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MILLER REPORTING CO., INC.
735 8th STREET, S.E.
WASHINGTON, D.C. 20003-2802
(202) 546-6666

A G E N D A

INTRODUCTION:

RON HASKINS
SENIOR FELLOW
ECONOMIC STUDIES, BROOKINGS

OVERVIEW:

CHRIS PAXSON
DIRECTOR OF CENTER FOR HEALTH AND WELLBEING
PRINCETON UNIVERSITY

KEYNOTE SPEAKER: FEDERAL INITIATIVES

ERIC BOST
UNDERSECRETARY FOR FOOD, NUTRITION,
AND CONSUMER SERVICES
U.S. DEPARTMENT OF AGRICULTURE

PANEL:

MODERATOR: C. TRACY ORLEANS
SENIOR SCIENTIST
ROBERT WOOD JOHNSON FOUNDATION

SENATOR LETICIA VAN DE PUTTE
TEXAS STATE SENATE AND PHARMACIST

SYLVIA DUNN
FOOD SERVICE DIRECTOR
CYPRESS COVE ELEMENTARY SCHOOL
SLIDELL, LOUISIANA

JILL WYNNS
COMMISSIONER
SAN FRANCISCO UNIFIED SCHOOL DISTRICT

P R O C E E D I N G S

MR. HASKINS: Good morning. My name is Ron Haskins. I'm a Senior Fellow here at Brookings.

I'd like to welcome you to this event sponsored by the "Future of Children." We're unveiling our third volume; "The Future of Children" is a scholarly journal that's published jointly by Brookings and Princeton University. Our previous issues have been on pre-school. And now today we're unveiling the third volume on obesity in children.

This volume is edited by Chris Paxson—and we're fortunate to have Chris here today, I'll talk more about her in just a minute—and Elizabeth Donohue (ph) of Princeton, who is with us here in the front row, with assistance from Tracy Orleans and Jean Anne Grislewald (ph) of the Robert Wood Johnson. Tracy is here and will moderate the panel.

So we'd like to thank them for their help on this volume and the support of the Robert Wood Johnson Foundation, without whom the entire volume, at least, would not have been possible.

The volume contains nine papers and an introduction, all by leading scholars in the field. The introduction is really—I had nothing to do with it so I think I can say—is a thing of beauty. It's a very nice—it would be good in a course or for anybody who is interested in this area and doesn't know much about it and they want a good overview of it—the introduction is really a fine piece of work.

And most of the chapters focus on policy or practice, so it's not just a review of the scholarly literature, but implications and what we could do to actually fight obesity and improve child nutrition both from a perspective policymaker and from the perspective of practitioners.

So our plan for today is as follows. First, Chris is going to come and give a brief overview of the volume so you'll understand what's in the various papers and the introduction to the volume.

Then following that, Eric Bost, the Undersecretary of Agriculture for Food, Nutrition and Consumer Services will give probably a long and boring talk—I've heard him talk before—and he's likely to run out there in the audience and grab people. Lord only knows what he's going to do, but if were you and you're sitting on the aisle, I'd move over a couple of seats.

[Laughter.]

MR. HASKINS: Eric has played a great role in the Department of Agriculture. Eric is a good friend of mine. In fact, I'd like to publicly announce that when the Bush administration ends, none too soon for many of the people in this audience, I volunteer to come down to North Carolina and run your campaign for Congress from North Carolina. So I'd be happy to do that, Eric.

But we're very fortunate to have Eric here, because he really has been, I think, a model administrator for any administration, because he has been very willing to mix it up with scholars and to go to scholarly meetings, to meet with researchers.

He himself is a great supporter of research. We've had him several times here at Brookings, and we're very pleased to have him here again. And Eric is going to talk about the federal role in obesity prevention and reduction, but with a special attention to what the federal government has tried to do with states and localities like the fine federalist that he really is. He operates by the philosophy that the feds don't necessarily know best and they need to work closely with states and localities in order to find good solutions.

And I know for a fact that Eric has done that. And he's spent a great deal of time traveling all around the United States, and especially in public schools, looking at nutrition programs in the public schools.

And then following Eric's talk, we have a very interesting panel that includes people both at the state and federal level because we're trying to emphasize the role of the state level and the local level in finding solutions for obesity. And Tracy Orleans is going to introduce that panel at the appropriate time.

And then following those three discussions, we will have a moderated discussion among panel members. And then in the end, we'll give an opportunity for the audience to ask questions. So be thinking of your questions right now.

Notice I said questions, not lengthy comments.

So, I'm very pleased to welcome you all here this morning. I'd like to thank all of our panelists, some of whom came from quite far away, about as far away as you can be and still be in the United States.

And I'd especially like to thank Eric for coming. And now Chris Paxson from Princeton will give a brief overview of the volume.

MS. PAXSON: Thanks very much, Ron. And thanks to the panelists again for coming too. We really appreciate it.

What I wanted to do is not go through a blow by blow description of what's in the journal. I think it's a great journal. I hope everybody picks it up and takes a look at it. And I learned a lot doing it and working with my co-editors on it as well. So it was a lot of fun.

What I thought I would do is talk a little bit about the motivation for the journal and some of the policy implications that we drew from the chapters that are in the volume.

One thing that I think—maybe this isn't an issue for this audience, but when you look overall, childhood obesity is being talked about an incredibly large amount these days. It's sort of everywhere. It's in the media, it's in the news. Policymakers are talking about it.

When I first started doing this journal, I was a little bit skeptical. I was thinking, well, you know, maybe this is over-hyped and maybe this is really such a serious problem.

I think it's important to lay out the facts, because I think the facts convince people very clearly that it is a very serious problem and that it's not being over-hyped.

So just so that we have a common framework, maybe some of you have heard these, but I think it's worth going through.

First, if you look at the data, childhood obesity has been increasing at an absolutely astounding rate. So roll back to the 1970s, early '70s, about 5 percent of children age 0 to 17 were obese and another 10 percent were overweight. So 15 percent overall.

By the turn of the century, we're up to 15 percent of children being overweight and another 15 percent being obese. So 30 percent of children overall are in weight categories that we don't think are good for them.

The other thing that's important is that it's not a question of some children just tipping over the line to being from normal to overweight or overweight to obese. The whole weight distribution has shifted to the right, so the heaviest children are heavier now than they've ever been.

The other fact that I think is very disturbing is that obesity is increasing the fastest among low-income and minority children. And so the obesity problem is also contributing to health disparity problems within the U.S., which is a major concern to many of us. So that's sort of one set of facts.

The second set of facts is that obese children are susceptible to some fairly serious health conditions. There is diabetes, high cholesterol, high blood pressure, and other precursors of cardio-vascular disease. And with more than 15 percent of children obese, these health problems are being seen more and more by pediatricians on a daily basis.

What we used to call adult onset diabetes is now no longer called that because children get it.

Now, when you look at the data, you can say, well, you know, yeah, but the majority of kids who are overweight and obese don't develop these health conditions. And that's actually true. But the real problem is that obese children are at much greater elevated risk of becoming obese as adults than thin children are.

And as adults, they are then much more likely to develop the really serious problems that attend adult obesity. So again, diabetes, cardio-vascular disease, orthopedic problems, and other conditions. And we know that reversing obesity among adults is really, really hard.

So when you put all of this together, you come back to the conclusion that if we want to deal with adult obesity, we have to focus on children. And so preventing childhood obesity is really the key to solving what is a long term health problem.

The last issue that I think is also very important to recognize is that this isn't just a health issue. It's also an economic issue. Obesity is incredibly expensive.

There is a recent study that I like; "Annual Healthcare Spending Attributed to Adult Obesity" was recently estimated to be between \$51.5 and \$78.5 billion, which is about 9.1 percent of total annual medical spending. Half of this was financed by Medicare and Medicaid. This doesn't include other costs such as increased absenteeism from work, increased use of disability insurance, and greater use of nursing homes. So this is sort of a lower bound estimate of the health care costs.

The other thing to recognize is that obesity-related costs that we're seeing now are among a group of adults who were thin as children. They were children in the '70s when obesity rates were half what they are today.

