

December 23, 2020

Chief Tina Namian
School Programs Branch
Policy and Program Development Division
Food and Nutrition Service
1320 Braddock Place, 4th Floor
Alexandria, VA 22314

RE: USDA Docket ID FNS-2020-0038: Comments in Response to Proposed Rule: Restoration of Milk, Whole Grains, and Sodium Flexibilities

Dear Chief Namian:

Thank you for the opportunity to comment on the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Proposed Rule, "Restoration of Milk, Whole Grains, and Sodium Flexibilities" published in the Federal Register on November 25, 2020. On behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and policy and child health experts, please accept these comments and our strong opposition to the proposed changes that will weaken nutrition standards and the quality of meals offered in schools, and thus negatively affect the health of children.

The mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have conducted more than 70,000 interviews with caregivers, and analyzed data from those interviews to assess the impact of public policies on the health and development of young children.

Consistent access to nutritious foods is essential for the health and development of children. Child nutrition programs, including the National School Lunch Program (NSLP) and School Breakfast Program (SBP), are key vehicles for delivering nutritious food to children, particularly serving those from families with low incomes that may struggle to otherwise afford healthy food. As such, it is imperative that the USDA maintain healthy nutrition standards for school meals, including consistent alignment with the Dietary Guidelines for Americans for serving whole-grains and limiting sodium and fat.

Nutritious school meals sustain health and prepare children to learn

The NSLP and SBP feed 30 million children healthy meals each school day across the country. Research shows NSLP and SBP are associated with numerous benefits for children including improved test scores,¹ lower rates of absences and tardiness,^{2,3,4} improved dietary intake,^{5,6} and lower risk of obesity.⁷

While the research of Children's HealthWatch focuses on young children not yet in school, we know that infants and toddlers live within the context of families, many of whom have older siblings. The NSLP and SBP not only ensure that school-age children eat a nutritious breakfast and lunch, they also have a positive effect on families. These programs alleviate pressure on often-constrained family food budgets; saving money on up to 10 meals each week during the school year for their children, parents are

enabled are able to better afford meals at home and on the weekends. This means, and research has shown, that the NSLP and SBP are effective in reducing household food insecurity.⁸

Children typically consume up to half of their daily calories at school and for some children, the meals they eat at school may be the only meals they eat in a day. This is why evidence-based meal standards that are age appropriate for growing bodies and brains are necessary. The American Academy of Pediatrics (AAP) applauded Congress in 2010 for the steps it took to align school meal standards with solid nutrition science. These standards, passed in the Healthy Hunger-Free Kids Act of 2010 (HHFKA), reflect the Dietary Guidelines for Americans and the recommendations of the AAP and ensure children are eating more fruits, vegetables, lower fat milk, less sodium and more whole grains in their daily diets. In addition to the direct nutrition benefits, the evidence-based standards from 2010 are estimated to prevent more than 2 million children from becoming obese, saving our country up to \$792 million in avoidable health-care costs over a ten year period.⁹ Evaluation of the impact of the improved standards is also emerging and positive. Research has shown that as a result of the updated standards, children are eating more fruits and vegetables and their overall dietary quality has improved.¹⁰ A recent report from the Centers for Disease Control and Prevention (CDC) on sodium reduction in schools found an 11 percent decrease in sodium content in the meals served and underscored that a comprehensive approach to healthier diets through reduced sodium is feasible.¹¹ Given the wealth of evidence on the need to increase intake of nutritious foods for healthy weights and prevention of chronic illnesses during childhood, it is critical that the FNS retain the progress made to improve these standard, rather than attempt to rollback these provisions.

Despite the science and cost savings behind these standards, the USDA proposed in 2017 and finalized the following year a rule (*Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements*) that rolled back these critical criteria. This rule has since been vacated and remanded by the courts. Even with this court ruling, the proposed rule seeks to again roll back these criteria by targeting changes to roll back standards around serving whole grains and limiting sodium and fat. Specifically, this second attempt to weaken nutrition standards will scale back whole-grain requirements by reducing the original standard that 100 percent of all grains served in school meals are whole-grain-rich to only 50 percent, and will continue to delay the requirement to further lower sodium levels in school meals.

