true cost of the school lunch is not met by reimbursements. Few school districts have the funds necessary to subsidize the school lunch. Therefore, the only choice for many schools is to sell *a la carte* items such as cookies, ice cream, candy bars or potato chips to provide sufficient funds to meet the costs of the school lunch. Obviously, if the *a la carte* items are not appealing, they will not sell. Some discretion about what is offered still remains in the hands of the school food service director. For example, as with chicken nuggets, fat content is highly variable between different brands of the same product. However, at present, the only determinant of which foods are sold *a la carte* is the need that the school has to meet its school lunch budget.

The *a la carte* foods present a more difficult regulatory problem than foods served as part of the school lunch. Because the consumption of these foods occurs outside the USDA pattern, modification of the pattern to include limits on fat and sodium will have no impact. Increased funding for the school lunch would alleviate the financial constraints in many school districts, and may be cost effective in view of the costs of chronic disease that our current dietary practices promote. An alternative approach would be to link the nutrient content of the products that can be sold *a la carte* to federal reimbursements for the school lunch.

In summary, I applaud your deep and abiding interest in the health and welfare of American children. Modification of the school lunch provides a unique opportunity to modify the diets of a large subgroup of our population that is most vulnerable to the effects of nutrient excess. Hypercholesterolemia, obesity, and hypertension are major sources of disease in childhood, and account for an enormous share of health care costs in adults. On behalf of the health of our children, I urge you to promote limits on the nutrients that contribute to these diseases by adding limits on fat, cholesterol, saturated fat and sodium to the school lunch pattern. Our task will be to supplement your efforts through an improved understanding of the role of nutrition in health and disease, and to help parents and children implement the changes necessary to achieve these goals.

Thank you.



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TESTIMONY OF

PUBLIC VOICE FOR FOOD AND HEALTH POLICY

BY

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CONCERNING

THE NUTRITIONAL QUALITY OF THE  
NATIONAL SCHOOL LUNCH PROGRAM

BEFORE

SUBCOMMITTEE ON DEPARTMENT OPERATIONS AND NUTRITION  
COMMITTEE ON AGRICULTURE  
U.S. HOUSE OF REPRESENTATIVES

NOVEMBER 16, 1993

### Introduction

Good morning, Mr. Chairman. My name is Allen Rosenfeld, and I am Director of Government Affairs for Public Voice for Food and Health Policy.

I want to thank you for inviting Public Voice to participate and commend you for holding this very important and timely hearing on the nutritional quality of the nation's domestic feeding programs.

Public Voice has been a leader among consumer groups on this issue. Since 1989, we have published five empirical research reports on the nutritional quality of the National School Lunch Program (NSLP). Although this hearing covers all of the federal domestic feeding programs, I will limit my remarks to the NSLP, which is our primary area of expertise.

### Importance of the NSLP

The NSLP is an essential bulwark of the nation's defenses against childhood hunger and inadequate nutrition. It is the largest of the school feeding programs, serving over 4 billion lunches annually to about 25 million of the nation's elementary, middle and high school students. The NSLP is particularly valuable to low-income children, who rely on school meals for much of their daily food and nutrient intake. The caloric energy provided by these lunches is essential for enhancing the capacity of these kids to reach their potential as students and young citizens.

In short, the nation is getting a tremendous bang for the \$4.7 billion it spends annually on the NSLP. Moreover, the program is ripe for expansion inasmuch as 21 percent of children who are eligible for free meals and 29 percent of children who are eligible for reduced meals do not currently participate.

### Beyond Calories

The return on the nation's investment, however, should be much, much higher. While the NSLP does meet minimal requirements for essential nutrients such as vitamins, minerals and proteins, the vast majority of NSLP meals have been, and continue to be, far too high in fat, saturated fat and sodium.

We now know that long-term over-consumption of these nutrients increases the risk of serious chronic illnesses, such as heart disease and strokes. In addition, the 1988 Surgeon General's Report on Nutrition and Health concluded that eating patterns developed in childhood have a powerful influence on our diets as adults. Given this state of affairs, we owe it to the kids who participate in the NSLP to ensure that their school meals are nutritious in the broadest sense. That means not only providing enough essential

nutrients. We must also cut back on the sodium, and provide less of the total caloric intake from fat and saturated fat.

#### Bringing the NSLP in Line with Its Legislative Mandate

Reducing the fat, saturated fat and sodium content of school lunches should be an important priority for both the Clinton Administration and the 103rd Congress. Current high levels of these nutrients are inconsistent with both the legislative mandate of the NSLP and Federal dietary guideline recommendations.

The National School Lunch Act states that the program should "safeguard the health and well-being of the nation's children." A provision of the Act gave the NSLP a general nutritional mandate by prescribing that "lunches served by schools participating in the school-lunch program under this act shall meet minimum nutritional requirements prescribed by the Secretary [of Agriculture] on the basis of tested nutrition research."

Back in 1946, when the Act was crafted, legislators could not have been expected to explicitly factor into the school lunch - health equation the impact of high intakes of fat, saturated fat, and sodium. At that time, our understanding of the relationship between diet and chronic illnesses was very limited.

Today there is a scientific consensus, based on decades of tested research, that high levels of fat, saturated fat and sodium can lead to devastating chronic illnesses that contribute heavily to the nation's escalating health care crisis. As a result, the nutritional requirements in the U.S. Dietary Guidelines (USDG) specify a maximum intake of 30 percent of calories from fat and 10 percent of calories from saturated fat.

It is also widely recognized that children over two years of age need no more than the levels of fat and saturated fat for nervous system development prescribed by the USDG (National Research Council, "Diet and Health," 1989). The calories now being supplied by fat that exceed the USDG recommendations can best be supplied by increasing the amount of high fiber, complex carbohydrates in the lunches. Only the most narrow and self-serving interpretation of the law would allow us to ignore the obvious conclusion: the high levels of fat and saturated fat in school lunches are not needed and unnecessarily limit the NSLP's ability to achieve its legislative mandate.

### A Decade of Mounting Evidence

USDA's School Nutrition Dietary Assessment Study, which was released late last month, is but the most recent in a string of reports dating back to 1983 that confirms that NSLP meals are too high in fat, saturated fat and sodium.

The current USDA report found that only 1 percent of schools offered meals that met the USDG for fat and zero percent of schools met the USDG for saturated fat. The average percent of calories from fat was one-third higher than the 30 percent recommended in the USDG, while the percent of calories from saturated fat exceeded the USDG recommendation by 50 percent. Sodium levels were found to be twice as high as recommended by the National Academy of Sciences' National Research Council.

But this is old news. These findings are consistent with the conclusions of USDA's 1983 report, "National Evaluation of School Nutrition Programs," Public Voice's 1991 report "Heading for a Health Crisis," and USDA's 1992 "Child Nutrition Program Operations Study."

Compounding the problem of too much fat, saturated fat and sodium are recent findings that students are getting few fruits and vegetables in their NSLP meals. In Making Room on the Tray, Public Voice found that one-third of all NSLP meals selected by students contain only one serving of fruits or vegetables. The USDG recommend a minimum of five servings daily. In the general population, over 50 percent of 6-to-11 year olds eat less than one serving of fruit a day, and one in five eat less than one serving of vegetables.

For many 6-to-11 year olds, then, the fruits and vegetables they eat through the NSLP are the only ones they are getting all day long. These findings illustrate the importance of the NSLP in providing access to fruits and vegetables, and make a compelling case for increasing the amount of servings of fruits and vegetables provided by the program.

### Recent USDA Activities

USDA's recent release of its School Nutrition Dietary Assessment Study signals a serious interest in the nutritional quality of school meals by the Clinton administration. Unfortunately, the release of the report was not accompanied by the announcement of a single policy reform.

School lunch initiatives launched by the Department prior to the release of its new report illustrate both the Department's interest in these issues as well as its hesitancy to tackle the problems in a big way. The "Fresh Start" initiative, for example, would almost double the amount of fresh fruits and vegetables

provided to local schools through USDA's commodity programs. While this sounds like a big step forward, it is a only a very, very small step in the right direction. Fresh fruits and vegetables currently account for less than half of one percent of all USDA commodity program shipments to the NSLP. That means that "Fresh Start" will add a mere 4 ounces of fresh produce per student per year.

#### USDA Commodity Programs and The NSLP

Although the "Fresh Start" initiative addresses only the very tip of the iceberg, the Clinton Administration's recognition of the need to change the role of the commodity programs in the NSLP represents an important milestone. Previous administrations, despite extensive documentation of the problem, chose to ignore the issue.

In our 1992 NSLP report, Agriculture First, we used USDA data to demonstrate the abundance of high-fat commodities being funneled into the NSLP through the commodity programs. For years the NSLP has provided an easy outlet for surplus commodities, especially high-fat dairy products such as cheeses and butter. Between 1988 and 1992, for example, the NSLP received an average of 206 million pounds per year of butter, oil and cheese through the commodity program, or approximately 17 percent of USDA's total commodity program allocations to the NSLP.

To make matters worse, an outdated Federal law requires that all schools participating in the NSLP must offer whole milk, which contains over three times the amount of fat as a low-fat product. While this may appear to be a convenient way to prevent a further buildup of unwanted butterfat stocks, it can compromise our kids' health in the process. As long as this law stays on the books, it will remain a serious obstacle to meeting the USDG.

The history of commodity program distributions of fruits and vegetables to the NSLP also provides little to cheer about. Vegetables did represent from 10-to-19 percent of total commodities shipped to the NSLP by USDA in the 1988 - 1992 period; however, from 26-to-75 percent of those potatoes had added fat and sodium, such as french fries and tater tots (potato rounds).

Access of the NSLP to fresh fruits and vegetables is further restricted by federal marketing orders. These programs, which were, in large part, designed to stabilize fruit and vegetable growers' incomes, enable growers, with USDA approval, to artificially limit market supplies. Supply control is achieved largely through periodic volume restrictions or stringent quality requirements that can keep a substantial quantity of the year's supply off the fresh market.

At a minimum, public policies that artificially limit access to fruits and vegetables at a time when the nation's kids are not getting enough of them need to be seriously reevaluated. Supply restrictions made possible through USDA's Federal marketing orders contradict USDA's commitment to increase the amount of fresh produce in the NSLP. Next to the amount of produce kept off the market by these USDA sanctioned programs, the "Fresh Start" initiative is indeed a very small drop in a very large bucket.

One way for USDA to overcome this contradiction in its mission is to require relevant produce marketing orders to make available to the NSLP some of the perfectly wholesome, nutritious fresh produce that they keep off the market each year. This would be little price for the produce marketing orders to pay in return for the highly lucrative privilege Congress grants them, namely, the ability to artificially limit their own market supply without fear of antitrust prosecution.

The foregoing examples raise questions about the Federal feeding program's current balance between the nutritional needs of the nation's children and the price stabilization objectives of the farm sector. From these examples, it is not difficult to conclude that the current balance does not favor meeting the nation's childhood nutrition goals.

#### USDA Fresh Fruit and Vegetable Distribution

As mentioned above, fresh fruits and vegetables represent a minuscule portion of USDA commodities shipped to the NSLP despite the importance of these products in a healthy diet. The problem, it seems, is more than just a failure to recognize the need for more fresh produce. Results of a 1993 Public Voice survey of USDA state commodity directors, reported in Making Room on the Tray, indicated that USDA simply lacks the capability to provide high-quality fresh produce through the commodity program. The lack of adequate storage and transportation, insufficient variety, and poor timing of deliveries undermine the commodity program's ability to meet both the nutritional and logistical needs of the local school lunch providers. Unless USDA puts its distribution system in order, attempts to increase fresh produce in the NSLP will likely be doomed to failure.

#### Mandating That the NSLP Meet Federal Dietary Guideline Requirements

There is another important lesson to be learned from USDA's recent report: school lunch providers are very successful in meeting mandated nutrition requirements. The report showed that for all essential nutrients and vitamins, school lunch meals supplied the one-third of the Recommended Daily Allowance required by the Federal government.

This success story needs to be duplicated for levels of fat, saturated fat and sodium, and servings of fruits and vegetables by mandating that school lunches must meet Federal dietary guideline requirements within an ambitious but reasonable time frame.

We have urged USDA to establish such a requirement through regulatory action. It remains unclear, however, whether they intend to do so. At the press conference releasing their recent report, in response to a direct question about USDA's plans to mandate that lunches meet the USDG, Secretary Espy would not make such a commitment. We hope the Department will, in fact, propose such a regulation after its round of field hearings are concluded. The language of the National School Lunch Act quoted earlier in my testimony provides them with a legislative mandate to do so.

To provide USDA with guidance and ensure that they follow through on this issue, we would like to see legislation introduced in the House of Representatives, as part of the reauthorization of the Childhood Nutrition Act in 1994. Earlier this month, Senator Patrick Leahy, chairman of the House Agriculture Committee, introduced such legislation, that would, among other things, require USDA to issue regulations mandating adherence of the NSLP to the USDG. We support that legislation and will work hard for its enactment into law.

#### **Federal Dietary Guideline Requirements Are Within Our Grasp: Some Success Stories**

Even though only one percent of the schools participating in the NSLP are meeting the USDG, notable individual success stories indicate that with enough commitment, training and resources, the NSLP as a whole can meet the USDG.