So projecting forward, we can expect these expenses to get much bigger in the future as the wave of children we're currently raising move into adulthood.

So when I think—I think when you put this all together, I don't think over-hype is a good way to describe the attention that's being placed on the issue of childhood obesity. I think it's very well founded and justified.

Now, one thing you could ask, if I haven't convinced you already, is why governments should really have a responsibility—be responsible for being part of this solution. And I think some people do come at this with the idea that weight is really an individual problem. It's a problem of personal responsibility.

I think we could debate this for adults, and there may be arguments on either side of that debate, but I think for children that argument simply doesn't hold water. Children aren't rational actors. They can't be expected to maybe choose on their own sensible diets without some adult intervention or choose appropriate levels of physical activity. And they have very little control over the environments in which they live.

So when you put that together, you think, well we have to do something special for kids. And then to add to that the health and economic costs that attend obesity, I think there are ample reasons for why this should be a really important priority for governments at all levels, federal, state and local.

Now one thing that we did in this volume was that in a chapter I really liked, it says, okay, what caused this increase? And because you might think the solutions you're going to get clues to what the solutions are by looking at the causes. And this is actually a really hard issue, because we have such a huge long list of things that maybe could have caused the increase.

Everybody has a favorite theory. I mean, it's soda and junk food. It's supersized portions. It's TV and video game use, food advertising, physical education and recess cutbacks, urban sprawl, urban crime. My favorite, which is working mothers.

So, you know, it's all there. And when you look at it, there's a little bit of evidence and some stronger, some weaker, to support each of these theories.

But I think it really seems clear that the obesity epidemic is really the result of a confluence of these factors that came together at the same time, lead to more unhealthy eating and less physical activity. And in some sense, you know, this is sort of a perfect storm. We have all of these changes to the environment together that are producing this problem.

What that means is that fixing it is going to be hard. We can't turn this clock back 30 years. We can't go back to the way environments were before. And so we have to be very careful at how we look at things that we can do to affect change.

We also have a fairly slim evidence base on what works and what doesn't. And one of the most important things moving forward is going to be for

states and localities to try to different things and then document what works and what doesn't.

We also haven't done the careful cost benefit calculations that, as an economist, I'd like to really see what the most cost effective interventions are. So this is all for the future.

We did find some evidence for some very promising strategies. And we document them in the introduction.

Before I turn the podium over to Eric, I wanted to touch on just a few of these. And I thought I would focus on school issues, because I think that's where the panel is going to be focusing mostly.

So let me just give you a run down of what we cover in the introduction. First of all, there are a growing number of very carefully done studies that show that childhood obesity can be prevented by programs in schools, after-school programs and child care centers.

There are a range of these programs. I don't want to list any by name because I don't want to be advocating for one over the other. But basically what they usually do is engage children in physical activity. They teach them about healthy eating. And usually they involve parents. So they pull parents in to educate them about those things, like TV viewing and physical activity and nutrition.

Putting these programs in school makes a great deal of sense. This is where kids spend their time, and frankly, parents interact more with school

personnel than they probably interact with their pediatricians. So schools can reach parents. And that's a good thing.

But—and this is big caveat—you know, we may be asking schools to take on yet another thing. And schools need the resources and know-how as well as they space in their very busy calendars to implement effective programs. And maybe that's something the panel can talk about a bit it today.

Another promising strategy is to improve the foods that children eat at school. And Eric, I think, will talk about this—I hope.

Right now schools that participate in the National School Lunch Program are prevented from serving food of minimal nutritional value in cafeterias during lunch. The list, I think, is fairly outdated. It doesn't include things like cookies and potato chips and things that you might think aren't really very nutritious.

And many schools still continue to sell these types of products in very abundant quantities to children.

A growing number of states are starting to restrict sales of these so-called competitive foods and also restrict vending machine sales.

And, you know, this is all to the good. And I think in the future what we're going to have to do is follow these state-by-state and local-by-local initiatives to see if they really make any difference.

The decline of physical education and recess in schools is another area of great concern. And again, some schools and localities are beginning to take action. The problems here, I think, are that schools are under tremendous pressure

to devote time to academics. There's only so many hours in a school day. And if you carve out more time for recess and physical activity, it's got to come from somewhere.

And so really the question for schools and parents and school boards is to think about what their priorities are and to try to, I think, given the evidence on the costs, as well as economic costs of the obesity endemic, push physical activity and recess higher up the agenda.

Now before I turn it over to Eric, I want to say that not all of the things that we focus on in the journal have to do with schools. This is just the focus today. We talk about commercial advertising aimed at children. Children view an average of 40,000 television advertisements per year, a lot of them for unhealthy foods.

And we also talk about some problems that the pediatric community is facing in getting reimbursed for treatment for obesity. And also learning how to effectively deal with children who are obese.

So these aren't the topics for today, but maybe if people want to talk about them in the discussion section, I'd be happy to do that.

So, I will turn it over to Eric.

MR. BOST: Thank you.

MS. PAXSON: Thank you.

[Applause.]

MR. BOST: Good morning.

I'm really pleased and happy to be back at Brookings. I like to thank that Dr. Haskins and Isabel for having me. It's always a pleasure to come back.

Chris mentioned a couple of statistics, but I want to add a couple of additional ones that I think are real important. First and foremost, 22 percent of all Hispanic children are overweight right now. Twenty percent of black children are overweight. If a child is born in the year 2000, they have a one in three chance of probably developing diabetes.

For a Native American child, depending on the tribe in which they reside, the rate of diabetes is 12 to 50 percent.

That is significantly troubling to all of us. But the statistics don't really tell the story as far as I'm concerned.

Let me share with you an epiphany that I had. I was appointed undersecretary by the President in 2001. And late 2002, I went to a school in the Midwest for a breakfast program at a school. And I got there a little early and pulled up and saw the children getting off the bus, walking into the front entrance of the school house. This is the school house—I grew up in North Carolina.

From the door of the school bus to the front door of the school house was no more than 25 yards. And these were children that were ages 8, 9 and 10-year olds. By the time they got to the front of door of the school house, they were out of breath. They were bending over, gasping for air because they could not walk 25 yards.

So we're talking about the statistics, but when I saw that, it really hit home to me how bad the health issues are for our children.

The government has a very important role to play, I believe the administration believes, in terms of addressing this issue. However, I believe—I know the President believes—we cannot do this by ourselves.

There are plenty of opportunities for us to work collaboratively and in cooperation with several organizations, both on a national, state and local level. Also, several organizations in town—Jim Wyle (ph) is here from Pratt (ph). And I do a lot of work with him not only in terms of the issues of obesity, but also addressing the issues of children in this country that don't get enough to eat, which also is very important.

But we can't do it by ourselves. Let me talk with you for a few minutes about some of the things that we have done and are doing to move children and their parents, which I believe is critical, toward a healthier lifestyle.

We talk about obesity, but the issue for me is a healthier lifestyle. It's not only what you eat, how much you eat, but it is also some level of physical activity that is critical in terms of addressing the issues that Chris talked about especially when it comes to the health considerations of our children.

With the reauthorization of the child nutrition programs, all schools participating in the National School Lunch Program will have to have a wellness program in place by July or August of this year.

Certain components have to be in place. They talk about nutrition, talk about nutrition education. Talk about foods that are served in schools, talk about physical activity.

Many schools, districts and schools across this country are well on their way in terms of doing that.

One of the things that we developed which is voluntary for schools, that's been a tremendous surprise is what we call a healthy school challenge, which essentially says that if you are interested in taking the challenge that we propose to the schools, that if you will have certain components in place, ensuring that foods that are served are healthy and nutritious, to ensure that there's a physical activity component, to ensure that there are programs that help to address risky behaviors, then we will give you an award a gold of a silver award.

Right now, we have 54 schools that have been able to achieve that level of success. We had hoped that at some time—and we will continue to hope—that Congress will give us some money so that we can give the schools some money to do this, but right now we're giving them some awards.

The first one was in Louisiana. Last year we went down. It was a tremendous celebration. The entire town came out to congratulate the school on the outstanding job that they had done in terms of meeting these standards and ensuring that children are learning and developing in a very healthy environment.

