



American College of
Preventive Medicine

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School Programs Branch
Policy and Program Development Division
Food and Nutrition Service
3101 Park Center Drive
Alexandria, Virginia 22302

Submitted electronically to www.regulations.gov

Re: Docket No. FNS-2017-0021; Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements

The American College of Preventive Medicine (ACPM) appreciates the opportunity to respond to the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) interim final rule (82 FR 56703), "Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements."

The American College of Preventive Medicine is the national medical specialty society of physicians dedicated to disease prevention, health promotion, and systems-based healthcare improvement. Established in 1954, ACPM is the leading U.S.-based physician organization focused on practice, research, publication, and teaching of evidence-based preventive medicine. ACPM's members are leaders in a variety of health settings, including state and local health departments, federal agencies, hospitals, health plans, community and migrant health centers, industrial sites, occupational health centers, academic centers, private practice, and the military. Our members have the skills needed to understand and reduce the risks of disease, disability, and death at the population, community, and individual levels.

ACPM also is a leader in advancing the practice of lifestyle medicine, having created a comprehensive curriculum for physicians on topics including nutrition, physical activity, sleep, stress management, tobacco cessation, and coaching behavior change. ACPM's lifestyle medicine initiative teaches physicians how to prescribe nutrition to patients and families, which embraces the concepts in the 2012 *Nutrition Standards in the National School Lunch and School Breakfast Programs*.

ACPM opposes the interim final rule that weakens school nutrition standards and recommends that the FNS continue enforcement of the 2012 updates to school nutrition standards, including standards for milk, whole grains, and sodium requirements.

In October of 2017, the National Center for Health Statistics released findings that the prevalence of obesity has reached 39.8% in adults and 18.5% in youth; the highest rate the country has ever seen in all adults.¹ Obesity carries with it several health risks, including

¹ Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015–2016. NCHS data brief, no 288. Hyattsville, MD: National Center for Health Statistics. 2017.

increased risks for type 2 diabetes,^{2,3} cardiovascular disease,^{4,5} and respiratory disease⁶, among many others.

Not only does obesity lead to chronic disease, but children who have obesity are more likely to become adults with obesity.⁷ A child with obesity is more likely to have an increased severity of obesity and disease risk factors in adulthood.⁸

The issue of obesity leads to over \$200 billion in direct health care costs per year.⁹ Chronic diseases are a large driver of healthcare costs in the U.S., but early prevention interventions, especially in childhood, can lead to saved costs to our healthcare system, as well as fewer medical complications in adulthood. Researchers at the Harvard University T.H. Chan School of Public Health found that “setting nutrition standards for school meals ... reach a very large population of children and have a substantial impact: an estimated 1,816,000 cases of childhood obesity would be prevented” and it would cause “the largest reduction in childhood obesity prevalence” of all interventions studied.¹⁰ The researchers added that “the improvements in meal standards in the National School Lunch and School Breakfast Programs as well as implementation of the first meaningful national standards for all other foods and beverages sold in schools make the Healthy, Hunger-Free Kids Act one of the most important national obesity prevention policy achievements in recent decades.”¹⁰ Further, the Community Guide, a collection of evidence-based findings from the Community Preventive Services Task Force, also recommends meal interventions in schools, including school policies that adhere to the 2012 school nutrition standards.¹¹

Weakening the standards of the Child Nutrition Programs in schools is a step back in the fight to prevent childhood obesity and promote healthy children.

Allowing flavored low-fat milk would undercut recommended dietary advice.

² Colditz GA, Willett WC, Rotnitzky A, Manson JE. Weight gain as a risk factor for clinical diabetes mellitus in women. *Ann Intern Med.* 1995; 122:4816.

³ Koh-Banerjee P, Wang Y, Hu FB, Spiegelman D, Willett WC, Rimm EB. Changes in body weight and body fat distribution as risk factors for clinical diabetes in US men. *Am J Epidemiol.* 2004; 159:11509.

⁴ Bogers RP, Bemelmans WJ, Hoogenveen RT, et al. Association of overweight with increased risk of coronary heart disease partly independent of blood pressure and cholesterol levels: a meta-analysis of 21 cohort studies including more than 300,000 persons. *Arch Intern Med.* 2007; 167:17208.

⁵ McGee DL. Body mass index and mortality: a meta-analysis based on person-level data from twenty-six observational studies. *Ann Epidemiol.* 2005; 15:8797.

⁶ Beuther DA, Sutherland ER. Overweight, obesity, and incident asthma: a meta-analysis of prospective epidemiologic studies. *Am J Respir Crit Care Med.* 2007; 175:6616.

⁷ Gordon-Larsen P, The NS, Adair LS. Longitudinal trends in obesity in the United States from adolescence to the third decade of life. *Obesity.* 2010;18(9):1801-804.

⁸ Bass R, Eneli I. Severe childhood obesity: an under-recognized and growing health problem. *Postgrad Med J.* 2015;91(1081):639-45. doi:10.1136/postgradmedj-2014-133033.

⁹ John Cawley, Chad Meyerhoefer. **The medical care costs of obesity: An instrumental variables approach.** *Journal of Health Economics*, 2012; 31 (1): 219 DOI: [10.1016/j.jhealeco.2011.10.003](https://doi.org/10.1016/j.jhealeco.2011.10.003)

¹⁰ 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.