An exemplary model for the NSLP is the recent program instituted at sixteen elementary schools in Washington state. The program succeeded in meeting the USDG for fat by increasing the availability of low-fat foods in the lunch menus. Nearly one-third of the students eating NSLP lunches in these schools selected low-fat entrees when given the choice. Moreover, these students were not informed about the intervention and were still offered high-fat options such as pizza and chicken nuggets.

All too often the slow pace of changing the current school lunch meal patterns is justified on the basis of kids' allegedly immutable addiction to high-fat entrees and desserts. What the Washington state example demonstrates is that school kids' consumption patterns can change if they are offered attractive, good-tasting, lower-fat options.

In general, schools that are meeting or coming close to meeting the USDG are adopting common sense, innovative approaches to menu planning and purchasing, including the following:

- o Offer ground beef and full-fat cheese entrees less often;
- o Offer an extra bread item more frequently;
- o Reduce the amount of vegetables with added fat;
- o Offer fruit juice more often;
- o Dispense smaller, more-likely-to-be-eaten portions of fruits and vegetables, such as small bunches of grapes and 4-oz. potatoes;
- o Serve more 1% milk and non-fat milk (2% does not comply with FDA's definition for "low-fat");
- o Provide low-cal, low-fat salad dressing;
- o Offer cakes and cookies less often; and
- o Provide more low-fat, high carbohydrate desserts, such as yogurt and skim milk pudding.

#### Much More Than a Federal Mandate Is Needed

For these innovative practices to become the norm throughout the nation's school lunch programs, much more than just a Federal mandate is required. If we are serious about reaching a mandated nutritional goal, then we will also have to commit the resources necessary to enable the school districts come into compliance.

In particular, Federal resources need to be invested directly in the local school districts to enable them to efficiently bring their school lunch menus into compliance with federal dietary guideline recommendations. Four investments should be given priority:

- o many school lunch providers need to be retrained in methods of purchasing healthier ingredients;
- o many will need training in the preparation of attractive, good-tasting lower-fat, lower-sodium lunches;
- o some will need new tools, including computer capability, that will enable them to ensure that new meals and menus conform to USDG; and
- o many school districts, particularly in low-income areas, will need help in purchasing new equipment that will enable them to handle and store fresh produce adequately and prepare healthier meals.



Additional Federal resources will also have to be invested in nutrition education programs to ensure that students embrace the new menus with enthusiasm. Recent case studies of fruit and vegetable education programs in Fairfax County, Virginia, Modesto, California, and seven school districts in Florida demonstrate the power of carefully planned and implemented nutrition education programs in changing kids school lunch consumption patterns.

Finally, Federal policies and programs that undermine the ability of local school lunch providers to provide meals that meet the USDG need to be reformed. Necessary changes include:

- o The elimination of the whole-milk requirement;
- o Substantial reduction of high-fat dairy and potato commodities distributed to the NSLP;
- o Major improvements in the commodity distribution program, so it can handle fresh produce more effectively;
- o Requirements that Federal produce marketing orders provide the NSLP with wholesome fruits and vegetables that are not destined for commercial market outlets.

#### Conclusion

Mr. Chairman, by improving the nutritional quality of NSLP meals, we could capitalize on a unique opportunity to make an excellent Federal program even better. With the public committed to reversing escalating health care costs, improvements in kids' diets that help prevent future chronic illnesses would not only be good public policy, it would be excellent politics as well. At a time when real wages and real job creation are stagnant, expansion of the NSLP to reach all eligible participants should also be an urgent and necessary undertaking in the eyes of the vast majority of Americans. Moreover, we now have an Administration that, in addition to its commitment to health care reform, has declared the well-being of the nation's children to be one of its highest priorities.

The time is ripe for these essential reforms. It is our hope that members of the Agriculture Committee will play an important and helpful role in mobilizing Congressional support for the kind of policy changes we are examining here today.

Again, Mr. Chairman, we applaud your initiative in holding this hearing and look forward to working with to make the NSLP the very best program possible.

Statement  
of the  
American School Food Service Association  
before the  
Committee on Agriculture  
U.S. House of Representatives  
November 16, 1993

Mr. Chairman, Members of the Committee, I am Dorothy Caldwell, the President of the American School Food Service Association. I am also the Director of Child Nutrition for the State of Arkansas. We are delighted to be with you here this morning.

The American School Food Service Association (ASFSA) is a non-profit professional organization with some 65,000 members. Our members include the 50 State Directors of Child Nutrition as well as Nutrition, Education and Training (NET) coordinators, and local school food service administrators.

Each day our members serve approximately 25 million school lunches and 5 million breakfasts. We are very proud of the National School Lunch, School Breakfast, and NET Programs. These programs are vital in the fight against hunger in America; they prepare children to learn; and they assist in the physical and mental development of our young people.

DIET AND HEALTH

There is broad consensus in the medical community, which we share, that a well balanced nutritious diet is an important part of health promotion and disease prevention. Many years ago the focus was on the relationship between micronutrients (vitamins and minerals) and deficiency diseases such as rickets and scurvy. Today, the focus has changed to the relationship between macronutrients (fat, sodium, etc.) and our current disease pattern, which includes heart disease and cancer. The USDA/HHS Dietary Guidelines for Americans, The Surgeon General's Report on Nutrition and Health, the National Academy of Sciences' report on Diet and Health, and many other studies, have brought attention to the relationship between diet and health.

The First Lady recently commented after her review of health care that "the biggest surprise to me was learning about the importance of good nutrition to good health". (NBC interview, September 21, 1993) President Clinton in his National School Lunch Proclamation stated: "There is no longer any question that diet is related to good health .... Like preventive medicine, the value of school lunches will multiply and the benefit will last a lifetime."

ASFSA is very pleased with this interest in nutrition and health. We endorsed the USDA/HHS Dietary Guidelines when they were first released in 1980. We endorsed the second edition in 1985, as well as the third edition, which was the first edition to apply to children, in 1990. In addition we promoted the Dietary Guidelines with allied organizations and with the school food service industry.

#### RECENT CHILD NUTRITION IMPROVEMENTS

As part of the Child Nutrition and WIC Reauthorization Act of 1989 the Congress enacted a number of important nutrition initiatives, which we strongly supported:

1) The Congress required USDA to modify and publish revised menu planning guides to be consistent with the USDA/HHS Dietary Guidelines.

2) The Congress established a Food Service Management Institute to provide technical assistance to school food service administrators throughout the country.

3) The Congress required the Department to draft and publish Nutrition Guidance for the Child Nutrition Programs.

4) The Congress also required the Secretary of Agriculture to review and modify all specifications for USDA donated commodities to make them more consistent with the Dietary Guidelines. (P.L. 100-237)

#### USDA DIETARY ASSESSMENT STUDY

According to the recently published USDA School Nutrition Dietary Assessment Study, the child nutrition programs have much to be proud about. School lunches are superior to all other choices in meeting the Recommended Dietary Allowances for key nutrients. The School Lunch Program provides one third of the RDAs for all key nutrients. Students who bought lunches at school, but not as part of the National School Lunch Program (from vending machines, snack bars, or a la carte) consumed just 23 percent of the RDA for calories at lunch. These students also consumed less than 20 percent of the RDA for several nutrients (vitamin A, vitamin B6, calcium, iron and zinc). Students who bought lunch off campus consumed less than 1/3 of the RDA's for vitamins A and B6 as well as calcium and zinc. Lunches brought from home contained less than 1/3 of the RDAs for several vitamins and minerals, including vitamin A, vitamin B6, calcium and zinc.

The USDA study also noted that forty-four percent (44%) of the school lunch programs now offer at least one school lunch that meets the thirty percent (30%) fat goal. The study also showed that school breakfasts averaged only 31% calories from fat and that both lunch and breakfast programs meet the cholesterol goal. Since this requirement was not applied to children until 1990, and since the Healthy People 2000 report published by HHS establishes the goal that 90% of the schools follow the Dietary Guidelines by the year 2000, we feel that we have made significant progress.

Have we done enough? No.

Is there much more we can do to improve the nutritional quality of school meals? Absolutely, yes!

Our goal is to meet the goal established by HHS in Healthy People 2000 and have 90% of the schools throughout the country adhering to the Dietary Guidelines by the year 2000. We believe that children over the age of two should consume a diet of 30 percent or fewer calories from fat and that school lunch and breakfast programs provide an ideal setting to advance that goal.

We must be realistic, however, and recognize the obstacles to reaching that goal. First and foremost, we must respond to the food preferences of our customers .... the children who purchase school lunches and breakfasts. The recent USDA report noted that in the School Lunch Program 38% of the calories come from fat. While this is too high, it was not surprising. The Surgeon General's Report on Nutrition and Health found that 37% of all calories consumed in the United States come from fat. In short, students are eating in school the same way they eat when they're at home or in a restaurant. Further, the USDA study indicates that when the fat level in the school lunch program falls below 32%, participation drops significantly.

Second, school food service resources are limited. Eliminating calories from fat, and replacing those much-needed calories with carbohydrates, requires additional money. The child nutrition programs were cut by \$1.5 billion in 1981. We serve fewer children today than we did in 1979 as a result of that loss in funding.

Third, there must be a much greater priority at USDA to providing technical assistance, training, and nutrition education. The emphasis must shift from micromanaging programs to providing support for improvement.

Fourth, in order for us to give more attention to nutrition integrity, we must be freed from the current emphasis on income documentation and verification in the School Lunch and Breakfast Programs. According to a study by the National Center for Education Statistics, nearly half of all the paperwork in public schools originates in the cafeteria. The School Lunch and Breakfast Programs have become enormously difficult programs to administer. School lunch programs are being asked to duplicate that which is already being done by the IRS and the State Departments of Social Services. There are approximately 13 million children receiving a free or reduced price meal. We must collect data on each of these households. It is time for the Department and the Congress to decide what is more important and how we should spend our limited resources and time at the local level.

#### SUGGESTED CHANGES

In 1994 the Congress will again be reauthorizing the child nutrition programs. While it is the Committee on Education and Labor that has jurisdiction over the USDA child nutrition programs, we believe that a number of changes in the statute could further improve the School Lunch and Breakfast Programs:



1) Allow nutrient standard menu planning as an option in all schools.

2) Assess the nutritional value of school lunch and breakfast in relationship to each other and evaluate over a period of time, such as a menu cycle, rather than for a single day or single meal.

3) Require USDA to establish and maintain a national nutritional data base.

4) Require USDA to make available to all school districts (at no cost) a nutritional analysis data base and provide \$5 million in grants to school districts to implement the nutritional data base.

5) Require USDA to reestablish nutrition and technical personnel in all USDA regional offices.

6) Provide comprehensive training for all child nutrition personnel on healthy food preparation techniques.

7) Update current USDA recipe cards to further implement the Dietary Guidelines.

8) Update USDA commodity specifications to further implement the Dietary Guidelines.

9) Require USDA to study the various options for integrating more fruits and vegetables into the School Lunch and Breakfast Programs, making recommendations to the Congress.

10) Require USDA to ensure that the NET program links nutrition information in the classroom with the experience in the cafeteria.

11) Require USDA to conduct a media campaign to educate children and parents on making healthy food choices and to educate school administrators on the need to provide school environments that support healthful eating practices.

12) Require USDA to provide a leadership role in working with the school food service industry so that they might offer to schools low cost foods consistent with the Dietary Guidelines.

13) Require USDA to have all commodity processors and vendors submit nutrient analysis on USDA commodity processed

foods and to label all child nutrition (CN) foods with nutrient content analysis.

14) Enact the Lugar/Miller bill which deletes the requirement that schools serve specific types of milk.

#### CONCLUSION

Mr. Chairman, as you can see, while much progress has been made, much remains to be done. We are encouraged by the attention that the Secretary of Agriculture and the Congress has demonstrated in addressing these issues. President Clinton is the first President in fourteen years not to propose massive cuts in child nutrition. We are optimistic that this will afford all of us the opportunity to focus our attention on how to improve these programs. Finally, we are encouraged by your interest in this subject and by your hearing this morning.

Thank you.

Statement  
of the  
American Commodity Distribution Association  
before the  
Committee on Agriculture  
U.S. House of Representatives  
November 16, 1993

Mr. Chairman and members of the Subcommittee on Department Operations and Nutrition, I am very honored to appear before you today, representing the American Commodity Distribution Association. Thank you for this opportunity to present our views on the success of our commodity distribution programs in meeting the goals of delivering adequate nutrition to our target populations.

I am here to discuss one facet of the total effort to deliver nutrition and fight hunger in America, the USDA Commodity Distribution Program - a small but very important part of the federal effort.

The American Commodity Distribution Association (ACDA) is a non-profit professional association with members representing all state and territory commodity distribution agencies, agricultural organizations, food processors, storage and transportation companies, recipient agencies (schools, community action agencies, and other non-profit organizations) and individuals interested in promoting and working with others to

continually improve the commodity distribution programs. Our association members work very closely with USDA, our different membership components, allied organizations such as the American School Food Service Association (ASFSA), hunger relief organizations and nutrition and anti-hunger advocacy groups, such as FRAC.

On August 25, 1993, the USDA Commodity Distribution Program celebrated its 58th year. Its dual mission is (1) providing wholesome and nutritious products to school districts and other domestic food programs and (2) providing support to American agriculture.

