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## Child Nutrition Reauthorization and Latino Childhood Obesity

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### Abstract

Former First Lady Michelle Obama's *Let's Move* campaign focused around health initiatives that will help create healthier future generations of children. This public health campaign brought attention to childhood obesity and, as a result, helped to set higher standards for the Healthy, Hunger-Free Kids Act (2010). The Act authorized funding and set nutritional standards for the U.S. Department of Agriculture (USDA)'s core child nutrition programs, which include the National School Lunch Program and the School Breakfast Program. Together, these programs serve more than 7 million Latino children nationwide. While nutritional standards have improved, childhood obesity remains a pressing issue, especially in the Latino community, where nearly 40% of children are overweight or obese. This paper will assess provisions of the Healthy, Hunger-Free Kids Act, which expired in 2015, that can be improved, and in doing so, help decrease childhood obesity among Latinos.

### Background

Obesity, having too much body fat or weight that is higher than what is considered as a healthy weight for a given height, is a much more complex issue than a calculated body mass

index (BMI) number. Obesity stems from an individual's behaviors, race, genetics, socioeconomic status, the environment, and other social determinants of health. While the root cause of obesity can be disputed, obesity rates in our country are undeniably high. More than one-third of U.S. adults (36.5%) were considered obese during 2011-2014. These numbers are even more alarming within certain ethnic groups, as obesity affects some groups more than others. For instance, the prevalence of obesity among Hispanics is 42.5% and only second to non-Hispanic blacks.

The long-term effects of obesity have been found to include: diabetes, heart disease, stroke, certain types of cancers, and negative mental and emotional health outcomes. It is important to note that obesity-related diseases not only affect the individual, but also pose major public health concerns and cause an economic burden for our country. For an overweight or obese individual, direct costs often relate to outpatient and emergency visits, and medication. Obesity and its comorbid conditions result in higher insurance premiums and Medicare and Medicaid spending. In 2008, obesity-related illnesses resulted in \$21 billion cost to Medicare and \$8 billion to Medicaid. Obesity indirectly affects absenteeism and

productivity in our workforce, which totaled \$988.8 billion in 2014.

Considering the detrimental long-term public health and economic effects of obesity, many obesity prevention programs and interventions focus on a much younger population, school-aged children. Overweight and obese children are more likely to perform poorly in school, as well as become overweight or obese adults. This reality, together with obesity affecting cognitive development, impacts their future outcomes as adults, which makes addressing obesity at childhood a key imperative in the future health of the U.S. population.

While childhood obesity continues to rise, Latinos face unique challenges and issues that increase the likelihood of obesity. Latinos are less likely to have access to healthy food and have higher exposure to marketing of less nutritious foods. Hispanic neighborhoods have almost one-third fewer chain supermarkets than non-Hispanic neighborhoods. Nearly 40% of Latino children are overweight or obese, compared to 28% of non-Hispanic White children. As adults, Latinos are disproportionately affected by obesity-related chronic diseases. Latinos are also 1.7 times more likely than non-Hispanic white adults to be diagnosed with diabetes by a

## *The School Breakfast Program enables children to eat more nutritious foods, lead more emotionally and physically healthy lives, and improve their cognitive and mental abilities.*

physician. Reducing health disparities among Latinos proves not only important to this community, but essential to the future health of our country, as Latinos are expected to grow to more than a quarter of the U.S. population by 2060. Addressing obesity among Latino children is critical considering that 1 out of every 4 children in the U.S. is Latino, while in certain school districts, this number may be even higher. By 2030, Latino children are projected to make up 1 out of every 3 children, and 44% of all poor children; the same population who will most likely be able to benefit from programs such as Women, Infant, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and free school meal programs.

Considering children spend a large portion of their time in school, most children consume a majority of their daily calories at school; for some, school meals are their only source of food. This situation is especially true for Latino children, who are more than twice as likely as non-Hispanic White children to be living in households with low food security. As major recipients of the USDA's school-based core child nutrition programs, which include the National School Lunch Program (NSLP) and the School Breakfast Program (SBP), Latino children can benefit from improvements made to the policies that fund these programs, and in doing so, reduce their chances of becoming overweight or obese.

