American Heart Association | American Stroke Association
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January 29, 2018

Tina Namian
Chief, School Programs Branch
Policy and Program Development Division
Food and Nutrition Service
3101 Park Center Drive, 12th Floor
Alexandria, VA 22302

Re: FNS-2017-0021

Dear Ms. Namian:

On behalf of the American Heart Association, including the American Stroke Association, and more than 30 million volunteers and supporters, we want to express our disappointment in the Department's decision to re-open the nutrition standards and weaken the criteria for sodium, whole grains, and fluid milk in the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), and the Special Milk Program (SMP).

The American Heart Association strongly opposes modifying the evidenced-based nutrition standards, which are aligned with the Dietary Guidelines for Americans (DGAs). Changing course now, especially with the success of implementing the nutrition standards, is counterproductive and may jeopardize children's health, well-being, and resulting academic success. While we agree that program operators who face some challenges should receive assistance to help them cross that finish line, we do not agree that weakening the standards is the appropriate course of action. Technical assistance and increasing availability of appropriate products that meet the standards will help school food service directors ensure all kids receive healthy foods.

The efforts of school nutrition programs, directors, and staff, and the U.S. Department of Agriculture (USDA), have resulted in tremendous success with more than 99% of participating schools meeting the current standards.[1] Children are now healthier and are eating more whole grains, 23% more fruit, and 16% more vegetables, and less sodium, added sugars,

and saturated fats.[2,3] By 2025, healthy nutrition standards for all foods sold in schools are estimated to decrease the number of childhood obesity cases by more than two million and save up to $792 million in health-care costs over ten years.[4]

These achievements and health benefits, and the potential for even more long-term gains, show why we should be doubling down to keep the nutrition standards USDA adopted in 2012 strong and robust, instead of reneging on our commitment to children. Rather than revise the standards, we recommend a proactive approach to identify the programs that are having difficulty with compliance and provide individualized technical assistance. This is the best way ensure that our children's health remains the top priority.

Sodium

We appreciate the Department's efforts to decrease the sodium content of school meals to date. Reducing population-wide sodium intake is key among the dietary recommendations incorporated into the standards for supporting cardiovascular health, including age-appropriate portion sizes and increased fruit and vegetable consumption. We are disappointed that USDA rescinded its promise from January 2017 to move forward with Target 2 implementation. The original sodium limits in the 2012 final rule are aligned with the 2010 and 2015 DGAs. Progress has been made and efforts to meet these goals should continue.

The sodium guidelines USDA originally adopted were recommended by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (NASEM). In the 2009 report, *School Meals: Building Blocks for Healthy Children*, experts recommended an incremental roll-out of the sodium standards through 2020.[5] In its 2012 final rule, USDA extended this timeline through 2022 to give schools even more time. Now there is this proposed indefinite extension, moving even further away from evidenced-based dietary guidance. In addition, as USDA notes in the interim final rule (IFR), by law (42 U.S.C. 1758(a)(4)), school meals must be aligned with the DGAs. Continuing to delay implementation of the sodium targets makes the nutrition standards and programs out of compliance with the law.

As the Department is aware, excess sodium consumption is strongly associated with the development and worsening of high blood pressure and an increased risk of coronary heart disease, stroke, heart failure, kidney failure, gastric cancer, and osteoporosis.[6] A substantial number of studies show a direct relationship between sodium intake and blood pressure. On average, as dietary sodium intake rises, so does blood pressure.[7]

Elevated blood pressure is a major public health problem and unfortunately, extraordinarily common.[8] Ninety percent of middle-aged Americans will develop hypertension over their lifetimes.[9] Studies have shown a link between high blood pressure in childhood and high blood pressure in adulthood, and high blood pressure in childhood is linked to early development of heart disease and risk for premature death.[10] The documented tracking of high blood pressure in childhood that continues into adulthood is of great concern because currently nine out of ten children consume excess sodium,[11] and about one in six children ages 8-17 have elevated blood pressure.[12] Children who have high sodium diets are about 35% more likely to have elevated blood

pressure than kids who have lower sodium diets.[13] Available data are sufficiently robust to recommend a lower sodium intake beginning early in life as an effective, and well-tolerated approach to minimize the risk of children developing elevated blood pressure now and as adults.[14]

The good news is that lowering sodium consumption in childhood can have a tremendous impact on public health. Studies have repeatedly documented that lowering sodium intake can lower blood pressure, control hypertension, and prevent cardiovascular disease.[15] In addition, lowering sodium consumption, and thereby lowering blood pressure, can also substantially reduce medical costs. High blood pressure costs the United States $51.2 billion annually in direct and indirect costs, and the American Heart Association projects that direct medical costs due to high blood pressure will increase exponentially to $221 billion by 2035.[16]

One of the reasons given by the Department for freezing sodium at Target 1 is that industry needs more time to reformulate. While we recognize that reformulation does take an investment in time and resources, industry has had nine years since the NASEM report and nearly six years since the original rule was promulgated to reduce sodium content. We are concerned that removing the deadlines from the sodium targets would create disincentives for industry to stop innovating and reformulating. Furthermore, there has already been great progress made by many companies that have been leaders in voluntary sodium reduction, showing that it can be done successfully. Companies such as Aramark, General Mills, Kraft-Heinz, Mars Food, Nestle, PepsiCo, Tyson Foods, Subway, Panera, and Unilever are already working to reduce sodium in their products and meals. In addition, the National Salt Reduction Initiative (NSRI), which launched in 2009, secured lower sodium commitments from nearly 30 companies, including snack manufacturers, restaurants, and fast food dining.

