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RURAL CHILDREN CONTINUE TO LIVE IN POVERTY

In 41 states, a higher percentage of rural children live in poverty today than they did five years ago, the Carsey Institute finds from new data released by the U.S. Census Bureau. While the nationwide poverty rate remained stagnant, the situation worsened throughout rural, non-metro America.

The Census Bureau's release of the 2005 American Community Survey, which provides data for metro and non-metro regions, provided the first opportunity to examine the well-being of America's children on a state-by-state basis since the 2000 Census. The child poverty rate is the most widely used indicator of child well-being since poverty is closely linked to undesirable outcomes in health, education, emotional welfare, and delinquency. Changes in child poverty signal important changes in children's quality of life and future outcomes. Key findings include:

- Rural child poverty rates increased between 2000 and 2005 in 41 states (data were not available in four states).
- In 2005, the nationwide rural/non-metro child poverty rate was 22.5% compared to the total nationwide child poverty rate of 18.5%.

- Five states experienced increases of five percentage points or more in the rural child poverty rate between 2000 and 2005. The state with the biggest increase in child poverty was Maine (+7.4 percentage points), followed by North Carolina (+6.7 percentage points), Mississippi (+6.1 percentage points), Ohio (+5.6 percentage points) and Indiana (+5.4 percentage points).
- Only six states showed a decrease in the rural child poverty rate, led by Wyoming with a 4.2 percentage point decrease.

A MESSAGE TO FOOD JOURNAL READERS

Dear Readers: Due to the loss of Community Food & Nutrition Program funding, a decision has been made that TACAA will publish the final issue of the *Food Journal* November 2006.

- The rural child poverty rate ranges from a low of just over six percent in Connecticut to a high of nearly 37% in Mississippi.

- Five states (Mississippi, Louisiana, New Mexico, Arizona, and Alabama) all had rural child poverty rates above 30% in 2005, which reflects

the pervasive child poverty in the rural South.

In Texas, the rural child poverty rate changed from 24.9% in 2000 to 28.4% in 2005, an increase of 3.5 percentage points.

Visit www.carseyinstitute.unh.edu for additional information or to download the census data.

UNINSURED CHILDREN

A majority of the more than nine million children without health insurance in the U.S. live in two-parent families. In most of these two-parent families, both parents work.

These were among the key findings in a comprehensive new analysis of uninsured children prepared by the national consumer organization Families USA on behalf of the Campaign for Children's Health Care, a coalition of more than 50 national organizations that is raising public awareness about the plight of uninsured children.

According to the report, the overwhelming majority of uninsured children (88.3%) come from families where at least one parent works. Children who are uninsured are far less likely to receive needed health care than insured children:

- Uninsured children are more than 13 times as likely to lack a usual source of health care as insured children.
- Uninsured children are more than three times as likely not to have seen a doctor in the past year as insured children.
- More than half (54%) of uninsured children did not have a well-child visit in the past year, more than double the rate (26%) for insured children.
- Uninsured children are nearly five times as likely as insured children to have at least one delayed or unmet health care need.

"Even though progress has been made in expanding health coverage for children, one out of every nine American children continues to be uninsured," said Ron Pollack, Executive Director of Families USA. "For those nine million uninsured children, the resulting harm is huge — in denied health care, as well as stunted educational and personal development."

There are huge differences from state to state in the portion of children who are uninsured. The

states with the highest rates of uninsured children are Texas (20.4%), Florida (17.0%), New Mexico (16.7%), Nevada (16.4%), Montana (16.2 percent), Arizona (16.1%), and Oklahoma (16.1%). The states with the lowest rates of uninsured children are Vermont (5.6%), Michigan (6.4%), New Hampshire (6.4%), Hawaii (6.4%), Minnesota (6.6%), and Nebraska (6.6%).

The report indicates that most uninsured children are in low-wage working families. More than two out of every three (70.8%) uninsured children are in families with incomes below 200% of the federal poverty level (\$33,200 in annual income for a family of three).