It started out as a pilot, but right now we have 375 schools in 14 states and on three tribal organizations. It was the fruit and vegetable pilot, but now it's a program that essentially provides free fruits and vegetables to those schools.

Because we know that children who eat more fruits and vegetables are going to be healthy.

Speaking of that, for children that participate in our breakfast program, the National School Breakfast Program, tend to eat more fruit. Children who participate in the National School Lunch Program tend to eat more vegetables.

The food guide pyramid—we released the food guide pyramid last April for adults primarily. Since that point in time, we are over 1 billion hits to that Website.

Last August we released the children's version of that, where the kids can on online, play a game, get information about nutrition, healthy eating, physical activities geared specifically to children. And we are over 500 million hits to that Website in terms of providing information to children.

One thing I will tell you about that is that when we did the initial design for that Website for children, we gave it to them in schools. And we said to them when they went on it and played, and we said, what do you think. And they said, gosh, this is really great—a computer game that we can play at school.

And we said, well, that's really good. And the kids also said, I wouldn't play it at home because it's not as fun as some of the things that we have at home, but I would play it at school.

And at 500 million hits, it is something that we are very pleased and excited about.

In addition to that, the research also is indicating to us that children and adults that are going on are staying on the site longer. And it is individualized to provide children and adults with very specific information about what they need

to do to move toward a healthier lifestyle, which for all of us is very, very important.

Eat Smart, Play Hard is another one of our campaigns. We have a cartoon character that is used in schools. It is there to provide information to children and teacher, that they are in turn are able to take home to their parents.

[Inaudible] nutrition technical assistance is provided to local school districts throughout the country. And I think we've provided over one million pieces of information that teachers, educators, administrators are able to use toward making some informed decisions and choices about what needs to happen in schools.

And we also released a document where we looked at 32 schools—32 schools-where they had made some decisions about addressing the issues of vending machines. One of the things that we constantly hear from schools is the fact that we have vending machines because it's a revenue producer for us.

And the position that the administration has taken and I have taken is that, yes, we understand that. We don't necessarily want to tell you what to do, but here are some suggestions that we would make. Why don't you replace some of the items that you have in those vending machines with healthier items—water, low fat milk. But the kids aren't going to eat it. We're going to lose money.

Well, what we found was that was not the case. We looked at 32 schools across the country and saw that they had made some changes in the items that were sold in those vending machines, moved towards healthier items. They did not lose any money at all. And in some instances, they actually increased the

amount of money that they were able to earn. Because initially the children did not particularly like what was offered, but sooner or later, they came around.

Many of you are pretty young to the next point that I'm going to make, but what my mother calls the macaroni story for children, because I believe that parents have a very important role to play. The kid comes home and they say, we're going to have macaroni for dinner. And the child says, I don't want macaroni. The parent today says, well what do you want baby? I will cook it for you.

When I was a kid growing up, my mother would say, macaroni is for dinner. I don't want macaroni. Hey, suits me. You will eat it sooner or later.

[Laughter.]

MR. BOST: The macaroni story.

Parents are critical in terms of addressing these issues.

One of the things that we have found that is interesting in terms of some of the research that we've done is that parents don't see some of these issues in their own children.

We show some parents, mothers that were significantly overweight along with their children that were significantly over weight, some pictures of other mothers and children that weighed the exact same size. And when they looked at those pictures, this is what they said. God, they sure are over weight. They need to lose weight.

So they saw it in other people, but they didn't see it in themselves, which tells us that we need to look at ensuring that we're able to internalize some of the thing that we're doing.

One of the things that I'm real concerned about is the fact that—and Chris kind of mentioned this but I think it's real important to note—that the average child today in this country and [inaudible] spends six hours every day of screen time. And there is only one school district in this country that has mandatory physical education K through 12. Only one state.

Do you know what it is?

Illinois. Only one. And 92 percent of all elementary schools in this country do not provide physical activity every day for their children. They may do 30 minutes a week, or 15 minutes a week. And part of that is directly related to those things that we see as being very important.

And I'm going to give you an example that you're able to relate to. The first thing that a parent says when they move to a new school district—you move from Washington, D.C. to Arlington, Texas—and the first thing that the parents says, what are the test scores.

Missing out on the fact that if your child is sick, if your child is heavy, if your child develops Type II diabetes, which a vast majority of children in this country are now developing, it ain't going to make no difference because they're going to be sick. They're not going to do well in school any way.

What we have tried to do in terms of working with our federal partners at the Department of Education is saying we know that academics are very

important, very important, but we need to look at being able to seek that balance in terms of the health and wellbeing of that child, which is critical.

We continue to do a great deal of work with the local school districts across the country in terms of helping them to make—helping and encouraging them to make some decisions about healthy eating, healthy options.

One of the examples that I'll give you that I thought was kind of cute was the fact that one of the school districts said, we're going to take all of the vending machines out, all of the soda vending machines out. We're going to replace them with Snapple, okay.

[Laughter.]

MR. BOST: Interestingly enough, Snapple has more calories than soda.

We need to look at some of the decisions that we made in terms of saying that we're going to provide healthy options for our children.

The last thing that I want to leave you with is this, which I think goes right back to the epiphany that I had, that tells me how serious this issue is. In my adopted home state of Texas, Susan Combs (ph) is the Commissioner of Agriculture, who a couple of years ago asked me, she said, Eric, would you transfer the National School Lunch Program from the Department of Education to me at AG, because there's some things that I really want to do to stir it up.

And if you've ever had the opportunity of meeting Commissioner Combs, she can stir it up. She's about 6'2" and 6'3" and she loves to stir things up. But one of the things that she told me that has really left an impression on me that

I want to share with you is one fact about the seriousness of this issue that we're dealing with. And we talk a lot about it, but I'm always into what are we actually going to do about it.

Last year in my adopted home state of Texas, over 600 children had amputations because of Type II diabetes. That's how serious this issue is.

Does the government have a role to play? Absolutely, a very important and critical role, but we cannot do it by ourselves.

When you look at breakfast—I serve 8, 9 million children in our breakfast program, 29 million children every day participate in the National School Lunch Program. Four million children participate in our after-school and snack program. And so on a good day, I feed your child 2.5 times a day. Or how many times is that over the course of a week? How many times do you feed your child? How many times during the course of the week, are you as parents responsible for what your children eat? Because the last time I looked, six, seven and eight year olds were not able to go to McDonald's and order, or go to the grocery store and buy without their parents.

You would have a role to play? Absolutely. Is it critical? Absolutely. But so do all of our partners, because it's critical if we're going to be successful in addressing the challenge that we're faced with today.

Thank you.

[Applause]

MS. ORLEANS: Thank you very much for getting us off to such an enthusiastic start.

Marge, we're going to hold off on questions until the end. Am I right about this stuff, Ron, or are we going to have some questions now?

MR. HASKINS: No, no.

MS. ORLEANS: Okay.

MR. : [Inaudible]

MS. ORLEANS: So I was wondering—I have a pretty loud voice—I was wondering about how far we are away from at time when we can move into a new community and not ask just what the test scores are, but what are the health scores for the schools in our communities. How are they doing with respect to providing the opportunities our children need for physical activity and the kinds of food choices that our children need for healthy eating and the right balance of energy in an energy out?

We've heard from the federal level. And we'll be talking later and getting your questions about opportunities there. And this wonderful issue of "The Future of Children" lays out many opportunities at the federal level. And we also are going to hear now about what's happening with the states and what's happening in local communities across the county where a lot of innovation is taking place.

And our three panelists bring a wealth of experience. I'm going to introduce them briefly. I've been given a very short timeline, so I can't talk about all of their credentials.

We'll be hearing first from Senator Leticia Van de Putte, who is a pharmacist of more than 26 years and is now serving her third term as a Texas state senator after a five year terms as a Texas state representative.

She became chair of the Senate Hispanic Caucus and is currently chair of the state Democratic Caucus. She's been actively involved with the National Council of State Legislators. And will soon take office as president of NCSL at the 2006 meeting coming up in Nashville.