### **Existing policies and programs**

Among the objectives of the former *Let's Move* campaign was the Healthy, Hunger-Free Kids Act (HHFKA) of 2010 as a means of achieving improved school nutritional standards. This legislation authorized funding and set nutritional standards for USDA's core

child nutrition programs, mandating that recommendations from the Institute of Medicine (IOM) be used, changing nutritional standards significantly for the first time in over 15 years. While the HHFKA expired in 2015, the child nutrition programs continue to operate, as re-authorization is not required for them to continue. However, Child Nutrition Reauthorization is necessary, as it offers the opportunity to re-examine and potentially improve nutrition standards. As of December 2016, Congress was unable to reach agreement and reauthorize these child nutrition programs.

USDA's Food and Nutrition Services consist of 13 programs that are designed to combat food insecurity while promoting healthy and high nutritional standards. NSLP and SBP are two programs specifically targeting childhood nutrition at school, that are appropriate and effective points of intervention, as they directly impact more than 7 million Latino children they serve. While Latino children make up about one-quarter of all children participating in the NSLP, they also make up more than one-third of income-eligible nonparticipants, suggesting that there is ample room for improvement in program enrollment. Limited English proficiency and apprehension or confusion about application requirements were cited in one study as barriers that prevented eligible children and families from accessing programs such as the NSLP.

In some school districts, coordinated efforts between Medicaid, Supplemental Nutrition Assistance Program (SNAP), and the NSLP have allowed for direct certification, which auto-enrolls Medicaid and SNAP-eligible students into the NSLP without further paperwork from parents. Not

all states have successfully done so, however, despite efforts through the HHFKA to institute reforms to strengthen and expand direct certification. Some states have identified data collection and communication issues with their local Medicaid and SNAP agencies that have prevented them from directly certifying children into the NSLP. A 2016 USDA report notes that only 24 states have successfully implemented direct certification at a rate at or above HHFKA's 95-percent performance target. California and Texas, the two top Latino-populated states, were not one of the 24 states to have successfully implemented direct certification at or above HHFKA's performance target.

Another recently implemented provision of the HHFKA was the Community Eligibility Provision (CEP), which allows the nation's highest poverty schools and districts to eliminate household paperwork and offer all students breakfast and lunch at no additional cost, and in doing so, eliminating the stigma of free or reduced-priced lunch. School districts with more than 40% of their students identified as eligible for free school meals, based off of previous eligibility for other programs such as SNAP, can participate. Similar to direct certification, CEP is still in its early stages; the 2015-2016 school year was its second year since being implemented nationwide, with half of all eligible schools nationwide participating.

The School Breakfast Program, another critical school-based nutrition program, had just over half of low-income children participate in the 2014-2015 school year, which highlights the need of increased enrollment in this underutilized program. According to a

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report from the U.S. Congressional Budget Office (CBO), Latino children make up the majority (38%) of all the SBP participants in 2010-2011 school year. A 2008 study showed that the SBP enables children to eat more nutritious foods, lead more emotionally and physically healthy lives, and improve their cognitive and mental abilities. School districts in Los Angeles and Chicago that have increased participation in the SBP have been shown to reduce absenteeism while increasing test performance, reducing food insecurity, and improving dietary intake. In an effort to increase participation in the SBP, several school districts have introduced Universal School Breakfast, which provides breakfast to all students, regardless of income. In Newark, New Jersey, the public school district saw an increase of more than 150 percent in SBP participation after implementing Universal School Breakfast during the 2004-2005 school year.

Reducing obesity rates among Latino children in the U.S. is not only a matter of increased enrollment in programs such as the NSLP and SBP, but ensuring that these programs adhere to high nutritional standards, another important component of the HHFKA. In 2012, the USDA released its new nutritional standards, making significant changes for the first time in 15 years. Using science-based recommendations set forth by the IOM, the new standards included: reducing the sodium content of meals gradually over a 10-year period, size portions based on grade level (i.e., less calories for younger children), more whole grains, fruits, and vegetables, among other recommendations. After receiving backlash from food industry lobbyists, certain regulations were relaxed. As an example, the required weekly grain amounts at lunch were

reduced and the restriction on starchy vegetables was lifted. Another important component of the HHFKA provides an additional 6-cents per lunch reimbursement to school districts that are in compliance with USDA's nutritional guidelines, the first meal reimbursement increase in over 30 years. As of July 2014, 92 percent of school districts across the country indicated that they are receiving the 6 cents per meal reimbursement; only 12 states reported 100% of their school districts in compliance with the new nutritional standards.

