



January 29, 2018

Tina Namian, Branch Chief
School Programs Branch
Policy and Program Development Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22302

Re: Docket No. FNS-2017-0021; Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements (Interim Final Rule) (RIN 0584-AE53)

Dear Ms. Namian:

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. TFAH has long worked to address chronic disease, including prevention of childhood obesity and promotion of healthy eating opportunities for children and adolescents. Therefore, we were strongly supportive of the U.S. Department of Agriculture (USDA) final rule promulgated in 2012 to adopt School Lunch and Breakfast nutrition standards that would result in healthier meals for children.¹

Obesity rates vary state-to-state, but remain high nationwide. Across the United States, more than one in three adults and one in six children (ages 2-19) are obese — and one in 11 young children (ages 2-5) are obese.² More than 20 states have counties with adult obesity rates above 40 percent, including 29 counties in Mississippi and 14 counties in Alabama. Only two states have counties with adult obesity rates below 20 percent: 17 counties in Colorado and one in Massachusetts.³ Children who are overweight or obese are at greater risk for high blood pressure, type 2 diabetes and heart disease. The longer children are overweight or obese, the more likely they are to remain so into adulthood. At a broader level, high obesity rates also have a significant impact on the larger community.

We are writing today to express our strong concern regarding the Interim Final Rule weakening or delaying those standards with regard to flavored low-fat milk, whole grains, and sodium and the potential impact these decisions could have on broader efforts to address the obesity epidemic. Our specific concerns are detailed below.

¹ Letter from TFAH to FNS (April 13, 2011). Available at [http://tfah.org/assets/files/TFAH%20USDA%20School%20Nutrition%20Standards%20NSLP-SBP%20Comments%20\(4-13-11\).pdf](http://tfah.org/assets/files/TFAH%20USDA%20School%20Nutrition%20Standards%20NSLP-SBP%20Comments%20(4-13-11).pdf).

² National Center for Health Statistics. *NCHS Fact Sheet: National Health and Nutrition Examination Survey*. https://www.cdc.gov/nchs/data/factsheets/factsheet_nhanes.pdf. January 2016. Accessed July 18, 2017.

³ County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/>. Accessed July 18, 2017.

Flavored Low-fat Milk

We are troubled by the health impact that could result from permitting schools to offer flavored, low-fat milk in school meals and as a competitive food. This policy change would be inconsistent with the 2010 recommendations of the Institute of Medicine⁴ and the Robert Wood Johnson Foundation's 2013 Healthier Beverage Guidelines.⁵ The original standard — permitting flavored milk only if non-fat — would have helped keep children's caloric intake within a healthier range and reduced the amount of added sugar, with confer no health benefit, in children's diets.

The majority of school food authorities have not reported hardships resulting from the new milk standards, and this change would be a needless step backward for children's nutrition. Instead, USDA should provide targeted outreach to school food authorities that do report hardship to assist in their implementation of strategies to transition to healthier milk options.

If flavored low-fat milk is permitted, we strongly urge USDA to include a cap of 130 calories per 8 oz. serving, which the Robert Wood Johnson Foundation Guidelines recommend in lieu of a stronger standard prohibiting flavored low-fat milk.⁶

Whole Grains

We oppose the continuation of offering waivers to exempt schools from meeting whole grain standards. Whole grain foods are rich in nutrients and are an important source of fiber; higher intake is associated with a lower risk of heart disease, stroke, and diabetes.⁷ As you know, the vast majority of schools are successfully meeting the whole grain standards and have not requested waivers. This clearly demonstrates that the current standards are feasible. Instead of extending states' ability to approve schools' waiver requests, USDA should provide technical assistance to help all schools achieve the current evidence-based standard.

Sodium

In the past, we have lauded USDA's efforts to significantly reduce sodium levels in school meals. We were supportive of efforts to phase in these reductions over time, in part to increase children's participation rates.⁸ However, given the time that industry has already had to react to these changes, along with the importance of healthy sodium levels to child health, we oppose the three-year delay to the Target 2 sodium standards and any subsequent delay to the Target 3 standards.

⁴ Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press; 2010. Available at <http://www.nationalacademies.org/hmd/Reports/2009/School-Meals-Building-Blocks-for-Healthy-Children.aspx>.

⁵ Healthy Eating Research. *Recommendations for Healthier Beverages*. Durham, NC: Robert Wood Johnson Foundation, 2013. <http://healthyeatingresearch.org/wp-content/uploads/2013/12/HER-Healthier-Bev-Rec-FINAL-3-25-13.pdf>.

⁶ Robert Wood Johnson Foundation, *supra* note 5.

⁷ U.S. Department of Agriculture. *Why is it Important to Eat Grains, Especially Whole Grains?* (2015). Available at <https://www.choosemyplate.gov/grains-nutrients-health>.

⁸ Letter from TFAH, *supra* note 1.

According to a 2016 analysis of national health survey data, over 90 percent of children in the U.S. eat sodium at levels in excess of dietary guidelines.⁹ High dietary sodium levels are associated with high blood pressure,¹⁰ including in children.¹¹ High blood pressure in childhood is associated with high blood pressure in adulthood, early development of heart disease, and premature death.¹²

The original timeline for reduction of sodium levels in school meals struck a reasonable balance between addressing children’s health and giving industry, schools, and children time to adjust to new formulations. And, indeed, many more low-sodium products that meet Target 2 or even 3 requirements are now available. To the extent that gaps remain, rather than delay this important public health goal by three years, USDA should provide enhanced technical assistance and support, including disseminating best practices from those schools and states that have achieved significant levels of sodium reduction. When the 2020 Dietary Guidelines are released, USDA should re-evaluate the Target 3 sodium levels to ensure they are consistent with the best evidence; however, this does not eliminate the need for reducing sodium to moderate Target 2 levels on the original timeline.

Conclusion

Thank you for the opportunity to comment on this interim final rule. We hope that USDA recognizes the importance of advancing, rather than delaying or reversing, the progress that is already being made on the health of foods consumed by millions of students across the United States. We look forward to working with you on this and other activities to improve child and adult nutrition and health.

If you have any questions, please contact Jack Rayburn, TFAH’s Senior Government Relations Manager, at (202) 864-5942 or jrayburn@tfah.org.

Sincerely,



John Auerbach
President and Chief Executive Officer
Trust for America’s Health

⁹ Jackson SL, King SM, Zhao L, Cogswell ME. Prevalence of Excess Sodium Intake in the United States—NHANES, 2009–2012. *MMWR Morb Mortal Wkly Rep*. 2016;64:1393-7.

¹⁰ Whelton PK, Appel LJ, Sacco RL, et al. Sodium, Blood Pressure, and Cardiovascular Disease: Further Evidence Supporting the American Heart Association Sodium Reduction Recommendations. *Circulation*. 2012;126:2880-89.

¹¹ Rosner B, Cook NR, Daniels S, Falkner B. Childhood Blood Pressure Trends and Risk Factors for High Blood Pressure: the NHANES Experience 1988–2008. *Hypertension*. 2013;62:247–54.

¹² Appel LJ, Lichtenstein AH, Callahan EA, Sinaiko A, Van Horn L, Whitsel L. Reducing Sodium Intake in Children: A Public Health Investment. *J Clin Hypertens*. 2015;17:657-62.