She's received many awards for her work, and will be talking about some of the innovative things that she's helping to spearhead in the state of Texas.

We'll hear next from Sylvia Dunn. And Sylvia Dunn has been working nutrition—has been the nutrition education supervisor for the Louisiana state department of education for 24 years previously. And for the last 24 years—excuse me—she's been the child nutrition supervisor for the state [inaudible] school board. And she was personally a winner of the award that Undersecretary Bost was telling us about, the healthier U.S. challenge gold award. So we'll be hearing about that program.

And finally, we'll be hearing from Jill Wynns who is currently the commissioner of the San Francisco Unified School District and also formally president of the San Francisco Parent's Lobby, which is a citywide political organization for public school parents. And she can talk with us about the roles of schools and parents and finding solutions to the childhood obesity epidemic.

Thank you.

MS. VAN DE PUTTE: Hi, my name is Leticia Van de Putte. And I'm a mom of six, a pharmacist of 26 years. I'm a legislator of 16 years. And I'm going to tell you that my perspective today comes from all three, because you can't disassociate the health care professional, the mommy or the policymaker.

It breaks my heart when I'm at the pharmacy. I'm from San Antonio, Texas. The pharmacy that I work at is in the barrio about six blocks from our largest children's hospital. It breaks my heart to see kids and their families not coming in to cure the sniffles and maybe some bandages, but getting vials of insulin for their adult onset diabetes and high blood pressure medication for their struggling hearts.

And this is not something that occurs every once in a while. Every day when I'm in the pharmacy, I have families that come for the first time, parents distraught, particularly moms that say things like, well, I knew my child was a little chubby, but I never realized that this could destroy her life. Or a dad that says, I can't believe that my son's heart condition and blood pressure are worse than my own father's.

They are mortified. And at that point, they almost do anything to take back some of the risk factors that they have put in place. We see families then. It's like an epiphany. It's a wake-up call because it's not a wake-up call. It's a death sentence for these children.

As a policymaker, we always have a struggle of local control in our schools. And this system of federalism that we have that states should be the implementers of education policy and nutrition. And I'm going to tell you that part of that is true just like states want control, local school boards want control. And sometimes they don't like it when a higher governmental entity places restrictions on how they serve food, the number of hours that children have to have physical activity and or reporting requirements.

As a policy maker, I can tell you that the only thing worse than unfunded mandates is the funded mandate.

[Laughter.]

MS. VAN DE PUTTE: In that every time the feds, with all due respect to Eric, who's done a fabulous job, because you understand states. You come from the states. You understand states. That we have strings attached to those resources. But more than that, we don't give the resources. And states don't give the resources to local school boards to implement some of the policies.

I'm going to tell you a little bit about Texas, because I think that that will give you a perspective of where I'm coming from.

We lead the state in uninsured children, so you can imagine that our schools are the primary location, not only for the 2.5 meals a day, but also for many health care exams. About one fourth of our children don't have health insurance or access to health insurance.

The economic costs for our state just in 2001—because we're just completing our newest survey—we do it about every five years—our costs of obesity in Texas is about \$10.5 billion. One in five fourth graders are overweight, and that's a rate that's about 50 percent higher than the rest of the country. Texas fourth graders are 68 percent heavier and eighth graders are 21 percent heavier.

If the trend that we have in overweight and obesity persists in our state, then our excess weight in Texas will cost by 2010 \$15.6 billion a year only in the school age population. Now we're a large state. We're a young state. We're

a high growth state. So we have about 4.4 million school children. But that cost is projected to skyrocket to about \$39 billion by the year 2040.

What we have tried to initiate because we couldn't do it at the legislative level. Every year we tried to legislate more activity in schools. We tried to legislate control of vending machines. And there are a lot of forces that work against that, both from a lobby perspective and also from a school, local control perspective. And because the legislature didn't have the courage to actually get down and do something about vending machines, what we did was transfer the authority of our school nutrition program from the Texas Education Association over to the agriculture commissioner.

Number one, she's elected statewide. Very popular west Texan lady. And she is about 6'2". Nobody messes with her. You've heard about nobody messes with Texas. Well, nobody messes with Susan Combs.

She had the bully pulpit, and by 2007, no more fryers in any Texas public schools. There is no reason for any fried food in any of our schools, period. Now we started implementing this little by little. But I've got to tell you it wasn't the legislative mandate, although it was an interim committee that really looked at childhood obesity in our state, and made several recommendations.

But we had been on that pathway. Early, even in the mid-1990s, we started a program of screening for acanthosis nigricans. And some of you may not know what this. Have you ever seen a kid that feels like he's got a dirty neck? Just got a dirty neck. And you wash and you wash and you wash and it doesn't go away. Well, actually what it is is a skin pigmentation that a precursor to some

insulin resistance. It's really showing you that that child already has some insulin resistance. And simple screening, non-invasive, can be done very easily while you do your scoliosis checks at the school, checking for that little leathery thing on the back of the neck. And then following up with a referral to the parents, with some information. That has been very successful.

We couldn't get it started though, statewide, and so many of the policies that you see in different states start off as pilot projects, baby steps, and then prove successful. We get a little bit of data, get some evidence base there, and then increase it to different communities.

We started along our border in Texas, and that's because that's where the highest rate of diabetes in children was. And we knew we could see that start to explode. Since then, we've added a layer of counties. So we're going from south to north on that. We've got about—a little bit more than half the state covered, and we'll keep going. But that's one of the things that we were able successfully to do legislatively.

Part of the challenge I think for legislators is how our system is so fragmented. And that's why I'm so proud of NCSL in its effort through its food, hunger and nutrition program, from a grant from FedEx—I'm sorry—UPS—

[Laughter.]

MS. VAN DE PUTTE: —that's like saying Coca Cola instead of Pepsi. Both of them gave us problems and [inaudible]. It's UPS and they're great folks.

Gave us—because what happens structurally in our state is that the food stamp program is usually in the different agency than our TANF program, which is in a different agency than school nutrition, which is in a different agency than all of your housing credits and community designs.

So when you think about healthy communities and capacities and things like playgrounds and increasing the exercise, so what we find for legislators is that each component of the piece to combat obesity is in a different state agency. And so this project will help coordinate that. And then we also know that we'll have to engage in private-public partnerships.

I think one of the most controversial bills that was introduced was "My Health Report Card" last legislative session, which we would have a health report card that would go once a year for the school to do to the parent, that would measure fitness, body mass index.

You would have thought that I was asking for an absolute rewrite of the entire grading system. Talk shows, and television and it's like, what business do you have of telling a child or sending home to a child, that their parents—don't they think that they know it all ready.

And I'm going to tell you from a pharmacist's point of view, if they knew it, they'd do something about it. Because I see those parents crying when they come to pharmacy to get those vials of insulin for their children.

So we would hope that many school districts—and they have adopted because we worked with a coalition—of a program sometimes they call it fitnessgram (ph). That's done by the Cooper Institute in Dallas. But some sort of

comprehensive measure so that parents know that health report cards—and I'm going to tell you in a wonderful world where all children have healthcare insurance and have access to healthy foods, that may not be a good government intervention. But in my state and many states that are represented all over the country, where children are uninsured, where communities sometimes the only food source they can get is the bodega that lacks the type of quality, nutritious type foods that parents can buy and also lacks the capacity to have those livable, walkable communities for fear of criminal justice and crime.

So I'm going to tell you that it is going to take that sort of cohesive, collaboration and most of all, courage. Because there are folks that are very comfortable with the status quo. But I'm encouraged, because I think now people get it. I think they realize, just like we did in Texas, that one out of every three females born in 1965 and over will have diabetes, period.

The greatest threat to terrorism in our country is what's on our dinner plate and what our children are eating and their lack of exercise.

We can't afford those costs. But I think that what we see here is more of an awareness so that there's—what my grandma always said is you've got add want to want to. Well, there's want to the want to. We're working with local officials, state officials and our federal partners to combat childhood obesity. If not, this generation of children will be the first to predecease their parents.

Thanks.

[Applause.]

