



May 10, 2023

Cindy Long, MPA
Administrator, Food and Nutrition Services
United States Department of Agriculture
3101 Park Center Drive #906
Alexandria, VA 22302

Re: Docket No. FNS–2022–0043; Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans (RIN 0584–AE88)

Dear Administrator Long:

Trust for America’s Health (TFAH) is grateful for the opportunity to provide comments regarding the United States Department of Agriculture (USDA), Food and Nutrition Services’ proposed rule: Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans.¹ TFAH applauds the efforts the USDA is taking to combat hunger and improve nutrition.

Trust for America’s Health (TFAH) is a non-profit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. TFAH advances evidence-based policy recommendations to strengthen the nation’s public health system and envisions a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels. One of TFAH’s longstanding policy priorities is chronic disease and obesity prevention, including through improving equitable access to healthy nutrition. Our 2022 *State of Obesity* report found that youth obesity increased 42 percent between 1999 and 2020.² The report calls for strengthening the nutritional standards of school nutrition as a key strategy to reducing children’s risk for chronic disease. Importantly, previous updates to school meals standards have greatly improved the diets of millions of children across America.³

TFAH supports the proposed guidelines intended to align with the *Dietary Guidelines for Americans 2020-2025* (DGA) which “provide science-based advice on what to eat and drink to

¹ Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans. Federal Register. 2023. <https://www.federalregister.gov/documents/2023/02/07/2023-02102/child-nutrition-programs-revisions-to-meal-patterns-consistent-with-the-2020-dietary-guidelines-for>. Accessed March 29, 2023.

² Trust for America's Health. “State of Obesity 2022: Better Policies for a Healthier America.” <https://www.tfah.org/report-details/state-of-obesity-2022/>. September 2022. Accessed March 17, 2023.

³ Gearan EC, Fox MK. Updated Nutrition Standards Have Significantly Improved the Nutritional Quality of School Lunches and Breakfasts. *J Acad Nutr Diet*. 2020 Mar;120(3):363-370. doi: 10.1016/j.jand.2019.10.022. Epub 2020 Jan 13. PMID: 31948795.



promote health, reduce risk of chronic disease, and meet nutrient needs.”⁴ USDA’s proposal is largely consistent with the DGA’s directives that children reduce consumption of added sugars and sodium while increasing consumption of whole grains and skim and low-fat milk.⁵ However, the new guidelines fall short of DGA’s guidelines for children in a few areas: TFAH strongly encourages standards that fully align with DGA guidelines for added sugars, sodium, whole grains, and milk. Our views regarding specific provisions are detailed below.

Background

The Food and Nutrition Service’s School Breakfast Program (SBP), National School Lunch Program (NSLP) and Child and Adult Care Food Program (CACFP) provide meals and snacks to millions of Americans every year. The SBP serves around 15 million children 2.5 billion breakfasts yearly, the NSLP serves 29 million children 4.9 billion lunches yearly, and the CACFP provides meals and snacks to 4.2 million children in child care programs and 138,000 adults in adult day programs.^{6,7,8,9} The SBP and NSLP play a critical role in providing nutritious meals to students living in food insecure households, disproportionately children of color, low-income children, and children with disabilities.¹⁰ Participating in the federally-funded nutrition programs can reduce food insecurity for both students and their entire households.¹¹ For some children, meals provided at school make up a majority of their daily food intake, making the nutrient quality of school meals of particular importance in students’ overall health.¹²

Diet plays an important role in overall health. Poor nutrition can increase lifetime risks of cardiovascular disease, heart attack, stroke, type 2 diabetes, and some cancers.¹³ Poor diet is also associated with increased risk of obesity, an increasing challenge among children, affecting

⁴ U.S. Department of Agriculture and U.S. Department of Health and Human Services. “Dietary Guidelines for Americans, 2020-2025.” www.DietaryGuidelines.gov. Accessed March 29, 2023.

⁵ Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans. Federal Register. 2023. <https://www.federalregister.gov/documents/2023/02/07/2023-02102/child-nutrition-programs-revisions-to-meal-patterns-consistent-with-the-2020-dietary-guidelines-for>. Accessed March 29, 2023.

⁶ U.S. Department of Agriculture. “USDA ERS - School Breakfast Program.” <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/school-breakfast-program>. Accessed March 14, 2023.

⁷ U.S. Department of Agriculture. “USDA ERS - National School Lunch Program.” Accessed March 14, 2023. <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program.aspx>. Accessed March 14, 2023.

