

Twelve Ways to Improve Learning

Provide Good Nutrition

Definition and Source

Food stamps – The federal Food Stamp Program provides assistance to help low-income families to buy food. Eligibility rules are complex, but in Illinois a family of three generally will be eligible if household income is less than \$20,300 a year. The maximum monthly benefit is \$393 for a family of three. Data displays the percentage of all children ages birth to 18 who were receiving food stamps in July 2002 and September 2004, based on 2000 population data. Chicago data is an estimate of 81.5 percent of Cook County cases. Data are from the Illinois Department of Human Services. Data are unavailable for the following counties because their enrollment numbers are combined with other counties: Edwards, Hardin, Jefferson, Marshall, Monroe, Morgan, Pope, Putnam, Randolph, Scott, Wabash and Washington.

Free and reduced-price lunches – The National School Lunch Program provides free meals to children from families at or below 130 percent of the poverty level, or \$24,505 for a family of four. Children from families who earn 130 percent to 185 percent of the poverty level – or \$34,873 for a family of four – qualify for reduced-price meals. Data were provided by the Illinois State Board of Education Division of Nutrition Programs and Education Services.

Trends and Key Findings

The food stamps and school lunch programs are important economic supports for families who struggle financially. But they also provide nutritionally balanced meals that are good for children.

In 2004, 16.5 percent of Illinois children received food stamps, up from 12.6 percent in 2002. Food stamp use is greatest in counties in southern Illinois, which also are among those with the highest rates of child poverty.

In 2003, 42.7 percent of Illinois children received free or reduced-price school lunches, compared with 41.5 percent in 2000. Like food stamps, counties with the highest participation in the school lunch program tend to be located in southern Illinois, with the exception of several urban counties. The highest

NUTRITION

	Food stamps (%)			Free and reduced-price lunch (%)		
	2002	2004	% change	2000	2003	% change
Illinois	12.6	16.5	31.1	41.5	42.7	2.9
Adams	12.2	16.1	32.2	35.2	36.8	4.5
Alexander	42.9	47.8	11.4	78.5	78.6	0.1
Bond	9.9	15.1	52.2	28.9	41.3	42.9
Boone	5.8	9.5	64.6	18.6	20.9	12.4
Brown	8.8	12.4	40.7	24.5	28.3	15.5
Bureau	7.6	11.6	52.0	23.9	27.2	13.8
Calhoun	5.6	8.5	52.3	23.0	26.2	13.9
Carrroll	9.6	12.8	33.3	27.5	29.8	8.4
Cass	9.2	13.4	46.1	39.3	43.1	9.7
Champaign	13.5	18.1	33.8	31.4	32.2	2.5
Christian	11.6	17.3	49.1	29.8	34.0	14.1
Clark	12.3	16.2	31.9	25.6	30.5	19.1
Clay	12.8	18.7	45.6	32.8	38.5	17.4
Clinton	6.2	8.8	41.5	19.2	19.5	1.6
Coles	12.2	17.1	40.0	28.1	31.6	12.5
Cook	16.6	20.3	22.5	60.7	61.7	1.6
Crawford	13.9	16.6	19.6	29.5	37.1	25.8
Cumberland	11.8	14.3	21.7	22.4	25.6	14.3
De Kalb	5.5	8.7	57.6	12.3	18.0	46.3
De Witt	12.3	16.4	33.9	22.7	27.4	20.7
Douglas	6.4	10.3	60.2	17.4	22.7	30.5
Du Page	2.4	4.2	77.2	11.9	13.8	16.0
Edgar	13.3	18.3	37.9	30.2	32.9	8.9
Edwards	NA	NA	NA	28.7	30.8	7.3
Effingham	9.6	12.9	34.4	22.1	22.6	2.3
Fayette	16.6	21.0	26.7	34.1	34.6	1.5
Ford	7.7	8.2	6.5	19.4	24.5	26.3
Franklin	22.1	27.2	23.2	40.0	45.8	14.5
Fulton	14.5	18.7	28.9	36.8	39.2	6.5
Gallatin	21.9	24.7	12.9	43.4	43.3	-0.2
Greene	10.8	16.4	51.3	35.2	32.5	-7.7
Grundy	4.1	6.7	64.2	12.1	15.9	31.4
Hamilton	12.3	16.7	35.6	32.5	37.0	13.8
Hancock	9.8	12.1	23.7	30.1	35.5	17.9
Hardin	NA	NA	NA	49.4	55.0	11.3
Henderson	9.3	14.1	51.9	34.5	41.0	18.8
Henry	7.8	10.3	32.7	23.5	25.0	6.4
Iroquois	9.6	13.4	39.4	29.9	32.3	8.0
Jackson	23.6	27.7	17.5	42.4	46.1	8.7
Jasper	9.2	12.1	31.0	29.7	33.0	11.1
Jefferson	NA	NA	NA	36.9	40.5	9.8
Jersey	8.9	10.0	12.6	23.1	27.0	16.9
Jo Daviess	4.4	7.6	73.9	18.7	22.9	22.5
Johnson	14.8	21.5	45.7	34.8	39.3	12.9
Kane	7.2	11.3	56.3	27.6	30.5	10.5
Kankakee	16.6	18.9	14.1	37.9	39.1	3.2
Kendall	2.9	5.2	81.2	6.5	7.1	9.2
Knox	16.4	22.8	39.0	33.6	39.4	17.3
Lake	4.5	6.5	45.7	23.7	24.5	3.4
LaSalle	10.2	13.7	34.8	24.9	27.6	10.8
Lawrence	12.5	15.5	24.4	37.6	39.6	5.3