MS. DUNN: Hello, I'm Sylvia Dunn. And I have to apologize for my voice. I'm from Louisiana from a parish called St. Tammany. We're the north shore of New Orleans. We have 51 schools, approximately 35,000 students.

Pre-hurricane, we were 37 percent free and reduced in our district. Post-hurricane, we have 45 percent. We lost over 2,000 of our students to Texas. And we inherited over 2,500 from St. Bernard Parish, which was totally wiped out by the hurricane.

So we've had some interesting challenges. We missed a whole month of school in September, but we're back stronger than ever.

And I'd like to share with you today our 24-year journey towards nutritional integrity. One of the most important challenges that I faced coming from the state department of education as a nutrition educator was coming into a district unique in terms of what they thought nutritional integrity was. I encountered some resistance, but after 24 years, I'm really happy to share with you our successes during these past years.

I want to just stress the importance of getting the students, as well as the food service employees, to buy into the nutritional integrity of the program that we run.

And I'd like to start off by sharing with you how we have gotten our students on board. And then I'd like to end by telling you how we've gotten our food services employees on board.

Twenty-four years ago, one of the first things I did as a supervisor was to implement a K-1 nutrition education program that we called, Go, Glow and

Grow. And we chose those terms because we chose to introduce the concepts that there are go foods, glow foods and grow foods.

We didn't talk about nutrients. We didn't talk about proteins, amino acids, or anything very complicated. We just taught children that there are foods that help you go, there are foods that help you grow and there are foods that help you glow.

And then we reinforced those concepts in our cafeterias. Because we saw the cafeterias as an extension of the classroom. We didn't see that as just a place where children came to eat. We also had tasting parties, and our food service managers became the teachers.

So we sent food service employees into the classroom and by doing that, we forged partnerships with our classroom teachers and our administrators. And we saw that our educators and our school districts began to view us as a part of the education team, not just little old ladies in the cafeteria prepping food.

So we desperately wanted to become part of that education team, and we have succeeded in doing that.

Our managers would go in and because the concepts were simple, they would have tasting parties. Now I live in the district that is the most affluent in the state. I don't know post-hurricane, but at one time, we were the most affluent. But even so, 24 years ago when we were bringing kiwi and honey dew into tasting parties, we had—and red grapes—we had children in our district who thought red grapes were rotten green grapes. We had kids who thought honey dew was watermelon rind.

And so we did have an education curve even in the most affluent district in south Louisiana. And I don't have to tell you that in south Louisiana, the food is wonderful, the cooks wonderful. And so it wasn't like we didn't have the opportunity to be exposed to all of this good food.

So there was a learning curve there for our children. After we introduced these foods to our students in this tasting concept atmosphere, we reinforced those concepts every day in the cafeteria with line labels, where we put the pyramid, first the old pyramid and now the new pyramid that identified the foods that we offered either as go foods, glow foods or grow foods.

And so that was our first step in terms of what we did for nutrition education, but also the very important component of having our food service employees become a part of the learning team.

The second phase that I want to share with you today was what we did to get our food service employees on board. Twenty-four years ago, the children came through the line. Everything went on their tray because the employees felt like, okay, I've cooked for three-four hours; I want everything going on that tray.

One of the biggest resistance that I had as the director was to implement self-serve food bars where the students had opportunity to serve themselves. And we offered multiple choices of items for them.

I want to give you a contrast of where we were 24 years ago with the types of foods and where we are today. Twenty-four years ago we had dessert every day. I'm talking about cakes with gobblygook icing all over them. Today

we have no desserts and our fresh fruit offerings serve as nature's candy, as we tell the children.

So we have no desserts, but we have multiple fresh fruits available to our children. And they self-serve them K through 12.

We used to cook most of our vegetables. Now we have mostly fresh raw vegetables as well as the fresh fruits.

When we say we have salads on our menus K through 12, our salads are no longer iceberg, big green leafy lettuce with fresh spinach and carrots and red cabbage and broccoli and cauliflower. And the children are very receptive to these offerings.

Instead of white bread, we now have whole wheat bread only. We do not have any ala carte. The only extra sales we have are milk. And we do mostly from scratch cooking in our district. We have no commodity processing.

We welcome the \$700,000 a year we get in our commodity foods, and that has also been a real plus, the improvement in our commodity food offering.

We have such things as jambalaya, red beans and rice, cat fish, as well as the traditional fare. We feed approximately 90 percent of our K-3 students.

There is a handout that you received as you came in that summarizes our pilot effort at Cypress Cove Elementary in going for the gold last year. And all 23 of our K-3 three schools will be certified in March, and 100 percent of K-3 schools will be receiving that award hopefully at the end of this year or next year.

And we're very pleased with our accomplishments. It has been a gradual process. But without the help of our superintendent, our school board and our principals, and food service staff, this program would not have been possible.

I do want to in just the little bit of time I have left speak to the concessions policy that is now in place in Louisiana. In 2005 our governor pushed through a concessions law in our elementary schools. No concessions can be sold unless they are on an approved list that has been analyzed through Pennington Bio-Medical and it comes through the Department of Education. And our high schools can only serve 50 percent of minimal nutritional and the 50 percent from the wholesale.

So that will be our next step is to get our high schools on board too. But you take baby steps and nothing succeeds like success. It's been a gradual process. But nutritional integrity is alive and well in St. Tammany Parish in Louisiana.

Thank you.

[Applause.]

MS. WYNNS: Good morning. I'm Jill Wynns. I'm a member of the Board of Education in San Francisco.

And we are very proud of our school nutrition policy, but it took us a while to get there. And I think this is a really good policy study about how policy is developed and to get to a place that it seems not possible to get to.

In fact, I've given this presentation as a study in policy development and particularly capacity assessment unrelated to the contents of the policy. I've

done this at the National School Boards Association, the California School Board's Association and a series of conferences that CSBA, the school boards association and Project Lean in California have sponsored.

And so this morning we had some discussion earlier and the comment was made that San Francisco is not Washington or Louisiana maybe.

So while our goals might be different, I think that the sense of having a purpose, this is something we want to do, we see an issue, we think that we make it better, but if you just say this is going to be our new policy and if you talk to school board members, legislators or anybody else, they will tell you the problem is that you can set policy and it doesn't get implemented. So knowing what it's really going to take to get there I think is the essential question.

I've included some information I gave you three policies and none of them, by the way, is our actual nutrition policy because the nutrition policy that we have was written after our Healthy Nutrition and Physical Education Policy which was a board policy, is very specific and took over a year to develop. It includes, for instance, nutritional guidelines much more restrictive than the federal guidelines, our state guidelines or anybody else's. In fact, this is the essential and most important thing, we are actually serving food in our cafeterias that's making more kids want to buy it, that they think it tests better, that we know is much better for them, and we think we're seeing big results.

The question is how do we get there? What does it take to do it? This is what we looked at. We see the problem and we know the data and we think how can we do this, how can we actually get to the place where we're serving better

food and where we are educating our children about why it's important that they be aware of what they eat and that this is an educational issue as well as a health issue. We have seen that there are people in the community that have raised this question also.

[End Side A. Begin Side B.]

MS. WYNNS: [In progress] —local government and the school district and community-based organizations and child advocacy organizations and health organizations, and the city has played a role. The Board of Supervisors in San Francisco have held a series of hearings on childhood obesity. By the way, for the only in San Francisco spin on that, we did have a little push back from a coalition of people who didn't want us to use the word obesity and preferred that we should say differently sized people.

[Laughter.]

MS. WYNNS: I actually as the decision of a policy maker entirely rejected that and made sure that childhood obesity is mentioned throughout the policies that we have written because while there are choices people make and we all are different sized, it's our responsibility as education policy makers that we have to put first. So that's the message that we wanted to send.

We have the coalition and then we also had other things already developed in the landscape. I've included something in here about growing concerns about corporate influences on schools because one of the things that was happening a few years ago was that there was a move towards so-called exclusive pouring contracts in school districts which have now been entirely abandoned by

the big cola companies that were competing for them, and we did have a small attempt to do that in San Francisco. There was at that time something called the Center for Commercial Free Public Education which is now defunct, in part felt not to be needed anymore because its main target was to ban these exclusive soda contracts in school districts and that was that you could only sell one company's products.

