April 7, 2020

School Programs Branch, Policy and Program Development Division
Food and Nutrition Service
United States Department of Agriculture (USDA)
P.O. Box 2885
Fairfax, VA 22031

RE: Proposed Rule: Simplifying Meal Service and Monitoring Requirements in the National School Lunch and School Breakfast Programs (RIN 0584-AE67)

To Whom It May Concern:

As a non-profit, non-partisan organization that promotes optimal health for every person and community, Trust for America's Health (TFAH) appreciates this opportunity to provide comments on USDA's Proposed Rulemaking regarding Simplifying Meal Service and Monitoring Requirements in the National School Lunch and School Breakfast Program. TFAH strongly supports the critical service that the National School Lunch Program (NSLP), School Breakfast Program (SBP), and Child and Adult Care Food Program (CACFP) provides to combat hunger and improve nutrition. However, we are concerned that the proposed changes could damage the health and well-being of those served.

Healthy food is essential to good health and well-being and therefore TFAH opposes any changes that would reduce the nutritional quality of NSLP, SBP, and CACFP meals. We believe the proposed changes are largely unnecessary and would jeopardize the progress schools are making to provide healthier food to vulnerable children and decrease the overall healthfulness of school meals. The changes would decrease school meal participation by encouraging a la carte purchases, which is both a fiscal risk to school meal programs and an equity concern. Moreover, the proposal would allow less fruit and less variety of vegetables, which likely would result in replacing them with starchy vegetables, such as potatoes, which children already overconsume. TFAH urges USDA to build upon already existing efforts to make school meals healthier and commit sufficient funding and technical assistance to help schools provide nutritious lunches, instead of lowering nutritional standards.

Background

Students from households earning 130% or less of the Federal Poverty Level (FPL) are eligible to receive free breakfasts and lunches through the SBP and NSLP. Reduced-price lunches are available to children up to 185% FPL. In 2018, of the five billion lunches served to 31 million children, nearly three-quarters were free or discounted through the NSLP.[1] The SBP served 2.4 billion breakfasts to 14.7 million children that year, of which 85 percent were free or reduced.[2] For many of the children served daily by

[1] National School Lunch Program [website], USDA, Available at: https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program.aspx
[2] Economic Research Service, School Breakfast Program, *USDA*, Available at: https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/school-breakfast-program/

these programs, school meals provide a large percentage of the food they will eat that day. The CACFP serves on average, an additional 4.3 million adults and children every day, respectively.[3]

Nutrition, health, and well-being are closely aligned. Poor eating, especially when coupled with limited physical activity, has a cumulative effect on one's body. The eating habits that children establish can therefore set them up for success—or put them at risk for one or more of the preventable chronic diseases that now affect at least 117 million American adults.[4] Cardiovascular disease, high blood pressure, type 2 diabetes, some cancers, and osteoporosis, as well as overweight and obesity, are all related to poor nutrition. A 2019 study attributed 80,000 cancer cases, or 5.2 percent of all new diagnoses, to poor diet and obesity. Children with obesity may suffer immediate health consequences, including type 2 diabetes, high blood pressure, and depression, as well.[5] Accordingly, the nutrition habits of our school children have lifelong ramifications for their health and well-being.[6]

The State of Obesity

Every year, TFAH releases its *State of Obesity* report, which updates data and policy recommendations regarding obesity. Our 2019 report found that over the past five years, more than half of states had statistically significant increases in their adult obesity rates.[7] For the first time, the adult obesity rate exceeded 35 percent in nine states.[8] For children ages 2 to 19, obesity rates have tripled from 5.5 percent in 1980 to 18.5 percent in 2016.[9, 10]

These numbers not only reflect individual and population health problems; the prevalence of obesity also has profound ramifications for the economy and national security. Treating obesity and its related health issues poses a substantial financial burden on the U.S. healthcare system. A decade ago, the medical costs of overweight and obesity were already estimated to reach $149 billion annually.[11] These costs could cost an additional $28-$66 billion by 2030 unless significant progress is made.[12]

