

Statement of Rep. Michael N. Castle (R-DE)
Witness Testimony on “Improving Child Nutrition Programs to Reduce Childhood Obesity”

May 14, 2009

Good morning. Thank you Chairwoman McCarthy for holding today's hearing. As a Member of the Education and Labor Committee and co-chair of the Congressional Diabetes Caucus, I welcome the opportunity to testify before the Healthy Families and Communities Subcommittee.

As debate begins in Congress on how best to reform a crumbling health care system to care for the uninsured and help manage the growing number of people who are living with chronic diseases, we are more aware than ever of the need to foster a national culture that believes in the need for health and wellness. In the context of today's hearing, nutrition and health are both essential for fostering a child's academic success.

We know that kids are not eating enough fruits and vegetables, spend too much time in front of the TV or computer screen, are not up and moving enough, and consume too many sugary beverages. Childhood obesity has become a major health problem in the United States. In fact, recent data from the Centers for Disease Control (CDC) shows that an estimated 17 percent of children and adolescents ages 2-19 years are overweight. In my home state of Delaware, approximately 36 percent of kids and youth are overweight or are at risk of becoming overweight. I believe this is a matter of great concern to us as Members of Congress, to this Committee, and to society in general.

According to a report by the National Institute for Health Care Management (2007), in just two decades, the number of overweight and obese young Americans has tripled, and studies suggest that overweight children are significantly more likely to become overweight or obese adults. As a result, children are increasingly suffering from conditions traditionally associated with adulthood, including Type 2 diabetes, high cholesterol, and high blood pressure.

Parents bear primary responsibility for ensuring that their children eat well and exercise regularly. Schools, however, can and should also play a positive role by giving children access to nutritious meals and snacks, nutrition education, and time to engage in daily physical activity.

In 2004, Congress passed, and the President signed into law, the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act. The Law put in place several comprehensive solutions that incorporate healthy habits, nutritional education, and increased physical activity with ongoing efforts to combat hunger and food insecurity to address the childhood obesity epidemic.

In addition to making certain students have access to fresh fruits and vegetables, and milk; strengthening partnerships between local farms, school gardens, and child

nutrition programs; and ensuring food safety by maintaining and strengthening quality and safety standards, the Law included a provision I authored requiring school districts participating in the program to develop and implement a comprehensive wellness policy in their schools. Specifically, school wellness policies include nutrition guidelines, nutrition education, physical activity goals, and school-based wellness activities developed by school districts in an effort to accommodate a variety of demographics, economic situations, and local food preferences. The objectives of these plans are to change students' eating habits while simultaneously encouraging increased activity.

The majority of school districts passed these policies between May and July 2006 to have them in place for the 2006-2007 school year, as required by the Law. As a result, the vast majority of districts established guidelines for food and beverages available in a la carte and vending machines. And about 95% of districts established goals for nutrition education and physical education (USDA, FNS).

Studies have shown that as a result of implementing these policies, school nutrition programs are offering more healthy food options, there has been an increased visibility of school nutrition programs to students and adults, and there have been changes in healthy choices and behaviors of students (School Nutrition Association and School Nutrition Foundation).

In Delaware, each school district's wellness plan is reflective of the district's policies and views of how to best provide and maintain a healthy and safe learning environment for students within the district's care. Overall, however, each wellness policy in the state of Delaware works to promote the integration of nutrition education into all curriculum areas for students in grades k-12, limit portion sizes of snacks and beverages served anywhere on school property during the school day, limit food being used as rewards, and disseminate consistent nutrition messages throughout district schools, classrooms, cafeterias, and Delaware homes and communities.

While many schools are implementing successful policies, there are several challenges to implementing these plans as well. Schools need strong leadership and a commitment to enhancing their nutrition and wellness policies as implementation continues. The support of communities and families is also essential to ensure that the work of the wellness plans extend beyond the school day. In Delaware, great work is being done by Nemours Health and Prevention Services in this area to promote healthy lifestyles in all the places children live, learn, and play, including schools. Finally, I am hopeful this Committee will examine how we may strengthen the Law's language pertaining to local wellness policies to ensure all schools, and ultimately all students benefit from these plans.

As Congress works to reauthorize child nutrition legislation this year to strengthen school nutrition programs, it is clear we must work with state and local school districts to further address the important and complex issue of childhood obesity by supporting programs under current law that promote nutrition education and physical

activity at the state and local level; implementing programs with proven results in improving health outcomes; and targeting those children who are at the greatest risk.

I hope that this Committee and Congress will continue to examine this issue very closely. I look forward to working along with my colleagues at the federal level, as well as the state and local level to do our part in the battle against childhood obesity.

Thank you for allowing me to testify today.