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IN 2005, SCHOOL BREAKFAST SEES BIGGEST ANNUAL JUMP SINCE 1995

Participation in the nation's School Breakfast Program (SBP) rose by more than 378,000 low-income children in the 2004-2005 school year, the largest increase since the 1994-1995 school year, according to the annual School Breakfast Scorecard released by the Food Research and Action Center (FRAC).

A record 7.5 million children received free or reduced price breakfast each day, a 5.3% increase in the number of low-income children eating breakfast at school compared to the prior year. Since 1990, the number of low-income students receiving free or reduced price breakfasts has more than doubled. The total number of children participating, including more affluent children who paid for their own breakfasts, was also a record number — 9.2 million.

"The acceleration of growth in participation is good news," said FRAC President James Weill. "When kids eat school breakfast, they are better off, their families are better off, their teachers are better off, and their schools are better off. There's less hunger and better student achievement and health."

In order to assure that the most children are eating school breakfast, the first critical step is to get more schools to offer breakfast. In 2004-2005, more than 4 in 5 (81.1%) of the schools

that offered school lunch also participated in school breakfast, another record. Despite these gains, the program still reaches only 2 in 5 eligible children.

FRAC reported that almost 9.6 million low-income students who participate in school lunch go without school breakfast. Weill said, "No child should have to start the school day hungry to learn, but unable to do so because of a hungry stomach. The states and schools that are leaving millions of hungry children behind need to act now. And this is the perfect time, since Congress has told them to address student wellness problems this year."

SBP performance among the states varied widely. FRAC identified thirteen states (Oregon, West Virginia, Kentucky, Oklahoma, Mississippi, South Carolina, Texas, New Mexico, Vermont, Arkansas, Georgia, Louisiana, and North Carolina) that had the best results in 2004-2005 in reaching low-income youngsters with school breakfasts — each with more than 50 students in free or reduced price breakfasts for every 100 in free or reduced price lunches.

Making sure schools participate, conducting outreach, and connecting breakfast to local wellness policies are among strategies that can help increase breakfast participation, according to FRAC Senior Policy Analyst Randy Rosso, the principal author of the FRAC Scorecard. Those states with the lowest proportion of their schools

in the program generally have the fewest children in the program.

State laws pushing schools to participate can make a difference. In New Jersey, school breakfast participation jumped by 39.1%, thanks to a new state law mandating school breakfast in elementary schools where at least 20% of the students are eligible for free or reduced price lunches. The impact is expected to be even greater, as the mandate began to apply to secondary schools as well in September 2005.

Local school wellness policies are being developed in school districts across the nation in response to a new law requiring their implementation in the 2006-2007 school year. "The purpose of local wellness policies is to improve children's nutrition and prevent childhood obesity," said Lynn Parker, FRAC's Director of Child Nutrition Programs and Nutrition Policy. "Because the SBP contributes to the achievement of these nutrition and health goals, making school breakfasts available to all students and promoting their participation in the program are vital ingredients for all local wellness policies."

SBP funding is available on an entitlement basis to eligible public and private nonprofit schools and residential child care institutions. The federal government reimburses schools for all or part of the cost of every meal, depending on the incomes of participating children's families.

***For additional information, go to
www.frac.org***

OBESITY IN MIDDLE AGE LINKED TO HIGHER RISK OF HOSPITALIZATION AND DEATH IN OLDER AGE

Middle-age individuals without high blood pressure or high cholesterol levels but who are obese have an increased risk in older age for hospitalization or death from coronary heart disease (CHD), cardiovascular disease (CVD), or diabetes, compared to individuals of normal weight,

according to a study in the January 11 issue of the *Journal of the American Medical Association*.