In the environment of not having enough money for schools, the hook was supposed to be we'll give you money if you let us put our Pepsi ads in all of your schools on all of our scoreboards and only sell products that we develop and give to you. Some of these contracts included requirements that the principals were responsible for raising the venue that the soda companies got. They were required to try to continually sell more and to develop opportunities for students to buy sodas at more times of day, et cetera. So there was in our very progressive area of the country a lot of push back against this, but so was there all over the country. Those contracts don't exist anymore, and that's an enormous step which was accomplished by individual school boards, but individual advocates, by people one at a time attacking these theories and contracts.

The best story about that was the kid supposedly who was suspended from school for wearing a t-shirt mentioning the other cola company on a day at a school that was a day of that company, and I'm trying not to mention their names which is basically impossible. If you talk about the venue issue, our concerns about commercialism were very real. We had a national company that donated two school buses to take kids on field trips and they said teachers could call in and

schedule any time that they were available during the year, and our teachers have no money for field trips. This was a great thing.

In my opinion, if that company which got a tax deduction wanted to do this, they could have done this. They could have had a bus and on the side it would have said this bus generously donated by and the name of the company. Instead, they shrink-rapped the buses with their advertising, they gave t-shirts with their name on them to every student that went on those field trips at the beginning of the field trip and had them wear them when they went to the museum or wherever else they were going and gave them baseball caps, et cetera. By the way, kids pay a lot of money for those very products. They were happy to have them. However, what I saw was that our students were being turned into advertisements and they were being taught that that was a good thing for the school to encourage. So we were done with that.

We passed the Commercial Free Schools Act in 1999. This, by the way, these two policies, the Commercial Free Schools Act and our Healthy Food, Childhood Obesity Policy are the most requested policies of the San Francisco School Board ever and our staff keeps them next to the fax machine because people call every day asking for these two policies. I'm proud of course of that since I wrote both of them, but more important, this is something that's spreading across the country and actually the world, so we passed this policy.

When we did the Commercial Free Schools Act, I worked with a group of students and I suggested to them at the time in 1999 that we should take all the sodas and snacks out of vending machines and the students kind of laughed and

fell on the floor, and I learned that we were not ready for that. So what we did is that at that time, and you can read that in the policy, we put in something that required healthy choices in our vending machines. We said in 1999 you can sell soda, but you also have to provide water and make that available, and that was an important capacity-building step along the way I think. We started talking about that, we involved the Student Advisory Council and everybody was starting to get it.

Then we did pass this nutrition policy. The Obesity Coalition and the city were being formed. We worked with them. We included them along the way. This took months actually. People wanted different things in it. The important thing is that the policy we passed actually isn't our policy, it's not the policy, it's not the specific policy, and what it did was set up a Student Nutrition Advisory Committee. They worked for over a year to write the specific policy including developing the guidelines.

I want to just talk about two other things. One is that we had a hugely important component of the sense that we were ready to do this when we had a group of parents at a specific school who when they found about this became involved and they wanted to do a pilot project, which they did. They did with my support, the superintendent's support and the principal's support. We took all the snack foods out of that school. We did this, by the way, within a number of weeks. It was from now until April they were out. We got the food service workers in that school. We started not selling any chips, no soda, no candy,

nothing. We did a study that showed that not only were we not losing money, within a number of weeks we were making money at that school.

Here's the results that we've had. This is the last thing. One, our food is better. Two, we have not lost any funding. We have a higher participation in our school lunch program, and we do have competitive foods. We have so-called beaneries because we don't have the capacity in our cafeterias to have everybody go through the lunch line. That's really why we do it. We have more kids getting the regular school lunch, a better product, more nutritionally balanced, better food for them.

We also have a big push, by the way, this is a very interesting thing, raising awareness of more kids, more families turning in their eligibility forms. Everybody is aware of this now. What's the result of that? We get more federal money for all of our programs, and schools know that now. We have people now turning those things in, even the ones who are not eligible.

In that school where we had the pilot project, this is my favorite story, all the teachers were nervous. It was a middle school. If you've ever been in middle school, after lunch the counseling office was always full. Within 2 or 3 weeks, that office was empty after lunch. When talked to this room, if you were all school board members and you started to think about the impact on education for these children and on your staff, on your teachers, then they were all convinced that even if you don't live in the most progressively political community in the country, it's an important thing to do.

We have seen it only get better and we have our nutrition guidelines. We only sell in our schools water, low-fat milk and 100-percent juice. We sell no snack foods unless they meet our nutritional guidelines. The biggest problem in meeting the nutritional guidelines is the size of services that are in single-serving packaging. If we could all get together and get the manufacturers to package small servings, then all the foods in our schools would meet our very, very strict nutritional guidelines.

This is one of the proudest things I've ever done in my 14 years on the school board in San Francisco. Thank you.

[Applause.]

MS. ORLEANS: Thank you. I was listening to themes and one of them is that it really not only takes a village, it takes passion, it takes working from the top down and bottom up to solve this problem. I'm also impressed that we could not have heard from any of you what we heard this morning 5 years ago. The speed at which we're seeing innovation in communities and in government policy at all levels is really breathtaking and I think we're poised at a real moment of opportunity here.

This is something that I actually hadn't spoken with you about at all, but I did want to say that in November 2004 I was in San Francisco and I was there to find out about what was happening in the school district there because we'd heard about it at the Robert Wood Johnson Foundation. We heard from representatives from the state, from San Francisco, but we invited the kids from

some of these schools to dinner to tell us from their perspective what was happening.

We had kids from different schools, and when the kids came from schools where they'd had a hand in shaping the policy and they were respected participants actively engaged, they were so proud of what was happening in those schools. What we saw was really quite an articulate, diverse group of kids who were really proud of what they had helped to do in transforming their schools and their lives. It was really breathtaking. So we're talking about being on the threshold of breathtaking change.

I have one question for our panelists this morning. It has to do with the 2004 Child Nutrition and WIC Reauthorization Act which requires that all the schools participating in the school lunch program, and that's the vast majority, have wellness councils in place with policies around physical activity and nutrition by the start of this school year. My question to you all is what's happening in your states or what do you see nationally what's happening in your localities around the school wellness councils?

The other part of that question that I'd really love to hear you address, again, this is the theme of the future of children, a special issue is, how are those policies considering not only educational interventions, but also changes in the environment that the schools are offering our children? We've heard about it, taking fryers out of schools, changing what happens in the lunch line, taking sodas out of vending machines. How are the policies that you're seeing including both

teaching kids about what's healthy, but also changing their environments, and what do you recommend there?

MS. : I guess I can start off. We've got our health care councils at each campus, first of all, so it is a very neighborhood by neighborhood type of council. Then each school district has its overall health care council. We've got in our about 1,064 school districts ranging from students that are a district of 60 and then students in districts that are over 200,000 students. So a very, very, very different type of make-up.

Then we have a statewide council. What we find is the thing that you've noted. If the students and the parents and folks in the community all shape that sort of nutrition and exercise policy, then they butt into it. But our councils are not solely focused on nutrition or exercise. Understand that a lot of these councils also have input as to such diverse things as sex education in the classroom. So these councils at our level are not specific to just issues of health or childhood obesity.

What we find is that sometimes the meetings that they have when they're going to talk about abstinence education or that type of reproductive health that is taught, that's when you really get 100 people in the room, and when they're going to talk about vending machines, we get maybe 10 people in the room. What one district has done is put them on the agenda at the same time which really can mess things up at times, but really they're very, very helpful.

Also this year one of the recommendations coming from the statewide council that they heard filter up is that we have parents; we have faculty members

on the council. We also have business owners from that community, whatever community it is on there, but it really is specifically for parents and health care professionals. There are certain slots for health care professionals.

What they've asked for is someone on the council and asked to be integrated actually in the mandate from the state in the statute to a mental-health provider. The reason is the psychological impact of obesity and bullying and aggression and self-esteem. What they figured as they combat obesity, that was one of the recommendations; that so many of the psychological complications of our children are from being obese is that they're subject to bullying, and particularly at the high school level they're dating. All of these issues. That's one of the recommendations that we have. I just wanted to bring that up.