Nutrition also affects national security: obesity is the leading medical reason that young adults are ineligible for military service.[13] According to Mission: Readiness, a nonpartisan group of more than 750 retired admirals and generals, excess body fat prevents nearly one in three young adults from qualifying

[3] Child and Adult Care Food Program [website], USDA, Available at: https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program
[4] Dietary Guidelines 2015-2020, Introduction: Nutrition and Health are Closely Related, *USDA*, Available at: https://health.gov/dietaryguidelines/2015/guidelines/introduction/nutrition-and-health-are-closely-related/
[5] Molly Warren, Stacy Beck, Daphne Delgado, et al., The State of Obesity, (2019) Trust for America's Health, Available at: https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf
[6] Mary Kay Fox, et al., (2019) School Nutrition and Meal Cost Study: Volume 2 – Nutritional Characteristics of School Meals, USDA.
[7] Molly Warren, Stacy Beck, Daphne Delgado, et al., The State of Obesity, (2019) Trust for America's Health, Available at: https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf
[8] Id.
[9] Fryar CD, Carroll MD, and Ogden CL. Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1960–1962 Through 2009–2010. Hyattsville, MD: National Center for Health Statistics, September 2012. https://www.cdc.gov/nchs/data/hestat/obesity_adult_09_10/obesity_adult_09_10.htm (accessed July 21, 2019).
[10] Hales CM, Carroll MD, Fryar CD, and Ogden CL. "Prevalence of Obesity Among Adults and Youth: United States, 2015–2016." NCHS Data Brief, 288, October 2017. https://www.cdc.gov/nchs/data/databriefs/db288.pdf (accessed July 21, 2019).
[11] Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Aff* 2009;28(5):w822-31.
[12] Wang CY, et al., Health and economic burden of the projected obesity trends in the USA and the UK, (2011) Lancet, 378:815-25.
[13] Division of Nutrition, Physical Activity, and Obesity. "Unfit to Serve: Obesity Is Impacting Nation Security." Centers for Disease Control and Prevention, May 2017. https://cdc.gov/physicalactivity/downloads/unfit-to-serve.pdf

for military service, and the U.S. Department of Defense spends more than $1 billion each year on obesity-related health issues.[14]

The 2012 school nutrition standards are based on sound science and reflect the 2010-2015 Dietary Guidelines for Americans (DGAs),[15] which are further confirmed by the 2015-2020 DGAs and the National Academies of Science, Engineering, and Medicine (formerly, Institute of Medicine) 2009 report *School Meals: Building Blocks for Healthy Children*.[16] The Harvard University T.H. Chan School of Public Health concluded that the 2012 update to school meal standards and the 2013 update to competitive foods is, "one of the most important national obesity prevention policy achievements in recent decades."[17] Researchers estimate that these improvements could prevent more than two million cases of childhood obesity and save up to $792 million in health-care related costs over ten years. Improved school nutrition is critical given that one out of three children and adolescents aged 2 to 19 years is overweight or obese[18, 19] and children consume one-third to one-half of daily calories during the school day.[20] Participation in the SBP is also associated with a lower BMI, a measure of obesity.[21]

The importance of healthy school lunches

By supporting healthier food choices, nutritious school lunches promote health equity and academic success and offer among the greatest opportunities for progress in supporting the health and well-being of this country's most vulnerable children. Indeed, the National School Lunch Act, which created the program in 1946, notes this as its very mission: "To safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food."[22]

High nutrition standards help make school lunch the most substantial and healthiest meal many children may eat in a day. Studies have demonstrated that removing less healthy competitive foods and "nudging" students to choose healthier options can further increase student's acceptance of nutritious school meals.[23] Further misalignment with the DGAs will put children at increased risk of diet-related disease due to increased consumption of sodium, sugar-sweetened foods and drinks, processed meats, and refined carbohydrate foods like white bread and fried potatoes.