These industry-led reduction efforts not only directly affect the sodium levels for foods served in schools, but also the levels of sodium in foods outside of schools, creating a healthier food environment and leveling the playing field for schools in their sodium reduction. Because of these efforts by industry, products with more appropriate, healthier levels of sodium are more readily available in the marketplace. For example, Revolution Foods offers many meals that meet Targets 2 and 3. Schwan's Company, which supplies pizza to School Food Authorities (SFAs) around the country, also makes the pizza for Revolution Foods – pizza that meets the Target 3 sodium levels.

While we are not aware of USDA collecting data on implementation beyond Target 1, we know anecdotally that many programs are at or very close to achieving Target 2. SFAs around the country have made remarkable strides. For example, the program in Elbert County Schools, Georgia has worked hard to get their menus down to healthier levels of sodium.[17] They have employed tactics such as training staff to analyze sodium content in their menus; educating students on nutrition and menu changes; working with local and regional companies to find alternative products with less sodium; and re-working their recipes to keep the foods tasty and accepted by the students. Programs from all around the country, including schools in California, Indiana, Georgia, Kansas, New York, North

Dakota, Oklahoma, and Virginia have successfully used these best practices and others – such as spice bars, salad bars, recipe reformulation, and education, and working with industry at the local, regional, and national levels – to meet the Targets 1 and 2 sodium guidelines. USDA should put greater effort into elevating and sharing these methods, and encouraging their adoption by other programs around the country.

This progress should not be halted, and we recommend more hands-on, sodium-focused technical assistance as needed. Programs like *Team Up for School Nutrition Success* and *What's Shaking* have been useful, and we are pleased to see that USDA will continue these important initiatives; however, the Department needs to focus on targeted technical assistance that delivers more individualized training for any programs that may still be having difficulty lowering sodium because of meal planning challenges, lack of education on the science of sodium reduction, or procurement issues. Finally, while USDA Foods has set a good example by offering lower sodium options, the work should continue to reduce sodium in the products available by USDA Foods.

While we agree that it is appropriate for USDA to re-evaluate the sodium standard with the release of the 2020 DGAs, we are concerned that the Department will be ill-equipped to proceed with further sodium reduction at that time and the incentives for industry to continue to reformulate will stall due to the absence of hard timelines and concerted effort to meet the Targets 2 and 3 goals.

For these reasons, we urge USDA to retain its original timeline for sodium reduction. Emphasizing alignment and strength of the evidence, the 2015 DGAs reaffirmed the need to bring sodium consumption levels down to no more than 2,300 mg.[18] Along with the DGAs, the Centers for Disease Control and Prevention, the World Health Organization, and many other experts around the world all call on lowering sodium consumption.

Whole Grains

We strongly supports the current whole grains standard where all grains served must be whole grain-rich. Replacing refined grain products with whole grains is a key component of the 2015 Dietary Guidelines and a longstanding association recommendation. Diets high in whole grains and fiber have been associated with increased diet quality and decreased risk of cardiovascular disease.[19] There is also evidence that people who eat whole grain foods – particularly those that are high in fiber and lower in sugar – have a lower body weight than those who eat fewer whole grains.[20] Unfortunately, children ages 4 to 18 do not meet the recommended intake for whole grains and exceed the recommended limit for refined grains.[21]

The intent of the current waiver process was to give programs extra time if acceptable whole grain-rich food products were not readily available; it was not intended to be an indefinite extension. USDA cites that in the last school year, approvals for whole grains exemptions increased by approximately 10%, using this as justification for extending the waiver process. However, this figure fails to recognize other variables that could contribute to the increased number, such as increased outreach and knowledge of the waiver process, and state agencies implementing and/or streamlining their application

processes. And, as indicated in the IFR, fewer than 15% of SFAs have requested a whole grain exemption. This low number does not justify widely expanding the whole grain-rich waivers.

