

## **Child Nutrition Programs: Federal Options and Opportunities**

By Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, Childhood Nutrition Working Group

Childhood obesity threatens the health of our young people and their future potential. Today, more than 23 million children and adolescents in the United States – nearly one in three – are overweight or obese, putting them at risk for serious, even life-threatening problems (1, 2).

As we look for solutions to this epidemic, we must improve nutrition and increase physical activity through policy and environmental change. In the coming months through the Child Nutrition and WIC Reauthorization Act, Congress has an important opportunity to improve and enhance federally-funded child nutrition programs, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Combined, these programs touch the lives of millions of children and adolescents each and every day.

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a national organization dedicated to reversing the childhood obesity epidemic by changing public policies and creating healthier environments in schools and communities. The center's focus is on preventing childhood obesity. Enhancing these important programs that impact millions of children by promoting healthy eating and physical activity, and improving food security and access can help.

### **What the Research Tells Us**

Youth's dietary habits and practices play a critical role in their current and long-term health and well-being. Unfortunately, youth's diets are not consistent with current national dietary recommendations for good health (3, 4). Children do not consume enough fruits, vegetables, whole grains, and low-fat dairy products, and they take in too much total fat, saturated fat, added sugars, and sodium (5-11). Moreover, teenage girls and children in low-income households, particularly, are at high risk for poor dietary intake (5, 7-11). Research suggests that an intake of an excess of 160 calories per day among youth can be attributable to the increase in population obesity prevalence over time (12).

Given that youth spend a significant portion of their day—and lives—in school, the school environment plays a critical role in shaping their dietary and physical activity behaviors. For example, on any given school day, the NSLP provides lunches to nearly 31 million students and the SBP provides breakfasts to over 9 million participating youth (13). In addition to the NSLP and SBP, students can access foods and beverages a la carte while in the cafeteria, and from school vending machines, and school stores (5, 14). Foods and beverages sold in these venues, termed “competitive” because they are sold outside of the federally reimbursable meal programs (15, 16), can also shape youth dietary behaviors, as they are widely available in the vast majority of schools (5, 14).

Findings from the Third School Nutrition Dietary Assessment (SNDA III) study (5), specifically, show that while many schools are continuing to improve the quality of school meals and competitive foods, more could and should be done. Key findings from SNDA III, highlighted below, add to the growing body of

research that serves the important role of helping shape and guide policy decisions and may ultimately lead to improved child nutrition programs and healthy school environments.

### **School Meals**

- NSLP participants were significantly less likely to consume competitive foods and sugar-sweetened beverages at school.
- Students who participate in SBP had a lower likelihood of being overweight and obese than non-participants.
- Elementary school children who were offered fruits and vegetables during lunch consumed significantly fewer calories from low-nutrient, energy-dense foods, and consumed more fruits and vegetables during the school day.
- Whole milk is still available in over one-third of school lunch menus.
- Processed commodities (United States Department of Agriculture (USDA) Foods) and other commercially prepared foods (like pizza, chicken nuggets, beef patties and burritos) accounted for 40 percent of the lunch entrees available, and they were among the top contributors of calories, fat and sodium in lunches.

### **Competitive Foods**

- One or more sources of competitive foods were available in 73 percent of elementary schools, 97 percent of middle schools, and 100 percent of high schools.
- 40 percent of students consumed one or more competitive foods on a typical school day.
- Competitive food intake increase with grade level and are most prevalent in high schools.
- Most common competitive foods were low in nutrients and high in energy, including candy, desserts, salty snacks, and sugar-sweetened drinks.
- Students who attended middle and high schools with more restrictive competitive foods policies consumed fewer calories from sugar-sweetened beverages.

While SNDA III focused on the school environment, there is a growing body of evidence pointing to the important role that child care programs play in establishing healthy eating and physical activity patterns at an early age (17-20). Child care facilities provide a valuable opportunity to promote healthy eating and physical activity behaviors in children. The alarming rates of obesity among children in the United States make the opportunity to introduce healthy behaviors during early childhood especially important. Between 1971 and 2004, the rate of obesity among children ages 6 to 11 years increased nearly fivefold (from 4 percent to 19 percent), and the rate among preschool children ages 2 to 5 years nearly tripled (from 5 percent to 14 percent) (21). Today, one-third of all children and adolescents in the United States are either obese or at risk for becoming obese.