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[14] Mission Readiness. "Over 250 Retired Admirals and Generals Call on President Trump to Appoint Leaders to President's Council on Sports, Fitness, and Nutrition to Ensure Future Military Readiness." Press release, Mission Readiness, April 10, 2018. https://www.prnewswire.com/news-releases/over-250-retired-admirals-and-generals-call-on-president-trump-to-appoint-leaders-to-presidents-council-on-sports-fitness-and-nutrition-to-ensure-future-military-readiness-300627383.html

[15] U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*, 8th Edition. Washington, DC: U.S. Government Printing Office, 2015.

[16] Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press; 2010.

[17] Gortmaker SL, Wang YC, Long MW, et al. Three Interventions that Reduce Childhood Obesity Are Projected to Save More Than They Cost to Implement. *Health Aff.* 2015;34:1932-9.

[18] Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of Obesity Among Adults and Youth: United States, 2011-2014. *NCHS Data Brief*. 2015;219:1-8.

[19] Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*. 2014;311:806-14.

[20] U.S. Department of Agriculture. *School Nutrition Dietary Assessment Study-III*. Washington, DC: USDA; 2007.

[21] Philip Gleason, et al., School Meal Program Participation and Its Association with Dietary Patterns and Childhood Obesity, (2009) *USDA Contractor and Cooperator Report No. 55*, Available at: https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/school-breakfast-program/

[22] National School Lunch Act, of 1946, 79 P.L. 396, 60 Stat. 230

[23] Rebecca Boehm, et al., Removing Competitive Foods v. Nudging and Marketing School Meals: A Pilot Study in High-School Cafeterias, (2020) *Public Health Nutrition*, 23(2): 366-373, DOI: 10.1017/S136898001900329X

Good nutrition is an important component of a student's education. According to the Centers for Disease Control and Prevention (CDC), adequate nutrition is closely tied to academic success. [24] Healthy students perform better academically, behave better in school, and are better prepared to learn. In particular, students who eat vegetables (excluding fried potatoes), fruit, and milk at least daily are more likely to earn A's and B's than students who eat a less healthy diet.[25] In contrast, hungry and/or malnourished students tend to earn lower grades, miss or arrive late to school, and struggle to focus compared to their peers.[26] By supporting student health through good nutrition, schools can help decrease rates of school absenteeism, reduce behavioral problems, and increase school-wide achievement.

Changing nutrition standards for school meals is unnecessary

The NSLP is inextricable from the health of those it serves. High nutrition standards support efforts to fight childhood obesity, benefit public health, and promote health equity. TFAH believes the proposed changes are largely unnecessary.

The vast majority of schools are compliant with NSLP standards. In the first comprehensive assessment of the NSLP and SBP since nutrition standards were updated, NSLP lunches scored 81.5 out of 100, and SBP breakfasts scored 71.3 out of 100, according to a measure of meals average calorie and nutrient content. These scores represent a significant improvement over the previous five years; scores increased at least 23 points for all schools between 2009-2010 and 2014-2015.[27] The vast majority of weekly lunch menus (95%) met daily fruit quantity requirements, 91% met meat requirements, 99% met milk requirements, 81% met vegetable requirements, and 80% met whole-grain requirements.[28] Notably, schools that did not sell less healthy competitive foods during meal times had significantly higher healthy eating scores than schools that did sell competitive foods.[29]

Rather than reject healthy meals, hungry students seem satisfied by the lunches they are offered. Research, including USDA's own investigation, has found that plate waste has not increased following the introduction of stronger, evidence-based nutrition standards.[30,31] In fact, after the changes, NSLP participation was higher in schools with more nutritious lunches than in schools with less nutritious lunches. Accordingly, the USDA found that students participating in the NSLP maintained a higher quality daily diet, compared to their peers.[32] NSLP participants were 23% to 300% more likely to consume vegetables and fruits or fruit juice at lunch than their peers. These students were also significantly less likely to consume desserts, snacks, or unhealthy beverages than their peers, and to have