Obesity adversely affects a large array of health outcomes, including CHD, other CVD, and diabetes mellitus, according to background information in the article. Obesity is also associated with established cardiovascular risk factors, particularly diabetes and elevated levels of blood pressure and serum cholesterol. However, controversies persist as to whether excess weight has additional impact on CVD outcomes beyond its effects on established risk factors. Direct evidence on this issue is limited. In clinical settings, patients sometimes ask if they still need to control their weight if their blood pressure and cholesterol levels are not high. Therefore, in light of the worsening obesity epidemic, further research is warranted to examine whether obesity carries additional risks in the absence or presence of other major risk factors.

Lijing L. Yan, Ph.D., M.P.H., Feinberg School of Medicine, Northwestern University, Chicago, and colleagues examined the relationship of body mass index (BMI) earlier in life with illness and death outcomes in older age (65 years and older) among individuals without and with other major risk factors at baseline. The Chicago Heart Association Detection Project in Industry study included 17,643 men and women aged 31 to 64 years, who were free of CHD, diabetes, or major electrocardiographic abnormalities at baseline (1967-1973). Average follow-up was 32 years.

In multivariable analyses that included adjustment for systolic blood pressure and total cholesterol level, the researchers found that the risk for CHD death for obese participants, compared with those of normal weight in the same risk category, was 43% higher for the low risk group and nearly 2.1 times higher for the moderate risk group. Compared to those of normal weight, obese individuals in the low risk group had a 4.2 times higher risk for CHD hospitalization; for the moderate risk obese group, the risk of CHD hospitalization was twice as high. Results were

similar for other risk groups and for CVD, but stronger for diabetes (low risk, 11 times increased risk for death and 7.8 times increased risk for hospitalization).

“In this predominantly white cohort who survived to age 65 years and older, persons who were overweight, and particularly those who were obese earlier in life (aged 31-64 years), had significantly higher risks of hospitalization and mortality in older age compared with persons of normal weight with similar other cardiovascular risk factors at baseline. Elevated risk was present for individuals both with and without other major cardiovascular risk factors (smoking, high blood pressure, and/or serum total cholesterol level) in young adulthood and middle age,” the authors write. “In general, relationships were qualitatively consistent for both sexes for both hospitalization for and mortality from CHD, CVD, and diabetes in older age.”

“Convincing evidence from our findings and other studies provides strong support for population-wide, multifaceted, primary prevention starting at young age of all major risk factors, including overweight and obesity, as a key element for the national effort to continue the progress already achieved toward ending the epidemic of CHD and CVD. The success of smoking cessation campaigns and national blood pressure and cholesterol programs can be used as models to combat and reverse the worsening obesity epidemic. The real challenge is to apply the extensive knowledge already gained in the practice of medical care and public health for the benefit of individuals and society,” the researchers conclude.

MAYORS REPORT ON HUNGER AND HOMELESSNESS

For the past 21 years, the U.S. Conference of Mayors has reported on the shortage of emergency services – food, shelter, medical care, income assistance and energy assistance – in the nation’s cities. New to the survey this year is

the impact of Hurricanes Katrina and Rita on hunger and homelessness.

Survey cities with evacuees from Hurricanes Katrina and Rita are particularly concerned that a lack of federal commitment to evacuees, many of whom reside in their communities, will eventually put a strain on already limited resources cities used for their pre-hurricane hunger and homeless populations. Survey cities also believe that the impact of Hurricanes Katrina and Rita will become more evident in 2006 as evacuees will continue to need social services, food, and housing. Further, cities say that the federal government’s policy for hurricane evacuees should be broadened to include readily available housing and social services to homeless populations that existed prior to the hurricanes.

Highlights of the survey also show that overall requests for emergency food assistance increased by an average of 12% over the past year with 76% of the 24 cities surveyed showing an increase. Additionally, 54% of the people requesting emergency food assistance in the survey cities were children and their parents, and 40% of the adults requesting food assistance were employed.

During the past year, requests for emergency shelter assistance increased by an average of 6% over the last year, with 71% of the survey cities showing an increase. The lack of affordable housing is considered the leading cause of homelessness by city officials.