### **Recommendations**

The recommendations outlined below cover the main child nutrition programs that are part of the Child Nutrition and WIC Reauthorization Act and are organized as follows:

- I. School Based
- II. Child and Adult Care Feeding Program
- III. Summer Food Service Program
- IV. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The recommendations and action steps suggested by the RWJF Center are aligned with those put forth by other national organizations, coalitions, and alliances, including National Alliance for Nutrition and Activity (NANA), Child Nutrition Forum, National WIC Association (NWA), School Nutrition Association (SNA) and Food Research and Action Center (FRAC).

### **I. School-Based Recommendations**



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Approximately 50 million 5 to 19-year-olds attend elementary and secondary schools—a number that represents over 80 percent of all children in the United States (22-24). Given that children spend a significant amount of time at school, most months of the year, they consume a substantial portion of their daily calories at school. The school environment plays a critical role in the short- and long-term health behaviors among youth—including those associated with food and beverage choices and habits. The federal government invests a significant amount annually—over \$10 billion—in school lunches and breakfasts (25).

**A. Recommendation: Improve the nutritional quality of foods and beverages in all schools (includes school meals and foods and beverages sold or available outside of the federally reimbursed school meal programs.)**

Improvements to the nutritional quality of all foods and beverages sold and served in schools is critical in helping youth consume a diet consistent with the Dietary Guidelines for Americans and in helping to protect the federal government's \$10 billion-a-year investment in the NSLP and SBP. The Institute of Medicine (IOM) is currently reviewing school meal patterns and nutrition standards and will be issuing its Review of National School Lunch and School Breakfast Program Meal Patterns and Nutrient Standards. Once issued, this report should be acted upon quickly by the USDA. Rulemaking to update meal patterns should proceed expeditiously. In addition, the USDA's nutrition standards for foods sold outside of school meals are outdated—over 30 years old. Updated nutrition standards support healthy eating by youth, reduce competition of unhealthy foods with school meals, increase participation in school meals, and reduce stigma associated with school nutrition programs. Higher reimbursement rates are also needed to help schools improve the nutritional quality of meals and to cover the increased cost of food, energy, and labor and to better align school meals with the Dietary Guidelines for Americans.

**Actions**

- ✓ *Once the IOM issues its meal pattern report, direct the Secretary of Agriculture to initiate the rulemaking process to update the NSLP and SBP meal patterns.*
- ✓ **Note:** *The IOM report is expected in late fall 2009 or early 2010.*
- ✓ *Update national nutrition standards for foods and beverages served outside of the school meal programs and apply them to the entire campus for the full school day.*
- ✓ *Require that a nutrition professional be employed or consulted with at the district level for school food service.*
- ✓ *Increase federal reimbursement rates for school lunch and breakfast.*

**B. Recommendation: Enhance and Strengthen Local School Wellness Policies.**

The local school wellness policy requirement, established by the 2004 Child Nutrition and WIC Reauthorization Act, has led to many schools adopting policies for foods sold on campus, physical activity, and nutrition education. They have become a key means by which to implement national and state nutrition standards, while allowing for flexibility in addressing local needs. Local school wellness policies also provide a means for schools to address additional aspects of the food and physical activity environment—from school parties and food rewards to recess. However, the majority of school wellness policies need to be strengthened and better implemented, with periodic review, revision, and reporting mechanisms in place, as well as an implementation plan. Wellness policy committees should also be permanent committees and should comprise a variety of stakeholders that have an impact on healthy eating and physical activity within the school environment.