School meals should be consistent with the Dietary Guidelines for Americans, including serving whole-grain foods and limiting sodium and saturated fat. This is especially important because most American children, especially those from low income families, do not consume enough fiber and whole grains, and consume too much sodium and fat. Further, milk deserves special mention here because of the important nutrients it contains, such as calcium and vitamin D, which are very important for healthy growth and development of children. However, low-fat or fat-free unflavored milk is preferable to avoid unnecessary fat and calories in children's diets.¹² In a country where obesity affects nearly one in five children, and places children at greater risk of cardiovascular disease and diabetes, healthy school meals are necessary for reversing this concerning health trend.¹³

At a time of unprecedented food insecurity rates and health disparities, our nation's children need strong, evidence-based school nutrition standards that support their learning, health, and well-being. Yet, if finalized, this rule will make permanent weaker nutrition standards for whole grains, sodium, and milk, and continue to roll back the healthy nutrition standards for school meals that are critical for child health and development. As pediatricians and public health researchers, we are gravely concerned

about the impact this will have on children's health. Therefore, we strongly oppose this regulatory action that would harm the health of children and their families, and urge the administration to immediately withdraw this proposal in its entirety.

Sincerely,



Megan Sandel MD, MPH
Co-Lead Principal Investigator, Children's
HealthWatch
Boston, MA



Maureen Black, PhD
Principal Investigator, Children's HealthWatch
Baltimore, MD



Diana Becker Cutts, MD
Co-Lead Principal Investigator, Children's
HealthWatch
Minneapolis, MN



Stephanie Ettinger de Cuba, MPH
Executive Director, Children's HealthWatch



Félice Lê-Scherban, PhD, MPH
Principal Investigator, Children's HealthWatch
Philadelphia, PA



Deborah A. Frank, MD
Principal Investigator and Founder, Children's
HealthWatch
Boston, MA



John Cook, PhD, MAEd
Principal Investigator, Children's HealthWatch
Boston, MA



Eduardo Ochoa Jr., MD
Principal Investigator, Children's HealthWatch
Little Rock, AR

-
- ¹ Murphy JM, Pagano M, Bishop SJ. Impact of a Universally Free, In-Classroom School Breakfast Program on Achievement: Results from the Abell Foundation's Baltimore Breakfast Challenge Program. Massachusetts General Hospital, Boston, MA. Interim report; 2001.
- ² Bartfeld JS, Ahn HM. Breakfast and the Achievement Gap Among Urban Minority Youth. *J Sch Health*. 2011; 81(10):635-640.
- ³ Kleinman RE, Hall S, Green H, Korzec-Ramirez D, Patton K, Pagano ME, Murphy JM. Diet, Breakfast, and Academic Performance in Children. *Annals of Nutrition & Metabolism* 2002; 46 (suppl 1):24-30.
- ⁴ Murphy JM. Breakfast and Learning: An Updated Review. *Journal of Current Nutrition and Food Science*, 2007; 3(1): 3-36.
- ⁵ Clark MA, Fox MK. Nutritional Quality of the Diets of U.S. Public School Children and the Role of the School Meal Programs. *J Am Diet Assoc*. 2009; 109 (2 Supplement 1), S44-S56.
- ⁶ Robinson-O'Brien R, Champoux B, Haines J, et al. Associations Between School Meals Offered Through the National School Lunch Program and the School Breakfast Program and Fruit and Vegetable Intake Among Ethnically Diverse, Low-Income Children. *J Sch Health*. 2010;80 (10): 487-492.
- ⁷ Millimet DL, Tchernis R, Husain M. School Nutrition Programs and the Incidence of Childhood Obesity. *Journal of Human Resources*. 2010;45 (3), 640-654.
- ⁸ Bartfiel JS, Ahn HM. The School Breakfast Program Strengthens Household Food Security among Low-income Households with Elementary School Children. *J. Nutr*. 2011;141(3):470-475.
- ⁹ Gortmaker SL, Wang YC, Long MW, Giles CM, Ward ZJ, Barrett JL, et al. Three interventions that reduce childhood obesity are projected to save more than they cost to implement. *Health Affairs*, 34(11);2015.
- ¹⁰ Johnson DB, Podrabsky M, Rocha A, Otten JJ. Effect of the Healthy Hunger-Free Kids Act on the Nutritional Quality of Meals Selected by Students and School Lunch Participation Rates. *JAMA Pediatr*, 2016 Jan;170(1): e153918.
- ¹¹ Long CR, Rowland B, Langston K, Faitak B, Sparks K, Rowe V, McElfish PA. Reducing the intake of sodium in community settings: evaluation of Year One activities in the Sodium Reduction in Communities Program, Arkansas, 2016-2017. *Prev Chronic Dis*. 2018; 15: 180310.
- ¹² Daniels SG, Hassink SG, Committee on Nutrition. The Role of the pediatrician in primary prevention of obesity. *Pediatrics*, 2015;136:e275.
- ¹³ Centers for Disease Control. Childhood obesity facts: Prevalence of childhood obesity in the United States. Webpage. Accessed March 4, 2019. <https://www.cdc.gov/obesity/data/childhood.html>