⁸ U.S. Department of Agriculture. “Child and Adult Care Food Program | Food and Nutrition Service.” <https://www.fns.usda.gov/cacfp>. Accessed March 14, 2023.

⁹ U.S. Department of Agriculture. “USDA ERS - Free School Lunch, Breakfast Participation Rose Between 2009 and 2019.” <https://www.ers.usda.gov/amber-waves/2020/october/free-school-lunch-breakfast-participation-rose-between-2009-and-2019/>. Accessed March 17, 2023.

¹⁰ Ullmann, Heidi, Julie D. Weeks, and Jennifer H. Madans. “Children living in households that experienced food insecurity: United States, 2019–2020.” *National Center for Health Statistics Data Brief No 432*, 2021. <https://dx.doi.org/10.15620/cdc:113966>. Accessed March 29, 2023.

¹¹ Bartfeld, Judith S. and Hong-Min Ahn. “The School Breakfast Program strengthens household food security among low-income households with elementary school children.” *Journal of Nutrition*, 141(3), 470–475, 2011. <https://doi.org/10.3945/jn.110.130823>. Accessed March 29, 2023.

¹² State of Childhood Obesity. “School Meals Are a Lifeline for America’s Kids and Families.” <https://stateofchildhoodobesity.org/school-meals-are-a-lifeline-for-americas-kids-and-families/>. Accessed April 10, 2023.

¹³ Centers for Disease Control and Prevention. “Poor Nutrition.” <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>. Accessed March 17, 2023.

nearly one in five Americans under the age of 19.¹⁴ Obesity in children is associated with increased risk of chronic diseases both in childhood and into adulthood. Developing healthy nutrition habits in childhood is critical to reducing the risk of obesity and chronic disease throughout the lifespan. For participants in the SBP and NSLP, access to healthy meals is associated with better diets, healthier eating behaviors, access to more fruits and vegetables, and a healthier weight trajectory.^{15,16,17} School lunches provided through the NSLP tend to be more nutritious than meals obtained from other sources, and this difference is most pronounced for the meals of low-income students.¹⁸ Furthermore, evidence indicates that access to nutritious meals through the SBP and NSLP also positively impact educational outcomes, improving school performance, raising grades, and reducing absenteeism.¹⁹

In 2012, the USDA transformed nutritional standards for meals served in the SBP, NSLP, and CACFP, increasing participants' access to fruits, vegetables, and whole grains in addition to limiting saturated fats and sodium.²⁰ The current proposed standards and a relaxing of requirements due to COVID-19-related disruptions and purchasing challenges, are an important improvement in quality in the SBP, NSLP, and CACFP programs.

Sugar Standards for School Breakfast and Lunch Programs

TFAH supports the proposed limits on added sugars in school lunches and limits on products known to be high in sugar. The DGA recommends that children get less than 10 percent of their calories from added sugars.²¹ The DGA also recommends limited intake of foods that are high in added sugars such as sweetened beverages, desserts and sweet snacks, breakfast cereals and bars, and candy. Consumption of excess added sugars in children is associated with cardiovascular

¹⁴ Trust for Americas Health. "State of Obesity 2022: Better Policies for a Healthier America." <https://www.tfah.org/report-details/state-of-obesity-2022/>. September 2022. Accessed March 17, 2023.

¹⁵ Mansfield, Jennifer L. and Dennis A. Savaiano. "Effect of school wellness policies and the Healthy, Hunger-Free Kids Act on food-consumption behaviors of students, 2006–2016: a systematic review." *Nutrition Reviews*, 75: 533–552. July 2017. <https://doi.org/10.1093/nutrit/nux020>.

¹⁶ Clark, Melissa A. and Mary Kay Fox. "Nutritional quality of the diets of US public school children and the role of the school meal programs." *Journal of the American Dietetic Association*, 2009;109(2 Suppl):S44-S56. doi:10.1016/j.jada.2008.10.060. Accessed March 29, 2023.

¹⁷ Condon, Elizabeth M., Mary Kay Crepinsek, and Mary Kay Fox. "School meals: types of foods offered to and consumed by children at lunch and breakfast." *Journal of the American Dietetic Association*, 2009;109(2 Suppl):S67-S78. doi:10.1016/j.jada.2008.10.062. Accessed March 29, 2023.

¹⁸ Vernarelli, Jacqueline A., 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." *Nutrients*, 2017;9(9):924. August 2017. doi:10.3390/nu9090924. March 29, 2023.

¹⁹ Centers for Disease Control and Prevention. "Health and Academic Achievement." https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf. Accessed March 29, 2023.