Today the commodity distribution program provides nutritious foods to:

Public Schools .

Private Nonprofit Schools

Residential Child Care Facilities

Elderly Feeding Programs

Child and Adult Care Food Programs (CACFP)

Public and Nonprofit Hospitals

State/County Correctional Facilities

Emergency Food Assistance (TEFAP)

Commodity Supplemental Food Program (CSFP)

Disaster Relief  
Food Banks  
Food Pantries  
Soup Kitchens  
Temporary Shelters  
Summer Feeding  
Summer Camps  
Charitable Institutions  
Indian Reservations

In the 1991 Fiscal Year, 2,146,351,768 pounds of food, valued at \$1,111,079,096 were distributed by USDA to the above agencies. The national school lunch program received products valued at \$625,907,696 which was 56.3% of the total value; the balance went to the other food programs, including disaster relief.

Two programs are not defined by their name: (1) The Commodity Supplemental Food Program (CSFP) which serves mothers, infants and children not served by the WIC program as well as seniors and (2) The Emergency Food Assistance Program (TEFAP) which distributes food packages on a regular basis to families in need of assistance. These two programs received product

valued at \$287,507,311, which was 25.8% of the total food value of commodities distributed.

The USDA Commodity Distribution Program in this country serves those who need food assistance and cannot readily obtain it from any other source. The Commodity Distribution Program serves those who cannot participate in the food stamp program or who choose not to participate.

In short, the only means to a healthy diet for some segments of our population is through one of the USDA commodity programs. The various commodity programs are not the backbone of the fight against hunger and for improved nutrition but for many Americans in specific situations, they are the only vehicle for reaching them with a healthy diet.

In addition to providing Americans in need of assistance with wholesome and nutritious food, these programs are an efficient use of our limited tax dollars because foods are provided at a low cost through USDA's buying power while at the same time supporting American agriculture.

Yes, we believe there is not only a link but a very strong correlation between good nutrition and good health. The impetus

for the creation of the National School Lunch Program was the poor health of World War II recruits caused by the lack of needed nutrients.

In 1988, the Congress enacted the Child Nutrition Reform Act and WIC Amendments of 1987 (P.L. 100-237) which made many improvements to the program. Since 1988, USDA has:

- Purchased ground beef patties with a fat content of 10 percent.
- Lowered the fat level of bulk ground beef from 22 to 20 percent.
- Lowered maximum fat content in canned pork from 21 to 18 percent.
- Expanded the variety of poultry products, including frozen ground turkey and turkey burgers with an average fat content of 11 percent.
- Eliminated use of tropical oils in peanut butter and other products containing oil.
- Increased the variety of whole grain products and fresh fruit.
- Reduced the fats/oils food group offering and increased the fruits and vegetables offered through the Food Distribution



Program on Indian Reservations. Also increased the offering for rice and potato flakes.

-- Since 1980, fruits have been packed in light syrup or natural juices. The National Advisory Council on Food Distribution has tested water packed fruits and found them unacceptable.

-- Specifications were developed for new products and reviewed by USDA's Nutrition and Technical Services Division to assure salt, fat and sugar levels are kept to a minimum.

That does not mean, however, that we cannot continue to improve the program from a nutritional point of view. That does not mean that there are not more households that need to be reached, nor does it mean that we can not further improve our delivery system.

We can do better!

Our goal for the Commodity Distribution Program is to not only provide food for the hungry and support for schools and other institutions but to be part of the effort to provide the motivation, education and desire to participants in the commodity programs to follow the Dietary Guidelines for Americans.

To do that we need to lower the certain barriers.

A) The Cash-in-lieu of Commodities and Commodity Letter of Credit (CLOC) pilot programs need to come to their natural termination. These pilots were authorized in 1980 and have been functioning since then. Two studies concluded that the two options provided no improvements over the Commodity Distribution Program.

In June, 1992, after study and review of the CLOC Modification Demonstration Evaluation Final Report and a review of the many substantial and quality improvements made in the commodity distribution system, many of which were requested by their "customers", USDA announced its position of not supporting the continuation or expansion of the CLOC system. USDA stated in its June, 1992 position paper, "It is in the best interests of agricultural producers, administrators of commodity distribution systems and recipients of USDA's domestic commodity programs to retain the traditional commodity program."

B) State Administrative Expense (SAE) funding for the Commodity Distribution Program would provide the resources for state distributing agencies to provide optimum service to recipient agencies. Currently many states are forced to add

charges for delivery and storage of commodities to simply perform the regulatory functions. They are unable to provide technical assistance such as food receiving and storage, food introduction information, nutrition information or work on establishing additional nutritional guidelines for processing. This provision is in Senator Leahy's Better Nutrition and Health for Children Act, S.1614 (Sec. 307) and I ask your support.

C) The FY 1994 TEFAP national funding situation is very bad.

TEFAP has gone from \$162.3M for the purchase of food in FY 1993 to \$80M in FY 1994, a 49.3% reduction; administrative funding has been reduced from \$45M in FY 1993 to \$40M in 1994, a 11.1% reduction. The positive item is that the SK/FB funding was increased from \$32M in FY 1993 to \$40M for FY 1994, a 25% increase and that CSFP received an increase of \$10M for a total of \$104.5M.

In terms of human impact, more than eight million households will no longer benefit from the TEFAP distributions in FY 1994 as a result of this cut. This not only means that many families will lose their much needed food but will lose the warmth, care,

interest, and concern given to them by smiling TEFAP staff and volunteers as they receive their TEFAP package.

Persons who go to pick up TEFAP product are in need of these supplemental foods; the households must meet income guidelines which are set by each state and range from 125% to 185% of the Federal Poverty Income Guidelines.

We have concern for our Seniors because of this program cut. Approximately 70% of the TEFAP recipients are Seniors and they rely on this Program. Just this weekend, The Urban Institute released a study concerning the extent of hunger among the Nation's elderly. According to their research, between 2.5 and 4.9 million elderly Americans suffer hunger and food insecurity - food insecurity meaning to have to choose between food and medicine. TEFAP is the Program that provides the needed additional food to these Seniors.

D) Nutritional content information labels on USDA donated food would not only assist school food service directors but also household recipients. The current information about which food group the item is in and the label recipes are very much appreciated by household users; it is an excellent first step to following the Dietary Guidelines.

E) Much effort is being directed to increasing school breakfast participation. A commodity entitlement for school breakfast would provide an additional incentive for schools to provide breakfast to its students. A 3 cent per meal entitlement would help assure solvent breakfast programs.

F) The Charitable Institution and Summer Camp programs have been receiving fewer commodities because of the reduction in bonus commodities. A commodity entitlement for these programs would provide them with their needed products that they have been steadily losing and enable them to feed their children and adults.

G) The commodity specifications need to be revised by USDA to reflect the Dietary Guidelines. Further, USDA should be required to have all commodity processors submit nutrient analysis on USDA processed foods.

H) Time certain deliveries are needed so our schools and other agencies can plan for the anticipated product.

Mr. Chairman, the USDA Commodity Distribution Program has gone through many changes and improvements; it can be better yet. We are excited by the priority that the Secretary and the

Congress is giving these important issues. We are confident that we can support his effort in a positive way in the Commodity Distribution Program.

Thank you for your interest and for conducting this hearing this morning.

**HUNGER AND FOOD INSECURITY AMONG THE ELDERLY:  
BASIC FINDINGS AND IMPLICATIONS FOR FOOD ASSISTANCE PROGRAMS**

Testimony Before the  
Committee on Agriculture,  
Subcommittee on Department Operations and Nutrition  
U.S. House of Representatives  
November 16, 1993

**Martha R. Burt**  
**Program Director**

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**HUNGER AND FOOD INSECURITY AMONG THE ELDERLY:  
BASIC FINDINGS AND IMPLICATIONS FOR FOOD ASSISTANCE PROGRAMS**

I am pleased to be here today to share with you our findings from a new study of hunger and food insecurity among American seniors. As we shall see later, at least 2.5 million, and possibly as many as 4.9 million older Americans suffer food insecurity--figures that call into question the common perception that today's elderly are all financially secure. Our data come from a national mail survey to households with at least one elderly member, and from in-person surveys of low-income seniors in 16 communities around the United States. Existing food assistance programs for the elderly are serving many persons with extreme need, but at least twice as many equally needy seniors are not reached by these programs. Our results will suggest expanded funding for Older Americans Act feeding programs, but will reveal an even greater need for financial relief for seniors barely above the official poverty line, through the Food Stamp Program and other mechanisms.

In my testimony today I will do the following:

- Define the concept of food insecurity;
- Describe where the data come from;
- Report the extent of food insecurity we found nationally and in the 16 communities;
- Demonstrate the relationship of food insecurity to poverty and use our findings to project the number of seniors nationally who suffer food insecurity;
- Show the effects of multiple risk factors on the likelihood that an older person will experience food insecurity;
- Describe the inability of existing food assistance programs to meet the need we have documented;
- Discuss the implications of these findings for federal, state, and local policy.



I am also submitting with this testimony the executive summary of our final report on this project and a paper based only on our national data analyzing who uses food assistance programs, which contain much of the detail that I must necessarily omit in the brief time I have today.

### **What Is Food Insecurity?**

Food insecurity refers to the situation in which a person worries about whether he or she can afford to have enough to eat, and sometimes may not have enough to eat due to lack of resources. Officially, we define food insecurity as the condition in which the home does not always have adequate food, the individual cannot always afford to buy enough food, and/or the individual cannot always get to markets and food programs. In the case of the elderly, the definition also includes circumstances where the elderly person cannot prepare and gain access to the food available in the household.

To turn this definition into actual measures of food insecurity among the elderly, we asked four questions:<sup>1</sup>

1. Have there been days when you had no food in the house and no money or food stamps to buy food?
2. Have you had to choose between buying food and buying medications?
3. Have you had to choose between buying food and paying rent or utility bills?
4. Have you skipped meals because you had no food in the house and no money or food stamps to buy food?

Each question gives the respondent the opportunity to say that this has happened in the last month, in the last two to six months, at some time earlier than

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<sup>1</sup> These questions were taken verbatim or adapted from several sources including: the Food Stamp Cash-Out Survey (Cohen and Young 1993), the National Survey of Nutritional Risk Among the Elderly (FRAC 1987), and the Survey of Hunger in Washington State (Governor's Task Force on Hunger 1988).

six months ago, or never. If the respondent experienced the situation within the six months prior to the interview, we considered this an affirmative indicator of food insecurity. In addition, in the 16 local studies a fifth question inquired:

5. In the past six months, has anyone in your household done any of the following *because there wasn't enough food to eat, or you thought that soon you might not have enough food?*<sup>2</sup>

### Where Do the Data Come From?

The data come from two quite different sources:

1. A sample of 2,734 respondents to a questionnaire mailed to a sample of households with at least one member age 65 or older. This sample was weighted using data from the March 1991 Current Population Survey to represent all persons 65 and older in the country.
2. Surveys conducted by community agencies in 16 locations, each using the same interview guide (an expanded version of the questionnaire used in the mail survey) and survey procedures developed by Urban Institute researchers. These produced 3,174 interviews with people located at a wide variety of community settings (the community sample), and 1,103 interviews with seniors located through congregate and home-delivered meals programs (the meal program sample).

The estimates from the national mail survey are likely to be quite conservative, since the respondents are on average more educated, with higher incomes, and more able and willing to respond to a questionnaire they received in the mail. To compensate for this known bias, the communities participating in the local surveys were chosen explicitly to capture very low income populations of seniors, and balanced by geographical considerations, urban-rural location, and race/ethnicity to assure coverage of certain groups of seniors least likely to be included by standard

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<sup>2</sup> Response options included actions entirely under one's own control such as serving smaller meals; appealing to one's network of family and friends to borrow food or money, or eat at friends' houses; using formal food assistance programs such as congregate meals or food stamps; and using emergency food programs such as food pantries, commodities distribution programs, or soup kitchens.

survey techniques. The results from the local studies are likely to be higher. Between the national mail survey and the 16 local studies, we believe that our results bracket the true level of hunger and food insecurity among the elderly.

### **How Much Food Insecurity?**

Figure 1 shows the proportion of seniors experiencing food insecurity in a six-month period, as measured by each separate question and by two different combined indexes. The darkest bars in Figure 1 are the conservative estimates from our national mail sample; the other bars are from our community and meal program samples in the 16 local studies.