Sometimes you don't think you know what's going on at the local level, but local people really do understand their communities and they will tell you what they need, and in this case they've told us they need a mental-health provider on that health care council specifically to address the psychological impact of obesity in our kids.

MS. ORLEANS: Are there any other comments before we go on to the next question?

MS. WYNNS: I just wanted to say that we do have wellness committees. We have a very decentralized system. We have school site councils. They make all the budgeting decisions, all the programmatic decisions for the schools. They do all the school planning, and so it's all integrated into that and a

lot of them also function as this council. It's been an opportunity which I think is good to integrate health planning into school planning.

MS. ORLEANS: Thank you. Chris?

MS. PAXSON: I wanted to ask one question to Eric to challenge him a little bit, hopefully.

It's clear when you discuss what the federal government is doing that you're taking a very self-consciously hands-off, let states and localities develop their own policies approach. When you hear these people talk you think why not, they're doing fantastic things. One concern might be that a lot of districts in the country aren't being so successful and we may end up in 5 years with some areas that just aren't cutting it.

I guess the question for you is, at what point do you think federal rules or regulations on schools can be used to try to bring up the districts and states that weren't doing such a good job?

MR. HASKINS: I think interestingly enough the wellness policy based on the very first question that she asked will provide us and has provided us with a great deal of insight in terms of moving all the schools that participate in the National School Lunch Program in that direction. It's mandated that if you're going to be a part of the National School Lunch Program you have to have a wellness in place by July-August of this year. There are no exceptions, so to some extent we have essentially mandated that that occur.

The other point that we wanted to make is the fact that we monitor, and I think we have a pretty good pulse of those school districts and schools

around the country that may not be doing some things that we would like for them to do. When we see that occurring, we talk, we provide some sorts of interventions to try to help them along in terms of moving them in the right direction, but Congress hasn't provided us with the authority to say you should absolutely do this. This is one of the things that was discussed during Childhood Nutrition Reauthorization. It's something that comes up every legislative session, and I'm sure it's going to continue to. I do think that there is enough groundswell from the bottom up and from some of the things that we're doing from the top that leads me to believe that the vast majority of schools are making some very appropriate decisions in terms of addressing some of these issues.

I think the one caveat that I would note is the fact that not every school district and every school is at the same place. You find some that are much further along and some are continuing to struggle, and they're continuing to struggle because they say lack of resources. In some instances, parents are not interested in making some changes because for some parents, the issues of what children eat in school is not very important to them. They're much more interested in how is my child doing academically. If they're getting a meal, that's all I care about.

MS. WYNNIS: May I say something about that? I think that our responsibility is to make the link; they're going to do better in school if they are healthier and have better food. Something that I'd like to the federal government to do which we advocated for and we have an individual interest and if we look

objectively at this, every state in the union has the same reimbursement rate except for Alaska and Hawaii. California has higher costs than Alaska and Hawaii.

For instance, we have one pilot elementary school salad bar. You can go there in case you need a dose of cute because these kids are fantastic. They have lessons. They'll tell you I have to take one from this food group and here's what it is, this is the protein group. Here's the vegetables. It is funded by a grant; it is staffed by volunteers and not replicable. The reason for that is that our labor costs are so high. But if we want kids to have healthy food and the federal government has an interest in that, the state government has an interest in it, they should understand what it costs and help us to fund it.

MR. HASKINS: And I think that we do, and I think that was one of the things that was discussed during Child Nutrition Reauthorization, but in terms of being able to fund everything that the schools wanted to do wasn't fiscally feasible. I think in the President's budget that I will lay out Thursday in front of the House Appropriations Committee there is \$300 million that is there in terms of child nutrition which is the first time we've ever seen a contingency fund for this program. So I think there is a realization on the part of me and the President that this is something that is very important to us.

MS. ORLEANS: Thank you. We would like to open it up to some questions from the audience now. We have a few minutes.

MS. ROGOTH: My name is Natasha Lance Rogoth [ph] and I'm with PBS Television, a South Carolina station, and formerly Executive Producer of Sesame Street.

A new show we're working on now is on nutrition education and media literacy and fitness for kids, a national program. I'd like to ask you what role you see this program in the schools, if the program or elements of it could be used in the school system. And also as we've been researching the programs' curriculums like the one you described in San Francisco and also in Louisiana where the kids are learning how to cook very simple things, bringing that back, involving their parents. The question I have is, considering that children are watching 6 hours a day on average of screen time, wouldn't it be effective to use digital media in a major way to bring these skills and information to kids? It would shortcut the costs so that you could do a San Francisco program with a really great animated character and your labor costs would be lower because you'd be sharing this research. I haven't seen much of that and was wondering if you could tell me a little bit more about that, what's going on at the federal level, local level, in terms of using digital media as a teaching tool.

MS. WYNNS: Nothing that I know that we are doing. What we're doing, we have an education program related to our nutrition programs. For instance, we have something called the Harvest of the Month and we promote it heavily, but as far as I can see, it's mainly through paper. So we have a packet, several pages of educational materials including recipes for parents and things like that that we produce centrally through our curriculum departments and through our Comprehensive School Health Service Program in the school district, and then we send it to the schools. Most of them, but not all, send it to the parents, and the

teachers use it in their classrooms, but as far as I know, we haven't done anything with that.

The only thing I can think of that we do at all is that we have a big nutrition component on our Website.

MS. : Could I respond, too? I just think that it would be great to have something like that. I want to share the impact of our simplistic program targeting K-1. It took 8 years for us to be able to offer the same menu options at our high school. But just to show you after that 8 years and the impact that K-1 made on their food choices, our produce budget went from \$9,000 a month to \$50,000 a month, and that's just planting that seed at K-1. So I would applaud anything that you could do to help in that endeavor.

MS. ORLEANS: Great idea. Another question? We've got about 10 questions brewing, so if we could be really brief on the questions and let's see how many we can get through.

QUESTION: I wanted to mention the parent involvement piece of all of this. I think it's not disinterested parents or bad parents, I think that parents really don't know what good nutrition is, and especially when we're talking about low-income parents, many times the mom is working one and two jobs and she's going for the fastest way she can feed her kids and the cheapest way and a lot of times that is not very nutritional food.

So I think that parent has to be parent education. If I could just use Head Start as an example parent nutrition education is mandated. I don't know if you have a component of that in your school systems, and could you speak to that?

MR. HASKINS: Let me start with from a federal level I think it's real important to note that if you look at all the 15 nutrition programs that are essentially targeted toward low-income people in this country, I spent probably close to \$700 million last year in terms of nutrition education, of course, one of our largest components being our food stamp program where 25 million persons participate in the National Food Stamp Program with over 50 percent of those being children. A component of that, of course, is nutrition education.

If you look at our Women, Infants and Children Program serving about 8.1 million persons per month, the nutrition education component associated with WIC is the most comprehensive, the most targeted, the most individualized nutrition education component that is offered.

To some extent I agree with you, but I'm always leaning toward that issue of we talk about how important our children are, but in the same breath we say we don't have time to do some things. I'm always looking for that balance in terms of I can provide you with a great deal of information, I can give it to you every day, but at some point in time you've got to make some decisions to do some things differently. I also go to the example that I use and I'll just throw it out for every person in this room. If we were to walk down Massachusetts Avenue, I'm almost willing to bet that 9 out of every 10 people that we meet know that there are fewer calories and less fat in an apple than there is in a donut.

So when we talk about nutrition education, I think it's something that we focus on, it's something that's very important to us, and we are also getting ready to work with the Ad Council on a national ad campaign that's going to be

targeted toward low-income mothers and care givers with children, and those are some things that we're doing. At a point you get to where people have got to make some different decisions and choices because I can only give you so much. You're going to have to do some things differently.

MS. VAN DE PUTTE: The one point that I wanted to say is that our assumptions are based on the fact that even though parents may know the difference between—

MR. HASKINS: The apple and the donut?

