Association of State Public Health Nutritionists
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December 22nd, 2020

School Programs Branch
Policy and Program Development Division
Food and Nutrition Service
P.O. Box 2885
Fairfax, Virginia 22031-0885

Re: Restoration of Milk, Whole Grains, and Sodium Flexibilities; Request for Comments, Docket No. FNS-2020-0038

The Association of State Public Health Nutritionists (ASPHN)[1] respectfully submits comments in response to the U.S. Department of Agriculture's (USDA) proposed rule entitled: "Restoration of Milk, Whole Grains, and Sodium Flexibilities" (85 FR 75241). The proposal would reinstitute the changes to the School Breakfast Program (SBP) and National School Lunch Program (NSLP) sodium, whole grains, and flavored milk requirements (83 FR 63775, December 12, 2018).

The importance of healthy school meals has taken on a heightened urgency due to a prolonged and costly coronavirus pandemic. Due the stark economic impact of COVID-19, the percentage of Americans experiencing food insecurity has doubled overall and tripled among households with children.[2] For many of these children, school breakfast and lunch may be the only nutritious meals they will consume in a day. The proposed rollbacks will expose America's children to considerable health risks.

The nutritional quality of school meals established by the Healthy Hunger-Free Kids Act (HHFKA) of 2010 is the same across socioeconomic status and race and ethnicity.[3] Weakening the standards will significantly increase disparities in healthy food access. Furthermore, weakening these standards is a far-off departure from aligning school meals with the Dietary Guidelines for Americans (DGA)[4] and is not supported by the science or expert dietary advice. By law, school meals are required to be consistent with the goals of the *latest* DGAs.

[1] Founded in 1952, ASPHN is a non-profit membership organization that provides state and national leadership on food and nutrition policy, programs and services aimed at improving the health of our population. ASPHN's membership is composed of more than 600 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories. ASPHN's vision is "healthy eating and active living for everyone." ASPHN is an affiliate of the Association of State and Territorial Health Officials. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. More information about ASPHN members and resources is available on the web at www.asphn.org and on Facebook at www.facebook.com/asphn.

[2] Schanzenbach, DW, Pitts A. How much has food insecurity risen? Evidence from the Census Household Pulse Survey. Institute for Policy Research Rapid Research Report. 2020. https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-research-reports-pulse-hh-data-10-june-2020.pdf

[3] Bardin S, Washburn L, Gearan E. Disparities in the Healthfulness of School Food Environments and the Nutritional Quality of School Lunches. *Nutrients*. 2020;12:2375.

[4] 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.

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The 2012 updates to school nutrition standards were developed in alignment with the 2010-2015 DGAs and the National Academies of Sciences, Engineering, and Medicine (NASEM, formerly Institute of Medicine) 2009 report School Meals: Building Blocks for Healthy Children.[5] NASEM established a Chronic Disease Risk Reduction (CDRR) level for sodium in recognition that exceeding these levels would increase chronic disease risk within a healthy population. NASEM made even stronger sodium recommendations for younger school-aged children than was the case when the 2012 school meal standards were finalized.[6] The Dietary Reference Intake (DRI) for sodium were updated in 2019 [7] and will be the basis for sodium recommendations in the upcoming 2020-2025 DGA.[8]

ASPHN ardently opposes the proposed seven-year delay (from School Year 2017-2018 to School Year 2024-2025) of the second sodium reduction targets (Target 2) and elimination of the third sodium-reduction targets (Target 3). Nine out of ten children consume sodium in excess.[9] Today's children on average consume between 2,500 to 4,200 mg of sodium per day, well over the recommended levels.[10] Research shows that increased rates of dietary sodium intake, correlates strongly with increased rates of high blood pressure.[11] Children who eat higher-sodium diets are about 40 percent more likely to have elevated blood pressure than children who eat lower-sodium diets.[12] High blood pressure in childhood is also linked to high blood pressure in adulthood, early development of heart disease, increased risk of stroke, heart failure, kidney failure, gastric cancer, and osteoporosis and risk for premature death.[13],[14]

ASPHN also opposes weakening the whole grain standard from 100 percent of grains served being whole grain-rich to only 50 percent. Again, the proposed change is inconsistent with the DGA. On average, children are currently consuming too few whole grains and far too many refined carbohydrates.[15] The 2015 DGA recommends that

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[5] Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press; 2010.
[6] 85 FR 75241: Section 9(f)(1) of the Richard B. Russell National School Lunch Act (NSLA), as amended, 42 U.S.C. 1758(f)(1), requires that school meals are consistent with the goals of the latest Dietary Guidelines for Americans (Dietary Guidelines).
[7] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Food and Nutrition Board; Committee to Review the Dietary Reference Intakes for Sodium and Potassium, Oria M, Harrison M, Stallings VA, eds. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: National Academies Press; March 5, 2019.
[8] See: https://www.dietaryguidelines.gov/most-popular-questions under "How will all aspects of the diet be addressed during the 2020 Committee's scientific review?" Accessed on 12/7/20.
[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. doi:10.15585/mmwr.mm6452a1.
[10] *Id.,* U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans. Average intake for males:* children aged 4-8: 2,710 mg; children aged 9-13: 3,505 mg; children aged 14-18: 4,272 mg. *Average intake for females:* children aged 4-8: 2,576 mg; children aged 9-13: 2,962 mg; children aged 14-18: 3,030 mg. Data source: U.S. Department of Agriculture and U.S. Department of Health and Human Services. *What We Eat in America, NHANES 2007-2010*. Beltsville, MD: USDA, 2010.
[11] 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. doi:10.1161/CIR.0b013e318279acbf.
[12] *Id.,* Rosner B.
[13] *Id.,* Appel LJ.
[14] Lawes CM, Vandler HS, Rodgers A. Global Burden of Blood-Pressure-Related-Disease, 2001. *Lancet*. 2008;371:1513-8. doi: 10.1016/S0140-6736(08)60655-8.
[15] *Id.,* U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*.