NUTRITION

	Food stamps (%)			Free and reduced-price lunch (%)		
	2002	2004	% change	2000	2003	% change
Lee	6.2	9.9	58.7	21.2	24.1	13.7
Livingston	9.9	13.3	33.8	23.5	25.3	7.7
Logan	12.0	16.5	37.6	23.5	26.1	11.1
Macon	19.5	24.4	25.4	37.4	37.4	0.0
Macoupin	9.9	13.4	36.0	23.4	26.9	15.0
Madison	13.1	17.2	31.6	29.8	31.4	5.4
Marion	22.4	25.8	15.4	37.4	42.4	13.4
Marshall	NA	NA	NA	23.8	27.3	14.7
Mason	14.3	18.0	26.2	31.5	34.7	10.2
Massac	19.6	28.6	46.2	38.7	41.2	6.5
McDonough	15.2	17.3	13.7	32.8	38.2	16.5
McHenry	1.6	2.9	81.3	8.5	11.2	31.8
McLean	9.4	13.0	38.9	22.1	23.2	5.0
Menard	8.1	11.8	45.1	20.5	19.8	-3.4
Mercer	10.3	11.6	13.0	23.6	23.7	0.4
Monroe	NA	NA	NA	6.3	5.8	-7.9
Montgomery	13.3	16.2	22.2	29.8	32.6	9.4
Morgan	NA	NA	NA	31.2	34.0	9.0
Moultrie	6.5	8.7	34.9	19.4	24.0	23.7
Ogle	6.3	10.7	69.8	14.0	17.5	25.0
Peoria	19.6	24.1	22.8	38.2	40.3	5.5
Perry	15.1	19.0	25.6	28.3	29.3	3.5
Piatt	4.6	6.7	44.7	17.5	15.9	-9.1
Pike	10.8	14.7	35.6	31.9	32.7	2.5
Pope	NA	NA	NA	34.0	39.5	16.2
Pulaski	33.8	36.2	7.2	84.1	77.8	-7.5
Putnam	NA	NA	NA	23.5	25.7	9.4
Randolph	NA	NA	NA	27.0	29.0	7.4
Richland	15.3	19.0	24.3	36.0	37.6	4.4
Rock Island	14.8	19.5	31.8	35.3	39.0	10.5
St. Clair	NA	25.5	NA	39.1	39.8	1.8
Saline	22.5	26.8	19.2	35.6	39.7	11.5
Sangamon	14.5	19.7	35.8	33.8	43.3	28.1
Schuyler	6.1	16.1	164.8	33.7	36.0	6.8
Scott	NA	NA	NA	25.2	25.8	2.4
Shelby	7.9	10.9	38.0	27.0	32.6	20.7
Stark	9.3	12.6	35.3	16.3	28.4	74.2
Stephenson	12.9	17.6	36.3	30.2	33.7	11.6
Tazewell	8.9	13.1	48.0	20.9	23.5	12.4
Union	19.0	22.4	18.1	41.9	46.4	10.7
Vermilion	21.6	28.7	32.6	40.1	43.5	8.5
Wabash	NA	NA	NA	23.3	25.4	9.0
Warren	11.6	16.3	40.9	32.2	34.8	8.1
Washington	NA	NA	NA	17.7	18.8	6.2
Wayne	12.1	17.2	41.8	33.6	34.7	3.3
White	14.9	20.2	35.9	38.1	39.5	3.7
Whiteside	8.1	11.8	45.0	26.1	29.6	13.4
Will	NA	8.8	NA	22.1	23.5	6.3
Williamson	16.7	20.9	25.2	38.3	36.8	-3.9
Winnebago	15.4	21.4	38.9	39.2	43.8	11.7
Woodford	4.1	7.0	70.3	13.9	14.0	0.7
Chicago	NA	26.6	NA	78.0	73.6	-5.6

rates of participation – 50 percent or more – are in Alexander, Cook, Hardin and Pulaski counties.

Childhood obesity is a problem linked to poor nutrition. An estimated 16 percent of 6- to 19-year-olds nationally are overweight, and the prevalence of overweight children and adolescents has increased since 1994.¹ Children who are overweight are more likely to be overweight as adults and face a range of potential health problems, including heart disease, diabetes, types of cancer and osteoarthritis. The American Academy of Pediatrics encourages healthy eating patterns, regular physical activity, limited TV and video time and research and insurance coverage of obesity prevention and treatment strategies.