²⁰ Nutrition Standards in the National School Lunch and School Breakfast Programs. Federal Register. January 26, 2012. <https://www.federalregister.gov/documents/2012/01/26/2012-1010/nutrition-standards-in-the-national-school-lunch-and-school-breakfast-programs>. Accessed March 17, 2023.

U.S. Department of Agriculture and U.S. Department of Health and Human Services. "Dietary Guidelines for Americans, 2020-2025." [DietaryGuidelines.gov](https://www.dietaryguidelines.gov). Accessed March 29, 2023.

disease, obesity, hypertension, and dental issues.²² Despite the risks associated with added sugars, approximately 60 percent of children exceed the recommended intake of added sugars.²³

School breakfast and lunch programs are unfortunately part of the problem. Currently, nearly nine in 10 school breakfasts and seven in 10 school lunches exceed DGA's recommendations for added sugars.²⁴ Many school breakfasts offer breakfast cereals, pastries, or bars that often are high in added sugars. Sweetened milk products also represent a large source of added sugar in school meals.²⁵ Given the health risks of added sugars and the prevalence of added sugars in the children's nutrition programs, TFAH applauds the USDA's proposal to place further limits on added sugars within school meals and supports both product-based and weekly meal limits on added sugars.

School Meal Sodium Levels

TFAH supports reducing sodium in federal meal programs but urges the USDA to strengthen the proposed limits to fully align with DGA standards for children.

The DGA recommends that children limit sodium intake to less than 1500 mg/day for children ages four to eight, less than 1,800 mg/day for children nine to 13, and less than 2,300 mg/day for children 14-18.²⁶ Data suggests that the vast majority of children, at excess of 95 percent for certain age categories, exceed recommended daily intake of sodium. Establishing a diet low in sodium is important for children as high sodium diets in both in children and adults are associated with developing high blood pressure, kidney disease, and heart disease in adulthood.²⁷

Schools have continued to successfully decrease the sodium levels in the meals they serve;²⁸ however more action is required. Though the proposed sodium limitations bring school meals closer to recommended sodium levels for children, it does not go far enough to limit sodium for younger children, particularly children under eight years old. The new rule would allow breakfast and lunches served under federal meal programs to make up approximately 83 percent of a five to eight-year-old child's daily sodium intake, making it nearly impossible for students participating in these programs to maintain a diet within recommended sodium limits.

²² Vos, Miriam B., et al. "Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association." *Circulation*, 2017;135(19):e1017-e1034.

<https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000439>. Accessed March 29, 2023.

²³ U.S. Department of Agriculture and U.S. Department of Health and Human Services. "Dietary Guidelines for Americans, 2020-2025." *DietaryGuidelines.gov*. Accessed March 29, 2023.

²⁴ Fox, Mary Kay, Gearan, Elizabeth C., and Colin Schwartz. "Added Sugars in School Meals and the Diets of School-Age Children." *Nutrients*, 2021;13(2):471. . Accessed March 29, 2023. <https://pubmed.ncbi.nlm.nih.gov/33573299>. Accessed March 29, 2023.

²⁵ Bowman, Shanthay A., et al. "Added Sugars in American Children's Diet: What We Eat in America, NHANES 2015-2016." *Food Surveys Research Group Dietary Data Briefs*. United States Department of Agriculture (USDA). December 2019. <http://www.ncbi.nlm.nih.gov/books/NBK589213/>.

²⁶ U.S. Department of Agriculture and U.S. Department of Health and Human Services. "Dietary Guidelines for Americans, 2020-2025." *DietaryGuidelines.gov*. Accessed March 29, 2023.

²⁷ Rosner, Bernard, et al. "Childhood blood pressure trends and risk factors for high blood pressure: the NHANES experience 1988-2008." *Hypertension*, 2013;62(2):247-254. <https://pubmed.ncbi.nlm.nih.gov/23856492>. March 29, 2023.

²⁸ Chapman LE, Richardson S, Harb AA, Fear E, Daly TP, Olarte DA, Hawley M, Zukowski E, Schwartz C, Maroney M, Cohen JFW. "Nutrient Content and Compliance with Sodium Standards in Elementary School Meals in the United States Pre- and Post-COVID-19." *Nutrients*. 2022 Dec 19;14(24):5386. doi: 10.3390/nu14245386. PMID: 36558545; PMCID: PMC9784979.

Under the DGA guidelines, sodium limits for breakfasts should be set at approximately 320 mg for children five to eight, 390 mg for children nine to 13, and 490 mg for children 14-18. For lunches sodium limits should be set at approximately 480 mg for children five to eight, 580 mg for children nine to 13, and 740 mg for children 14-18. TFAH encourages USDA to gradually lower the allowable levels of sodium in school meals to better align with the DGA.

