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STATEMENT

OF

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ON BEHALF OF
THE NATIONAL ASSOCIATION OF SCHOOL NURSES

BEFORE THE

SENATE COMMITTEE ON AGRICULTURE, NUTRITION, & FORESTRY

CONCERNING

ASSESSMENT OF USDA FOOD ASSISTANCE AND CHILD NUTRITION PROGRAMS IN THE ECONOMIC DOWNTURN, PROMOTING HEALTH AND FIGHTING HUNGER

PRESENTED ON

DECEMBER 8, 2008

Supporting Student Success

Mr. Chairman, Mr. Chambliss, and Members of the Committee, my name is Carolyn Duff, and I am a practicing School Nurse at AC Moore Elementary School in Columbia, South Carolina. I am privileged to be here today representing the National Association of School Nurses (NASN) to speak about the critical importance of the USDA food assistance and child nutrition programs as they relate to the promotion of health and fighting hunger. I commend the Committee for bringing attention to the needs of school children at a time when there are so many pressing issues related to the downturn in our economy.

Through my testimony, I hope to relay to the Committee Members how school nurses have daily experiences with children who have severe nutrition issues. I will share stories from my own practice where I have served elementary school children and their families for the past 12 years.

School nurses are serving students in 75 percent of the U.S. public schools. We know first-hand from NASN's nearly 14,000 members that school nurses are performing duties today that go well beyond what school nursing was like 30-40 years ago when health care costs were affordable, and school children with complex health needs did not come to school. School nurses do not simply wait in their offices for a sick child to appear; rather they provide health services for all the students, but especially for the uninsured. They also provide health education, with special attention to nutrition and obesity. They serve children with chronic conditions which previously were extremely rare in children, such as type-2 diabetes, heart disease, high blood pressure, and food allergy.

In South Carolina, the majority of students meet the eligibility requirements for USDA's nutrition programs. In my school, over 50 percent of the students receive free or reduced meals at school. Given the country is in the middle of a recession, the number of eligible children is expected to increase in the coming school year. Unfortunately, children in poor families suffer in many ways at home. More and more of the "working poor" are entering the ranks of the "unemployed impoverished and homeless families." This reality is precisely why the USDA breakfast and lunch programs are essential in curbing the hunger of school children. Not only do the programs assist with the economic difficulties of poor families, they are part of a prevention strategy and effort to protect the health of children. Prevention is the positive, logical, and cost beneficial approach to achieve education goals and to prevent chronic diseases.

The history of providing free or reduced meals to school children dates back to the early part of the 20th century. Military leaders recognized that young men seeking enlistment were physically unfit, and researchers documented the connection between proper and sufficient feeding of children with ability for physical and mental work. The Provision of Meals Act was passed in England in 1905. In the United States, legislators addressed the lack of nutrition among youth by permanently authorizing the lunch program through the National School Lunch Act in 1946. The issues are a bit different now. Expanded USDA programs have become a literal lifeline for millions of children.

Currently, the National School Lunch Program is serving nutritious meals to more than 28 million children and the School Breakfast Program is reaching more than 8 million children daily. The meals eaten at school are meals that they can count on. In contrast to the students who pay full price for lunches, students on assistance are generally so hungry that their plates are clean when they finish. We have to ask ourselves, what would our schools be like if these children did not receive these vitally important meals?

Many of the families I work with are often from single-parent households. Usually the parent is a young and uneducated mother who struggles to make ends meet. Their lives are chaotic, and the things that most of us here take for granted, like transportation, child care, supportive extended families, a regular paycheck, and access to health care are simply not there for them. They depend on school meals to feed their children.

One young mother comes to mind, Ms. J. She has two children, a boy in first grade, and a girl in second grade. I'll call them Dan and Dora. The family is homeless. The children cannot ride the bus to school because they have no address, and where they slept last night will not be the same place where they will sleep tonight. Last week, Dora brought her brother to me because he was crying inconsolably. I thought he had a fever since his face was so red. When I calmed him, he told me that he was crying because he missed breakfast. Dora explained that mother overslept and hurried them to school, but the cafeteria had already closed. She said that all they had eaten since lunch at school the day before was some chips at their cousin's house. Clearly the Jones children are not eating many full meals outside of school.

Now I'd like to tell you what I see routinely when students are **not** part of the meals program. Many students who visit my health office mid-morning are sent by teachers because the students are sleeping in class, with their heads on desks. The first question I ask is, "What did you have for breakfast." Usually the answer is "nothing."

That is the answer I got one morning from a fourth grade boy, I'll call John. John said he gets himself off to school in the morning, because his Dad, a single parent, goes to work very early. John walks to school, but is supposed to eat at home. I gave John a snack, but I also called John's Dad to let him know that John fell asleep in class. I suggested breakfast at school, but Mr. John said he lost the form for free meals. I sent a new one home, but never got it back. John told me his Dad really did not want him to eat at school. I called Mr. John again, and asked if I could fill out the form for him over the phone. He gave me the information, and I sent the form home for his signature. I believe Mr. John cannot read. He was not going to tell me that, but he was grateful, I think, that I figured it out. His son is a much more energetic and attentive student now.