**Actions**



- ✓ *School districts should notify and make easily accessible their wellness policies and implementation plans to students, parents, school staff, and state officials.*
- ✓ *School districts should include an implementation plan, periodically assess and measure implementation; look to recommended model wellness policies as a guide, and update policies as necessary.*
- ✓ *A standing wellness policy committee should be in place (or should work within existing school health committees) to lead development, notification, implementation, and assessment of policies.*
- ✓ *Wellness policy committees should be comprised of stakeholders with an interest in, and impact on, healthy eating and physical activity promotion efforts among youth.*
- ✓ *Goals for physical education and policies on food marketing and advertising in schools should be added to the policies.*

**C. Recommendation: Remove statutory barriers so that schools can serve only 1percent and fat-free milk.**

Milk remains the largest source of saturated fat in children’s diets (26). Congress needs to eliminate the statutory barrier currently in place that makes it hard for schools to serve only fat-free and 1% milk, as recommended by the Dietary Guidelines.

**Note:** This is a cross-cutting recommendation. This provision should apply to all child nutrition programs that serve children two years and older including SFSP and CACFP.

**Action**

- ✓ *Eliminate the statutory barrier currently in place that makes it hard for schools to serve only fat-free and 1 percent milk, as recommended by the Dietary Guidelines.*

**D. Recommendation: Strengthen accountability of and compliance with school meals standards.**

The IOM is completing recommendations to update school meal patterns and nutrition standards. A follow up study is recommended to ensure that schools are making efforts to meet standards and the USDA is equipped to better assess the progress that is being made by schools in their efforts to improve meal quality.

**Note:** The IOM meal patterns and nutrition standards report is expected in late fall 2009 or early 2010.

**Action**

- ✓ *Provide funding for an IOM study to examine the evaluation system used to measure compliance with school meal standards and provide recommendations to the USDA to strengthen the current evaluation system.*

**E. Recommendation: Reform and Fund the Team Nutrition Network.**

Team Nutrition Networks were established by the 2004 Child Nutrition and WIC Reauthorization Act but never fully funded. A well funded Team Nutrition Network (TNN) should include state-level staff, dedicated to developing and supporting evidenced-based policies and programs that promote healthy eating and physical activity through educational, social, and marketing approaches. Furthermore, the TNN should be coordinated at the federal level, administered at the state level, and implemented at the local level to ensure support for nutrition education and promotion, school wellness policy implementation and evaluation, improved nutritional quality of foods and beverages provided through child nutrition programs, improved child nutrition program participation, and greater coordination among existing nutrition programs and efforts.



**Note:** This is a cross-cutting recommendation. While many of the TNN efforts will be implemented in schools, other child nutrition programs such as CACFP and SFSP would benefit from a strong and well-funded TNN initiative.

#### **Actions**

- ✓ *Provide adequate funding to strengthen the TNN that will allow for federal, state, and local networks to develop and promote effective nutrition education and promotion efforts and to coordinate with existing efforts occurring in states such as the Supplemental Nutrition Assistance Program (formerly Food Stamps), Nutrition Education (SNAP-ED) efforts, and the Centers for Disease Control and Prevention's Coordinated School Health.*
- ✓ *Provide training, technical assistance, and grants to: expand, implement, and evaluate nutrition education; strengthen local school wellness policies; improve the food environment; improve food safety; implement nutrition standards; improve commodity choices and processing; leverage existing state and local networks and resources; increase utilization of national child nutrition programs; and identify and disseminate best practices.*

#### **F. Recommendation: Support enhanced training and technical assistance for child nutrition professionals via the National Food Service Management Institute (NFSMI).**

The NFSMI, located at the University of Mississippi and administered through a Memorandum of Understanding with the USDA, develops materials and training programs and provides training and technical assistance to states, local agencies, schools and other child nutrition program operators to improve food, meal, and snack quality, and to enhance overall program operations.

**Note:** This is a cross-cutting recommendation. NFSMI develops materials and other training opportunities for all child nutrition programs including schools, CACFP, and SFSP. All child nutrition programs would benefit from enhanced funding for NFSMI.