Action Steps

Poor nutrition is linked to health problems such as headaches, ear infections and iron deficiency, weakened immune systems and higher rates of hospitalization.² Undernourished children earn lower scores on academic achievement tests, are more likely to be held back in school and have higher rates of absenteeism. Recommended action steps include:

- Properly fund the Childhood Hunger Relief Act, approved by the Illinois General Assembly in January 2005. This act calls upon school systems with many students in poverty to provide them with more school-breakfast and summer-meal services.
- Increase outreach efforts to boost enrollment in the food stamps and school lunch programs. In addition to providing nutritional benefits for children, these programs are important supports for families who struggle financially.
- Streamline the application process for all initiatives that aid low-income families in order to allow people to apply for several programs in one visit, therefore increasing use.

¹ National Center for Health Statistics, "Prevalence of Overweight Among Children and Adolescents: United States, 1999-2002." Retrieved from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>.

² "The State of the World's Children 1998: Focus on Nutrition," 1998. Retrieved from UNICEF website: <http://www.unicef.org/sowc98/>.



The Developing Role of State Policy in Childhood Nutrition

By Dr. Matt Longjohn, Executive Director
Consortium to Lower Obesity in Chicago Children

Several forms of malnutrition correlate to increased student absenteeism and lower academic achievement. Conversely, good nutrition and physical activity are linked to improved academic, social and health outcomes. Promotion of these healthy behaviors through education and proactive public policies and programs is a vital strategy to improve student health and performance. Childhood obesity prevention policies are being advanced in Illinois to achieve these goals.

The prevalence of overweight or obesity among U.S. children has tripled in the last three decades and continues to rise. Health risks associated with this condition include diabetes mellitus type II, high blood pressure, arthritis, heart disease, liver disease, stroke, sleep apnea, asthma, certain forms of cancer, depression, etc. Children from low-income and minority households and communities are at the highest levels of risk for developing obesity, and data on Illinois children in these demographic groups show obesity rates at three to four times the national level. This is an unacceptable health disparity, and one that child health advocates in Illinois must address.

Factors that contribute to the epidemic are wide ranging (e.g., few ethical and effective treatment options, pervasive sedentary behaviors, lack of access to affordable healthy food choices and safe

places to play, etc). This extremely complex public health issue demands the modification of agriculture, commerce, education, health, planning, and transportation systems to foster healthy behaviors. Federal, state, municipal, and institutional policy changes to promote physical activity and healthful eating are necessary.

The need to act has not been lost on Illinois advocates and policymakers. In our state last year there were nearly 40 obesity-related bills and resolutions introduced in the General Assembly. Only three of these measures passed—one designed to invest in the infrastructure needed to confront the epidemic over the coming generations, a second to ensure the availability of school breakfast programs, and a third designed to protect the economic interests of Illinois businesses seen to have some liability risks associated with the epidemic. Much more can be done.

Across the country, advocates and lawmakers are struggling to define an effective role for state government, and there are few success stories. In recognition of this, over 80 organizations, agencies, associations, businesses and lawmakers worked together over the last eight months to define the “Illinois Childhood Obesity Prevention Consensus Agenda.” This shared effort has already been recognized by the federal Centers for Disease Control and Prevention as part of an outstanding partnership to advance public health. The agenda’s five policy priorities call for:

- Appropriating \$3 million to the Illinois Obesity Study and Prevention Fund that was established but unfunded in 2003.
- Establishing and promoting nutrition and physical activity standards for all state-administered early childhood programs.
- Reforming the physical education waiver process which currently results in too many school districts reducing physical activities for their students.
- Creating the Illinois Food Systems Policy Council to increase access to healthy food.
- Passing “safe routes to schools and parks” legislation to ensure the distribution of federal transportation resources to improve “walkability” around places children frequent.

Visit the CLOCC website (www.clocc.net) to learn more about the agenda, see the list of partners and endorse the effort. By working together to raise the level of debate on these issues, we can improve the health and education of Illinois’ students.

Dr. Matt Longjohn, MD, MPH, is executive director of the Consortium to Lower Childhood Obesity in Chicago Children, which is housed at Children’s Memorial Hospital. A graduate of Kalamazoo College in Michigan, Longjohn received his MD and MPH from Tulane University in New Orleans. Longjohn is a research assistant professor and lecturer in the departments of Pediatrics and Preventive Medicine at Northwestern University’s Feinberg School of Medicine and is on staff in the Department of Emergency Medicine at the Medical College of Wisconsin. He instructs medical and public health students in courses such as “Violence as a Public Health Problem,” “Public Health Advocacy, Policy, and Law” and “Integrating Advocacy into Clinical Practice.”