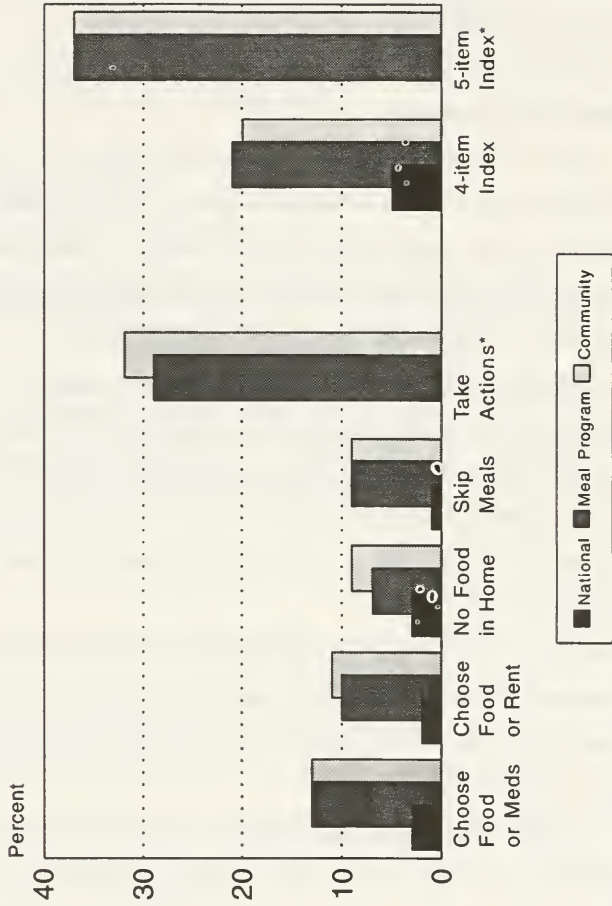
These results show that 7-13 percent of both the community and meal program samples answer "yes" to each of the first four food insecurity questions, compared to only 1-3 percent of the national mail sample. On the fifth question, about taking actions to cope with not having enough to eat, about 30 percent of both local samples say they have taken some actions in the past six months (this question was not asked on the national survey).

When the first four questions are compiled into an index, 5 percent of the national sample and 20-21 percent of the local samples are shown to experience some food insecurity. When the fifth question is added, this percentage climbs to 37 percent for both local samples.

Figure 2 shows the differences we found in the 16 local communities. The bottom of each bar reflects the level of food insecurity based only on the first four questions; the top of each bar shows what happens when we add the fifth question.

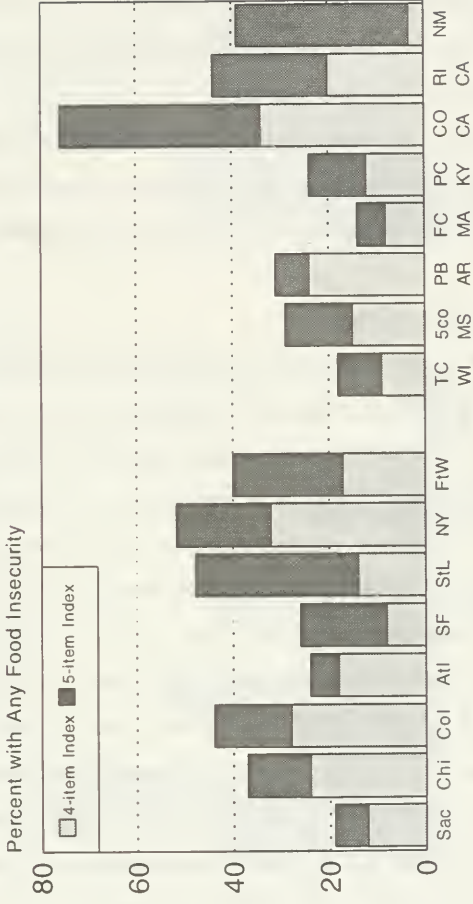
Figure 2 makes clear that the level of food insecurity among the elderly differs substantially by community, even though all communities were selected for their high

FIGURE 1  
SENIORS EXPERIENCING FOOD INSECURITY IN 6-MONTH PERIOD



\* Not Available for National Mail Sample  
Source: Urban Institute, 1993.

**FIGURE 2**  
**FOOD INSECURITY BY LOCAL COMMUNITY**  
 (Community Sample, N = 3,174)



**URBAN**

**RURAL**

Sac=Sacramento, Chi=Chicago, Col=Columbus, OH, Atl=Atlanta, SF=San Francisco, STL=St. Louis, NY=New York, FIW=Ft. Worth, TC,WI=Trampealeau City, WI; 5co,MS=5 delta counties in MS; FC,MA=Franklin City, MA; PC,KY=Perry City, KY; CO,CA=Cochella/Indio,CA; RI,CA=Riverside, CA; NM=3 pueblos in NM.

Source: *Urban Institute, 1993.*

proportions of low-income elderly. The lowest levels of food insecurity are in rural, mostly white communities with official elderly poverty levels close to or below the national average (Trempealeau County, WI and Franklin County, MA), but even these levels are not really "low." One in 7 seniors in Franklin County and 2 of 11 seniors in Trempealeau county report food insecurity.

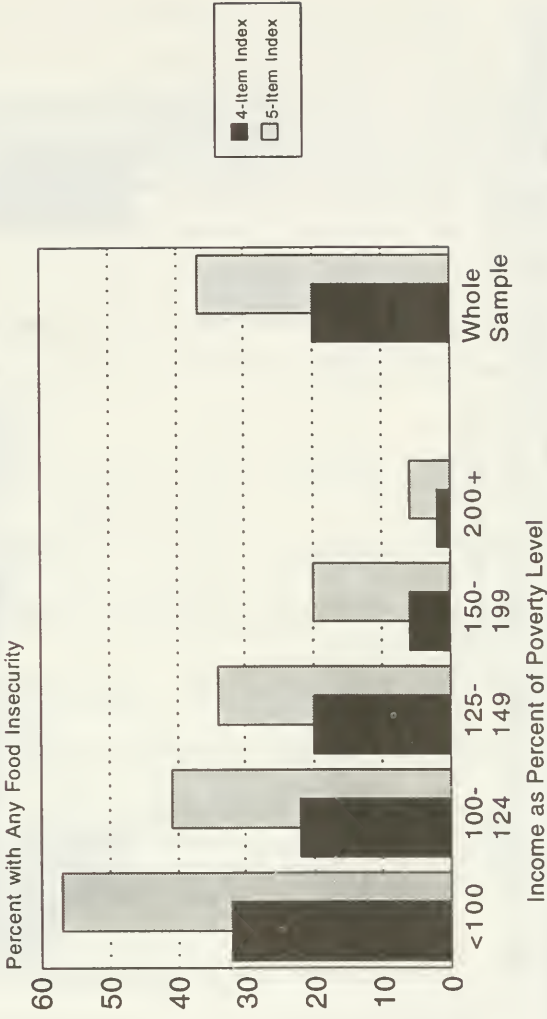
The communities reporting the most food insecurity are both urban and rural, from all regions of the country, and heavily non-white. Forty percent or more of seniors reported food insecurity in five urban and three rural survey communities.

### **Poverty and Food Insecurity**

Since the concept of food insecurity entails the idea that lack of money or other resources (e.g., food stamps) is the reason people do not have enough food, it is not surprising to find that food insecurity and poverty go hand in hand. Figure 3 shows the relationship of income to the risk of food insecurity, classifying income by its relationship to the official poverty line for seniors in households of different sizes.

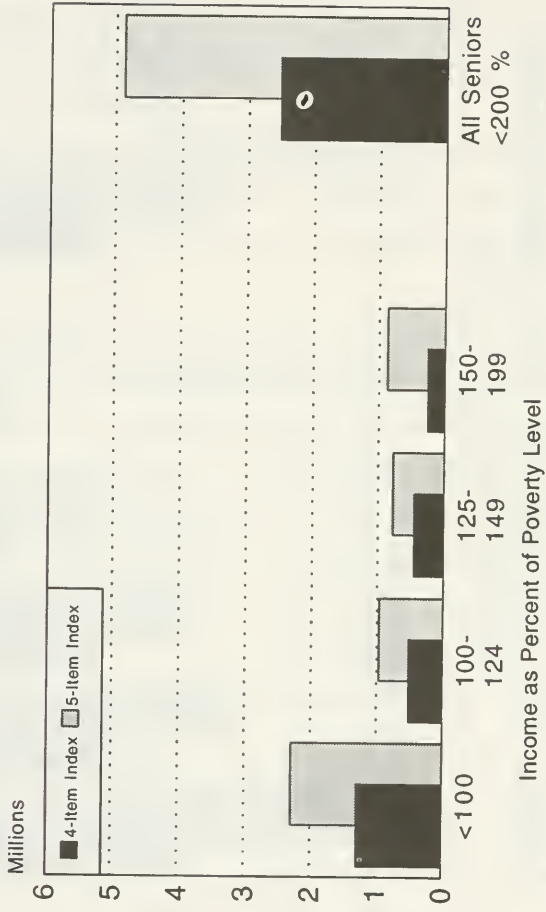
As is abundantly clear from Figure 3, the elderly households with incomes below poverty experience the most food insecurity--1 in 3 using the more conservative index of the first four questions, and almost 3 in 5 using all five questions. However, it is also abundantly clear from Figure 3 that food insecurity does not disappear when a household steps over the official poverty line. **One in 5 seniors with household incomes between 100 and 150 percent of poverty report food insecurity based on the first four questions; that proportion comes close to doubling when the fifth question is included. Even seniors at 150-200 percent of poverty report significant levels of food insecurity, although much lower than those with lower incomes.**

**FIGURE 3**  
**IMPACT OF INCOME ON FOOD INSECURITY**  
 (Community Sample, N = 3,174)



Source: Urban Institute, 1993.

**FIGURE 4**  
**NUMBER OF SENIORS WITH INCOMES BELOW 200 PERCENT**  
**OF POVERTY WHO REPORT ANY FOOD INSECURITY**  
 (National Projection)



Source: Urban Institute, 1993.



Figure 4 translates these percentages from the local surveys into numbers of seniors for the whole country, considering only those seniors with household incomes below 200 percent of poverty (which includes 41.4 percent of all elderly persons). On the far right of Figure 4, we can see that using the first four questions produces a national estimate of about 2.5 million seniors with food insecurity; using all five questions raises this estimate to almost 5 million (4.9 million). The largest group of these seniors have below-poverty incomes (1.3/2.3 million), but a number almost as great have incomes between 100 and 150 percent of poverty (0.9/1.8 million). Clearly the safety net does not protect many seniors from making hard choices about whether to eat or not.

With respect to each separate question, we can use our community data to estimate that during any six-month period:

- 1.9 million seniors must choose between buying food and buying needed medicines;
- 1.3 million seniors must choose between buying food and paying the rent or utilities bills;
- 1.2 million seniors have days when there is no food in the house and no money or food stamps to buy food;
- 1.1 million seniors skip meals because there is no food in the house and no money or food stamps to buy food; and
- 4.2 million seniors take actions such as eating less, borrowing from relatives, going to senior meal programs, or using emergency food pantries or commodities distribution programs because they have no food or expect that soon they will have none.

### **What Other Factors Affect Food Insecurity?**

Our survey gathered data about many circumstances faced by the elderly, in addition to poverty, which may affect food insecurity. Analyses reveal that the biggest contributors to risk of food insecurity are:

- **Financial factors:** Having no income from assets, paying for housing, having high utility bills, and having an income below 150 percent of poverty.
- **Health factors:** Having health conditions that interfere with eating or force changes in diets or eating patterns, and two indicators of serious health problems (taking three or more prescription drugs, and losing five or more pounds in the past six months without trying).
- **Racial/ethnic and immigration factors:** Being Hispanic, and having moved to the United States within the past five years.

Figure 5 shows what happens when an elderly person has increasing numbers of these risk factors. To illustrate, we selected two income factors (<150 percent of poverty and no income from assets), a health factor (having health conditions that interfere with eating), and being Hispanic.

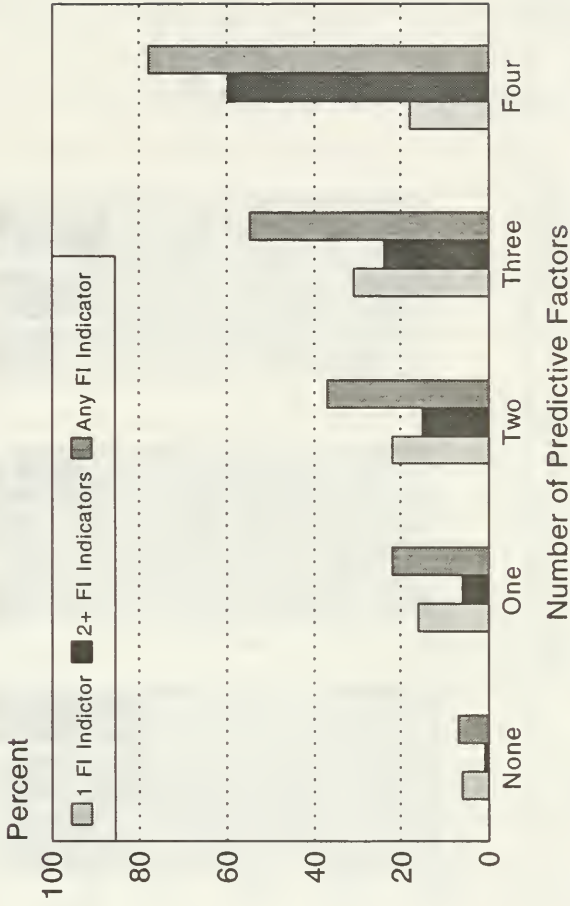
As Figure 5 shows, seniors who have none of these risk factors are extremely unlikely to experience any food insecurity (far left). As the number of risk factors increases, the odds of experiencing any food insecurity jump correspondingly. So do the odds of reporting more than one indicator of food insecurity. Seventy-nine percent of seniors for whom all four factors are present report at least some food insecurity; 60 percent report two or more indicators.