#### **Actions**

- ✓ *Increase funding for the NFSMI to develop and provide training and technical assistance to states, local agencies, and program operators on topics such as: meal and snack quality; USDA Foods (formerly known as commodities) to enhance purchases and processing options to align with dietary guidelines; local school wellness policies; and nutrition education and promotion.*

#### **G. Recommendation: Support the expansion of farm-to-school programs that stimulate local economies and strengthen connections with agriculture.**

Farm-to-school programs provide an approach to connecting small farms to the school meal programs, encourages small farmers to sell fruits and vegetables to schools, and supports schools in their efforts to buy locally. Effective farm-to-school initiatives are based on the cooperation of federal, state, and local governments, as well as local farm and educational organizations.

#### **Action**

- ✓ *Provide a comprehensive approach to connecting small farms to the school meal programs, encourage small farmers to sell fruits and vegetables to schools, and encourage schools and districts to work with local farmers.*

## **II. Child and Adult Care Food Program (CACFP) Recommendations**

CACFP plays a vital role in improving the quality of child care and making it more affordable for many low-income families. CACFP also provides a valuable opportunity to promote healthy eating and other health promoting behaviors in children at an early age. Each day, about 2.9 million children receive nutritious meals and snacks through CACFP (27). In addition, CACFP provides meals to children residing



in emergency shelters and snacks and suppers to youths participating in eligible afterschool care programs. The total cost of the program is \$2.4 billion a year (27). Through in-home visits, group classes, and ongoing assistance and support, CACFP-sponsoring organizations and state agencies teach child care providers not just the importance of good nutrition but also practical advice and guidance on serving nutritious food.

**A. Recommendation: Improve the child care environment by enhancing the nutritional quality of meals and snacks served and available center-wide.**

The quality of the meals and snacks offered is paramount to meeting the needs of hungry, low-income children. CACFP meal patterns have not been updated in over 20 years. In light of the need for updated meal patterns, the USDA has requested that the IOM make recommendations on revising the CACFP meal patterns and nutrition standards to make them consistent with the Dietary Guidelines, other nutrition science, and knowledge of child development. This report should also include the reimbursement rates necessary to cover the costs of the new meal pattern. The USDA will take the next step in their efforts to update the CACFP meal pattern after they receive the IOM report. Once issued, this report should be acted upon quickly by the USDA. Rulemaking to update meal patterns should proceed expeditiously. In the meantime, the USDA could enhance training and technical assistance to states and localities to improve meal and snack quality in CACFP. USDA should continue to update meal patterns when the Dietary Guidelines for Americans warrant further revisions. TNN funds should be used to assist CACFP sponsors in promoting nutrition education and physical activity.

**Actions**

- ✓ *Direct the Secretary of Agriculture to provide training, technical assistance, and guidance to states and child care program providers on how to enhance and improve the nutritional quality of all foods and beverages available in the child care setting.*
- ✓ **Note:** *These actions are to continue to provide up-to-date evidence and best practices on serving healthy foods while the IOM report development and CACFP rulemaking process are underway.*
- ✓ *Once the IOM issues its CACFP meal pattern report, direct the Secretary of Agriculture to initiate the rulemaking process to update the CACFP meal patterns, as well as training and technical assistance to implement the new patterns.*
- ✓ *Direct the Secretary of Agriculture to develop recommendations for nutrition standards for all CACFP non-reimbursable foods and beverages served during the day.*
- ✓ *Direct the Secretary of Agriculture to provide training, technical assistance, and guidance to states and child care program providers on how to enhance and improve the child care environments to promote healthy behaviors such as nutrition education, physical activity, and alternatives to screen time.*
- ✓ *Increase the reimbursement rate for CACFP.*

**III. Summer Food Service Program (SFSP) Recommendations**

During the school year, nutritious meals are available through the NSLP and SBP, but these programs end when school ends for the summer. SFSP helps fill the hunger gap and is the single largest federal resource available that combines a nutrition assistance program with a summer activity program. Last year, SFSP was administered in nearly 33,000 sites at a cost of \$327 million (28).