¹¹ <https://www.thecommunityguide.org/findings/obesity-meal-fruit-vegetable-snack-interventions-increase-healthier-foods-beverages-schools>

The National Academy of Medicine's 2009 report, on which the current standards are based, already studied the advantages and disadvantages of retaining flavored milk. The committee recommended retaining flavored fat-free milk, noting that flavored low-fat milk would provide more calories and would likely result in menus that exceed calorie maximums.¹²

Although one eight ounce flavored milk typically adds two-thirds of the American Heart Association's recommended added sugar consumption for children per day¹³, the benefits of drinking flavored milk, including nutrient intake, are enough to recommend allowing fat-free flavored milk. The added calories in low-fat flavored milk, however, directly impact obesity rates and should not be an additional option for school children. The 2015 *Dietary Guidelines for Americans* also supports "reducing the intake of added sugars," such as those in flavored milk.¹⁴

Waiving whole-grains requirements would be a setback in the progress already made by many schools. USDA has noted that 85 percent of schools have not requested waivers and are already providing children with whole-grain options. Some states do not have any schools requesting waivers, including Alabama, Idaho, and Montana, and other states, such as Arkansas, Maryland, and Rhode Island, do not allow waivers.¹⁵ The Alliance for a Healthier Generation's Smart Food Planner shows that there are approximately 874 whole grain-rich products currently available for purchase by schools.¹⁶ ACPM joins with other organizations to call for additional assistance and training to the few school districts that have trouble meeting the requirements, instead of allowing waivers that will continue to imperil the health of children.

The three-year delay in the second sodium reduction levels will contribute to the rise in chronic disease among children. The American Heart Association recommends Americans ingest no more than 2,300 milligrams (mg) of sodium per day, with an ideal limit of less than 1,500 mg per day.¹⁷ Currently, per-lunch maximum sodium levels are 1,230 mg in elementary school, 1,360 mg in middle school, and 1,420 mg in high school. Children are getting up to 50-60% of the total recommended sodium each day in just one meal, provided by schools. School meals are contributing to the 9 out of 10 children in the U.S. that eat more sodium than recommended, which on average is about 3,300 mg per day.¹⁸ A diet high in sodium can lead to high blood pressure, which today affects 1 in 6 children.¹⁸ High blood pressure can also lead to increased risk of coronary heart disease, heart failure, stroke, kidney failure, gastric cancer, and osteoporosis.¹⁹

The public wants healthier school choices.

¹² *Id.* Institute of Medicine. *School Meals: Building Blocks for Healthy Children.*

¹³ <https://newsroom.heart.org/news/children-should-eat-less-than-25-grams-of-added-sugars-daily>

¹⁴ *Id.*, U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans.*

¹⁵ *Id.*, U.S. Department of Agriculture (unpublished). Whole Grain-Rich Exemption Take-Up by States: October 2016

¹⁶ Alliance for a Healthier Generation. Smart Food Planner. <https://foodplanner.healthiergeneration.org>. Accessed December 2017.

¹⁷ http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_300625.pdf

¹⁸ <https://www.cdc.gov/vitalsigns/children-sodium/index.html>

¹⁹ 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.

One criticism of the 2012 updates to school nutrition standards is that children won't eat healthier foods, leading to increased food waste. This has not found to be the case in studies on the topic, however. In fact, the new standards have led to an increased consumption of vegetables and fruits by school children, and no additional waste.²⁰ The Robert Wood Johnson Foundation reports that students taking fruit with lunch has increased by 12% since the new standards were put in place, and that students are eating 18% more vegetables and 15% more of their entrees. These standards are popular with students; 70% of elementary and middle school students and 63% of high school students attend schools where food service staff and administrators say students like healthier lunches.²¹

In addition, the vast majority of parents of school-age children support strong nutrition standards for all foods and beverages sold to students during school.²² Seventy-two percent of parents favor the new standards, with 50% strongly supporting them. This support spans racial lines, with 68% of whites, 85% of Hispanics, and 91% of African Americans supporting the standards, and political lines, with 56% of Republicans, 71% of Independents, and 84% of Democrats supporting the standards.²²

Children deserve schools that provide the best opportunities for health and learning. Not only do the new school nutrition standards improve the opportunity for students to be healthy, the standards also directly impact academic achievement. A lack of adequate consumption of fruits, vegetables, and dairy products is associated with lower grades among students.^{23,24} By continuing adherence to the 2012 standards, including disallowing flavored low-fat milk, not accepting waivers for whole-grain standards, and continuing the sodium reduction targets, schools will promote health and learning within their institutions, and contribute to the fight against obesity-related diseases that are burdening our healthcare system.

ACPM appreciates the opportunity to comment on this interim final rule, and looks forward to continuing to work with the Food and Nutrition Service to improve health systems through prevention and public health.

Sincerely,



Michael A. Barry, CAE
Executive Director

²⁰ Am J Prev Med. 2014 Apr; 46(4): 388–394. doi: 10.1016/j.amepre.2013.11.013.

²¹ <https://www.rwjf.org/en/library/infographics/students-parents-support-healthier-school-meals.html>

²² <http://www.pewtrusts.org/~media/assets/2014/09/kshfnationalschoolnutritionsurvey.pdf>

²³ MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. Canadian Journal of Dietetic Practice and Research. 2008;69(3):141–144.

²⁴ Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. Journal of Nutrition Education. 1997;29(1):12–20.