This finding is significant because, in most states, children are eligible for the State Children's Health Insurance Program (SCHIP) if their family incomes are below 200% of the federal poverty level. A key issue about the SCHIP program, which Congress is expected to reauthorize in 2007, is whether sufficient resources will be made available to states to enroll all eligible children.

According to the report, approximately 38% of all uninsured children are white, non-Hispanic; another 38% are Hispanic; approximately 16% are African American; and 8% either have multiple ethnicities or have a different (e.g., Asian-Pacific Islander or Native American) background.

"As a pediatrician and former children's hospital CEO, I know the consequences to kids of going without regular, basic pediatric care," said Dr. David Alexander, Medical Advisor for Public Policy, National Association of Children's Hospitals. "A clear starting point to ensure children's access to care is to enroll all eligible children in SCHIP and Medicaid, which will drastically cut the number of uninsured children in this country. Fully two-thirds of uninsured children are eligible for these programs. We need continued bipartisan support in Congress for children's enrollment in Medicaid and SCHIP to keep these kids from falling through the cracks."

The data for this report are based on the Annual Social and Economic Supplement to the Current Population Survey conducted by the U.S. Census Bureau as well as the 2005 National Health Interview Survey conducted by the National Center for Health Statistics

**For the full report, visit
www.childrenshealthcampaign.org.**

HUNGER-FREE COMMUNITIES ACT

The Hunger-Free Communities Act (the Act), introduced in both the U.S. Senate and House of Representatives, commits Congress to ending hunger in the U.S. and strengthens the efforts of local groups working to reduce hunger in their communities. In 2005 Senators Richard Durbin (D-IL), Blanche Lincoln (D-AR), Gordon Smith (R-OR) and Richard Lugar (R-IN) introduced S. 1120. Representatives Tom Osborne (R-NE) and Jim McGovern (D-MA) introduced companion legislation, H.R. 2717.

Bread for the World members built a very strong cosponsor list for the Act, but Congress did not take it up before adjourning at the end of 2005. The Act would strengthen the nation's commitment to ending the scourge of hunger in this country and would empower local groups to work together to find solutions that fit the needs in their individual communities. Efforts to facilitate passage of the Act have met a roadblock in the Senate. Agriculture Committee Chairman Saxby Chambliss and Senate leadership are ready to move the bill by Unanimous Consent, but Senator Tom Coburn (R-OK) has placed a "hold" on the bill, claiming it would create more bureaucracy. Because the bill is being moved by Unanimous Consent, it only takes one senator to block passage.

Bread for the World is working with America's Second Harvest, Mazon: A Jewish Response to Hunger, and other anti-hunger groups to urge the bill's passage.

Visit www.bread.org to learn more.

PUBLICATIONS

Home Grown: Legal Guide to Starting a Non-profit Farmers' Market in Texas - 2006 Edition. Published by Texas Community Building with Attorney Resources (Texas C-BAR), this 120-page manual is designed to give an overview of the process and legal issues for consideration when starting a nonprofit farmers' market. Download from www.texasobar.org/legal_library/pubs/.

Kidnetic.com Leader's Guide: Healthy Eating & Active Living Ideas & Activities for Kids & Families. The International Food Information Council (IFIC) Foundation introduced the revamped Leader's Guide, designed to help health professionals, educators, community youth organizations, and parents promote healthful lifestyles to kids. For more information or to download a copy, visit <http://ific.org/kidnetic>.

Bringing Legislators to the Table: Addressing Hunger and Nutrition in America. Researched and published by the National Conference of State Legislatures' Hunger and Nutrition Partnership, this publication offers examples of inventive programs that have partnered with multiple organizations to address challenges in the areas of hunger and nutrition for low-income communities. These programs work to increase access to quality, fresh and low-cost food to local community residents. The guide illustrates the vital role legislators can play in leveraging resources and expertise to address the challenge of hunger in America. Visit www.ncsl.org for more information.

The Food Journal is available by electronic notification by e-mailing foodjournal@tacao.org.

Archived issues of the Food Journal are available on-line at www.tacao.org.

