

MFPC-DCFC WORK GROUP

POLICY MEMO GUIDANCE

What is a Policy Memo?

A policy memo is a concise summary document that provides analysis (and possibly recommendations) in regards to a specific situation, program, policy, or problem. Policy memos are useful for memo recipients to quickly bring themselves up to speed on a given subject. It is important to be concise yet thorough. Generally speaking, a memo should be no longer than 2-4 pages (single-spaced) including citations.

Who is the audience?

It's important to understand the needs and expectations of your audience who, in most cases, you will be familiar with. For example, if your audience is an elected official or the general public, you should generally assume that they lack specific expertise in a topic. You may need to define technical terms and provide enough background about the situation you are discussing so that a "lay" audience can grasp your arguments. On the other hand, if you are writing for an audience that is already knowledgeable in the subject area, you will waste time and energy providing background information that your readers already know.

Memos may cover subjects that vary in scope from federal, state, and local policy. There are strong interactions between these three levels, and it may be important to discuss the environment at other levels in order to bring focus back to Madison and Dane County.

Memos should be written using active sentences, presenting one topic/argument per paragraph, stated concisely and persuasively. Format clearly and proofread carefully.

How to write a Policy Memo

Policy memos can have some variation, but tend to follow a standard structure:

- **Address** – Use To/From/Date/Re format at the top. If someone encounters this memo after it is written, this provides context on the author, the audience, and the timeline of its preparation
- **Outline:** The following sections may be explicitly used as headings or as a rough outline for the memo body:
 - **Introduction** – summary of memo's conclusions and recommendations
 - **Background** – summary of historical or technical bases for the memo
 - Supporting arguments/analysis
 - **Recommendations/Conclusions/Implications** – the memo concludes by leading the reader to a logical position
- **References**

Policy Memo examples

1. **Appendix A:** Child Nutrition Reauthorization memo
2. [Policy Memo Samples](#) - Rutgers University

Appendix A: Child Nutrition Reauthorization memo

To: Public Health Madison and Dane County
From: Kendall Prom, Dietetic Intern
RE: Child Nutrition Reauthorization
Date: October 27th, 2015

Child nutrition programs have been implemented and supported to safeguard the health and well-being of children who may not have access to adequate amounts of food at home. Legislation has been in place since 1966 when Lyndon B. Johnson signed the Child Nutrition Act to ensure access to food for children who come to school hungry. While the programs are permanently authorized, revisions are made every 5 years to determine funding and strengthen and increase efficacy of the programs. The current law, the Healthy, Hunger-Free Kids Act of 2010, is beyond its expiration date and due for reauthorization. It is important that the advancements made in 2010 progress forward as the bill is reauthorized in order to continue protecting children by providing good, adequate nutrition.

Child Nutrition Act

The relationship between good nutrition and the ability of a child to develop and learn forms the basis of the Child Nutrition Act of 1966, a facet of legislation added to the food services programs with the intent to combat childhood hunger.¹ This is achieved by funding programs that provide healthy, nutritious meals and snacks at various locations outside of the home such as schools, care centers, and summer programs. With the purpose fighting hunger, the Child Nutrition Act authorized the following major federal assistance programs:

- School Breakfast Program
- National School Lunch Program
- Summer Food Service Program
- Child and Adult Care Food Program
- WIC

These programs ensure all children have access to good, nutritious food wherever they are, with the goal of improving child nutrition. Every five years Congress reviews these programs through the Child Nutrition and WIC Reauthorization.

Healthy, Hunger-Free Kids Act of 2010

In 2010, the Healthy, Hunger-Free Kids Act of 2010 reauthorized the aforementioned programs to increase access to healthy foods and promote child well-being. The reauthorization made profound changes to school meal programs by placing specific nutrition standards such as “smart snacks,” offering more fruits and vegetables, reducing the amount of sodium, and serving whole-grain rich products.² Through the establishment of these standards it is likely that student health will improve and obesity will be reduced. The act also emphasized increasing efforts to end childhood hunger by expanding eligibility of children.