[24] Health and Academic Achievement, (2014) CDC, Available at: https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
[25] Percentage of high school students who engaged in dietary behaviors, by type of grades earned, (2015) Youth Risk Behavior Survey.
[26] Health and Academic Achievement, (2014) CDC, Available at: https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
[27] Mary Kay Fox, et al., (2019) School Nutrition and Meal Cost Study: Volume 2 – Nutritional Characteristics of School Meals, USDA.
[28] *Supra n. 2 (Fox – Nutrition)*
[29] Mary Kay Fox, et al., (2019) School Nutrition and Meal Cost Study: Volume 2 – Nutritional Characteristics of School Meals, USDA.
[30] Jennifer L. Mansfield and Dennis A. Saviano, Effect of School Wellness Policies and the Healthy, Hunger-Free Kids Act on Food-Consumption Behaviors of Students, 2006-2016: A Systematic Review, (2017) *Nutrition Reviews,* 75(7): 533-552, DOI: 10.1093/nutrit/nux020
[31] *Supra n. 1 (Fox – Food Intake)*
[32] *Supra n. 1 (Fox – Food Intake)*

healthier eating habits overall.[33,34] By making healthy food the easy choice, the evidence suggests that current nutrition standards are facilitating the development of lifelong healthy habits, setting students up for better health and greater success later in life.

Current nutrition standards largely align with science

The 2012 school nutrition standards are based on an expert review of nutrition science by the National Academies of Science, Engineering, and Medicine (formerly Institute of Medicine). The Academies' 2009 report *School Meals: Building Blocks for Healthy Children*,[35] included a careful assessment of the nutritional and food needs of school age children and recommendations designed to improve children's health, foster healthy eating habits, and better align school meals with the Dietary Guidelines for Americans.[36] The Harvard University T.H. Chan School of Public Health concluded that the 2012 update to school nutrition standards was "one of the most important national obesity prevention policy achievements in recent decades."[37] Researchers estimate that these improvements could prevent more than two million cases of childhood obesity and save up to $792 million in health care- related costs over ten years.

The standards for a healthy American diet emphasize a variety of nutrient-dense foods—vegetables, fruits, whole grains, dairy and lean proteins—at every stage of life.[38] TFAH recommended aligning youth nutrition programs with national dietary guidelines as a key strategy for addressing childhood obesity in the 2019 *State of Obesity* report.[39] For this reason, we strongly believe that current NSLP, NBP, and CACFP nutrition guidelines should align with the USDA's own science-based dietary recommendations. If those guidelines change in the upcoming Dietary Guidelines 2020-2025, we would encourage USDA to revisit the school nutrition program standards at that time. Upholding evidence-based standards is an opportunity for the nation to provide an equitable platform from which future generations may grow into healthy and productive members of society.

It is important to note that while the 2012 nutrition standards largely align with the DGAs, several of the standards have been weakened in the past few years. In 2018, USDA implemented a final rule (Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements, 83 Fed. Reg. 63775 [Dec. 12, 2018]) that delayed the next levels of sodium reduction by seven years and eliminated sodium-reduction Target 3, cut the whole grain-rich standard in half from 100 to 50 percent, and allowed flavored low-fat (1 percent) milk to be sold without a calorie (and/or added sugar) limit. The current proposed rule continues on this path of "death by a thousand cuts" and undermines evidence-based efforts to improve the quality and nutritional value of foods served in schools. Continually weakening the standards does not provide more stability and consistency for schools or industry. On the contrary, it continuously changes the goalposts for school efforts and industry reformulation.

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[33] *Supra n. 1 (Fox – Food Intake)*
[34] Jaqueline A. Vernarelli and Brady O'Brien, A Vote for School Lunches: School Lunches Provide Superior Nutrient Quality Than Lunches Obtained From Other Sources in a Nationally Representative Sample of US Children, (2017) *Nutrients*, 9(9), DOI: 10.3390/nu9090924
[35] Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press; 2010.
[36] Ibid.
[37] Gortmaker SL, Wang YC, Long MW, et al. Three Interventions that Reduce Childhood Obesity Are Projected to Save More Than They Cost to Implement. *Health Aff.* 2015;34:1932-9.
[38] Dietary Guidelines for Americans 2015-2020 – Eighth Edition, (2015) USDA.
[39] *Supra n. 3 (TFAH)*