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

OVERWEIGHT CHILDREN AT INCREASED RISK FOR ADULT CARDIOVASCULAR DISEASES

Research published in the *Journal of the Cardio-Metabolic Syndrome (JCMS)* presents data supporting that adult diseases, such as hypertension, type II diabetes, and sleep apnea are now recognizable in childhood. The underlying link between them is a disorder of insulin resistance, which is worsened by childhood obesity. The annual National Health and Nutrition Examination Survey by the Centers for Disease Control and Prevention found that about one-third of U.S. children today, about 25 million, are overweight or at risk of becoming overweight.

One study in this special issue reports data on the effect of age and sex on cardiovascular risk in overweight children, aged 11 years and older. Results showed that high blood pressure and dyslipidemia in overweight children is high, with overweight males 11 years and older having a higher prevalence of these risk factors than females and younger males. This may explain the earlier appearance of cardiovascular disease in overweight adult males.

Researchers from Wisconsin, led by Dr. David K. Murdock examined the effect of elevated body mass index in 247 healthy school children of which 28% of second graders and 33% of eleventh graders were overweight. Data from the study revealed that biomarkers of increased risk of adverse cardiovascular outcomes were already present in the overweight children.

This themed issue further presents review articles discussing management of obesity-related disorders. These include non-pharmacologic treatments, providing evidence that lifestyle changes in the young can result in beneficial outcomes, as well as guidance for clinicians on pharmacologic treatment of the most difficult childhood obesity conditions.

“Together, this collection of articles demonstrates that morbidity from diseases traditionally thought

to have expression in middle to late adulthood can now be demonstrated in children and adolescents,” states guest editor Dr. Bonita Falkner of the Department of Medicine at Thomas Jefferson University. “An ideal outcome will be prevention of childhood obesity.”

These articles are published in the Summer 2006 Focus Issue of JCMS. For more information, visit www.blackwellpublishing.com.

15% OF CHILDREN OVERWEIGHT

A new Health Resources and Services Administration (HRSA) report finds that 14.8% of America's 10- to 17-year-olds are overweight and 71.3% of that age group exercise at least three days a week.

The percent of overweight children varied greatly among states, ranging from 8.5% in Utah to 20.9% in West Virginia and 22.8% in the District of Columbia. Kentucky and Tennessee also reported 20% or more of their children as overweight.

Findings in the report, *Overweight and Physical Activity Among Children: A Portrait of States and the Nation 2005*, are based on data collected during 2003-2004 by the National Survey of Children's Health, a telephone survey of parents or guardians in over 100,000 households with a child under 18 years of age. Other findings include:

- Males are more likely than females to be overweight (18.1% to 11.5%).
- Overweight declines with age: 21.9% of 10- to 11-year-olds are overweight, compared to 10.7% of 15- to 17-year-olds.
- At 23.5%, black children have the highest rate of overweight, followed by Hispanic children at 18.9% and white children at 12%.
- As family income rises, overweight falls: 22.4% of children with family incomes below 100% of the federal poverty level (FPL)

are overweight, compared to 9.1% of children with family incomes of 400% of FPL and above.

- The proportion of children who exercise — defined as physical activity three times a week lasting at least 20 minutes and causing sweating and hard breathing — rises with family income: 65.6% of children with family incomes below 100% of FPL are active three or more days per week, compared to 75.0% of children with family incomes 400% of FPL and above.

Visit <http://mchb.hrsa.gov/overweight/> for a copy of the complete report.

WHAT IS TEXAS DOING ABOUT OBESITY AND OVERWEIGHT?

An epidemic of obesity has become one of the most important health problems facing Texas today. The prevalence of overweight and obesity among Texas children and adults is higher than the national average and continues to increase. Everyone has a part to play in the prevention of obesity. The Texas Department of State Health Services' (DSHS') *Strategic Plan on the Prevention of Obesity in Texas: 2005-2010* outlines what families, schools and childcare centers, communities and local governments, worksites, business and industry, healthcare, and state government and statewide organizations can do to curb the obesity epidemic.