**A. Recommendation: Improve the nutritional quality of SFSP meals served.**

As in school lunch and CACFP, the quality of the meals and snacks offered is paramount to meeting the needs of hungry, low-income children during the summer. While the IOM is in the process of making



recommendations for school meals and CACFP, the USDA could and should act within its current authority to provide guidance and technical assistance to improve the quality of SFSP meals. The USDA should also look to revise SFSP meal patterns that build on the impending IOM recommendations for school meal patterns and nutrition standards.

#### **Actions**

- ✓ *Direct the Secretary of Agriculture to provide training, technical assistance, and guidance to states and SFSP program providers on how to improve the nutritional quality of meals served within the current meal pattern requirements.*
- ✓ *Once the IOM issues its meal pattern and CACFP reports, direct the Secretary of Agriculture to issue proposed regulations updating the SFSP meal patterns in a timely manner.*
- ✓ *Increase SFSP meal reimbursement rates.*

#### **B. Recommendation: Promote physical activity and nutrition education.**

Summer programs that provide meals as part of the SFSP also provide enrichment activities such as recreational or educational programs. Quality meals, coupled with meaningful nutrition education and promotion, and physical activities will attract youth and keep them coming back to SFSP sites, helping ensure that their nutritional well-being is protected during the summer. TNN funds should be used to assist SFSP sponsors in promoting nutrition education and physical activity.

#### **Action**

- ✓ *Sponsors should be provided with adequate support and funds to incorporate nutrition education and physical activity into their summer enrichment programs.*

#### **C. Recommendation: Expand access for low-income children to SFSP.**

#### **Action**

- ✓ *Expand open-site eligibility for the SFSP.*

*Note: the current area-eligibility requirement is set at 50 percent of families with incomes at or below 185 percent of the Federal Poverty Level; a 40 percent cap would allow more children to participate.*

### **IV. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Recommendations**

The WIC program provides nutrition education, breastfeeding promotion and support, monthly food packages, and access to maternal, prenatal, and pediatric health care services. In 2007, WIC served over 8.2 million participants each month, including over six million infants and children, with costs of approximately \$6.2 billion dollars (29). WIC has prevented health problems in young children and mothers and improved health for over 30 years.

#### **A. Recommendation: WIC food packages should remain consistent with the recommendations set forth by the IOM and should be fully implemented by states through the federal regulatory process.**

In 2008, the USDA updated the WIC food packages to align with current nutrition science – the Dietary Guidelines for Americans. These revisions reflect most of the recommendations put forth by the IOM and provide WIC mothers and their children with more fruits, vegetables, and whole-grain products.



The USDA issued an interim final rule and states are to fully implement the revised food packages by October 2009.

#### **Action**

- ✓ *Congress should ensure the USDA issues a final rule regarding the WIC food packages no later than September 2010.*

#### **B. Recommendation: Review and update the WIC food packages to ensure they are consistent with current nutrition science.**

The nutritional value of the food packages and the type of food products included in the WIC food packages must be science based. The changes made in 2008 were the first significant changes made to the food package in 30 years. These reflect the recommendations from the IOM to include fruits and vegetables, culturally appropriate foods, reduced quantities of eggs and juice, milk substitutes, and low fat dairy products in the food packages. States are now implementing those changes.

#### **Action**

- ✓ *To assure continued integrity of the food packages, Congress should mandate the review of the WIC food packages by the IOM every 10 years or when changes occur in national nutrition science.*

#### **C. Recommendation: Promote and emphasize the importance of breastfeeding in WIC and emphasize breastfeeding support and promotion as an integral part of nutrition education.**

Breastfeeding is the normal and most healthful way to feed infants and the benefits to infants and mothers are numerous. For children, science shows that human milk may lower the risk of obesity in childhood and adolescence, promotes and supports development, protects against illness symptoms and duration, improves IQ and visual acuity scores, lowers cancer rates, decreases cavities and the likelihood of braces, improves premature infants' health, and significantly reduces health care costs. For mothers, breastfeeding decreases the likelihood of ovarian and breast cancers, reduces the risk of osteoporosis and long-term obesity, increases bonding between mother and child, and significantly reduces the incidence of child neglect (30-32).