In addition, whole grain-rich products are widely prevalent in the marketplace. As of December 2017, the Alliance for a Healthier Generation's Smart Food Planner, an online database that features food and beverage products that align with the nutrition standards, shows that approximately 874 whole grain-rich products are currently available for purchase by schools.[22] Further, USDA Foods provides more whole-grain products and has developed a number of resources that list whole grain-rich options.[23]

There are great examples all around the country of whole grain-rich successes – best practices that should be promoted and adopted rather than defaulting to a waiver. For example, all of the SFAs in Alabama, Idaho, and Montana meet the whole-grain rich requirement, and Arkansas, Maryland, and Rhode Island do not allow waivers at all.[24] Schools in Norfolk, Virginia, began the process of meeting the whole grain-rich requirement in 2010 by switching out the white bread on sandwiches to a whole grain bun. Subsequent incremental changes combined with educating staff and students made the transition to whole grain-rich successful. In Stafford, Kansas, the SFA joined forces with Culinary Arts and Entrepreneurship programs and the locally-owned Stafford County Flour Mills to develop a new dough that they could use in various foods for the meal programs, such as muffins and pizza crust. After taste tests with students, the final product adopted by the program is 60% whole grain-rich – better than the required standards. This innovative partnership is great for kids' nutrition and supports the local economy, and a portion of the proceeds go back into the youth programs that helped develop the product.

Instead of extending the whole grain-rich waivers, we encourage USDA to focus on providing more professional education on the importance of whole grains and how to cook these products in mass quantities (for those programs that do scratch cooking), and provide targeted assistance for procurement or menu planning. The Department should also craft a plan to work with companies to develop and provide better whole grain-rich options for schools.

Fluid Milk

Although we are concerned about the added sugar in flavored milk, we acknowledge that flavors often make milk more palatable, especially for children. Milk provides key shortfall nutrients, most notably potassium, calcium, and Vitamin D.[25] The 2015 DGAs recommend that the population should increase consumption of foods and beverages rich in these shortfall nutrients.[26]

However, we are concerned about the added calories and saturated fat that will come with allowing 1% flavored milk, as well as the potential of additional added sugars currently found in some 1% flavored milk products. This change could affect menu planning, and goes against expert recommendations from the NASEM and Robert Wood Johnson Foundation's *Healthier Beverage Guidelines*.[27]

When the new milk requirements went into effect, 75% of SFAs stated that they did not observe any change in the amount of milk waste, suggesting student acceptance was not a problem.[28] Further, roughly one in five SFAs reported choosing milk as the item to offer students who request more food on the lunch line, showing that milk remains a popular beverage choice for students.[29] Finally, virtually all SFAs – more than 90% – have employed strategies to encourage milk consumption[30] and USDA should continue to adopt and promote these strategies.

We recommend that USDA wait to make any changes to the milk standard until the 2020 DGAs are released, so that the standards continue to be consistent with both the latest science and statute. Waiting would also allow the Department to use the forthcoming 2018 milk consumption data in its review. However, if USDA does move immediately to allow 1% flavored milk, we urge the Department to adopt a calorie limit. Milk should be limited to fat-free and low-fat varieties with no more than 130 calories per eight ounce serving.

Participation

USDA has also indicated that it is modifying the nutrition standards because of declining participation in the NSLP. Reduced price participation has held steady through both the Great Recession (which started December 2007) and implementation of the updated standards (which started in school year 2012-2013). Free meal participation began increasing at the start of the Great Recession and has continued to grow. [31] This means that more of our most vulnerable children are getting healthy, nutritious meals. This important success should not be overlooked.

The data show that only participation among students who pay full price has declined, and that decline also began at the start of the Great Recession before the updated meal standards were adopted. As USDA states but perhaps underestimates, a variety of reasons contribute to this decline, including the Great Recession, increased charges for paid meals, length and time of day of the lunch period, sales of competitive foods in the lunchroom, long lunch lines, and school closures and consolidations.

Waste

USDA has also expressed concern that the changes in the sodium, whole grains, and fluid milk standards are needed to help reduce plate waste. The data, however, show that plate waste has either remained the same or has decreased since the updated nutrition standards went into effect.[32] While plate waste is always a concern and should be addressed by USDA, the problem did not originate with updated nutrition standards – as noted above, the updated standards have helped decrease plate waste in some instances.

Health Benefits

As we have discussed throughout this document, the 2012 nutrition standards provide important health benefits to children. Thus, we are concerned that USDA has underestimated the negative effects weakening the sodium, whole grains, and fluid milk standards will have on children's health. The Department states in the IFR that the

benefits would be similar as the original Regulatory Impact Analysis (RIA) conducted on the 2012 rule; however, we do not understand how the impact could remain the same when children are served more sodium, fewer whole grain-rich foods, and milk with higher calories and saturated fat. USDA should recalculate the RIA and indicate the reduced health benefit caused by these changes to the school nutrition standards.

Conclusion

In closing, we urge USDA not to make changes to the school foods nutrition standards; the Department should retain the strong, evidence-based sodium, whole grains, and fluid milk standards originally adopted in 2012. The evidence shows that these programs are successful, and children are starting to show better health outcomes because of it. Instead of rolling back or weakening these vital nutrition standards, we recommend that the Department work to identify schools that are experiencing challenges and offer more individualized technical assistance.

If you have any questions or need any additional information, please do not hesitate to contact Kristy Anderson, Senior Government Relations Manager, at (202) 785-7927 or kristy.anderson@heart.org.

Sincerely,

John J. Warner, MD
President
American Heart Association

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