The strategic plan has the following goals:

1. Increase awareness of obesity as a public health issue that impacts the quality of life of families.
2. Mobilize families, schools, and communities to create opportunities to choose lifestyles that promote healthy weight.
3. Promote policies and environmental changes that support healthful eating habits and physical activity.

4. Monitor obesity rates and related behaviors and health conditions for planning, evaluation, and dissemination activities.

For more information or to download the state's plan, go to www.dshs.state.tx.us/phn/obesity.shtm or visit www.eatsmartbeactiveTX.org.

PROMOTING HEALTHFUL EATING AND PHYSICAL ACTIVITY

The National Academies' Institute of Medicine (IOM) report, *Progress in Preventing Childhood Obesity*, called for all groups in society — from the government and industry to local communities and individual families — to work together and promote healthful diets and regular physical activity in an effort to prevent the rising rates of childhood obesity.

Since 2002, the International Food Information Council (IFIC) Foundation has been promoting healthful lifestyles for kids and families through its Kidnetic.com childhood obesity prevention program, an innovative website designed to promote physical activity and healthy eating to kids and parents.

In 2004, the IFIC Foundation developed the *Kidnetic.com Leader's Guide to Healthy Eating & Active Living for Kids & Families* to be used in a community setting, and was recently revised to include information on implementing the advice from U.S. Department of Agriculture's MyPyramid for Kids; hands-on activities to reinforce what kids learn about healthful eating and physical activity habits; and ideas and activities to encourage parental involvement and get the entire family involved. A new guide, *You're the Role Model! The Kidnetic.com Real-Life Guide to Helping Your Kids Eat Right and Be Active*, is under development to give parents advice on helping their child make healthful eating decisions and encourage regular physical activity.

For more information, visit <http://kidnetic.com>.

FEDERAL SPENDING OVERSIGHT TOOLS UNVEILED

Earlier this month, government watchdog groups unveiled powerful new online tools developed to help the public track government spending and congressional conduct. OMB Watch, a Washington-based nonprofit group that promotes open government, accountability and citizen participation, launched FedSpending.org, allowing users to search, aggregate and analyze all federal spending. For the first time, itemized information on the more than \$12 trillion that the federal government has disbursed between 2000 and 2005 will be available to the public in a useful format.

Users can search contract and grant information by agency, congressional district, and recipient. "The American people have been largely in the dark about to whom and where their tax dollars go," OMB Watch's Executive Director Gary Bass told reporters. "With FedSpending.org, we believe that will change. When you buy something at the store, you get a receipt. FedSpending.org is that receipt for government spending — we can examine it and see just what kind of deal we're getting."

The Center for Responsive Politics (the Center), another Washington-based nonprofit group focused on good government, announced several expansions of its pioneering government transparency website, OpenSecrets.org. The first will allow users to see overviews of congressional members' net worth and holdings. The second gives updated information on the lavish trips taken by members and their staffs that are financed by third parties — in many cases special interests with business before Congress. Finally, the Center unveiled a work-in-progress database that will track the "revolving door" between positions in government and lucrative jobs at lobbying firms that members and staff often rotate through.

**Visit OMB Watch at www.ombwatch.org.
Visit the Center for Responsive
Politics at www.crp.org.**

NATIONAL SCHOOL LUNCH

Compared to the rest of the country, Texas has the highest rate of children without health insurance and a greater share of kids living in poverty than most other states. But when it comes to providing children with school lunches, Texas sets the bar. Everyday, more than 2.8 million Texas students receive hot lunches. From September 2004-August 2005, Texas served more than 468 million lunches. Virtually every public school in Texas school participated in the program (over 7,300 schools).

The National School Lunch Program (NSLP) has been around since 1946, when President Harry Truman signed it into law. The impetus for the program grew out of national security concerns, after an investigation of men rejected from serving in World War II found that many were malnourished. Congress decided to combat this problem by rooting out childhood hunger, and began providing funds to states to subsidize the cost of providing school lunches.