#### **Actions**

- ✓ *Add the phrase "breastfeeding support and promotion" to each reference related to WIC for nutrition education.*
- ✓ *Increase funding and resources to assure more breastfeeding mothers gain access to critical breastfeeding support.*
- ✓ *Allow use of contingency funds for breast pumps to support breastfeeding mothers.*

## **Works Cited**

1. Koplan J, Liverman CT, Kraak VI, eds. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: Institute of Medicine, The National Academies Press, 2005.
2. Ogden CL, Carroll MD, Flegal KM. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006." *JAMA*. 2008; 299:2401-2405.
3. *Dietary Guidelines for Americans*. Washington, DC: United States Department of Health and Human Services, 2005. <http://www.health.gov/DietaryGuidelines/dga2005/document/> (accessed May 15, 2009).



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4. Gleason P and Sutor C. *Food for Thought: Children's Diets in the 1990s*. Princeton, NJ: Mathematica Policy Research, Inc., 2001.
5. Gordon A, Crepinsek MK, Nogales R and Condon E. *School Nutrition Dietary Assessment Study-III: Volume I: School Foodservice, School Food Environment, and Meals Offered and Served: Final Report*. Princeton, NJ: Mathematica Policy Research, Inc, 2007.
6. Kennedy E and Goldberg, J. "What are American Children Eating? Implications for Public Policy." *Nutr. Rev.* 1995; 53(5):111-126.
7. Gleason PM, Sutor C. *Children's Diets in the Mid-1990s: Dietary Intake and Its Relationship with School Meal Participation*. Washington, DC: US Department of Agriculture, Food and Nutrition Service, 2001.
8. McGinnis JM, Gootman JA, Kraak VI, eds. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington, DC: Institute of Medicine, The National Academies Press, 2006.
9. Devaney B, Kim M, Carriquiry A, Camano-Garcia G. *Assessing the Nutrient Intakes of Vulnerable Subgroups: Final Report*. Princeton, NJ: Mathematica Policy Research Inc., 2005.
10. Cole N, Fox MK. *Diet Quality of American School-Age Children by School Lunch Participation Status: Data from the National Health and Nutrition Examination Survey, 1999-2004*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition and Analysis, 2008.
11. Clark MA, Fox MK. "Nutritional Quality of the Diets of US Public School Children and the Role of the School Meal Programs." *J Am Diet Assoc.* 2009; 109(suppl 1):S44-S56.
12. Wang YC, Gortmaker SL, Sobol AM, Kuntz KM. "Estimating the Energy Gap among US Children: A Counterfactual Approach." *Pediatrics* 2006; 118: e1721-e1733.
13. *National School Lunch Program Factsheet*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, updated July 2008.  
<http://www.fns.usda.gov/cnd/Lunch/AboutLunch/NSLPFactSheet.pdf> (accessed May 11, 2009).
14. O'Toole TP, Anderson S, Miller C, Guthrie J. "Nutrition Services and Foods and Beverages Available at School: Results from the School Health Policies and Programs Study 2006." *J. Sch. Health.* 2007; 77(8): 500-521.
15. *National School Lunch Program: Foods Sold in Competition with USDA School Meal Programs: A Report to Congress, 2001*. Washington, DC: United States Department of Agriculture, 2001.  
[http://www.fns.usda.gov/cnd/lunch/competitivefoods/report\\_congress.htm](http://www.fns.usda.gov/cnd/lunch/competitivefoods/report_congress.htm) (accessed April 2, 2008).
16. *School Meal Programs: Competitive Foods are Widely Available and Generate Substantial Revenues for Schools*. Washington, DC: United States Government Accountability Office, 2005.  
<http://www.gao.gov/new.items/d05563.pdf> (accessed May 15, 2009).
17. Briley ME, Jastrow S, Vickers J, Roberts-Gray C. "Dietary Intake at Child-Care Centers and Away: Are Parents and Care Providers Working as Partners or at Cross-Purposes?" *J. Am. Diet. Assoc.* 1999; 99(8):950-954.
18. Fox M, Hamilton W, Lin B-H. *Effects of Food Assistance and Nutrition Programs on Nutrition and Health: Volume 3, Literature Review*. Washington, DC: United States Department of Agriculture, Economic Research Service, 2004.
19. Story M, Kaphingst KM, French S. "The Role of Child Care Settings in Obesity Prevention." *Future Child* 2006; 16(1):143-168
20. Crepinsek M, Burstein N, Lee E, Kennedy S, Hamilton W of Abt Associates Inc. *Meals Offered by Tier 2 CACFP Family Child Care Providers—Effects of Lower Meal Reimbursements*. Washington, DC: United States Department of Agriculture, Economic Research Service, 2002.