Officials in 90% of the responding cities expect requests for overall emergency food assistance to increase during 2006; 86% expect that requests for emergency food assistance by families with children will increase during 2006. Officials in 93% of the cities expect that requests for overall emergency shelter will increase in 2006; 95% expect that requests by homeless families will increase in the same year.

The complete survey can be downloaded at www.usmayors.org.

**FOOD STAMP PARTICIPATION
LEVELS IN OCTOBER 2005
REFLECT STRONG HURRICANE
RELIEF RESPONSE**

In October 2005, food stamp participation rose to 27,575,192 people, 39,983 more than in September and 1,809,387 more than in August, largely due to the nutrition relief needed by victims of Hurricanes Katrina and Rita.

This was the seventh monthly caseload increase in the first ten months of 2005, and the non-Katrina/Rita states' data suggest growth occurred at a pace comparable to the earlier part of 2005 in the non-hurricane states.

For the year (October 2004 to October 2005) the caseload grew by 1.34 million people. Not counting Florida (whose October 2004 caseload was high because of the Disaster Food Stamp Program response to the 2004 hurricanes), the caseload in the other 49 states and District of Columbia grew by more than 2.5 million persons over the year.

Disaster Food Stamp Program Served Many Newly Needy

A positive feature of the Food Stamp Program is its ability to meet increased need, whether due to economic changes or disasters. Disaster Food Stamp Program information is available at www.frac.org/html/disaster/disaster_index.html.

Six states with large numbers of those affected by the hurricanes — Louisiana, Texas, Alabama, Mississippi, Georgia, and Arkansas — accounted for nearly 1.57 million of the increase since August, with more than 240,000 of the growth coming in other states.

Not reflected in the caseload figures was additional nutrition assistance provided to many regular food stamp households affected by the hurricanes. Many households already enrolled in the program received replacement allotments

to help cope with their food losses. Additional nutrition assistance also was provided to hurricane victims through the school meals programs, Child and Adult Care Food Program, and WIC Program.

The significant food stamp service to hurricane survivors was due to a combination of factors: the entitlement structure of the program which allowed it to respond quickly to deep and urgent need; strong leadership from political appointees and career officials at the U.S. Department of Agriculture; key efforts of state governments; efficiency of the Electronic Benefit Transfer delivery system; and outreach and advocacy by nonprofit groups.

Overall Trends

The number of people participating in the Food Stamp Program in October 2005 was 10.7 million more persons than July 2000, when program participation nationally reached its lowest point in the last decade.

Caseloads dropped through 1998 and 1999 as the economy improved. Caseloads then stabilized and began rising in 2000. Increases in participation since then likely have been driven by improved access to the program in states, including most recently for legal immigrants, by the weakened economy for low-income families, and (in September and October) by the hurricanes.

Participation has risen in 51 of the last 58 months. Compared to a year earlier, participation in October 2005 rose in all but six states, one of which (Florida) had operated a significant Disaster Food Stamp Program in the wake of the 2004 hurricanes.

Despite increases in participation, research suggests that nearly half of all eligible people are not receiving food stamp benefits.

The full report is available at www.frac.org/html/news/fsp/05.10_FSP.html.

USDA AWARDS GRANTS TO EXTEND SUMMER FOOD SERVICE PROGRAM'S REACH

Texas Awarded Funding For Transportation

The U.S. Department of Agriculture awarded multi-year grant funds to Mississippi, New York, Oregon, Texas and West Virginia for innovative approaches in overcoming limited transportation resources in rural areas for the Summer Food Service Program (SFSP). Over the course of 3 years, \$4 million will be made available to these states.

"The SFSP provides free, nutritious meals and snacks to children in low-income areas during summer vacations when they do not have access to school lunch or breakfast," said Deputy Secretary Chuck Conner. "Hunger doesn't take a summer vacation, yet of the 16 million children that utilize free and reduced-price meals through the National School Lunch Program, only three million of these children have access to these same meals during the summer months. These grants are designed to increase access to our SFSP."

