



FOOD JOURNAL

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RAISING FUNDS AND AWARENESS FOR PREVENTING HUNGER

Thirteen million children in the United States are hungry or at risk of hunger. To change that, *PARADE* magazine and Share Our Strength, a leading hunger-relief organization, are presenting the second annual Great American Bake Sale™ in the effort to end child hunger in America.

PARADE launched the Bake Sale with a national cover story this month. The program continues through July 25, 2004. During this time, all Americans are encouraged to register at www.greatamericanbakesale.org and participate by hosting a Great American Bake Sale in their communities. All funds raised will be donated to Share Our Strength, which will then make grants to innovative nonprofits fighting child hunger in the United States.

"Food is a basic right for every American child," says Bill Shore, Director of Share Our Strength. "This is the wealthiest nation on earth, and we have the resources to wipe out child hunger in our time. All it takes is the political will to make the welfare of children one of our nation's top priorities."

PARADE writer David Oliver Relin traveled across America talking to families who must cope with hunger. Sandra Maller, 42, of Portland, Oregon, has had to use the services of a food bank for the first time in her life after being

laid off from a computer job. "I never thought I'd be standing here," she says. "It kind of makes you feel depressed and worthless. But I have to do whatever it takes to feed Matthew (her 11-year-old son)."

More than 350,000 Americans participated in The Great American Bake Sale in 2003, raising approximately \$1.2 million. Some of the grantee organizations to benefit from those funds include the Greater Chicago Food Depository, North Texas Food Bank in Dallas, the California Food Policy Advocates in Los Angeles, East Side Neighborhood Services in Minneapolis, New York City's Community Food Resource Center, The Greater Philadelphia Food Bank and the Capital Area Food Bank in Washington, D.C., to name just a few.

The ABC Television Network's Friday night "TGIF" comedy line-up ("George Lopez," "Hope & Faith," "The Big House" and "Life With Bonnie") and its stars brought additional awareness to The Great American Bake Sale and the issue of child hunger in America in episodes that aired on Friday, April 9, beginning at 8 p.m., ET. In addition, as part of ABC's community outreach campaign, "A Better Community," a series of public service announcements will air on the Network and its affiliates through July 2004.

ABC's TGIF stars are George Lopez, Constance Marie, Valente Rodriguez, Masiela Lusha, Luis Armand Garcia and Belita Moreno ("George Lopez"); Faith Ford, Kelly Ripa, Ted

McGinley, Nicole Paggi, Macey Cruthird and Paulie Litt (“Hope & Faith”); Kevin Hart, Faizon Love, Arnetia Walker, Yvette Nicole Brown, Aaron Grady and Keith David (“The Big House”); and Bonnie Hunt, Mark Derwin, Charlie Stewart, Frankie Ryan Manriquez, Holly Wortell, Chris Barnes, Marianne Muellerleile, Anthony Russell and David Alan Grier (“Life With Bonnie”).

This national fundraising program is made possible through the sponsorship support of ABC Television Network, Betty Crocker baking products and Tyson Foods, Inc.

This year, four prestigious community organizations – Youth Service America, Points of Light Foundation, The National Council of Churches, and Retired and Senior Volunteer Program Directors – will involve their networks of volunteers and lend their many resources to help further The Great American Bake Sale cause.

To register, get more information, recipes and ideas and tips on holding a bake sale, please visit the official site of The Great American Bake Sale at www.greatamericanbakesale.org.

CHILD NUTRITION REAUTHORIZATION PASSES THE HOUSE

Congress is currently “reauthorizing” (examining, reshaping and determining the multi-year funding of all the child nutrition programs) School Breakfast and Lunch, WIC, the Summer Food Service Program, and the Child and Adult Care Food Program. On March 24, 2004, the House of Representatives approved, by an overwhelming bipartisan majority (419-5), its child nutrition reauthorization bill, The Child Nutrition Improvement and Integrity Act (HR 3873). This bill, which was reported out of the

Education and Workforce Committee by a 42-0 vote on March 10, will expand the availability of nutritious meals to more children in school, in programs outside of school hours, and in child care.

The bill makes vital improvements in the nutrition programs, such as:

- expanding successful paperwork reduction pilots in the Summer Food Program that have already resulted in more low-income children receiving nutritious meals during the summer months;
- extending eligibility for snacks and meals to children in homeless and domestic violence shelters up to the age of 18;
- making it possible for more low-income children from military families to receive free and reduced price school meals;
- allowing for-profit child care centers that serve significant numbers of low-income children to participate in the Child and Adult Care Food Program;
- providing migrant children with automatic eligibility for free school meals;
- creating new ways to improve the nutrition environment in schools; and
- making the application process for school meals easier for many low-income families.