### **Do Existing Food Assistance Programs Help?**

Two Older Americans Act programs--congregate meals and home-delivered meals--are designed specifically to alleviate hunger and food insecurity among seniors. The Food Stamp Program is designed to provide all Americans with adjusted incomes at or below poverty level with coupons to assist in purchasing adequate food. How well do these programs help to reduce hunger among the elderly?

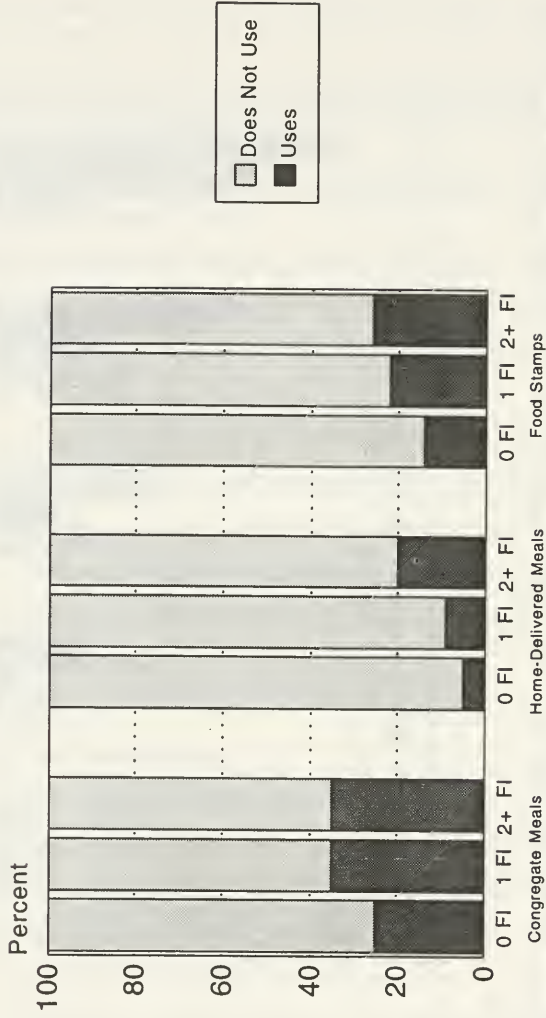
First, both our national and our community surveys show that people who use these programs report more food insecurity than people who do not use them. In the community sample, 45 percent of congregate meal users report food insecurity,

FIGURE 5  
EFFECTS OF PREDICTIVE FACTORS ON LEVEL OF FOOD INSECURITY (FI)



Factors=income <150% of poverty; no income from assets; Hispanic, having 1 or more health condition(s) that interferes with eating or requires changing diet or eating patterns  
Source: *Urban Institute, 1993.*

FIGURE 6  
 FOOD INSECURITY AND PROGRAM PARTICIPATION  
 (Community Sample, N = 3174)



Source: Urban Institute, 1993.

compared to 35 percent of non-users; 48 percent of home-delivered meals users report food insecurity compared to 35 percent of non-users; and 55 percent of food stamp users report food insecurity, compared to 32 percent of non-users. The national data show similar patterns, but at lower levels.

This suggests several things: 1) that the programs definitely serve many of neediest people, as intended; 2) that program participation is not enough to completely eliminate the food insecurity experienced by program users; 3) that people seem not to use the programs unless hard-pressed by financial need; 4) that many people served by all three programs do not appear to experience food insecurity at all; and 5) that a great many people with food insecurity are not being served by these programs.

Figure 6 illustrates just how inadequate program coverage of those with food insecurity appears to be. Each set of bars in Figure 6 depicts the situation for one of the food assistance programs--congregate meals on the left, home-delivered meals in the middle, and food stamps on the right. Within each set of three bars, the one on the left shows program coverage of seniors with no food insecurity, the one in the middle shows program coverage of seniors reporting one food insecurity indicator, and the one on the right shows program coverage of seniors reporting two or more indicators of food insecurity.

The best coverage any of these programs achieve is 35 percent for seniors with one or more food insecurity indicators in congregate meals programs. This means that the program does not serve 65 percent of seniors with food insecurity. Home-delivered meals go to only 9 percent of seniors with one indicator, and to only 20 percent of seniors with two or more indicators of food insecurity. And the Food Stamp Program, which as an entitlement is not constrained by limited appropriations but

TABLE 1

**PERCENT OF ELIGIBLE ELDERLY WHO DO NOT USE FOOD PROGRAMS**  
(analysis of national mail survey data)

	Percent of low income elderly not using food stamps* N=754	Percent of functionally limited elderly not using home delivered meals N=708	Percent of all elderly who do not use congregate meals N=2,734	Percent of all elderly who do not use any food program N=2,734
<b>All</b>	86.7	95.3	89.2	71.6
<b>Any food insecurity</b>	73.3	90.9	82.3	63.0
<b>3+ measures of food insecurity</b>	68.2	94.8	66.1	47.6
<b>Any functional limitations</b>	81.0	95.3	86.1	75.6
<b>3+ functional limitations</b>	85.3	86.6	89.7	70.9
<b>Low income*</b>	86.7	95.9	82.8	70.3
<b>Very low income*</b>	81.4	95.4	82.9	65.8
<b>Any eating-related illness</b>	84.0	94.5	89.8	84.0
<b>3 eating-related illnesses</b>	76.4	95.8	86.4	80.0
<b>Lives alone</b>	88.1	95.7	82.6	77.5

\* "Low income" includes people with incomes at approximately 145-150 percent of poverty. "Very low income" includes people with incomes at approximately 110-115 percent of poverty.

could theoretically expand to cover all in need, serves only 22 percent of those with one indicator and 26 percent of those with two or more indicators of food insecurity.

Table 1 gives specific information about program coverage from our national mail survey data, including coverage for elderly people who have specific risk factors for hunger or food insecurity.

### Implications for Federal, State, and Local Policy

We have documented a high level of food insecurity among low-income older Americans. We have also shown some of the circumstances that lead to food insecurity, or are associated with it. We believe there are !!! important implications to draw from our results.

### NATIONAL POLICIES

#### 1. Expand Eligibility Criteria for Safety Net Programs To Include More Hungry Seniors

- Seniors who are not officially poor, yet whose incomes are low enough to necessitate painful choices that may involve food insecurity, are not eligible for many benefit programs because they are not poor enough. Food stamps is one of these programs; SSI is another.
- Almost 2 million elderly with incomes up to 150 percent of the official poverty line suffer food insecurity. Americans should therefore not feel complacent that the "official" poverty rate among seniors is only 12.9 percent, lower than for the nation as a whole, when many more seniors exist on incomes only slightly higher than the official poverty line.
- THEREFORE, income cutoffs for SSI eligibility should be raised, as should those for food stamp eligibility.

#### 2. Provide more resources for congregate and home-delivered meals programs and improve their targeting to low-income and minority seniors.

- Public programs designed explicitly to feed older Americans--congregate and home-delivered meals--are stretched to the limit right now. Even with their efforts, our data show that their current users suffer food insecurity in the same degree faced by community sample members. In our national sample, food program users faced significantly *more* food insecurity than non-users (because the income range of non-users included many more people with high incomes than in the local samples).

### 3. Expand federal income supports for the low-income elderly.

- However much Congress is able to increase Older Americans Act funding, and state and local governments commit resources to senior feeding programs, it is unrealistic to expect that these programs will receive adequate resources to accommodate three times the number of people they now serve, yet this is the level that our data suggest would be needed to extend coverage to all seniors with food insecurity.
- Because direct funding of feeding programs will almost certainly not be enough to cover the need, nor will program locations always accommodate many seniors, it also seems clear that only expanded income supports will truly alleviate their current high levels of food insecurity. We cannot do much to reverse the health conditions that affect food insecurity, but we should be able to do something significant about inadequate incomes as the other major cause of food insecurity.
- Health care reform needs to cover payment for prescription drugs, which will provide some financial relief and reduce the need to choose between buying food and buying needed medications.
- SSI payment levels should be increased to bring recipients' incomes at least up to the poverty line.
- Resources for the changes just recommended should come from shifting public expenditures from affluent to low-income seniors. They should not be reallocated at the expense of programs to serve poor children, whose needs are certainly as great. This can be accomplished by fully taxing Social Security payments, by lowering the income cutoff at which Social Security begins to be taxed, by expanding co-payments for Medicare for those who can afford them to equal the proportion that younger people will pay under health care reform, and by other means as appropriate.

### STATE AND LOCAL POLICIES

- State and local governments need to allocate increased resources to programs for feeding seniors at risk of food insecurity. Some states dedicate a portion of



their state lottery proceeds to programs for seniors; all states and local Area Agencies on Aging have considerable flexibility in how they allocate their Older Americans Act dollars. These funds should be more extensively targeted to meet the needs of the low-income elderly.

## COMMUNITY ACTIONS

- This study has contributed information to affect local policies in the participating communities. The process of conducting these surveys has helped lead agencies to form new alliances, gain entree to neighborhoods with few or no services, design outreach programs to meet the needs discovered by the surveys, and generally highlight a problem they suspected but had no earlier means of documenting. The methods and procedures pioneered in this study are available to other agencies and other communities. They provide an approach to measure unmet need, and offer the context of the present findings for comparing and understanding local results. This method represents a significant contribution to the repertoire of local agencies seeking to improve existing services or develop new ones.
- Local survey activities in several of the participating communities demonstrate the fruitfulness of joint efforts by aging and hunger organizations and advocates. Aging organizations traditionally have not focused on hunger; hunger advocacy groups have not focused on the elderly. Both can clearly benefit from collaboration to document and ultimately to remedy situations of hunger among the elderly.

## DATA FOR POLICY DECISIONS

- To learn about hunger and food insecurity among the elderly, we had to do this special survey, just as special surveys were necessary to learn parallel information about children's hunger.
- It is time for the continuing national surveys concerned with nutrition and food intake to add a set of questions on hunger and food insecurity to collect this information routinely. This is particularly important for USDA's National Food Consumption Survey and the Continuing Survey of Food Intake of Individuals. The most recent National Health and Nutrition Examination Survey has already modified its most recent wave to include some such questions, but these data are not yet available, and take so long to be published (at least 5 years after data collection) that they lose some of their usefulness.

For the full report of this study's findings, see Martha R. Burt, Hunger Among the Elderly: Local and National Comparisons. Washington, DC: Urban Institute, 1993 and Rebecca L. Clark, Barbara E. Cohen, Margaret M. Schulte, and Martha R. Burt. "Who Uses Food Assistance Programs? Factors Associated with Use Among the Elderly." Washington, DC: The Urban Institute, September 20, 1993. Not submitted here but available from the Urban Institute are local reports for each of the sixteen communities participating in the community surveys and two additional reports based on national mail survey data:

Burt, Martha R. and Rebecca L. Clark. 1993. "Factors Associated with Food Insecurity Among the Elderly," Washington, DC: The Urban Institute, July 14, 1993.

Cohen, Barbara E., Martha R. Burt, and Margaret M. Schulte. "Hunger and Food Insecurity Among the Elderly," Washington, DC: The Urban Institute, February 23, 1993.

**Hunger and Food Insecurity  
Among the Elderly In Kentucky:  
A National Problem with State and Local Implications**

Good morning. Thank you for the opportunity to speak to you today. My name is Anne Joseph. I am the Director of the Kentucky Task Force on Hunger. The Task Force has a long term commitment to assist grassroots coalitions in local communities in working to alleviate hunger and guaranteeing food security for all citizens of the Commonwealth of Kentucky. When contacted by the Urban Institute to conduct a community study of hunger among the rural elderly, the Task Force enlisted the research support of Sara Quandt, an applied anthropologist at the University of Kentucky who specializes in health issues of the rural elderly. The goals of our combined efforts were to:

- o provide local context for the Urban Institute's work;
- o describe a picture of hunger among the elderly in Kentucky;
- o assist one community in exploring the problem of hunger among its oldest citizens; and
- o formulate recommendations based upon the findings of the survey.

Our study targeted Perry County, which is located in the coal fields of eastern Kentucky. The county has a land area of 342 square miles, and is cut by an extensive network of steep ridges and valleys. The 1990 population of Perry County was 30,283, with 5,416 of these persons residing in the county seat of Hazard. Of persons 65 and older who live alone, in Perry County 33 percent fall below the poverty line (\$6,788 for one person ); statewide 36.1 percent fall below the poverty line. In Perry County 43 percent of households headed by a person 65 and older earned less than \$10,000 in 1989. The comparable figure for Kentucky was 40.4 percent. The nearest metropolitan area is Lexington, over 100 miles away. Perry County was chosen because it is fairly typical of many rural areas of the region: its economy based on extractive industries has resulted in high rates of unemployment and poverty. :

The Kentucky survey found that a large number of the poor elderly experience hunger or food insecurity – simply put, they do not get enough to eat. These older people are often overlooked in the general perception that

poverty and its effects among the elderly have been drastically reduced in the last two decades.

Researchers in Kentucky found that 25 percent of the people surveyed, and 33.3 percent of those participating in group meal programs, had experienced at least one of the signs of food insecurity in the previous six months. Evidence of *food insecurity* included:

- o no food in the home for a day or more, and no money or food stamps to buy food;
- o having to choose between buying food and buying prescribed medications;
- o having to choose between buying food and paying rent, utilities or other bills;
- o skipping meals because of lack of food and the resources to buy it;
- o borrowing money from relatives to buy food or seeking assistance from emergency food pantries.