The Healthy, Hunger-Free Kids Act of 2010 was due for reauthorization by the 30th of September, 2015, which provides opportunities to strengthen and improve child nutrition programs so children’s needs are met as best as they possibly can be. Currently, the reauthorization has been postponed as negotiations continue to take place and policy issues still

need to be resolved within congress. Sen. Pat Roberts, Chairman of the U.S. Senate Committee on Agriculture, says that his goal is to create a reauthorization that is bipartisan, increases efficiency and effectiveness, and has flexibility so that ultimately all schools can achieve success with the programs.³ The delay in reauthorization is indicative of an unsuccessful attempt thus far at achieving said goals as the bill remains partisan, evidenced by proposals made to weaken the standards and delay implementation by the Republican Party as well as the political stalemate on social expenditure. While the postponement of reauthorization means the bill remains relatively controversial, it also allows more time for the public to express to Congress the importance of strengthening and improving the Child Nutrition Act.

Suggested amendments being considered for inclusion regard enhancing the availability of good nutrition throughout the summer by expanding the current Summer Food Programs, simplifying its administration and providing low-income families with children an electronic benefit transfer card in addition to the Summer Nutrition Programs; expanding and strengthening the Child and Adult Care Food Program so more children have access to nutritious meals and snacks outside of school; increasing access to Farm to School for summer, afterschool, and childcare providers; improving the ability of schools to serve nutritious and appealing meals; and lastly, increasing the eligibility of children receiving WIC benefits from five to six years old is also considered.⁴

The federal assistance programs are administered by two public departments in Wisconsin: the WI Department of Public Instruction and the WI Department of Human Services. The Department of Public Instruction oversees the National School Lunch Program, the School Breakfast Program, and the Summer Food Service Program and the Department of Human Services oversees the Child and Adult Care Food Program and WIC. It is estimated that these programs served a total of 995,029 participants in the fiscal year of 2014 who would have otherwise struggled to get enough to eat.⁵

Implications

The importance of this legislation stems from the issue of hunger and food insecurity faced by Americans. In 2014, 15.3 million children in America lived in households that were food insecure which indicates that food provided in schools is where children were consuming their most substantial, if not their only, nutritious source of energy for the day. Obtaining adequate nutrition is essential for a child's development and physical, mental, and social growth. When infants, children, and adolescents are susceptible to poor nutrition because of low-socioeconomic status, nutrition assistance programs can be utilized to access food. When that access is not granted, children are at risk for growth retardation, iron-deficiency anemia, poor academic performance, development of psychosocial issues, and an increased likelihood of developing chronic diseases such as heart disease and osteoporosis later in life.⁶ Families may turn to purchasing foods with low nutrient density, increasing the risk of obesity and micronutrient deficiencies.⁷

Unnecessary healthcare costs from poor nutrition are prevented through participation in these programs because they help to alleviate food insecurity and address malnutrition of both under- and over-nutrition. As intake of energy and specific nutrients and nutrition education is increased, rates of low birth weight, preterm birth, growth retardation, and iron-deficiency anemia are reduced. Healthy eating habits developing with implementation of the nutrition

standards, such as consuming more fruit and throwing away less entrée and vegetables, also lowers the risk of developing diseases related to obesity later in life, such as heart disease, type 2 diabetes, cancer, and bone and joint problems.⁸ For these reasons, it is crucial the reauthorization makes it easier for programs to reach more children, especially over the summer. PHMDC should support legislation that strengthens programs and reaches more children as doing so protects the well-being of children and increases their health.

References:

1. Gunderson, G. Child Nutrition Act of 1966. *National School Lunch Program*. USDA Food and Nutrition Service. 2014.
2. U.S. Department of Agriculture Food and Nutrition Service. Healthier School Day. 2014.
3. Brasher, P. Child nutrition bill delayed as talks continue. *Agri-Pulse*. 2015.
4. Bills We're watching. *Food Research and Action Center*. 2015.
5. U.S. Department of Agriculture Food and Nutrition Service. Child Nutrition Tables. U.S. Government; 2015.
6. Position of the American Dietetic Association: child and adolescent nutrition assistance programs. *J Am Diet Assoc*. 2010;110:791-799.
7. Black, M. Household food insecurities: threats to children's well-being. *American Psychological Association*. 2012.
8. Centers for Disease Control and Prevention. Childhood Obesity Facts. 2015.