According to the Food Research and Action Center (FRAC), an advocacy organization for nutrition programs serving the low-income, the bill will provide greater access to important child nutrition programs for many low-income children. This will translate into more hungry children becoming better nourished and ready to learn. FRAC is calling upon the Senate to follow suit as soon as possible with similar positive action on the child nutrition programs, including additional improvements, in order to ensure that low-income children and their families can benefit from the provisions in this child nutrition bill.

VIDEO GAMES LINKED TO CHILD OBESITY

Despite conventional wisdom, simply watching television is not related to a child's weight, but playing video games may be, new research indicates. "Children with higher weight status spent moderate amounts of time playing electronic games, while children with lower weight status spent either little or a lot of time playing electronic games," say Elizabeth A. Vandewater, Ph.D., and colleagues at The University of Texas at Austin in the *Journal of Adolescence*.

"Moderate" play, while it sounds benign, can have a great impact, given the large number of American children who play electronic games. The researchers surveyed 2,831 children age 1 to 12, recording media habits of the children and calculating their body mass index (BMI), a ratio of height to weight that indicates how fat or thin a person is.

"While both television and video game play can reasonably be considered sedentary activities, video game play was related to children's weight status while television was not," she says. "This may mean that video game play, but not television use, is indeed displacing the time children spend in more physically demanding pursuits."

How might viewing the tube lead to overweight children? One long-standing view could be called the "couch potato hypothesis" where kids sit, immobile, watching a screen instead of playing sports. A second view ties TV watching to eating, either through a barrage of ads (mostly for food) or because children snack while watching. Vandewater says she finds the persistence of the view that watching television makes kids fat puzzling, given much research to the contrary. The connection between obesity and the television screen is weak, she says. In her study, children with higher BMIs seemed to play video games moderately but read or used computers for non-game purposes either very little or a lot more than those with a lower BMI. The heavier children spent more time in sedentary activities

than thinner kids did, but they did not spend any more or less time being moderately or extremely active. Children with lower BMIs, on the other hand, used print or computers for non-game purposes moderately, and video games either more or less than their heavier peers. Their weight status also bore no relation to their activity levels.

The relationship of weight to activity might seem paradoxical. That heavier children were more sedentary makes some sense, but that they were just as active as thinner children doesn't. Yet Vandewater found no connection between weight and activity. She suggests that while they spend more time sitting down, heavier kids may also become more active at other times in an attempt to lose weight. That would equalize activity levels in high and low BMI groups.

Vandewater cautions that the study reflects an association of factors, not causes. For instance, she found that electronic game use was connected to weight among girls but not among boys. That doesn't mean that playing games made these girls heavier. It may be that overweight girls turn to electronic media because they felt socially isolated.

For children as well as adults, media fills up free time, she says. Overweight children are more sedentary and have fewer friends and may simply find themselves with more free time on their hands. This implies that media use is a result of obesity, rather than the other way around.

"It would be wonderful if there were a quick and easy solution to the problem of obesity in American youth," Vandewater says. "Unfortunately, the data available to date do not support the notion that turning off the television or unplugging the video game console amounts to a 'magical bullet' which will reduce the prevalence of childhood obesity."

For additional information, go to ScienceDirect online at www.sciencedirect.com/science/journal/01401971.

GRANTS FOR RURAL SUMMER FOOD EQUIPMENT AND VEHICLES

Operating the Summer Food Service Program in rural areas is a tremendous challenge, often due to the lack of resources to transport children and/or food over long distances during the summer. Here is a potential source of funding for equipment and/or vehicles in rural areas: U.S. Department of Agriculture's (USDA) Community Facilities Grant Program is designed to develop essential community facilities, including public buildings, kitchen equipment and high-occupancy vehicles, in rural areas and towns of up to 20,000 in population. Based on the availability of grant funds, applicants located in small communities with low populations and low incomes are most likely to receive grants.

Applications are filed with the USDA Rural Development field offices. Detailed information and applications are available through Rural Development State Offices.

To find the closest office to you, go to www.rurdev.usda.gov/tx/officeinfo.htm.

POOR DIET AND LACK OF EXERCISE IS A LEADING CAUSE OF DEATH

About half of all deaths in the U.S. can be attributed to largely preventable behaviors and exposures, with tobacco use and poor diet/physical inactivity accounting for the majority of preventable deaths, according to a study in the 03/10/04 issue of *The Journal of the American Medical Association (JAMA)*.

The researchers found that the leading causes of death in 2000 were tobacco (435,000 deaths; 18.1 percent of total U.S. deaths), poor diet and physical inactivity (400,000 deaths; 16.6 percent), and alcohol consumption (85,000 deaths; 3.5 percent). Other actual causes of death were microbial agents (i.e., influenza and pneumonia, 75,000), toxic agents (exposure to pollutants, asbestos, etc., 55,000), motor vehicle crashes (43,000), incidents involving firearms (29,000), sexual behaviors (20,000), and illicit use of drugs (17,000).