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at least half of all grains consumed be whole grain.[16] 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. [17],[18]

ASPHN opposes allowing flavored low-fat (1 percent) milk for school meals and as a competitive food. Permitting schools to serve flavored low-fat milk would be inconsistent with expert nutrition recommendations based on the National Academy of Medicine's 2009 report[19] and the 2015 DGA.[20] The Robert Wood Johnson Foundation's Healthier Beverage Guidelines recommend only plain fat-free and low-fat milk for children and adolescents.[21] 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.[22]

The current standards that allow plain or flavored fat-free milk and plain low-fat milk are based on expert recommendations from the NASEM's 2009 report.[23] The NASEM recommendations disallowed flavored low-fat milk because it would provide more calories and likely exceed the calorie maximum for school meals. The calorie ranges for age groups and grade were intended to limit meals with excessive amounts of added sugar. Flavored skim milk is the highest sugar item for breakfast and lunch[24] and flavored low-fat milk will likely intensify this trend.

Previously, USDA proposed widening the junk food loophole which would allow schools to serve more entrée items as competitive foods without meeting the Smart Snacks standards, reduce the variety of vegetables, and reduce the amount of fruit in breakfast in the classroom.[25] Research estimates that on average, the junk food loophole would greatly exacerbate the amount of both sodium and saturated fat in these food items relative to the Smart Snacks limits currently in place.[26]

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[16] *Id.,* U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*.
[17] U.S. Department of Agriculture. All about the Grains Group. https://www.choosemyplate.gov/eathealthy/grains. Accessed December 2020.
[18] Harvard University T.H. Chan School of Public Health. The Nutrition Source: Whole Grains. https://www.hsph.harvard.edu/nutritionsource/whole-grains/. Accessed December 2020.
[19] *Id.,* Institute of Medicine. *School Meals: Building Blocks for Healthy Children.*
[20] *Id.,* U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*.
[21] *Id.,* Healthy Eating Research. *Recommendations for Healthier Beverages*.
[22] *Id.,* U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*.
[23] *Id.* Institute of Medicine. *School Meals: Building Blocks for Healthy Children.*
[24] Fox MK, Gearan EC, Schwartz C. Added Sugars in School Meals and the Diets of School-Age Children. Manuscript submitted to *Nutrients* December, 2020 (unpublished).
[25] 85 FR 4094
[26] Cohen, J., Schwartz, M. B., Leider, J., Turner, L., & Chriqui, J. F. (2020). Meal Quality of Entrées That Can Be Sold as Competitive Foods in Schools and Potential Impact of the Proposed USDA Rollbacks. *Nutrients*, *12*(10), 3003. https://doi.org/10.3390/nu12103003

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Finally, better-quality school nutrition is critical, given that one out of three children and adolescents aged 2 to 19 years is overweight or obese[27,28] Another study found that for children in poverty, the risk of obesity declined substantially each year after implementation of HHFKA such that obesity prevalence would have been 47 percent higher in 2018 if the nutrition standards had not been updated.[29] From 2012 to 2013, high blood pressure cost the United States an estimated $51.2 billion in direct and indirect costs.[30] Research shows that the 2012 and 2014 nutrition standards could prevent up to two million cases of childhood obesity and save up to $792 million in healthcare costs over ten years.[31]

ASPHN, therefore urges the Department to reschedule implementing the proposed changes until after the 2020-2025 DGAs are issued. [32]As mentioned earlier, this proposed rule would be premature, given the forthcoming release of the 2020-2025 DGA.[33] The 30-day comment period may also make it difficult for stakeholders to comment. Many schools and impacted organizations are dealing with COVID-related feeding issues and are not able to devote adequate time to preparing comments. Moreover, Executive Order 12866 advises that agencies should generally provide, at a minimum, at least 60 days for public comment.[34]

In summary, ASPHN opposes delaying Sodium Target 2 and eliminating Sodium Target 3, weakening the whole grain-rich standard from 100 to 50 percent of all grains served, and allowing flavored low-fat milk. Instead of weakening our nutrition standards, we encourage the administration to provide the technical assistance needed to support schools struggling to meet the existing standards, and then align any new standards to be science-based and consistent with the most recent DGA.

With regards,

Tiffani L. Grant

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President, ASPHN Board of Directors

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[27] 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.
[28] 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.
[29] Kenney EL, Barrett JL, Bleich SN, et al. Impact Of The Healthy, Hunger-Free Kids Act On Obesity Trends. *Health Aff.* 2020;39:1122–1129.
[30] Benjamin EJ, Blaha MJ, Chiuve SE, et al. Heart Disease and Stroke Statistics—2017 Update: A Report from the American Heart Association. *Circulation*. 2017;135. doi: 10.1161/CIR.0000000000000485.
[31] 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.
[32] See: https://www.dietaryguidelines.gov/work-under-way/interactive-timeline "Coming Soon: USDA and HHS plan to release the 2020-2025 Dietary Guidelines for Americans at the end of this year." Accessed on 12/7/20.
[33] See: https://www.dietaryguidelines.gov/work-under-way/interactive-timeline "Coming Soon: USDA and HHS plan to release the 2020-2025 Dietary Guidelines for Americans at the end of this year." Accessed on 12/7/20.
[34] Exec. Order No. 12,896, 38 Fed. Reg. 51735 (Oct. 4, 1993)("[E]ach agency should afford the public a meaningful opportunity to comment on any proposed regulation, which in most cases should include a comment period of not less than 60 days").