

**TESTIMONY OF WES RIVERS, POLICY ANALYST
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**At the Public Hearing on B20-407, the “Healthy Tots Act of 2013”
Committee on Education
December 11, 2013**

Chairman Catania and other members of the committee, thank you for the opportunity to testify today. My name is Wes Rivers, and I am a Policy Analyst the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with an emphasis on policies that affect low- and moderate-income residents.

I am here today to testify in support of the Healthy Tots Act of 2013. DCFPI believes the Act could increase participation of DC’s smaller early childhood development centers in the U.S. Department of Agriculture’s Child and Adult Care Food Program (CACFP) and improve early childhood health outcomes through healthier meal standards and increased physical activity. We also offer a few questions for the Council’s consideration to ensure the implementation of this legislation is successful.

Childhood health problems related to lack of nutritious meals and physical activity are prevalent in the District. About 14 percent of DC’s low-income preschoolers (children ages 2-4) and 15 percent of teens are obese.¹ While teen vegetable consumption is slightly above the US average, only 28 percent of DC teens engage in regular physical activity – compared with 50 percent nationally. Early childhood access to nutritional meals and physical activity could improve outcomes and behaviors among teens, with the hope that those habits would continue as they become adults. Moreover, the Centers for Disease Control recommend nutritious meals as a way to improve cognitive ability and academic performance among students.²

The Child and Adult Care Food Program (CACFP) is one platform to improve these outcomes among young children. CACFP is a federally funded food reimbursement program administered by the District’s Office of the State Superintendent of Education (OSSE). To be eligible for participation in CACFP, a sponsoring organization must be a licensed or approved child care provider or a public or nonprofit private school which provides organized child care programs for school children outside of school hours. According to the Food Research and Action Center (FRAC), the majority of CACFP participants are preschool-aged children and 87 percent of family child care homes considered to be providing quality child care participate in CACFP.³

¹ DC Health Matters Community Dashboard. Low Income Preschool and Teen Obesity (2007-2009).
<http://www.dchealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=index>

² <http://www.cdc.gov/healthyouth/npao/strategies.htm>

³ <http://frac.org/federal-foodnutrition-programs/child-and-adult-care-program/>

The Healthy Tots Act improves the nutritional standards of meals served in childhood development centers, and it provides an additional \$0.10 meal reimbursement for participation in CACFP and \$0.05 for serving locally grown and unprocessed meals at breakfast and lunch. The bill also would provide grants that support increased physical activity, farm-to-preschool programming, and gardens. The agency would also develop standards for nutrition of meals, age-appropriate physical activities, wellness plans, and training for centers.

DCFPI believes that this voluntary incentives-based approach could help more providers participate in CACFP and increase local food consumption. Additional local reimbursement can help those centers already participating in CACFP enhance the nutritional value of their menus and can make CACFP more enticing for small providers who are not yet participating. Grants will also help cash-strapped providers make the necessary start-up investments needed to build a garden or farm-to-preschool program.

However, to make Healthy Tots successful, some clarification and provider input is needed. Here are a few questions that the Council, OSSE, and the provider community should consider before moving forward:

- **Are the incentives high enough to attract smaller providers to CACFP or to improve the nutritional value of meals served by CACFP providers?** The Healthy Tots Act provides for an additional local reimbursement rate of \$0.10 per meal for breakfast and lunch served by CACFP participating providers. If a provider serves 100 meals a day, that is an incentive of \$10 per day or \$50 per week. Council and OSSE should consult with smaller providers to see if these price points are high enough to incentivize participation in the program. Data collection on actual food expenditures per meal at childhood development facilities could help show what marginal effect the additional reimbursement may have.
- **What barriers already exist for participation in the Child and Adult Care Food Program?** Low reimbursements are one barrier to participation, but there may be others. Child development centers can join the Child and Adult Care Food Program if they have the administrative capacity to do so, but it may be hard for some small providers with just one or two staff. Larger providers can sponsor small centers to help alleviate the administrative burden, but if no sponsor is available, it may be infeasible for a small center to take on the administrative load, even with additional reimbursement. Beyond the financial incentive, how can Healthy Tots alleviate other barriers to participation?
- **Does OSSE have the capacity to provide technical assistance, training, outreach, and monitoring of this program?** Providers will need OSSE's assistance in implementing new nutritional standards and best practices for age-appropriate physical activity. Centers will need OSSE to liaise with the Department of Parks and Recreation to attain joint-use agreements for parks and play spaces. OSSE will also have to promote and educate providers about the new program to increase participation. Finally, even with monitoring built into the child care program licensure process, OSSE will have to devote more resources to ensure compliance. Therefore, the Council should consider the capacity and resources OSSE will need to successfully administer and monitor the program.

DCFPI believes that the Healthy Tots Act could substantially improve access to nutritious meals for young children, and improve health and developmental outcomes for later life. We hope you take these questions into consideration and we look forward to working with the Council and OSSE to advance these goals.

Thank you for the opportunity to testify, and I am happy to answer any questions.