Important to note is that despite the high levels of poverty in the Kentucky meal program sample, a greater proportion of these seniors are paying for their housing compared to the national and community samples. Although a larger share of the meal program sample are renters, **none** of the respondents are receiving any rent subsidies or are living in public housing, whereas over two-fifths of the less poor community sample receive some form of rent assistance. Also, almost all people in the meal program sample must make utility payments, nearly all spending \$100 or more a month. These facts could partially explain why some respondents in the meal program sample use the program -- they must allocate more of their income to housing costs and can spend less of their already smaller income on food.

Certain characteristics make Kentucky's elderly especially vulnerable to hunger and food insecurity. According to the survey results, those most at risk are:

- o the low-income elderly -- important to note here is that many of the food insecure elderly are living above the poverty level, up to 150 percent of the poverty level;
- o those likely to eat alone;
- o those who are renters rather than homeowners;
- o those who are less educated.

The survey found that elderly participating in congregate meals were also taking advantage of other food programs for the elderly. The sample not participating in the congregate meals programs were also not taking advantage of other programs. Only one-third of the food insecure are participating in or have applied to receive assistance from food programs while two-thirds of the food insecure use the services of the local emergency food programs. These emergency food programs do their very best to assist those in need, but they are, in fact woefully inadequate and only meant to deal with an emergency situation. They do not supply and cannot supply the food necessary for a well balanced diet on an on-going basis.

The findings of the survey are clear. Many of the low-income elderly in the Commonwealth of Kentucky are nutritionally at risk. Many of these at-risk elderly are not using the food programs that are now available.

To reverse these negative trends, the Kentucky Task Force on Hunger recommends that:

- o additional funds for congregate and home-delivered meals be appropriated in order to reach those at risk - funding of these programs is under increasing restraints because of overall federal budgetary pressures; the elderly look to you to become their champion in these deliberations;
- o an extensive system of outreach be developed and supported to let people know about the availability of programs, where they are located, who is eligible and how to apply;
- o since some people are not using congregate meal programs for what they call "health-related" reasons, we should undertake to find out what these reasons are so that we might better accommodate their needs;
- o meal programs should better target those at greatest risk: the isolated, the less educated, the poorest, renters;
- o many of the nutrition-related problems of the low-income elderly could be ameliorated with an income supplement; and
- o if we are truly concerned about reducing health care costs in the short and long term, and about improving the quality of life of our nation's growing elderly population, we have to attend to the problem of hunger among the elderly that this report has documented.

Special attention should be given to the Food Stamp Program as the foremost means available to alleviate hunger, in this case amongst the elderly, but certainly for all low-income persons eligible for its services.

The "thrifty food plan" is one of four food plans developed by the United States Department of Agriculture (USDA) for use as standards of family food use and costs. Of the four food plans - thrifty, low-cost, moderate and liberal - the thrifty food plan is the least expensive and the only one that is *not* based on households actual consumption patterns. This is the plan that serves as the basis for the calculation of maximum allotment levels in the Food Stamp Program. The thrifty food plan is "designed in accordance with the Secretary of Agriculture's calculations," and is not subject to any specific dietary standards. The Food Stamp Act describes it only as "the diet required to feed a family of four persons, consisting of a man and woman twenty through fifty, a child six through eight and a child nine through eleven years of age." The plan has been widely criticized as nutritionally deficient and as an inaccurate reflection of the actual cost of the "market basket" list of foods that it assumes a family will consume.

Several studies have shown that households spending an amount of money on food equivalent to the thrifty food plan receive only a fraction of the Recommended Daily Allowances (RDAs) for eleven nutrients. The USDA's own nationwide consumption survey of 14,400 in forty-eight states indicated that, of the households with food costs at the thrifty food plan level, only 9 percent received the RDAs for eleven nutrients and only 33 percent received even 80 percent of the RDAs. The USDA study showed a correlation between increased food expenditures and better nutritional quality among households surveyed. For example, when the households food costs were equivalent to the low-cost food plan, rather than the thrifty food plan, the percentage of households receiving the RDAs jumped from 9 percent to 31 percent, and the percentage of households receiving 80 percent of the RDAs increased from 33 percent to 64 percent.

The Food and Nutrition Service (FNS) of the USDA has acknowledged the nutritional deficiencies of the thrifty food plan. These deficiencies and the correlation between higher food expenditures and better nutritional quality strongly suggest that the thrifty food plan is an inadequate standard for the food costs of low-income households.

Even if the diet prescribed by the thrifty food plan were nutritionally adequate, the plan would still be deficient as a standard of food costs, because it underestimates the actual costs of purchasing the foods in the plan's "market basket." Studies have estimated that the actual cost of purchasing the foods in the market basket may be up to 48 percent higher than the cost of the thrifty food plan. Several factors may account for the higher actual cost of the market basket, including the location of the poor households, the size and prices of the available food stores and USDA's questionable assumptions about the available resources of low-income households.

USDA has acknowledged that many low-income households live in areas where food costs tend to be higher. Researchers across the country have documented that the actual costs of the thrifty food plan are higher for low-income families, and several studies indicate that, in general, food costs tend to be higher in areas of high concentrations of low-income people.

The higher cost of food in smaller stores is particularly important, because poor families including the elderly may do significantly more of their food shopping at smaller stores. Many of the poor do not have access to low-cost, convenient transportation to larger supermarkets that are not within walking distance.

Transportation may be a particular problem for the rural poor; one study has shown that there are nearly eight times as many supermarkets per county in urban areas than in rural areas.

Although food costs are relatively higher in small stores than in supermarkets, supermarket costs in inner city areas tend to be higher than in suburban areas.

Whether low-income persons are located in inner cities, rural areas or suburban areas without access to large supermarkets or food warehouses, the actual cost of purchasing the market basket has been shown to be far greater than the cost of the thrifty food plan.

In developing the thrifty food plan, the USDA failed to consider several constraints on low-income households that affect their ability to obtain and prepare the market basket of foods at the thrifty food plan cost level.

Low-income persons must have access to transportation to low-cost food stores. The cost of transportation to less expensive stores or the cost of home delivery tends to reduce the savings obtained from purchasing less expensive

groceries, particularly for the elderly and disabled poor who are unable to walk long distances to less expensive markets.

The thrifty food plan does not make allowances for special diets. A significant number of low-income elderly and disabled people with special dietary needs may be unable to purchase and prepare foods to fit their needs within the constraints of the thrifty food plan. In addition, the plan does not account for the special needs of pregnant women, adolescents or persons engaged in heavy manual labor.

Clearly, if we want to see the Food Stamp Program adequately serve those eligible to receive benefits an in-depth review of the thrifty food plan must be undertaken and revisions must be made. The benefit levels as presently constructed are too low. This is the direction that should be taken rather than pursuing the issue of limiting food choices for food stamp users. In their study, "Food Shopping Skills of the Rich and Poor," Peterkin and Hama found that generally, food shopping expertise of households with low incomes and receiving food stamps was as good or better than that of other households. Households with incomes below the poverty thresholds made selections that provided more nutrients per dollar than households with higher incomes. If low-income households are already doing better than higher income households why do we want to consider limiting their choices?

The issue of achieving good nutritional status should be viewed broadly -- it should be seen as a societal concern rather than directed toward one segment of our population. Nutrition information and education should be made available to all of our citizens. This information should be incorporated into our school curriculum. To single out the poor is to unfairly stigmatize them. The issue of good nutrition is a societal problem in need of a societal solution.



**Subcommittee on Department Operations and Nutrition**  
**Subject: Domestic Feeding programs of the United States Department of**  
**Agriculture**  
**Date: November 16, 1993**

**Statement of: Christine Vladimiroff, OSB**  
**President and CEO**  
**Second Harvest National Network of Foodbanks**

Second Harvest  
 116 South Michigan Avenue - Suite #4  
 Chicago, Illinois (312) 263-2303

Good Morning! I am grateful for this opportunity to testify in front of the subcommittee on Department Operations and Nutrition regarding the domestic feeding programs of the United States Department of Agriculture.

All of the feeding programs need to be vital links to the well-being and health for the recipients. Therefore, the nutritional content and impact of diet are of paramount concern. However, as I state that, I also know that Second Harvest programs, in many instances, mean just plain survival for hungry people, a way out of hunger for that day, that month or, in some instances, for years..

I bring a unique perspective to today's conversation. You see the chief executive officer and president the of Second Harvest National Network of Foodbanks, the largest domestic charitable distribution organization, of food for hungry persons. Second Harvest serves the people who do not have access to your programs. We see, in our network, results of the shortcomings of the present system. And more powerfully, we serve those persons who can not subsist on what is given to them through the domestic feeding programs, funded at present levels. This is not to say that what is in place is not crucial, but it is not universally effective. If our concern is for the nutrition and well being of all our people we need to make deeper commitments to the underfunded programs and to examine the barriers to access and correct the lack of outreach so people can eat, so lack of proper nutrition does not claim the health of those who are most fragile in our society:

Second Harvest is a network of 187 food banks which distributes donated food to 48,000 shelters, soup kitchens, pantries, etc. Our mission is focused on domestic hunger and our service is to people who are hungry. In 1992, as a network, we delivered over 620 million pounds of donated food to our clients. This excludes government commodities and purchased food We'd be proud of this, if we weren't so alarmed! So I cite this not as praise of our network, but as a way to present to you the dimensions of the problem we face each day. The statistics serve as indicators that reliance on the nonprofit sector for food growing. Just look at recent research of our own network: 71% of the food programs in our system have been established since 1981; there has been a 46.5% growth in new programs since 1986 and we have had an increase of 16% in the

creation of new programs in the past three years. Local communities are responding to the needs of hungry people with generosity and compassion.

In that same research we have found that persons were turned away by local agencies because of lack of insufficient resources, food and funds, to meet the demand. Other agencies, 45% have begun to ration food, cut hours, distribute pantry bags that contain less. Our foodbanks and agencies tell us that demand is up 37% year-to-date and our statistics show food donations up 10%. We are deeply concerned. The people who depend on us are fearful. You asked, in preparation for this testimony, to consider the question: "How well are the domestic feeding programs administered by USDA meeting their goal of providing food for their various target populations?" My answer is: not well enough and not to some at all.

I believe in the appropriate role of the nonprofit sector. I am proud of the work of Second Harvest in responding to the issue of domestic hunger. But I also know our limits. We are efficient and effective. In fifteen years of existence we have created an infrastructure, local community support and we are close to the people we serve. We are the safety net to those who are not caught by the safety net that should be provided by governmental programs in the interest of the common good.

Second Harvest research makes us painfully aware that children are 40% of our clients served through our agencies and programs though they make up 26% of the general population in the United States. Nutrition is critical to health and the future cognitive capacity of our children. We don't want to let them down and we try our best. 31.5% of our clients are the working poor-at times choosing between rent and food.

What began as an temporary emergency feeding network, a stop-gap measure is now part of the scenario in most communities: foodbanks, soup kitchens, pantries, shelters, congregate feeding programs. This should not be normative in our country. We are concerned about feeding people. We are concerned about nutrition, our future generations are held captive by this.. As an organization we have tried to enlarge our capacity to accept and move fresh fruits and vegetables. With the aid of nutritionists we have become creative in recipes and meal planning with the unpredictable product that comes to us through donations. We encourage food stamp recipients to visit our pantries at the beginning of the month so we can advise them what to buy with the food stamps that will complement what we have on hand in donated food so as to enhance their opportunity to have nutritious meals. This is an attempt to reverse the practice of coming to us at the end of the month when they have no funds nor stamps left.

In addition to donated food, as a network we also distributed in 1992 92,763,919 pounds of The Emergency Food Assistance Program (TEFAP); 24,802,312 pounds of Soup Kitchen/Food Bank Program food; and 35,641,988 pounds of other government food, primarily Commodity Supplemental Food (CSFP). This is a total of 906,100,000 of USDA commodities in 1992. 70% of the 187 Second Harvest food banks distribute USDA commodities. We make our structure work for the service to hungry people and we welcome the partnership with USDA in providing food. Parallel programs and structures are a waste of resources. I repeat.

USDA commodities are an opportunity for us to enhance the diet dependent on donated food products available to our agencies.. TEFAP is critical as a reliable supply of a few valued commodities and as a stabilizer in a massive system of unpredictable food supplies that is typical in the charitable network. I have surveyed our network and see what the percent of cuts in TEFAP funding, both administrative funds and food purchase funds, will do to the quality of nutrition that we will be able to maintain in our emergency food boxes and pantry programs. TEFAP has an additional benefit. It allows us to give families food to take home and prepare and eat in their homes as opposed to the soup kitchen environment not always th best for children..

Let me cite one example: At the Greater Boston Food Bank 50% of the recipients of USDA commodities through food pantries receive no other government food assistance. Yet the new allocation of TEFAP funds will contain a 62.8% cut or a loss of 544,574 pounds of commodities to the food bank which equates to a loss of 410,000 meals to poor hungry families in Massachusetts.