Milk Standards

To address disparities in consumption of nutrients found in dairy products, TFAH supports the USDA's proposal rule to maintain the current milk standard allowing all schools to offer fat-free and low-fat milk, flavored and unflavored, with the new proposed added sugars limit for flavored milk. TFAH also supports greater inclusion of milk alternatives with comparable nutritional value of milk in schools for children with lactose intolerance.

Dairy products play an important role in children's diets. Milk is the leading dietary source of three of the four important nutrients of public health concern for children, including vitamin D, calcium, and potassium.²⁹ Consumption of nutrients primarily found in milk during childhood is particularly important for achieving optimal lifetime bone health.³⁰

Part of the reason communities of color consume less dairy may be due to higher prevalence of lactose intolerance, with 95 percent of Asian Americans, 80 percent of Black Americans, 70 percent of Ashkenazi Jews, 50–80 percent of Hispanic Americans and nearly 100 percent of American Indigenous Peoples have difficulty processing dairy, compared to 20–30 percent of Americans of European descent.³¹ All the more reason for including lactose free alternatives with comparable nutritional value as milk.

Dairy is often consumed in foods with high amounts of sodium such as pizza, sandwiches, and pastas; foods high in saturated fats such as high-fat milks and yogurts; and foods with added sugars such as flavored milks, ice cream, and sweetened yogurts.³² To obtain the nutritional benefits of milk and limit caloric, fat, and sodium intake, the DGA recommends consuming dairy in the form of low-fat milk and milk products.³³

²⁹ U.S. Department of Agriculture. "Dietary Guidelines for Americans." Accessed March 27, 2023. <https://www.idfa.org/dietary-guidelines-for-americans#:~:text=The%20guidelines%20encourage%20most%20Americans.D%2C%20calcium%2C%20and%20potassium>. Accessed March 27, 2023.

³⁰ Kit, Brian K., Margaret D. Carroll, and Cynthia L. Ogden. "Low-fat Milk Consumption Among Children and Adolescents in the United States, 2007–2008." <https://www.cdc.gov/nchs/products/databriefs/db75.htm>. Accessed March 27, 2023.

³¹ Kaufmann, E. Tan, C. "White as milk: Biocentric bias in the framing of lactose intolerance and lactase persistence." *Sociology of Health & Illness*, 44(9): 1533-1550, August 2022. DOI: 10.1111/1467-9566.13528

³² United States Department of Agriculture. "Dietary Guidelines for Americans: 2020-2025." https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf. Accessed March 27, 2023.

³³ Kit, Brian K., Margaret D. Carroll, and Cynthia L. Ogden. "Low-fat Milk Consumption Among Children and Adolescents in the United States, 2007–2008." <https://www.cdc.gov/nchs/products/databriefs/db75.htm>. Accessed March 27, 2023.

TFAH therefore supports the availability of low-fat or fat-free flavored milk for grades K-12³⁴ (Alternative B for fluid milk requirements) to encourage greater milk consumption³⁵ and promote equity in dairy intake. Fat-free flavored milk is associated with a higher intake of essential nutrients such as calcium and potassium and is not associated with adverse effects on BMI.³⁶ Recent studies showed that students participating in the NSLP selecting chocolate milk consumed more total nutrients from their lunches.³⁷ Lower-calorie low-fat or fat-free milk with reduced added sugars are acceptable for school-aged children.^{38,39}

Lactose and lactose-free dairy alternatives with comparable dairy nutrients should be made available to increase dairy intake, and USDA should consider input on whether making these available should be mandatory.

Whole Grain Standards

TFAH supports the proposed requirement that at least 80 percent of the weekly grains offered be whole grain rich and encourages efforts to increase the quantity of whole grain rich foods in nutrition programs.

Whole grains are a rich source of dietary fibers and other bioactive compounds that have the ability to modulate gut health and have a positive impact on children's health.⁴⁰ Consumption of whole grains is linked to a reduced risk of cardiovascular disease, type 2 diabetes and some cancers and to better digestive health and healthier weight.⁴¹ Research suggests that children who eat more than 1.5 servings of whole grains daily have a 40 percent lower risk of obesity than children who consume lower quantities of whole grains. Despite the recognized health benefits of whole grains, only five percent of American children eat the recommended

³⁴ According to the *American Academy of Pediatric Dentistry* and the *American Academy of Pediatrics*, flavored milk should only be limited for children under the age of five to minimize sugar intake and to avoid the development of a preference for sweet tastes in young children. American Academy of Pediatric Dentistry. "Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations: Summary of Oral Health Consideration." *The Reference Manual of Pediatric Dentistry*, 565(8), 2019.

https://www.aapd.org/globalassets/media/policies_guidelines/e_healthybev.pdf; Muth, Natalie D. "Recommended Drinks for Children Age 5 & Younger." <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Recommended-Drinks-for-Young-Children-Ages-0-5.aspx>. Accessed March 28, 2023.

