

January 29, 2018

The Honorable Sonny Perdue
Secretary
U.S. Department of Agriculture
1400 Independence Ave., S.W.
Washington, DC 20250

Dear Secretary Perdue:

We respectfully submit this letter in response to the U.S. Department of Agriculture's (USDA) "Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements" interim final rule (IFR) (82 FR 56703), and oppose that proposal to weaken school nutrition.

Virtually all schools (99 percent) participating in the National School Lunch and Breakfast Programs are making great progress toward serving healthier meals for low-income children with less sodium; more whole grains, fruits, and vegetables; and no trans fat; and removing sugary drinks and unhealthy snack food.¹ The 2012 updates to school nutrition standards reflect sound science, support children's health, and are consistent with the *2015-2020 Dietary Guidelines for Americans* (DGA)² and the National Academies of Science, Engineering, and Medicine (formerly, Institute of Medicine) 2009 report *School Meals: Building Blocks for Healthy Children*.³

The Harvard University T.H. Chan School of Public Health concluded that the update to school nutrition standards is "one of the most important national obesity prevention policy achievements in recent decades."⁴ Researchers estimate that these improvements prevent more than 2 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^{5,6} and children consume one-third to one-half of daily calories during the school day.⁷ Contrary to supporting schools and children's health, the proposed changes in the IFR could jeopardize this progress.

We oppose the proposed three-year delay (from School Year 2017-2018 to School Year 2021-2022) of the second sodium reduction targets (Target 2) for school meals that would lock in unsafe levels of sodium for children. Unfortunately, nine out of ten children consume too much

¹ U.S. Department of Agriculture. *School Meal Certification Data* (as of September 2016). Washington, DC: USDA; 2017.

² 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.

³ Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press; 2010.

⁴ 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. doi:10.1377/hlthaff.2015.0631.

⁵ 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.

⁶ 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.

⁷ U.S. Department of Agriculture. *School Nutrition Dietary Assessment Study-III*. Washington, DC: USDA; 2007.

sodium,⁸ increasing their risk of high blood pressure, heart disease, and stroke.⁹ Many schools, food service companies, and others in industry are working toward or already providing healthy and appealing meals and products with less sodium. USDA should address remaining challenges through training and technical assistance. Delaying the second phase of sodium reduction puts children's health at risk and would result in children consuming an extra 84 to 98 teaspoons of salt (over the course of the three-year delay).¹⁰ Further, we are opposed to any delay of the third and final phase of sodium reduction for school meals (Target 3 which is supposed to go into effect School Year 2022-2023).

There is no need to continue the whole-grain waivers. USDA concedes in the IFR that 85 percent of schools have not requested waivers and are providing children with appealing whole-grain options. All schools in Alabama, Idaho, and Montana can serve whole grains to their students, so schools in the rest of the states should be able to as well.¹¹ Eating more whole grains is associated with reduced risk of heart disease, stroke, and diabetes, provides more nutrients, and are a healthful source of fiber.¹² Children, on average, consume too few whole grains and too many refined grains.¹³

We oppose allowing flavored low-fat (1 percent) milk for school meals and as a competitive food. The current standards that allow plain or flavored fat-free milk and plain low-fat milk are based on expert recommendations from the National Academy of Medicine's 2009 report.¹⁴ The recommendations disallowed flavored low-fat milk because it would provide more calories and likely exceed the calorie maximum for school meals. The 2015 DGA similarly recommended, "increasing the proportion of dairy intake that is fat-free or low-fat milk" and "reducing the intake of added sugars" such as those in flavored milk.¹⁵ Similarly, the Robert Wood Johnson Foundation's *Healthier Beverage Guidelines* recommend only plain fat-free and low-fat milk for children and adolescents.¹⁶

Rather than weakening school nutrition, we urge the administration to support school efforts to continue the progress to improve school food.

⁸ 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. doi:10.15585/mmwr.mm6452a1.

⁹ 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. doi:10.1111/jch.12615.

¹⁰ Difference between Target 1 and Target 2 sodium levels: grades k-5: 350 mg/day; grades 6-8: 390 mg/day; grades 9-12: 410 mg/day. Three-year delay is equivalent to mg/day x 185 school days x 3 school years (1 teaspoon = 2,325 mg): grades k-5: 194,250 mg (84 teaspoons); grades 6-8: 216,450 mg (93 teaspoons); grades 9-12: 227,550 mg (98 teaspoons).

¹¹ U.S. Department of Agriculture (unpublished). Whole Grain-Rich Exemption Take-Up by States: October 2016.

¹² Harvard University T.H. Chan School of Public Health. The Nutrition Source: Whole Grains.

<https://www.hsph.harvard.edu/nutritionsource/whole-grains/>. Accessed January 2018. Provides a literature review on the health benefits of whole grains.

¹³ *Id.*, U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans.

¹⁴ *Id.* Institute of Medicine. *School Meals: Building Blocks for Healthy Children*.

¹⁵ *Id.*, U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans.

¹⁶ 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>.

Sincerely,

Alliance for a Healthier Generation
American Cancer Society Cancer Action Network
American College of Preventive Medicine
American Heart Association
American Public Health Association
American School Health Association
Association of State Public Health Nutritionists
Berkeley Media Studies Group
Campaign for a Commercial-Free Childhood
Carly's Wellness Kitchen
Center for Science in the Public Interest
ChangeLab Solutions
Childhood Obesity Prevention Coalition (WA State)
Children's Health and Nutrition Task Force, affiliate of Healthy Adams County
Colorado Children's Campaign
Consumer Federation of America
Eat Smart Move More SC
Edible Schoolyard NYC
Farm to Table New Mexico
Food, Nutrition & Policy Consultants, LLC
FoodCorps
Harvard Law School Food Law and Policy Clinic
Healthy Schools Campaign
Johns Hopkins Center for a Livable Future
Laurie M. Tisch Center for Food, Education & Policy, Teachers College Columbia University
LiveWell Colorado
Maryland Public Health Association
MomsRising
Monona County Public Health
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National PTA
National WIC Association
Natural Resources Defense Council
New Mexico Food and Agriculture Policy Council
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Northwest Coalition for Responsible Investment
Nutrition Policy Institute
Oral Health America

Orange County Food Access Coalition
Pinnacle Prevention
Prevention Institute
Preventive Cardiovascular Nurses Association
Public Health Advocacy Institute
Public Health Advocates
Public Health Seattle & King County
Real Food for Kids
SHAPE America - Society of Health and Physical Educators
Sisters of St. Francis of Philadelphia
Socially Responsible Investment Coalition
Society for Nutrition Education and Behavior
Tambua Consulting
Trinity Health
Trust for America's Health
UConn Rudd Center for Food Policy and Obesity
University of Chapel Hill Global Food Research Program