Major concerns around implementing these child nutrition programs relate to funding. USDA reports however, have shown that school lunch revenue is up approximately \$200 million since implementing new nutritional standards. This increase accounts for the incentivized additional 6 cents per meal for school districts meeting the new standards and the annual reimbursement rate adjustments. Some school districts have also expressed concerns around food waste – children throwing away unappetizing healthy food options. While overall food waste continues to be an issue, the new standards have in fact resulted in a decrease of vegetables being discarded (60% compared to 75% before the implementation of USDA's new standards). The new standards did not result in an increase of food waste per person; overall fruit waste remains the same. Lastly, the issue of "double dipping," children who may already be consuming meals at home in addition to the ones offered at school, has been raised. Double dipping, especially in school districts where Universal School Breakfast is in place, is considered problematic as it is thought to increase the likelihood of obesity and contradict some of the main intentions of HHFKA. Similar to the concerns around funding

and food waste, concerns around double dipping have been found to be false in that there is no correlation to excessive weight gain.

## **Recommendations**

Currently, these programs are set in place to reduce food insecurity and combat childhood obesity, nationwide participation rates are not yet where they should be. Below are recommendations that should be taken into consideration with the next Child Nutrition Reauthorization.

### **REAUTHORIZE CHILD NUTRITION PROGRAMS IN THE 115<sup>TH</sup> CONGRESS**

**Increase enrollment in the NSLP and SBP through mandated direct certification, CEP and Universal School Breakfast.** The burden of elaborate paperwork should not fall on parents, particularly for families who are already eligible for free or reduced-priced meals, who have often already completed paperwork for other programs such as Medicaid and SNAP. This initiative can be facilitated through auto-enrollment (direct certification and CEP), and can include an opt-out option for parents. This process should be streamlined by improving data exchange systems between local Medicaid and SNAP agencies and local school districts. Since being executed eight years ago, nearly half of all states have successfully implemented direct certification at a rate at or above HHFKA's 95-percent performance target – mandating that all school districts nationwide directly certify eligible children within the next eight years is attainable. If school districts choose to mandate some form of paperwork, alternative language applications should be federally

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mandated and readily available for families as set forth by the National Standards for Culturally and Linguistically Appropriate Services. The expansion of the SBP should be done so with the implementation of the Universal School Breakfast across all school districts.

**Incentivize school districts to meet high nutritional standards by providing higher reimbursement rates.** Childhood obesity rates will not decrease solely based on program enrollment and participation rates without nutritional standards being considered. With Child Nutrition Reauthorization well overdue, it is imperative that nutritional standards currently set in place be protected and improved upon. Nutritional standards should be reflective of the original recommendations set forth by the Institute of Medicine that have been weakened and made less restrictive since 2010. School districts should be incentivized to meet these standards by increasing current reimbursement rates by an additional 10 cents. Although increasing current reimbursement rates by 10 cents would increase federal spending by \$10.2 billion (or 4 percent) between 2016-2025, increasing reimbursement rates not only incentivizes schools to comply with improved nutritional standards, but also helps school districts with their increased costs of providing healthier meals.

## Conclusion

With the Child Nutrition Reauthorization overdue, protecting nutrition programs, funding, and standards set forth by HFFKA and the *Let's Move* campaign proves important. These programs are crucial to our most vulnerable populations, low-income children, many of whom

are Latino children. Increased enrollment in the National School Lunch Program and the School Breakfast Program is imperative and can be achieved through direct certification and the Community Eligibility Program, and through Universal School Breakfast. Concurrent with program enrollment rates, nutritional standards set in place should be reflective of the original recommendations set forth by the Institute of Medicine that have been weakened and made less restrictive since 2010. While school districts already have incentives to comply with the current nutritional standards, the reimbursement rate should increase by an additional 10 cents in order to ensure that all schools districts across the country adhere to these standards. Although an increased reimbursement rate will result in an immediate increase in federal spending, it is important to note that investing in the health of our children will help decrease future obesity-related expenses in our country. Through increasing enrollment and participation rates in USDA's school-based core child nutrition programs, while improving nutritional standards, we can help decrease childhood obesity among Latino children in the U.S.

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