³⁵ Vos, Miriam B., Jill L. Kaar, Jean A. Welsh, et al. "Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Health Association." *Circulation*, 135(19): 1017-1034. August 2016. <https://doi.org/10.1161/CIR.0000000000000439>.

³⁶ Ibid.

³⁷ Peckham, Janet G., Jaclyn D. Kropp, Thomas A. Mroz, et al. "Students choosing fat-free chocolate milk during school lunch consume more calories, total sugar, protein, minerals and vitamins at lunch." *Public health nutrition*, 24(7), 1818-1827. <https://doi.org/10.1017/S1368980021000161>

³⁸ American Academy of Pediatric Dentistry. "Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations: Summary of Oral Health Consideration." *The Reference Manual of Pediatric Dentistry*, 565(8), 2019. https://www.aapd.org/globalassets/media/policies_guidelines/e_healthybev.pdf.

³⁹ Muth, Natalie D. "Recommended Drinks for Children Age 5 & Younger." <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Recommended-Drinks-for-Young-Children-Ages-0-5.aspx>. Accessed March 28, 2023.

⁴⁰ Klerks, Michelle, Maria Jose Bernal, Sergio Roman, et al. "Infant Cereals: Current Status, Challenges, and Future Opportunities for Whole Grains." *Nutrients*, 11(2): 473, 2019. <https://doi.org/10.3390/nu11020473>.

⁴¹ Seal, Chris J., Iain A. Brownlee. "Whole-grain foods and chronic disease: evidence from epidemiological and intervention studies." *The Proceedings of the Nutrition Society*, 74(3): 313-319. <https://doi.org/10.1017/S0029665115002104>.

servings of whole grain.⁴² Additionally, 98 percent of Americans fall below the recommended whole grain intake, while 74 percent exceed the limit for refined grains.⁴³ The DGA recommends \geq 3-ounce equivalents (eq) per day of whole grains for a 1,400 to 2,000 calorie diet.⁴⁴

Data from the *National Health and Nutrition Examination Survey* (NHANES) indicates that school-aged children exceed the recommended intake of refined grains and consume less than the recommended amount of whole-grain rich foods.⁴⁵ Unlike whole grains, refined grains lack valuable nutrients that are stripped during the refining process.⁴⁶ Almost half of refined grain intake comes from sandwiches, burgers, tacos, pizza, macaroni and cheese, and spaghetti with meatballs, and about 20 percent comes from snacks and sweets.⁴⁷ Shifting from refined to whole grain versions of commonly consumed foods in SBP and NSLP meals would increase whole grain intake and lower refined grain intake to meet recommendations.⁴⁸ Additionally, including more nutrient-dense forms of grains, such as ready-to-eat cereals low in added sugar, would improve diet patterns overall.⁴⁹ More careful planning, such as limiting the amount of salt, butter, or sources of added sugars, can be used as methods to make some grain-based foods more palatable while staying within the calorie and nutrient recommendations.⁵⁰

Conclusion

The proposed long-term school nutrition standards are an essential step towards addressing disparities in nutrition and various health outcomes. TFAH supports many elements of the new proposed standards, and we urge the USDA to continue to enhance the quality of its nutrition programs in full alignment with the DGA. We look forward to further discussions about how to best support this important work. Please contact Madison West, Associate Government Relations Manager, at mwest@tfah.org with any questions or for additional information.

Sincerely,



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President and CEO
Trust for America's Health

⁴² Kraak, Vivica. "Making it Easier for Kids to Eat Whole Grain." <https://www.aicr.org/resources/blog/making-it-easier-for-kids-to-eat-whole-grains/>. Accessed March 29, 2023.

⁴³ Ibid.

⁴⁴ United States Department of Agriculture. "Dietary Guidelines for Americans: 2020-2025." https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf. Accessed March 27, 2023.

⁴⁵ Ibid.

⁴⁶ Harvard T.H. Chan School of Public Health. "Whole Grains." <https://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/whole-grains/>. Accessed March 29, 2023.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.