The premise behind School Lunch today is simple: in order for children to learn, they need to eat well. To ensure that every kid can eat lunch, schools charge students for the meal based on their family's ability to pay. Children receive a free lunch if their household income is at or below 130% of poverty (\$21,580 for a family of three). Children whose families earn between 130% and 185% of poverty (\$30,710 for a family of three) receive a reduced-price lunch, which can cost no more than \$.40 cents. Students who do not come from low-income families pay the full price, though the federal government subsidizes the cost of their meals as well.

Almost 60% of Texas schoolchildren are low-income and therefore eligible for free or reduced-price meals. NSLP is a proven way to prevent childhood hunger and increase academic achievement. Texas has done an outstanding job in ensuring that its school children are eating lunch.

Edited and reprinted from www.cppp.org.

FOOD STAMP PROGRAM OUTREACH KIT FOR STORES

The U.S. Department of Agriculture (USDA) has a new toolkit specially designed for use by retailers of any size to increase the nutrition of low-income Americans, decrease food insecurity, and foster partnerships between state, local, faith-based, and business partners through Food Stamp Program outreach. The toolkit may be copied without permission. To download, go to www.fns.usda.gov/fsp/outreach/retailer-kit.htm.

CALENDAR

February 25-27, 2007: National Anti-Hunger Policy Conference. Washington Court Hotel, Washington, DC. Co-sponsored by the Food Research and Action Center (FRAC) and America's Second Harvest. Call 800/321-3010 for hotel accommodations. Updated conference information will be posted on FRAC's website, www.frac.org.

REGISTER

- **U.S. Department of Agriculture (USDA)**, 09/13/06, p. 54018. This notice invites the general public and other public agencies to comment on Afterschool Snacks Information in the Child and Adult Care Food Program. Written comments must be received or postmarked by 11/13/06. Mail comments to Melissa Rothstein, Chief, Program Analysis and Monitoring Branch, Child and Nutrition Division, Food and Nutrition Service, USDA, 3101 Park Center Dr., Rm. 640, Alexandria, VA 22302-1594, fax to Melissa Rothstein at 703/305-2879, or e-mail to melissa.rothstein@fns.usda.gov. Call Melissa Rothstein at 703/305-2590 for more information.
- **Department of Health and Human Services (HHS)**, 09/27/06, 56440. HHS's Administration for Children and Families (ACF) proposes to regulate the cost allocation methodology to be used in the Temporary Assistance for

Needy Families (TANF) program. The proposed rule would require states to use the "benefiting program" cost allocation methodology required by OMB Circular A-87 (2 CFR Part 225) and previously required under HHS' Office of Grants and Acquisition Management (OGAM) Action Transmittal (AT) 98-2. Comments, identified by Regulatory Information Number (RIN) 0970-AC, must be received by 11/27/06. Mail to ACF, Office of Family Assistance, 5th Flr. E., 370 L'Enfant Promenade, SW, Washington, DC 20447. For more information, contact Robert Shelbourne, Director, State TANF Policy Division at 202/401-5150 or rselbourne@acf.hhs.gov.

- **USDA**, 09/27/06, p. 56707. This final rule amends a number of existing provisions in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program regulations to address issues raised by WIC state agencies, other members of the WIC community, and the U.S. Government Accountability Office (GAO). It also incorporates recent legislation and certain longstanding program policies and state agency practices into the regulations and streamlines certain requirements in the regulations. It incorporates recent legislation which provided the WIC State agencies with the option to extend the certification period for breastfeeding women. It incorporates longstanding program policies and state agency practices into the regulations regarding state agency responses to subpoenas and other court-ordered requests for confidential information. Other provisions in this final rule are designed to improve eligibility determinations, incorporating program policies and state agency practices that have been in effect for some time. This rule is effective 11/27/06. State agencies must implement the provisions no later than 03/27/07. For further information, contact Debra R. Whitford, Chief, Policy and Program Development Branch, Supplemental Food Programs Division, Food and Nutrition Service, 3101 Park Center Dr., Rm. 522, Alexandria, VA 22302 or call 703/305-2746.



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