Another example highlights a special feature of TEFAP and the complement it gives to the charitable distribution system with the ultimate beneficiaries being the poor and those at nutritional risk. In Fairfield,Ohio our food bank serves 19 southern Ohio counties (22% of the state's population). On the average of each month, 250 charitable agencies distribute 400,000 pounds of USDA commodities to 27,000 families as local distributors of Shared Harvest Food Bank. These local distributors use approximately 3000 volunteers each month to handle, pack, distribute and do the paperwork to insure people in this largely rural area have access to some type of supplemental food. The overhead, transportation, warehousing, distribution and administration, for this federal program is being subsidized to a large extent by the volunteer sector. Charity is paying for what should be being delivered by tax revenue.

Our records show that approximately 45% of the recipient population over the past three years have been social security recipients and another 23% are single parents with one or two children. All recipients have income levels of 150% or less of poverty. In this predominately rural area a sophisticated delivery system of social services simply does not exist. The commodities are distributed by Township Trustees, Volunteer Fire Departments and American Legion Posts. It makes no sense to them that the allocations for Soup Kitchen commodities was increased while TEFAP was decreased. There simply are not homeless shelters and soup kitchens in places like Coal Grove, South Point, Ottway and Sinking Springs. It is hard to tell the people who live there that we care even though their population is not large enough to make a difference when decisions are made about programs that affect them.

I submit to you that hunger is 100% curable. We have enough food, in this nation, but we need to improve the quality, availability and distribution of food.. Health through nutrition is achievable for all sectors of society. We know what it takes for a good diet. This must be accessible to all until individuals can have adequate resources to gain food security through work.

Your work as a committee is very important and the decisions you will make will influence if people will eat. It will influence what they will have available in terms of nutrition.. That is a heavy responsibility.

**I recommend:**

The USDA Commodities Programs be reviewed. It would seem feasible that one program, with one set of regulations, administrative guidelines would be more effective allowing commodities to be used according to local needs.

Simplify the paperwork, allowing local agencies the use of resources for the service of people.

The USDA Commodities Program be targeted to hunger and nutrition and not be weakened by the politics of farm subsidies and market prices. I know we have the wisdom to accomplish both, but let us declare the priority as people who need food.

Review the access and the outreach for present federal nutrition programs: e.g. food stamps, WIC, school breakfast and school lunch, summer feeding programs.

Seek new partnerships with the charitable feeding programs to maintain an efficient delivery system for nutrition education and distribution of supplemental food to reach targeted populations and to enhance existing federal programs.

Again, thank you for this opportunity to engage in the dialog. I welcome your questions.

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**FOOD EXPENDITURE AND CONSUMPTION PATTERNS  
OF FOOD STAMP HOUSEHOLDS**

testimony presented to the  
U.S. House of Representatives  
Committee on Agriculture  
Subcommittee on Department Operations  
and Nutrition

by  
Thomas M. Fraker, Ph.D.  
Senior Economist  
Mathematica Policy Research, Inc.

November 16, 1993

## A. INTRODUCTION

Since 1980, Mathematica Policy Research has been analyzing the food expenditure and consumption patterns of food stamp recipients. We appreciate this opportunity to share some of what we have learned with this subcommittee.

There are several different possible approaches to gaining information on how food stamp recipients use their benefits. One direct approach would be to examine the types of foods that are purchased with food stamps. Unfortunately, we are not aware of any existing data set that would support such an examination. However, there are several indirect approaches that provide insight into how food stamp benefits are spent. In particular, we can use existing data sets developed by USDA and the Bureau of Labor Statistics (BLS) to describe:

1. The share of total expenditures that food stamp households and other households allocate to food
2. The dollar value of food that food stamp households use from their home food supply--in total and broken down by food group
3. The quantity of food consumed (food intake) by food stamp recipients and nonrecipients, by food group
4. The quantity of snack foods consumed by food stamp recipients and nonrecipients

I will briefly review the findings from these approaches.

## B. THE SHARE OF TOTAL EXPENDITURES ALLOCATED TO FOOD (FIG. 1)

The Bureau of Labor Statistics' Consumer Expenditure Survey (CES) is a continuing survey of approximately 5,000 consumer units. Among the respondents, it is possible to identify food stamp recipients, low-income nonrecipients, and higher-income nonrecipients. BLS does not routinely publish statistics on expenditures separately for food stamp recipients and nonrecipients; however,

we have such statistics, generated by special tabulations of the 1984-85 CES.<sup>1</sup> More recent statistics broken down by food stamp reciprocity status may be available, but we are not aware of them.

Figure 1 shows the percentage of total expenditures (including expenditures made with food stamps) that food stamp recipients and low-income nonrecipients allocate to eight exhaustive categories of consumer goods and services. We see that recipients allocate a greater share of their expenditures to food consumed at home than do nonrecipients: 23 percent and 16 percent, respectively. Some of this difference is likely due to the impact of the benefits, some to a substantially higher level of total expenditures among nonrecipients, and some to other differences between the two groups.

### C. THE DOLLAR VALUE OF FOOD USED, IN TOTAL AND BY FOOD GROUP (FIG. 2)

In 1990, under contract to the Food and Nutrition Service, Mathematica Policy Research collected data on the food used from the home food supply by approximately 1,100 food stamp households in San Diego County, California, and by 2,300 food stamp households in 12 counties in Alabama.<sup>2</sup> About half of the households in each site received their food stamp benefits in the form of checks, and half received the traditional coupons. I am going to discuss findings based on the households that received coupons.

Figure 2 shows that, on average, recipients of food stamp coupons in Alabama and San Diego use food with a money value well in excess of their food stamp benefit amount. The monthly money

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<sup>1</sup>The statistics cited in this section are from Gregory M. Brown, "Food Stamp Program Participation and Non-Food Expenditures," working paper, Division of Consumer Expenditure Studies, U.S. Bureau of Labor Statistics, Washington, DC, February 1988. MPR found roughly similar food expenditure shares in an analysis of the 1982-83 CES; see Paul Boldin and John Burghardt, *Analysis of Household Expenditures in Relation to the Food Stamp Program Benefit Structure*, Mathematica Policy Research, Washington, DC, January 1989.

<sup>2</sup>The statistics cited in this section are from original tabulations by Mathematica Policy Research of data from the evaluations of food stamp cash-out demonstrations in Alabama and San Diego. These datasets are described by Thomas M. Fraker et al., *The Evaluation of the Alabama Food Stamp Cash-Out Demonstration*, Mathematica Policy Research, Washington, DC, September 1992, and by James C. Ohls et al., *The Effects of Cash-Out on Food Use by Food Stamp Participants in San Diego*, Mathematica Policy Research, Princeton, NJ, December 1992.

value of food used exceeds the monthly food stamp benefit by about 50 percent in Alabama and 180 percent in San Diego. These findings show that in both sites, food stamp recipients supplement their coupon purchases of food with large cash purchases of food.

The food groups fats and oils, sugars and sweets, and beverages, which consist largely of foods with lower nutrient values, account for relatively little of the total money value of food used by coupon recipients. These three food groups account for just \$32, or 12 percent, of the total money value of food used by coupon recipients in Alabama and \$38, or 13 percent, in San Diego.

#### D. FOOD INTAKE, BY FOOD GROUP (FIG. 3)

Through a data collection effort known as the Continuing Survey of Food Intakes by Individuals (CSFII), the Human Nutrition Information Service (HNIS) annually collects three days of data on all of the foods eaten by approximately 6,000 individuals in 2,200 households. HNIS has provided us with preliminary tables based on the combined CSFII samples for 1989 and 1990.

Figure 3 shows the average daily intake, in grams, of foods from each of nine exhaustive food groups by individuals in food stamp recipient households and by individuals in nonrecipient households. The nonrecipient households include both those that are income-eligible for food stamps and those with higher incomes. With the exception of beverages, the overall patterns of intake are similar. Recipients consume 35 percent less beverages than do all nonrecipients. They also consume less fats and oils, and sugars and sweets than do nonrecipients. Of the remaining six food groups, recipients have somewhat lower intakes of three groups (vegetables; fruits; and meat, poultry, and fish) and somewhat higher intakes of three other groups (grains; milk products; and eggs, legumes, and nuts).



#### E. INTAKE OF SNACK FOODS (FIG. 4)

We know that some taxpayers become upset when they become aware of the use of food stamps to purchase snack foods, which often are high in sugar, fat, and sodium and low in vitamins and minerals. Most people consume these foods, so it is not surprising that such purchases are made with food stamps. However, food stamp recipients consume less snack foods than do nonrecipients. Figure 4, based on the CSFII, shows that recipients consume 20 to 50 percent less of cakes, salty snacks, candy, and soft drinks than do all nonrecipients.

#### F. SUMMARY

Food stamp households allocate a greater percentage of their total expenditures to food than do low-income households that do not receive food stamps. On average, food stamp households use food that has a money value well in excess of their food stamp benefit amount. Foods that provide relatively few vitamins and minerals--fats and oils, sugars and sweets, and beverages--account for only 12 to 13 percent of the money value of the food used by food stamp households. For eight of nine food groups, the mean intake by individual food stamp recipients is generally similar to that of all nonrecipients. The mean intake of beverages--the ninth food group--is substantially lower among recipients. A more detailed examination of food intake reveals that recipients consume 20 to 50 percent less of four types of snack foods (cakes, salty snacks, candy, and soft drinks) than do all nonrecipients.

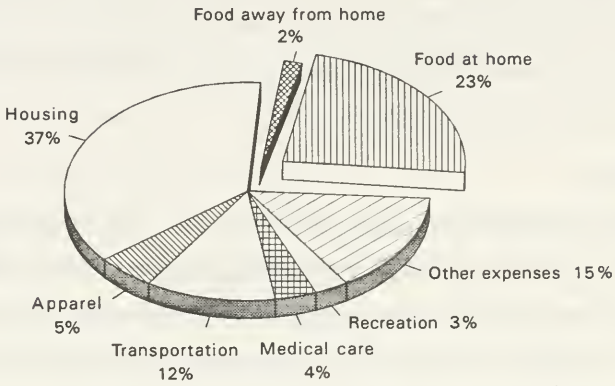
Thus, the evidence from USDA and BLS data sets indicates that food stamp recipients use large amounts of food relative to their food stamp benefits and devote the majority of their food purchases to foods that are relatively high in nutritional value.

(Attachments follow:)

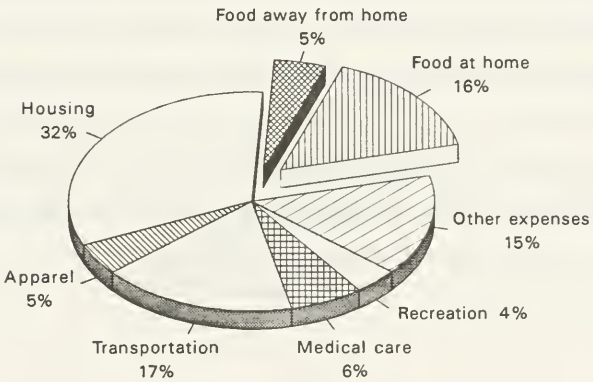
FIGURE 1

## HOUSEHOLD EXPENDITURE SHARES BY MAJOR EXPENDITURE CATEGORY

## Food Stamp Recipients



## Low Income Nonrecipients

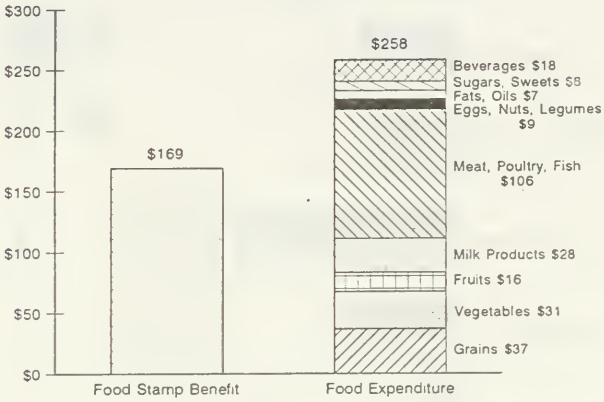


SOURCE: 1984-85 Consumer Expenditure Survey, interview component.