Nutritious meals eaten at school not only help the children in their academic performance, but also insure that students have the energy to perform in physical education classes. School nurses have a critical role in teaching about and providing healthy food choices and teaching skills and knowledge to motivate participation in lifelong physical activity. Nutrition and physical activity are key components of school wellness plans directed to academic achievement.

A logical school connection that should have further exploration is the requirement for school wellness policies and the vitally important child nutrition programs. Since the Child Nutrition and WIC Reauthorization Act of 2004, all school districts are required to have local school wellness policies. Without the federal commitment to food assistance, wellness plans could not be fully implemented. I, like many school nurses throughout the country, am the lead person in the school for development and implementation of the wellness policy. Improvement of student nutrition through school meals and foods sold outside of meals is a critical part of our policy, and NASN recommends that school nurses serve on school wellness policy committees. The child nutrition and learning link must be considered, if wellness is the goal.

School nurses have a public health perspective and know well that prevention of chronic illnesses such as cardiovascular disease and diabetes must begin in childhood to be efficacious. We identify at-risk students through periodic assessments, and then we intervene through referrals to connect students to health services and to educate students and parents about nutrition and the availability of school meals assistance. I have a new kindergarten student this year. I will call her Connie B. I discovered during a health assessment that she has a BMI of 99.5 percent - the top of the obese range. Just walking up a short flight of stairs causes her to be out of breath. She has four very deep cavities in her teeth, and she has dark pigmented skin folds at the back of her neck, a condition called acanthosis nigracans. Acanthosis nigracans is a reliable predictor of hyperinsulinemia, an over production of insulin and a known precursor to type-2 diabetes, previously only known to occur in adults. This little girl is **only five years old**. She will have a very short and poor quality of life if something is not done now.

I spoke with her mother and found that she has not been to the doctor for awhile because her Medicaid "ran out." In other words, the mother did not complete the annual renewal process. Mrs. B, a single mother, said she has three children younger than Connie, including a four year old who is severely autistic and who takes up most of her time. She said she cannot easily take the children for health visits and has a very hard time doing most household duties, including cooking regular meals. She said she wishes that Connie was not "so fat."

I later met with Ms. B, who is also obese. I explained services available through the school. Using a partnership with a local hospital, we re-established Medicaid coverage and the family is now receiving other necessary medical care. I helped her complete the meals assistance application and encouraged Ms. B to allow Connie to eat breakfast at school where meals are carefully planned and nutritionally balanced. I hope Connie will stay at my school for six years so that I can see her progress toward improved health status as she eats a more nutritious diet and grows into her weight. The free school meals will be key in her health care plan.

My school nursing practice has shown me that hunger and obesity should be addressed jointly. It has been estimated that nationwide 12.6 million households are "food insecure." Within those households are 12.4 million children who lack access and

resources to obtain enough food for an active, healthy life. Obesity has become an American epidemic; however, low income people are especially vulnerable to obesity, due to the additional risk factors associated with poverty, such as high levels of stress and poor access to health care.

According to the Food Research and Action Center, the USDA child nutrition programs play a dual role fighting both hunger and food insecurity, as well as providing nutritious foods on a regular basis. These programs also free up resources for low-income families to purchase food for meals served to children at home. A recent study found that school-age girls in food insecure households had a significantly lower risk of being overweight if they participated in any or all of the federal nutrition programs.

Longstanding and ongoing research in the area of nutrition and learning informs 21st century policymakers that the link between nutrition and academic achievement is evident and strong. Schools should be responsive to the evidence and provide all students with highly nutritious meals at school regardless of their ability to pay. Ninety-seven percent of school-age students attend school, and clearly, there is no better way to insure that children in poverty get fed foods they need to thrive and grow than to provide meals assistance and well-planned, nutritious meals at school. As a school nurse, my most important role is to support children in any way that will insure that they are in school everyday and ready, even eager, to learn. Teachers and school nurses know from experience that **healthy children learn better**!

Conclusion

Poverty and hunger are not "hidden problems" in schools. School nurses work hard to identify students who have unmet health care needs due to financial hardships. From a school nurse perspective, having access to lists of students on free and reduced meals has nothing to do with "labeling" students. Rather, it is a way for us to "flag" students and families who most likely need access to other social and health services. School meals assistance is an important component of overall public health services. School health services, which are provided by school nurses, connect children to medical homes and provide assistance with Medicaid or SCHIP applications. On a local basis, participation in health partnerships takes place so that free services to the uninsured are provided. The foundation for a more cost effective public health system that allows for case management of chronic health conditions, as well as the basic direct preventive and emergency care services, often begins with school nurses meeting the needs of children. School meals insure that students have the basic physiological sustenance in their bodies and brains to enable them to learn. School meals, combined with the other many health and social services that school nurses attend to, definitely enhance our ability in school systems to educate students and to consistently remove obstacles to the development of a healthy and educated society.

Speaking on behalf of NASN, I appreciate the opportunity to share daily experiences in my practice and what school nurses know about the important role food assistance in schools plays in the lives of children and their families. Our Association is happy to

assist the Committee further as it addresses the economic downturn and also begins working with the other Senate Committees on reforming the nation's health care and education systems.