Association of State Public Health Nutritionists
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January 29, 2018

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

Dear Secretary Perdue:

The Association of State Public Health Nutritionists (ASPHN) appreciates the opportunity to submit comments 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). While we applaud the USDA in its efforts to facilitate sodium reduction in the nation's child nutrition programs, we strongly oppose any further delay in the implementation of this critically important public health initiative. Founded in 1952, ASPHN is a non-profit organization that provides leadership on food and nutrition policy, programs and services to improve the health of the American people through good nutrition. ASPHN's membership is composed of more than 300 public health nutritionists working in state and local government agencies in all 50 states, the District of Columbia, and five U.S. territories. ASPHN's mission is that healthy eating and active living become the easy and natural choices for all Americans.

According to the Centers for Disease Control and Prevention (CDC, 2014), close to ninety percent of U.S. children ages 6 to 18 years consume too much sodium daily. Excess dietary sodium is directly associated with elevated blood pressure in children. Rosner, Cook, Daniels, and Falkner (2013) estimate that one out of every six American children, ages 8–17 years, have either pre–high blood pressure or high blood pressure (Rosner et al., 2013). Children diagnosed with higher blood pressure are at greater risk of developing adult hypertension; along with heart disease, stroke, and debilitating kidney disease. The risk is even greater for children who are overweight or obese (CDC, 2014). After studying different groups of children, Aburto et al. (2013) ascertained that lowering sodium intake reduces high blood pressure. Along with Allen et al. (2014), Chen and Wang (2008), and Mennella (2014), ASPHN urges the USDA to place a robust emphasis on more timely cardio-vascular prevention strategies via healthier food options for American children and

ASPHN
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implementing the sodium targets restrictions in child nutrition programs without further postponement.

The ever-increasing rates of hypertension in America's child and adult population are intensified by a spectrum of adverse healthcare costs and consequences. Researchers Kaelber et al. (2016) project a ten percent reduction in sodium intake in the diets of children and teenagers will avert millions of cardiac events and save billions of healthcare dollars. Instead of impeding public health efforts to lower sodium in school meals, USDA must redouble its efforts to improve America's children's health and ultimately the health of our nation. ASPHN ardently urges the USDA to vigorously enforce the phased sodium reductions in school meals as stipulated in the Healthy Hunger-Free Kids Act (HHFKA).

Many of the children in the USDA child nutrition programs consume 50% or more of their daily calories at school (Stallings, Suitor, and Taylor 2010). Therefore, it is imperative that foods served in USDA child nutrition programs meet proposed nutrient requirements, support good health, sustain adequate growth, and bring about life-long healthy eating habits (Story, Nanney, & Schwartz, 2009). US Dietary Guidelines recommend a reduced sodium intake in children. The 2010 Dietary Guidelines Advisory Committee articulated its concern for excess sodium intake during childhood as blood pressure tracks over time. The 2015 Dietary Guidelines Advisory Committee Report stated that over and above the other nutrients surveyed, sodium intake disrupts the Healthy Eating Index for children (Appel et al., 2015).

The social, economic and generational health benefits of reducing sodium intake in children are achievable. So far, more than 90 percent of America's child nutrition programs have come into compliance with USDA's proposed meal standards. What is more ASPHN agrees with the American Heart Association's (AHA, 2017) that instead of rescheduling sodium regulations, USDA must allocate sufficient resources, staff training, technical assistance and demonstrated strategies to those remaining child nutrition programs that are still struggling to meet the designated sodium targets. To its credit the food industry has shown some progress in lowering sodium content to meet the current school meals standards. Still, USDA can further support this process by incentivizing the school food industry to increase its offering of diverse, and culturally appropriate lower-sodium and whole grain products that students would take pleasure in eating; while at the same time reducing plate waste.

In view of the extensive impact of hypertension on both young and older Americans today, ASPHN staunchly supports prevention strategies that target children. Time is of the

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essence. By instituting sodium restrictions in child nutrition programs without delay, USDA will be helping children, and their families, reach daily sodium intakes as recommended by the Institute of Medicine and the Dietary Guidelines for Americans. Most importantly, USDA's expeditious enactment of the sodium targets for child nutrition programs, will assuredly have an irrefutable impact on our nation's health and the health of American children.

Thank you for this opportunity to submit comments

Sincerely,

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President, ASPHN Board of Directors

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