Summer Food Service Program in Texas

In Texas, the SFSP reported a 40% increase in average daily attendance during 2005. The program served more than 12 million meals to children across the state, up more than 976,000 from 2004.

"We continue to see growth in our summer food program, serving more kids at more locations each year," said Diane Bottoms, director for Health and Human Services Commission Special Nutrition Programs. "We'll work to build on that success in 2006. Transportation grants will help extend our reach into east and west Texas."

Transportation grants will allow the state to extend the program's reach into certain high-need, low-income areas. Two Texas SFSP sponsors

were among 60 sponsors nationwide that will receive rural transportation grants. The West Texas Food Bank and the East Texas Food Bank will each receive \$285,000 for 2006 through 2008.

The grants will extend the program's reach and access, funding transportation for children to existing meal site locations or to transport food to new site locations in remote rural areas.

"We really need program sponsors in rural communities and in areas where there are migrant farm workers and native American groups," Bottoms said. "The grants will help us serve children in hard to reach areas, and we'll continue our outreach this spring to expand sponsor participation and site locations in 2006."

The SFSP depends on the participation of organizations throughout Texas. In 2005, 355 sponsors served meals at more than 2,500 sites. Still, there are many low-income children in Texas who are not taking advantage of the free summer meal program. More sponsors are being recruited to make the free meals more accessible to children.

For more information about program sponsorship, call the SFSP office at (512) 420-2449. For additional information about the program, go to www.fns.usda.gov.

HUD RELEASES REPORT ON HOUSING AFFORDABILITY

The Department of Housing and Urban Development (HUD) reported the number of low-income households paying excessive rent or living in substandard conditions remains essentially unchanged from the mid-1990s. In its Affordable Housing Needs report to Congress, HUD found that in 2003, a total of 5.18 million low-income households experienced critical housing needs compared to 5.20 million households in 1995.

Households with "worst case needs" are defined as unassisted renters with very low incomes

(below 50% of area median income) who pay more than half of their income for housing or live in severely substandard conditions. HUD's most recent survey finds that the number of such households has remained stable over time. The proportion of American families that have these worst case needs is 4.89%.

Among HUD's other findings:

- The share of households with worst case needs who live in severely inadequate housing declined from 4.6% in 2001 to 3.9% in 2003.
- Despite changes in poverty rates, rent levels and the numbers of households receiving housing assistance, the proportion of households with worst case needs has been stable over the entire survey period, approximately 5% in most years since 1991, the year of the first report on affordable housing needs.
- Severe rent burden, not severely inadequate housing, is the only priority-housing problem for most (91%) households with worst case needs.
- While all regions of the country share in affordable housing needs, very low-income renters in the West are less likely to receive housing assistance (24%) and more likely to experience worst case housing needs (38%).
- More than one-third of very low-income renters in central cities and suburbs experience worst case needs compared to approximately one-fourth of very low-income renters in rural areas.
- Of families with children that have affordable housing needs, 41% have earnings consistent with full-time work at low wages.
- Of the 5.18 million households with affordable housing needs, 2.76 million are non-Hispanic white households, 1.04 million are non-Hispanic black households, and 1.04 million are Hispanic households.

To help answer the affordable housing challenge, HUD launched America's Affordable Communities Initiative in 2003 to encourage local communities to reduce or eliminate excessive, unnecessary and burdensome regulations that can significantly restrict the development and availability of affordable housing.

For more information, visit www.hud.gov/initiatives/affordablecom.cfm.

GOT BREAKFAST?

Two one-time presidential nominees, former Senators Bob Dole and George McGovern unveiled the "got breakfast?" campaign in Washington, DC, with representatives of the initiative's partners, including Share Our Strength, Alliance to End Hunger, National Dairy Council and East Side Entrees. East Side Entrees will donate a portion of the proceeds from each meal that goes to children in severe need schools to Share Our Strength, the Alliance to End Hunger and other non-profits' efforts to end childhood hunger in the United States over the next 20 years. The donations are expected to reach \$1 million in 2006.