21. Ogden CL, Carroll MD, Flegal KM. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006." *J. Amer. Med. Assoc.* 2008; 299(20):2401-2405.
22. Gerald DE, Husser WJ. *Projections of Educational Statistics to 2013 (NCES 2004-2013)*. Washington, DC: National Center for Education Statistics, US Department of Education, 2003.
23. *Statistical Abstract of the United States 2008. Table 1: Annual Estimates of the Resident Population by Sex and Five-Year Age Groups for the United States: April 1, 2000 to July 1, 2008 (NC-EST2008-01)*. Washington, DC: United States Census Bureau, 2008. Release date: May 14, 2009. <http://www.census.gov/popest/national/asrh/NC-EST2008/NC-EST2008-01.xls> (accessed May 17, 2009).
24. Stallings V, Yaktine A, eds. *Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth*. Washington, DC: Institute of Medicine, The National Academies Press, 2007:15-28.
25. *School Meal Programs*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service. <http://www.fns.usda.gov/pd/cncosts.htm> (accessed May 17, 2009).
26. Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients Among US Children, 1989-1991." *Pediatrics*. 1998; 102:913-923.
27. *Child and Adult Care Food Program*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service. <http://www.fns.usda.gov/cnd/care/CACFP/aboutcacfp.htm> (accessed May 12, 2009).
28. *Summer Food Service Program Data*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service. <http://www.fns.usda.gov/pd/sfsummar.htm> (accessed May 12, 2009).
29. *WIC Factsheet*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, updated April 2009. <http://www.fns.usda.gov/wic/WIC-Fact-Sheet.pdf> (accessed May 12, 2009).
30. Horta B, Bahl R, Martinés J, Victora C. *Evidence on the Long-Term Effects of Breastfeeding: Systematic Reviews and Meta-Analysis*. Switzerland: World Health Organization, 2007. [http://whqlibdoc.who.int/publications/2007/9789241595230\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595230_eng.pdf) (accessed May 15, 2009).
31. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153* (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007.
32. *Helping Americans Achieve Public Health Goals: Breastfeeding and Obesity Prevention*. Washington, DC: United States Breastfeeding Committee, 2009. <http://www.usbreastfeeding.org/NewsInformation/NewsRoom/200904BreastfeedingandObesityPrevention/tabid/125/Default.aspx> (accessed May 15, 2009).

### **Childhood Nutrition Working Group Members**

Active Living Research: Carmen Cutter and Debbie Lou

Alliance for a Healthier Generation, Healthy Schools Program: Jessica Donze Black

Bridging the Gap: Jamie Chriqui

Healthy Eating Research: Mary Story

Healthy Kids, Healthy Communities: Joanne Lee

Leadership for Healthy Communities: Laura Ojeda

National Governors Association: Kara Vonasek

National Policy and Legal Analysis Network for Childhood Obesity Prevention: Stephanie Stephens



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The Rudd Center: Marlene Schwartz

Robert Wood Johnson Foundation Center to Prevent Childhood Obesity: Brian Bowden, Paula Card-Higginson, Lindsey Clark, Sheila Dodson, Tracy Fox, Carole Garner, Erin Hagan, Tionna Jenkins, Olivia Thompson, Joe Thompson, Melanie Tervalon, Elizabeth Wenk



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