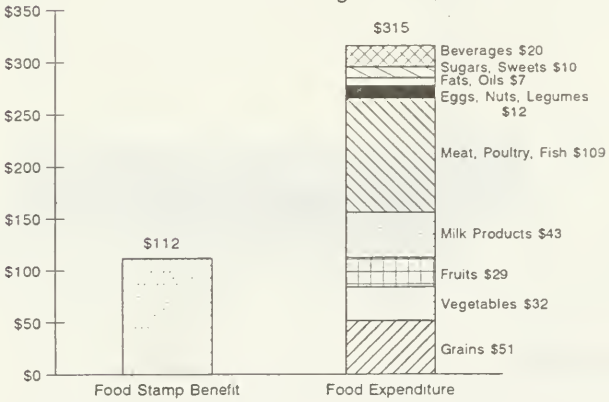
FIGURE 2

FOOD EXPENDITURES OF FOOD STAMP RECIPIENTS BY FOOD  
 Mean Dollars per Household per Month

Alabama

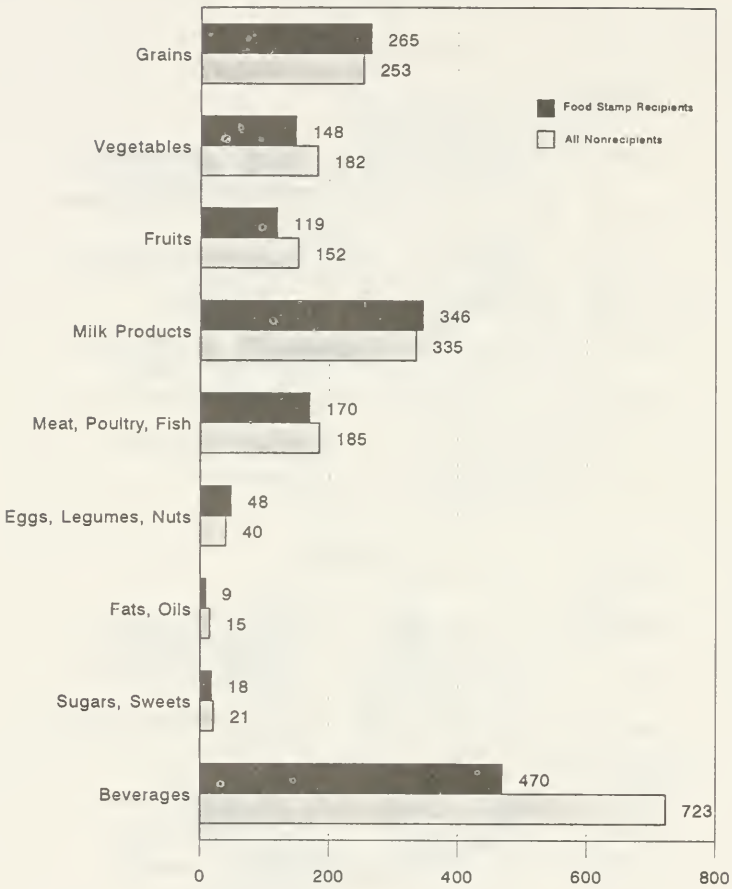


San Diego



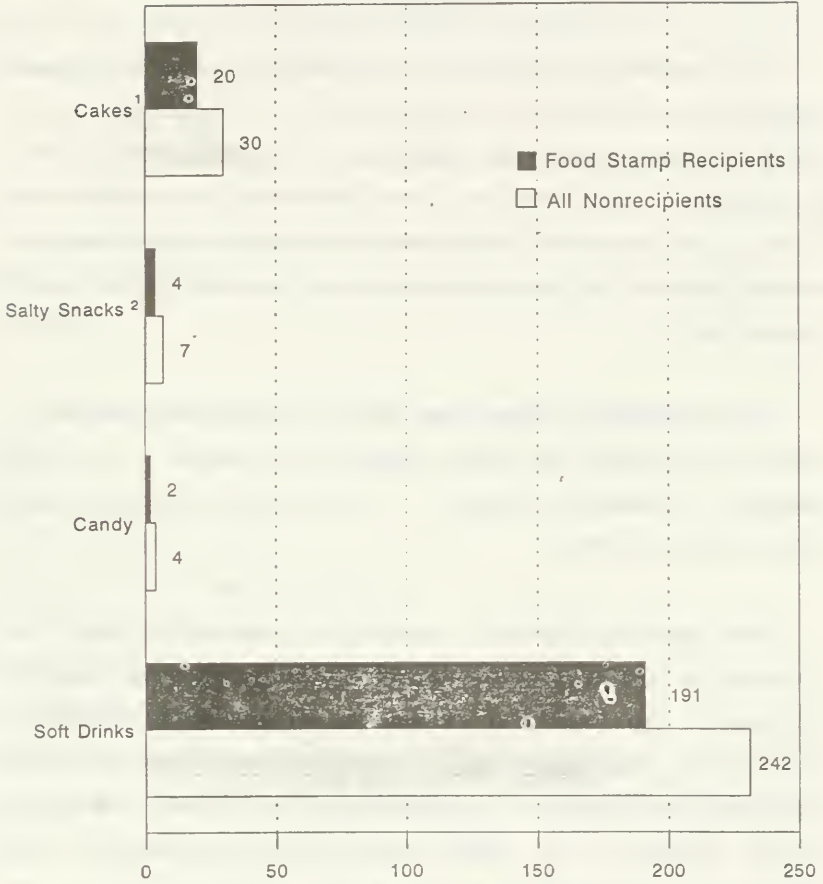
SOURCE: Data on coupon recipients from the evaluations of the Alabama and San Diego food stamp cash-demonstrations, 1990.

FIGURE 3  
 FOOD INTAKE BY FOOD GROUP  
 Mean Grams per Individual per Day



SOURCE: USDA Continuing Survey of Food Intakes by Individuals, 1989 and 1990.

FIGURE 4  
 INTAKE OF SNACK FOODS  
 Mean Grams per Individual per Day



SOURCE: USDA Continuing Survey of Food Intakes by Individuals, 1989 and 1990.

<sup>1</sup> Cakes, Cookies, Pastries, Pies

<sup>2</sup> Crackers, Popcorn, Pretzels, Corn chips

Statement  
of the  
American Commodity Distribution Association  
before the  
Committee on Agriculture  
U.S. House of Representatives  
November 16, 1993

Mr. Chairman and members of the Subcommittee on Department Operations and Nutrition, I am very honored to appear before you today, representing the American Commodity Distribution Association. Thank you for this opportunity to present our views on the success of our commodity distribution programs in meeting the goals of delivering adequate nutrition to our target populations.

I am here to discuss one facet of the total effort to deliver nutrition and fight hunger in America, the USDA Commodity Distribution Program - a small but very important part of the federal effort.

The American Commodity Distribution Association (ACDA) is a non-profit professional association with members representing all state and territory commodity distribution agencies, agricultural organizations, food processors, storage and transportation companies, recipient agencies (schools, community action agencies, and other non-profit organizations) and individuals interested in promoting and working with others to

continually improve the commodity distribution programs. Our association members work very closely with USDA, our different membership components, allied organizations such as the American School Food Service Association (ASFSA), hunger relief organizations and nutrition and anti-hunger advocacy groups, such as FRAC.

On August 25, 1993, the USDA Commodity Distribution Program celebrated its 58th year. Its dual mission is (1) providing wholesome and nutritious products to school districts and other domestic food programs and (2) providing support to American agriculture.

Today the commodity distribution program provides nutritious foods to:

Public Schools .  
 Private Nonprofit Schools  
 Residential Child Care Facilities  
 Elderly Feeding Programs  
 Child and Adult Care Food Programs (CACFP)  
 Public and Nonprofit Hospitals  
 State/County Correctional Facilities  
 Emergency Food Assistance (TEFAP)  
 Commodity Supplemental Food Program (CSFP)

Disaster Relief  
Food Banks  
Food Pantries  
Soup Kitchens  
Temporary Shelters  
Summer Feeding  
Summer Camps  
Charitable Institutions  
Indian Reservations

In the 1991 Fiscal Year, 2,146,351,768 pounds of food, valued at \$1,111,079,096 were distributed by USDA to the above agencies. The national school lunch program received products valued at \$625,907,696 which was 56.3% of the total value; the balance went to the other food programs, including disaster relief.

Two programs are not defined by their name: (1) The Commodity Supplemental Food Program (CSFP) which serves mothers, infants and children not served by the WIC program as well as seniors and (2) The Emergency Food Assistance Program (TEFAP) which distributes food packages on a regular basis to families in need of assistance. These two programs received product



valued at \$287,507,311, which was 25.8% of the total food value of commodities distributed.

The USDA Commodity Distribution Program in this country serves those who need food assistance and cannot readily obtain it from any other source. The Commodity Distribution Program serves those who cannot participate in the food stamp program or who choose not to participate.

In short, the only means to a healthy diet for some segments of our population is through one of the USDA commodity programs. The various commodity programs are not the backbone of the fight against hunger and for improved nutrition but for many Americans in specific situations, they are the only vehicle for reaching them with a healthy diet.

In addition to providing Americans in need of assistance with wholesome and nutritious food, these programs are an efficient use of our limited tax dollars because foods are provided at a low cost through USDA's buying power while at the same time supporting American agriculture.

Yes, we believe there is not only a link but a very strong correlation between good nutrition and good health. The impetus

for the creation of the National School Lunch Program was the poor health of World War II recruits caused by the lack of needed nutrients.

In 1988, the Congress enacted the Child Nutrition Reform Act and WIC Amendments of 1987 (P.L. 100-237) which made many improvements to the program. Since 1988, USDA has:

-- Purchased ground beef patties with a fat content of 10 percent.

-- Lowered the fat level of bulk ground beef from 22 to 20 percent.

-- Lowered maximum fat content in canned pork from 21 to 18 percent.

-- Expanded the variety of poultry products, including frozen ground turkey and turkey burgers with an average fat content of 11 percent.

-- Eliminated use of tropical oils in peanut butter and other products containing oil.

-- Increased the variety of whole grain products and fresh fruit.

-- Reduced the fats/oils food group offering and increased the fruits and vegetables offered through the Food Distribution

Program on Indian Reservations. Also increased the offering for rice and potato flakes.

-- Since 1980, fruits have been packed in light syrup or natural juices. The National Advisory Council on Food Distribution has tested water packed fruits and found them unacceptable.

-- Specifications were developed for new products and reviewed by USDA's Nutrition and Technical Services Division to assure salt, fat and sugar levels are kept to a minimum.

That does not mean, however, that we cannot continue to improve the program from a nutritional point of view. That does not mean that there are not more households that need to be reached, nor does it mean that we can not further improve our delivery system.

We can do better!

Our goal for the Commodity Distribution Program is to not only provide food for the hungry and support for schools and other institutions but to be part of the effort to provide the motivation, education and desire to participants in the commodity programs to follow the Dietary Guidelines for Americans.

To do that we need to lower the certain barriers.

A) The Cash-in-lieu of Commodities and Commodity Letter of Credit (CLOC) pilot programs need to come to their natural termination. These pilots were authorized in 1980 and have been functioning since then. Two studies concluded that the two options provided no improvements over the Commodity Distribution Program.

In June, 1992, after study and review of the CLOC Modification Demonstration Evaluation Final Report and a review of the many substantial and quality improvements made in the commodity distribution system, many of which were requested by their "customers", USDA announced its position of not supporting the continuation or expansion of the CLOC system. USDA stated in its June, 1992 position paper, "It is in the best interests of agricultural producers, administrators of commodity distribution systems and recipients of USDA's domestic commodity programs to retain the traditional commodity program."

B) State Administrative Expense (SAE) funding for the Commodity Distribution Program would provide the resources for state distributing agencies to provide optimum service to recipient agencies. Currently many states are forced to add

charges for delivery and storage of commodities to simply perform the regulatory functions. They are unable to provide technical assistance such as food receiving and storage, food introduction information, nutrition information or work on establishing additional nutritional guidelines for processing. This provision is in Senator Leahy's Better Nutrition and Health for Children Act, S.1614 (Sec. 307) and I ask your support.

C) The FY 1994 TEFAP national funding situation is very bad.

TEFAP has gone from \$162.3M for the purchase of food in FY 1993 to \$80M in FY 1994, a 49.3% reduction; administrative funding has been reduced from \$45M in FY 1993 to \$40M in 1994, a 11.1% reduction. The positive item is that the SK/FB funding was increased from \$32M in FY 1993 to \$40M for FY 1994, a 25% increase and that CSFP received an increase of \$10M for a total of \$104.5M.

In terms of human impact, more than eight million households will no longer benefit from the TEFAP distributions in FY 1994 as a result of this cut. This not only means that many families will lose their much needed food but will lose the warmth, care,

interest, and concern given to them by smiling TEFAP staff and volunteers as they receive their TEFAP package.

Persons who go to pick up TEFAP product are in need of these supplemental foods; the households must meet income guidelines which are set by each state and range from 125% to 185% of the Federal Poverty Income Guidelines.

We have concern for our Seniors because of this program cut. Approximately 70% of the TEFAP recipients are Seniors and they rely on this Program. Just this weekend, The Urban Institute released a study concerning the extent of hunger among the Nation's elderly. According to their research, between 2.5 and 4.9 million elderly Americans suffer hunger and food insecurity - food insecurity meaning to have to choose between food and medicine. TEFAP is the Program that provides the needed additional food to these Seniors.

D) Nutritional content information labels on USDA donated food would not only assist school food service directors but also household recipients. The current information about which food group the item is in and the label recipes are very much appreciated by household users; it is an excellent first step to following the Dietary Guidelines.

E) Much effort is being directed to increasing school breakfast participation. A commodity entitlement for school breakfast would provide an additional incentive for schools to provide breakfast to its students. A 3 cent per meal entitlement would help assure solvent breakfast programs.

F) The Charitable Institution and Summer Camp programs have been receiving fewer commodities because of the reduction in bonus commodities. A commodity entitlement for these programs would provide them with their needed products that they have been steadily losing and enable them to feed their children and adults.

G) The commodity specifications need to be revised by USDA to reflect the Dietary Guidelines. Further, USDA should be required to have all commodity processors submit nutrient analysis on USDA processed foods.

H) Time certain deliveries are needed so our schools and other agencies can plan for the anticipated product.

Mr. Chairman, the USDA Commodity Distribution Program has gone through many changes and improvements; it can be better yet. We are excited by the priority that the Secretary and the



Congress is giving these important issues. We are confident that we can support his effort in a positive way in the Commodity Distribution Program.

Thank you for your interest and for conducting this hearing this morning.





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