

**Testimony of**

**Kristin Roberts  
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**Joint Public Hearing on Bill 18-564, the “Healthy Schools Act of 2009”**

**Committee on Government Operations and the Environment and  
Committee of the Whole**

**Council of the District of Columbia**

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Chairman Gray, Councilmember Cheh and members of the committees, I appreciate the opportunity to provide testimony today about the Healthy Schools Act of 2009. My name is Kristin Roberts and I am a nutrition associate at D.C. Hunger Solutions, an initiative of the Food Research and Action Center. D.C. Hunger Solutions works to create a hunger-free community and improve the nutrition, health, economic security, and well-being of low-income District residents.

D.C. Hunger Solutions applauds the Healthy Schools Act of 2009 – we are excited about its potential to make the District’s school meals programs the best in the country.

D.C. Hunger Solutions strongly supports the provisions of the Healthy Schools Act that strengthen and improve the nutrition quality of school meals. We enthusiastically support increasing fresh, high-quality food – the kind of food our children deserve and desire – in the schools meals District children eat every day. We also think that the Healthier US School Challenge Gold Level standard is a great goal for the District to pursue, and we encourage the Council to adopt the these standards as the nutrition-enhancing provisions of the Act.

As just several reasons to embrace the Healthier US School Challenge: healthy school food is a key prong of the First Lady's *Let's Move* initiative to end the epidemic of childhood obesity within a generation; Let's Move touts the Healthier US School Challenge standards as "rigorous;" and DCPS has said it already is able to meet the Challenge's Gold Level by August 2010. Furthermore, the DCPS Local Wellness Policy nutrition guidelines for vending machines (Healthy Vending Policy) and a la carte items already are very similar to the HUSSC criteria for competitive foods, setting up a relatively easy transition to the HUSSC criteria.

However, I emphasize today that although there is room for improvement in our school breakfast and lunch programs, school meals already are not only an essential anti-hunger tool, but a reliable, proven health and nutrition intervention -- participation in school breakfast and school lunch *reduces*, not increases, children's risk for obesity.

As you will see in the brief attached to my testimony, peer-reviewed research demonstrates that increasing participation in school meals not only reduces childhood hunger, but also improves children's diets.<sup>1</sup> Research indicates that school meal participants are less likely to consume "competitive foods" at school, less likely to have nutrient inadequacies, and more likely to consume fruit, vegetables, and milk at breakfast and lunch.<sup>2</sup> Regarding obesity, a recent study concluded: "We also find that subsidized meals at school or day care are beneficial for children's weight status, and we argue that expanding access to subsidized meals may be the most effective tool to use in combating obesity in poor children."<sup>3</sup> And perhaps most convincing, increasing participation in the federal nutrition programs is one of the healthy eating and physical activity strategies recommended in the Institute of Medicine's report *Local Government Actions to Prevent Childhood Obesity*.<sup>4</sup>

As we improve the nutrition quality of school breakfast and lunch, we must ensure access to these meals with already-proven benefits for all students, especially children from

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<sup>1</sup> See FRAC Issue Brief, "How Improving Federal Nutrition Program Access and Quality Work Together to Reduce Hunger and Promote Healthy Eating." Available at: [http://www.frac.org/pdf/CNR01\\_qualityandaccess.pdf](http://www.frac.org/pdf/CNR01_qualityandaccess.pdf).

<sup>2</sup> *Id.* at p. 2.

<sup>3</sup> Kimbro & Rigby, 2010. Available at: <http://content.healthaffairs.org/cgi/content/abstract/29/3/411>

<sup>4</sup> Institute of Medicine, 2009 (a). *Local Government Actions to Prevent Childhood Obesity*.

low-income households. With astonishing numbers of District children experiencing hunger (over the 2008-2009 period, a full 40% of District households with children could not afford enough food) at the same time that we see high childhood obesity rates, increasing access to school meals makes sense, given their well-documented ability to reduce hunger, improve diets, and prevent obesity

And, quite simply, if we enhance school meal nutrition without expanding access to and participation in meal programs, thousands and thousands of children will miss out on the potential nutrition and overall health benefits of improved meals. As one specific measure to help improve access, D.C. Hunger Solutions recommends that schools be able to use the proposed 10 cents in local funding per breakfast meal (Sec. 204 (a)) to help cover start-up costs for breakfast in the classroom and other innovative meal service models that have proven nationally to dramatically increase participation.

In closing, D.C. Hunger Solutions encourages Council to keep in mind that hungry children cannot be healthy children.<sup>5</sup> The federal nutrition programs – including the school meals programs – play an important role in student nutrition and health. And although we need to do more to make the programs even stronger, the anti-hunger provisions – expanding access to school meals – are essential components of the Healthy Schools Act.

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<sup>5</sup> See FRAC brief “Hunger and Obesity? Making the Connections.” Available at: <http://www.frac.org/pdf/Paradox.pdf>.