



March 26, 2010

Via Federal eRulemaking Portal at <http://www.regulations.gov>

Bruce Bundick, Director
Office of Executive Secretariat
U.S. Department of Agriculture
1400 Independence Avenue, SW
Room 116-A Whitten Building
Washington, DC 20250

Re: **Task Force on Childhood Obesity: Request for Information (FR Doc. 2010-5719, at 75 Fed. Reg. 12493)**

Dear Mr. Bundick:

The National Women's Law Center appreciates the opportunity to submit comments to the Task Force on Childhood Obesity. For over thirty years, the Center has worked to increase low-income women and children's access to high-quality child care and early learning opportunities. One important component of a high-quality early learning program is ensuring good nutritional practices.

The importance of adequate nutrition for young children cannot be overestimated. In the first years of life, children undergo incredibly rapid mental and physical development and many of the basic components of future success are set in place. Inadequate nutrition in the first years of life can interfere so seriously with brain development that it may lead to a host of neurological and behavioral disorders, including learning disabilities and mental retardation.¹

Promoting good nutrition for young children necessarily includes efforts to address nutrition in child care and early learning settings, given that these settings provide a significant portion of daily nutritional intake for millions of children. For many children, the child care program they attend is their primary source of food.

Child care, Head Start, and other early learning programs receive essential support in promoting good nutrition from the Child and Adult Care Food Program (CACFP). The CACFP helps ensure that children in these programs receive meals and snacks that meet nutritional standards and providers receive the training they need to offer these meals. The program is a well-documented success and policies should be designed to encourage participation of providers and young children in the CACFP.

¹ Carnegie Corporation of New York. Starting Points: Meeting the Needs of Our Youngest Children, Executive Summary. (New York, NY: Carnegie Corporation, 1994)..

A recent study showed that participation in federal child care and school meal programs like the CACFP is associated with a lower Body Mass Index (BMI) in children, particularly low-income children.² The Institute of Medicine, citing research on the association between participation in federal nutrition programs and improved diet quality and decreased risk of overweight among children, identified increasing participation in the CACFP as a strategy to promote healthy eating in the report, *Local Government Actions to Prevent Childhood Obesity*.³ Other studies have shown that children who received food through the CACFP eat more nutritiously, consuming more fruit and milk while eating fewer fats and sweets.⁴

In the Center's comments, we are responding to the four objectives for the Task Force that relate to improving access to nutritious food for children enrolled in child care/early learning settings.

1. For each of the four objectives described above, what key topics should be addressed in the report?

It is essential to be able to reach young children who are spending the majority of their time in child care settings. The CACFP helps child care centers, Head Start programs, and family child care homes with the cost of meals and snacks and offers important training to providers on child nutrition. A key topic that should be addressed is how to make the CACFP more accessible to children in child care settings and how to ensure providers have adequate resources to meet improved nutrition standards. Another topic is how early childhood providers can help families learn more about nutrition and obesity prevention.

2. For each of the four objectives, what are the most important actions that Federal, State, and local governments can take?

The Center is working with a coalition of national organizations on the reauthorization of the Child Nutrition Act this year. We recommend several improvements to the CACFP in order to increase access for young children:

Expand the area eligibility requirement for the CACFP to allow more young children in low-income areas in family child care homes to access healthy meals.

Allow providers to serve a third meal through the CACFP so that children whose parents work long hours get the nutrition that they need across the entire time they are in care.

Increase reimbursement rates to allow providers to serve more nutritious foods. Higher reimbursement rates are needed not only to keep up with rising food costs but also so that

² Kimbro, R. & Rigby, E. (2010). Federal food policy and childhood obesity: a solution or part of the problem? *Health Affairs*, 29(3), 411-418.

³ Institute of Medicine, Local Report Brief. "Local Government Actions to Prevent Childhood Obesity" (<http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.ashx> [March 25, 2010]).

⁴ U.S. Department of Agriculture, Economic Research Service. "Maternal Employment and Children's Nutrition: Volume 1, Diet Quality and the Role of CACFP" (<http://www.ers.usda.gov/publications/efan04006/efan04006-1/> [March 25, 2010]).

providers can offer more nutritious options including fresh fruits and vegetables and whole grains.

Simplify burdensome paperwork requirements to encourage more providers and sponsors that support family child care providers to participate in the CACFP, which in turn would expand access to healthy meals to more children in child care.

In addition, providers participating in the CACFP, the Child Care and Development Block Grant, Head Start, and state-funded preschool programs should be encouraged to help parents have the information they need to make the best nutrition choices for their families.

3. Which Federal government actions aimed at combating childhood obesity are especially in need of cross-agency coordination?

Coordination is needed between the Departments of Education, Health and Human Services and Agriculture. Agencies need to share information on nutrition and child development with key officials and with schools, early childhood providers, nutrition trainers, and pediatricians. The Agencies should also work to together to ensure that relevant regulations and guidelines are coordinated to enable the maximum number of children possible to participate in the CACFP and to give providers and programs the support they need to offer nutritious meals and to encourage other activities to reduce childhood obesity.

5. For each of the four objectives, what strategies will ensure that efforts taken by all of the entities mentioned above reach across geographic areas and to diverse racial, ethnic, socioeconomic, and geographic groups, including children who are at highest risk of obesity and children with disabilities?

Expanding the area eligibility test for family child care homes participating in the CACFP would increase access to healthy foods for young children in communities across the country. Currently, a means test that is required for many children enrolled in family child care homes limits access to the meals and snacks offered through the CACFP. It makes it more cumbersome for providers who care for small numbers of children to participate. In the last twelve years since the implementation of the means test, CACFP participation in family child care homes has dropped by 27.8 percent.⁵ Allowing more providers to have access to the CACFP for the children they care for without having to conduct a means test would expand access to nutritious meals for young children, especially in rural areas.

In addition, required paperwork for the CACFP should be reduced and sponsors should have their reimbursement rates increased. Because of the burdensome paperwork requirements as well as increasing costs of reaching family child care homes, a number of sponsors across the country have dropped out of the program. There are low-income areas such as South Central Los Angeles where children in family child care homes have no access to the nutritious meals

⁵ Cooper, Rachel & Henchy, Geri. Child and Adult Care Food Program Participation Trends 2010. (Washington, DC: Food Research and Action Center, 2010).

offered through the CACFP because of the lack of a sponsor.⁶ Nationally, the number of CACFP sponsoring organizations for family child care homes decreased by 27 percent between FY 1996 and FY 2009.⁷

16. What other input should the Task Force consider in writing the report?

The Task Force should seek the input of those working directly with children and participating in the CACFP, including child care centers, family child care providers, and Early Head Start and Head Start programs as well as schools. Families, teachers, and directors of child care and Head Start programs use these programs on a daily basis and have important insights into strategies for strengthening participation, the need for adequate resources to cover the cost of healthy food, and the barriers to implementing nutrition standards.

Sincerely,



Helen Blank
Director of Leadership and Public Policy

⁶ James, Paula. "The Impact of Rising Food Prices on the Child and Adult Care Food Program." Testimony to the House Education and Labor Committee. July 9, 2007.

⁷ Cooper, Rachel & Henchy, Geri. Child and Adult Care Food Program Participation Trends 2010. (Washington, DC: Food Research and Action Center, 2010).