To view the press release online, go to www.eurekalert.org/pub_releases/2004-03/jaaj-pda030404.php.

CHILD WELL-BEING MEASURED

The Brookings Institution, in cooperation with the Foundation for Child Development and Duke University, released a new index of child well-being, which assesses trends in seven quality-of-life areas for children from 1975 to 2002. Although children are safer than they were 30 years ago and teenage birth rates have substantially declined, more children are obese, living in poverty, and attempting suicide than in 1975. Overall, the study found that:

- Children's well-being has improved five percent over the past quarter century;
- Some domains of well-being, such as child safety and material well-being, have improved dramatically, but other domains, such as living with a single parent and child health, have declined;
- Child obesity has skyrocketed and now poses a major threat to children's health, one of the study's most troubling conclusions;
- The 1980s were a dangerous time for children, during which their well-being declined substantially, due in part in to changes in the structure of the economy and the American family.

For additional information, visit www.brookings.org/comm/events/20040324.htm.

TEXAS RESEARCHER NOTES DIABETES ON THE RISE IN CHILDREN

Ranjita Misra really hates having to give parents something new to worry about, but the Texas A&M University health researcher says parents, especially minority parents, now need to be concerned about Type II or adult-onset diabetes.

“Childhood obesity and diabetes is a very new area. We did not have this problem a few years ago. Consequently, patients, health providers and family members are at a loss as to how to deal with the situation,” Misra notes. Both diabetes and obesity among children has reached epidemic proportions as the fast-food restaurants are geared mostly to children and families. However, in recent days, the fast-food industry has made headlines by modifying their menus to be healthier.

One example of the problem she cites is from a colleague who reported the case of an obese five-year-old diagnosed with Type II diabetes, a disease that previously had a typical age of onset in the early 40s. “This child cannot understand diabetes or its consequences,” she adds. The longer one has diabetes, the greater the physical damage it causes. Misra says diabetic patients are expected to be aware and educated about good nutrition, physical activity, knowledge of the disease and its complications and disease management mainly through regular blood tests and medications, all difficult things for a young child to comprehend or learn.

Misra, who specializes in minority health disparities, has conducted extensive research on diabetes. In one of her recent publications in the “Journal of the National Black Nurses Association,” on Type II or adult-onset diabetes, she has shown that management of the disease is complex and difficult even for adults. The disease is the fifth leading cause of death in America with a greater burden among the minority populations. For African-Americans and Lati-

nos/Hispanics, the incidence of the disease is 1.5 and 1.6 times higher than non-Hispanic whites respectively.

How has this happened in our society and how do parents deal with it? There are too many factors to name them all. They include parents with busy lifestyles who no longer have time to participate in outdoor activities with young children. Also busy parents have resorted to the option of relying too much on fast food as a source of regular meals for themselves and their families which in turn leads to many health problems. Added to these factors is the fact that children are not as safe playing outdoors as they once were, so they stay in more often and watch TV or play video games. There also is the perception that eating healthy is more expensive. For some lower-income families, eating burgers and fries from the dollar menu during a busy day pleases the whole family, but that can lead to problems. “For example, a large burger, fries and a soda can be as much as 1,500 to 1,800 calories in one meal when the daily calorie intake for an adult should be around 2,000,” Misra points out. She adds that a good portion of those fast-food calories come from sugar or fat because these are the ingredients that make food “tastier” and more enticing to the palate. So she believes the food industry must bear some responsibility for portion sizes and fat and sugar content and she is pleased to see that some fast food chains have taken the initiative by providing healthy alternatives.

Misra hopes that parents would first opt for healthier meals for themselves for their own sake but also as a way of setting an example to their children to demonstrate the virtues of eating healthy. After all, children being children, they cannot be expected to make “healthy choices” and it is incumbent upon the parents to make such choices for them. This can range from avoiding fast food altogether or making changes in their preferences.

Healthy foods are not necessarily expensive if

one were to make intelligent choices and adjustments in their dietary preferences. When it comes to children, good habits can be imbedded in kids by giving them smaller portions, and by cutting them into smaller pieces or different shapes so as to make it more enjoyable and fun.

Children who become diabetic also have to deal with peer pressure. They find diet choices confusing, and being different when it comes to picking out foods in the cafeteria can be an ordeal. "Young children are honest to the point of rudeness and being pointed out as different can be hurtful or damaging to their self-image," Misra adds.

For diabetic children, Misra says this can result in high-risk behaviors. She says they will eat foods they should avoid just to be part of the group and adds that young children and teens tend to think of themselves as invincible.

Health care providers must also get more involved, Misra says. They must work harder to educate parents, especially minority parents, on healthier diets and advise them on how to encourage their children to be more active. Type II diabetes in children most often occurs during mid-puberty as changes in hormone levels during this period cause insulin resistance and decreased insulin action and parents need to be aware of this information.