Nutritious school lunches are equitable lunches

TFAH is concerned that USDA did not estimate the rule's public health and equity impact nor did the agency consult with the public health community. This goes against Executive Orders 12866 and 13563, which require agencies to assess costs and benefits of regulatory actions and select approaches that maximize net benefits, including public health effects and equity. The vast majority of current participants are low-income: 85 percent of School Breakfast Program (SBP) participants and 71.4 percent of National School Lunch Program (NSLP) participants receive free or reduced priced meals, determined based on their household income.[40]

Strong nutrition standards in the NSLP, NBP, and CACFP programs help ensure that low-income children have equitable access to healthy food and, in turn, to the opportunity for lifelong well-being. This fact should drive the consideration of changes proposed to any school meal program. Higher-income students may be able to eat nutritious lunches packed for them by their caretaker. Lower-income students who participate in the NSLP may not have that option. Coupled with changes to SNAP eligibility last year, this proposal to reduce the nutritional value required of school lunches is another threat to the health and well-being of the nation's most vulnerable children. All children deserve the opportunity to grow and thrive alongside their peers, regardless of their income.

Recommendations

Trust for America's Health urges USDA to raise the bar, not lower the floor, in providing children with healthy food options. We urge USDA to stay the course within the National School Lunch Program, School Breakfast Program, and Children and Adult Care Food Program. Specifically, we urge the USDA to:

- **Remove the a la carte entrée exemption.** The proposed increased availability of "competitive foods" (entrees sold, a la carte, separately from federal school meals) would allow children to regularly consume unbalanced meals. Current smart snack exemptions should not be further extended.
- **Maintain the current amount and variety of vegetables requirements, which are based on sound science.** The current variety and amounts of each vegetable subgroup, including red/orange vegetables, are in accordance with age-based needs that are reflected in current regulations and was designed around evidence-based daily consumption of healthy vegetables.
- **Maintain current required one cup of fruit during school breakfast.** The current required one cup of fruit during breakfast is evidence-based and consistent with the DGAs. Furthermore, we oppose any efforts to replace fruit servings with starchy vegetable substitutions.
- **Maintain current regulations regarding age/grade group-specific nutritional requirements.** The current three grade groups (Kindergarten – 5th grade; 6-8th grade; and 9-12th grade) are evidence-based categories that are designed to meet the different nutritional needs of growing children.

TFAH's priority will always be to provide children with healthy food options, in line with the latest science, and appreciate the extraordinary efforts that have been employed during emergency situations, as what has been done recently to respond to unique needs caused by COVID-19. We commend USDA Secretary Perdue in taking action to give states more flexibility to provide meal service to students during school closures. While TFAH recognizes the additional flexibilities that are needed during an emergency,

[40] U.S. Department of Agriculture. *Child Nutrition Tables: National Level Annual Summary Tables: FY 1969-2019.*

we advocate that during normal operating periods USDA continue to prioritize efforts that ensure children have access to healthy, nutritious foods that enable them to learn to their fullest potential.

We are concerned that some of the proposed changes would impede the long-term success of low-income students' access to nutritious food, hinder efforts to curb the obesity epidemic and exacerbate racial and economic disparities in health and well-being. We are also concerned that some of the proposed changes would undermine the best interests of our nation by exacerbating the health conditions that burden our economy and national security. Further, we find these changes unnecessary, as the majority of schools are already compliant with current standards, and food waste has not increased among those who participate in the program. While we sympathize with the difficulty that some schools have faced in implementing these standards, we believe that USDA should provide more financial and technical assistance to help these schools prepare and promote students' acceptance of nutritious meals in line with current standards.

Thank you for your consideration of these comments. If you have any questions, please do not hesitate to contact Daphne Delgado, Senior Government Relations Manager, at ddelgado@tfah.org.

Sincerely,

John Auerbach, MBA

President & CEO

Trust for America's Health