MS. VAN DE PUTTE: The apple and the donut, that they have enough money to get the fresh produce. I'm going to tell you that in 1986 my husband got ill; he didn't work for 18 months. I had four small children. I had to have a second job. As pharmacists we were mortgaged behind. The first time in our married life that I had \$20 maybe every 2 or 3 days because cash flow was tough.

I'm going to tell you, coming from a lifestyle where I could go to the groceries and I'd get that fruits and vegetables and then I get to a 9-month period in our family's life and I was too proud to ask for help from my family or from any government assistance, that I was going to the grocery store with 20 bucks. I'm going to tell you that if you don't know, try going and see if you can feed a family of four or five on \$20 every 2 or 3 days.

That's the real challenge. We don't understand the interconnectedness between poverty, and most parents want to, but I'm going to tell you I couldn't. I was getting stuff that was filling, but I knew that I couldn't afford the fresh fruits

and stuff that was before. I was getting Kool Aid instead of fresh juices, and I know I was, but I didn't have that choice. Then when we got back on track and I'm going to tell you it was a joy for me to go to the groceries and to be able to get—not every family in this country has the ability to do that.

So I would suggest that part of it is that that public partnership between the role of hunger and food banks and particularly access to farmer's markets which I know that you have been really pushing particularly why not put our farmer's market right next to the WIC clinic and have the electronic benefits card? We don't have food stamps anymore, we have electronic. If you're at a farmer's market out in the middle of some place, you have to have a wireless setup.

So we worked with our telecom companies to give us those types of wireless setups so that moms could use this. It's being creative, but I think what we sometimes think is that parents do it because they don't know better. They know better. They just have enough money.

QUESTION: I'd like to know can you address a little bit about the implementation capacity for communities perhaps launching from a school into a community coalition, what are the key factors involved in successful community participation and the implementation capacity of a community to get on board?

MS. WYNNS: I think public education, and by that I mean education of the public, not public school education, is really important. All the steps that we took, the Obesity Coalition, one of the results, there were a lot of factors that came together, but 2 years ago or a year and a half ago we passed a set-aside of city dollars for schools and preschool. Some of it is for sports and physical

education. So if you look at all the things you're doing in your community, you're doing them for other purposes, but you always make sure that you're talking about the health needs of kids, what's actually going on.

In San Francisco we have locally funded children's health insurance, so no child in San Francisco needs to be uninsured. They all have health care available to them, and we just expanded it last year up to 25-year-olds. I think that's really important.

I also think you need leadership from the lead, big public agencies. A school district working with the city, in our case the city and county, is a very formidable partnership that really can push out a lot of things. We have children's services funded and the Department of Children, Youth and Families as part of our coalition so they have the ability to when people apply to them for money, community-based agencies to make sure that they are including this in their work.

QUESTION: I have two issues. I used to live in uptown New Orleans and I was displaced because of the flooding to this area. For a while I was put under the Food Stamps Program to get back on my feet. It was interesting to me, you had to watch a video and you get instructions in the video and so on, but the video never showed that beneficiaries could go to stores that have better options in terms of food. So I got in my car and I went to Fresh Fields and other stores where I could get some quality of the food to put on the table for my child, myself and my mother. Not everything I could get there because I would spend my whole benefits there, but it was the most important things I got there.

When my first time at the store the lady taking care of my expenses said we do have that service here, but you're the first client we ever had. I was thinking how come? What are beneficiaries not informed of where else can they go. They just don't have the options to go to Safeway. So that just is a comment. Maybe we need to update the videotape of instructions and choices that people can have or better ideas of what they can acquire with the benefits with that card.

Then the other thing is with respect to I'm a new mother. When looking for day care, one of the things is it was very, very to me, I cook for my child all his meals. So I was looking for a day care that would allow me to bring his lunch, so if I could prepare his lunch and bring it to school. I couldn't get a program near enough to my house and so on that will have a program that allowed me to bring his lunch. Although they do have a nutritionist that regulates the lunch the kids get and he is just 2-1/2, he gets fried things.

MS. ORLEANS: We have a lot of questions coming, so if you could get to the question.

QUESTION: My point with that is, if we're talking about the nutritional issues about kids eating, is there something being done at this level where actually we're teaching kids from that point to learn to eat. There are supervisors at school used to tell me I want you to bring me to your house to feed me because he eats better than the rest of the kids eat here.

MS. ORLEANS: Would any of you like to respond to that?

MS. WYNNIS: Our school district runs child development centers so we're the largest provider of child care in San Francisco and our nutrition policy

applies to our preschools. In fact, even before we had this policy, we always thought we had better food in the preschool programs than in the K-12 programs because we do family-style cooking there. They actually prepare food and the kids sit around the table and eat out of common serving dishes.

I think again that is a federal issue because the reason that those child care centers don't want them to bring their food is that they do reimburse food. Any policy changes can apply to lots of kids in preschool as well as the one who are in public systems.

MS. : One thing that I'd like to say is in the journal that we have just issued, we actually have a chapter on obesity issues among pre-K and day care centers, and this is a topic that hasn't been looked at enough. I think it's a great chapter if you want to get more information.

MS. ORLEANS: I think only have time for one more question. I thought you were holding the mike waiting to ask your question.

QUESTION: I was very impressed with Ms. Dunn's description of her lunch program and all the wonderful things she's doing. When we talk to school food service directors and others about the kind of program we'd like to see with the whole grains and the fresh vegetables and fruits and so forth, we hear again and again we can't do it because it costs too much.

I also understand you were saying you're from a more affluent district so you may have a tax base that helps in that area to pay for fringe benefits for employees and all that kind of thing. What would you say to folks who are in local school food service districts across the country or to people who are talking

to them and trying to get them to do some of the things you're doing about when they say it costs too much?

MS. : Interestingly enough, when you say you're from an affluent district, as you can attest to, that means that we're very poor in terms of federal reimbursement. So the tax base that supports our salaries is probably an equalizer for us. That's what I like to throw out to people who are from a very high percentage [inaudible] because we were on universal free for 2 months during the hurricane, thank you very much, and boy was that an eye-opener.

To answer your first question, several things happened. You have to remember we have a fantastic employee base, well-trained staff and we cook a lot from scratch and utilize our commodities. In doing that, that allows us to spend more money in terms of the fresh fruit options that we do provide.

The self-service instead of putting everything on the tray was another great equalizer. As far as our average food cost, we have not seen a great increase in terms of when we implemented the self-serve because we had these other factors coming into place. But a well-trained staff that can cook from scratch is going to help offset, but I do realize that a lot of districts do not have that luxury either.

QUESTION: Some of them don't have the facilities.

MS. : No. We have on-site cooking at every school which is also why we feed 90 percent of our K-3 kids because the quality of that meal is a lot better.

MR. HASKINS: And even those who don't have the on-site cooking are able to still cook at other places. When I'm in Auburn, Washington, they cook

at one place, they cook it from scratch, they use wholesome ingredients, and then they do send it throughout the entire school district. But in those instances, it is healthier and to some extent cheaper in that in terms of doing it that way as opposed to purchasing prepackaged foods. There are options available to school districts around the country and they're taking a look at those options and they're finding that in some instances it is as cheap or cheaper to do it that way.

One final example is in St. Paul, Minnesota. They bake all of the bread for the entire school district and it's all whole wheat.

MR. HASKINS: Let me close the program with a few brief announcements. First, members of the media that want additional information or materials or talk to any of the panelists, contact Andy Arrow [ph] who is our communications person here.

I want to thank Chris, Elizabeth and Tracy for the work on the journal, and Robert Wood Johnson for their support of the journal. And I want to thank all the panelists. What a terrific panel. Many of you probably have noticed that over the years we've made a serious effort to get people from states and localities here to lecture people in Washington, turn the tables a little bit, and I don't see how anybody can come to our events and not turn into a federalist. The people at the state and local level are so terrific, and that's where the real action is taking place no matter what people here in Washington tell you.

Our next event will be March 28th. We're going to release the Child Well-Being Index. We're going to have a special focus on children's achievement in education.

Finally, let me thank the audience for asking sharp questions. Thank you and good-bye.

[Applause.]

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