Misra believes parents, schools, health providers and the food industry must begin working together to decrease the number of children who are obese and in danger of becoming diabetic. "An overweight five-year-old with adult-onset diabetes is a warning we all should heed. Our children are in trouble and its time for our society to do something about it."

To view the press release, go to www.eurekalert.org/pub_releases/2004-03/tau-col031204.php. For more information about diabetes in children, go to www.childrenwithdiabetes.com/d_on_d00.htm.

FEDERAL REGISTER

- **U.S. Department Of Agriculture (USDA), 03/19/04, p. 12981.** USDA, Food and Nutrition Service (FNS) proposes to amend Food Stamp Program (FSP) regulations to implement Food Stamp Employment and Training (E&T) Program provisions of Section 4121 of the Farm Security and Rural Investment Act of 2002 (the Farm Bill). USDA proposes to establish a reasonable formula to allocate 100% of Federal funds authorized under the Farm Bill to carry out the E&T Program each fiscal year (FY). USDA further proposes to implement the Farm Bill provisions that make available up to \$20 million a year in additional unmatched Federal E&T funds for State agencies that commit to offer an education/training or workfare opportunity to every applicant and recipient who is an able-bodied adult without dependents (ABAWD) limited to three months of food stamp eligibility in a 36-month period (three-month time limit) and who would otherwise be terminated. The new provisions would eliminate the current Federal cost-sharing cap of \$25 per month on the amount State agencies may reimburse E&T participants for work expenses other than dependent care. This rulemaking also proposes to implement Farm Bill provisions that expand State flexibility in E&T Program spending by repealing the requirements that State agencies earmark 80% of their annual 100% Federal E&T grants to serve ABAWDs; they meet or exceed their FY 1996 State administrative spending levels to access funds made available by the Balanced Budget Act of 1997; and the Secretary be given the authority to establish maximum reimbursement costs of E&T Program components. Comments must be received on or before 05/18/04. The FNS invites interested persons to submit comments on this proposed rule. Send comments to Michael Atwell, FSP, FNS, 3101 Park Center

Drive, Room 810, Alexandria, Virginia, 703/305-2449; E-Mail: Send comments to fsphq-web@fns.usda.gov; FAX: Submit comments to 703/305-2486. Federal eRulemaking Portal: Go to www.regulations.gov and follow the online instructions for submitting comments. For further information, contact Michael Atwell at 703/305-2449, or via the internet at michael_atwell@fns.usda.gov.

- **USDA, 03/29/04, p. 16226.** This Notice announces USDA's annual adjustments to the Income Eligibility Guidelines to be used in determining eligibility for free and reduced price meals or free milk for the period from 07/01/04 through 06/30/05. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program (and Commodity School Program), School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program and Summer Food Service Program. The guidelines are intended to direct benefits to those children most in need and are revised annually to account for changes in the Consumer Price Index. The effective date is 07/01/04. For further information, contact Mr. Robert M. Eadie, at 703/305-2590.
- **USDA, 03/29/04, p. 16229.** USDA announces adjusted income eligibility guidelines to be used by State agencies in determining the income eligibility of persons applying to participate in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). These income eligibility guidelines are to be used in conjunction with the WIC Regulations. The effective date is 07/01/04. For further information contact Debra Whitford at 703/305-2746.
- **Department of Health and Human Services (HHS), 04/05/04, p. 17680.** HHS, Office of Community Services (OCS) announces the availability of Community Food and Nutrition

Program (CFNP) Discretionary Grants. The Community Services Block Grant (CSBG) Act, as amended, authorizes the Secretary of Health and Human Services to make funds available under several programs to support program activities that will result in direct benefits targeted to low-income people. The main objective of the CFNP is to link low-income people to food and nutrition programs. Grant funds are provided to: (1) Coordinate private and public food assistance resources, wherever the grant recipient involved determines such coordination to be inadequate, to better serve low-income populations; (2) assist low-income communities to identify potential sponsors of child nutrition programs and to initiate such programs in underserved or unserved areas; and (3) develop innovative approaches at the State and local level to meet the nutrition needs of low-income individuals. The OCS views this program as a capacity building program, rather than a food delivery program and encourages eligible applicants with programs addressing obesity to submit applications. Eligible applicants with programs benefiting Native Americans and migrant or seasonal farm workers are also encouraged to submit applications. Faith-based and community-based organizations reaching underserved populations are also eligible to apply. The due date for receipt of applications is 06/04/04. For full details about application requirements, view the entire register notice at www.gpoaccess.gov/fr/index.html.

The Food Journal welcomes your comments and ideas for stories. To contact us, please call 462-2555 ext. 203, or e-mail comments and suggestions to foodjournal@tacaa.org.



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