For more information go to www.GotBreakfast.org.

CALENDAR

2006 The U.S. Food and Drug Administration (FDA) will celebrate its 100th anniversary. Visit www.fda.gov/centennial for details and events.

March 6-10, 2006 Texas schools celebrate Texas School Lunch Week. Visit the Texas Association for School Nutrition website at www.tsfsa.org.

March 2006 Sponsored annually by the American Dietetic Association (ADA), National Nutrition Month® (NNM), a nutrition education and information campaign is designed to focus attention on the importance of making informed food choices and developing sound eating and

physical activity habits. NNM also promotes ADA and its members to the public and the media as the most valuable and credible source of timely, scientifically based food and nutrition information. For ideas on what you can do, go to www.eatright.org.

FEDERAL REGISTER

- **Department of Agriculture (USDA)**, 12/22/05, p. 76019. This information collection is required for the establishment and operation of emergency food stamp assistance programs. Comments are invited on: (a) whether the information collection is necessary, including its practical utility; (b) the accuracy of the agency's estimate of the burden of the information collection; (c) ways to enhance the quality, utility, and clarity of the information; and (d) ways to minimize the burden on those who respond. Written comments must be received by 02/21/06 to Patrick Waldron, Chief, Certification Policy Branch, Program Development Division, Food and Nutrition Service (FNS), USDA, 3101 Park Center Dr., Alexandria, VA 22302, faxed to 703/305-2486, or e-mailed to Patrick.Waldron@fns.usda.gov. For more information, call Mr. Waldron at 703/305-2495.
- **USDA**, 01/03/06, p. 1. USDA issues an interim rule amending the Child and Adult Care Food Program (CACFP) regulations to implement a provision of the Child Nutrition and WIC Reauthorization Act of 2004, which raised the age limit for residents of emergency shelters eligible to receive CACFP meals to include children through age 18. It also extends eligibility for participation to emergency shelters that primarily serve children through age 18 who are homeless and seeking shelter without their families. These changes are expected to increase the number of emergency shelters eligible to participate in CACFP as well as the number of homeless children that will have access to free, nutritious meals. Effective 02/02/06. Comments must be postmarked by 03/06/06 to Robert M. Eadie, Chief, Policy and Program Development Branch, Child Nutrition Division, Room 640, FNS, USDA, 3101 Park Center Dr., Alexandria, VA 22302, faxed to 703/305-2879, or e-mailed to CNDProposal@fns.usda.gov. Identify comments as "CACFP: Age Limits for Children in Emergency Shelters." For further information, contact Keith Churchill at 703/305-2590.
- **Department of Health and Human Services (HHS)**, 01/06/06, p. 941. The Food and Drug Administration (FDA) published a notice in the *Federal Register* 12/14/05 announcing the availability of a guidance document entitled, "Requesting an Extension to Use Existing Label Stock After the Trans Fat Labeling Effective Date of 01/01/06." This guidance is final upon the date of publication. Submit written requests for single copies of the guidance document to the Office of Nutritional Products, Labeling and Dietary Supplements (HFS-800), Center for Food Safety and Applied Nutrition, FDA, 5100 Paint Branch Pkwy., College Park, MD 20740. Include a self-addressed adhesive label to assist in processing requests. Submit comments on the guidance to the Division of Dockets Management (HFA-305), FDA, 5630 Fishers Ln., Rm. 1061, Rockville, MD 20852 or electronically to <http://www.fda.gov/dockets/ecomments>. For more information, contact Julie Moss, Center for Food Safety and Applied Nutrition (HFS-830), at 301/436-2373 or fax 301/436-2636.

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The Food Journal welcomes your comments and ideas for stories. Call (800) 992-9767, ext. 206, or e-mail comments and suggestions to foodjournal@tcaa.org.



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