

0016 Why

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,

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 red4 (r)3 P <</M.93 0 T 12 499.92 -5 (e.(ova)4 (Tc 0 Twd)Tj -36 -1.17 Td4 (s)-1]TJ 0 Tc (i

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

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

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

¹ Food and Nutrition Service. US Department of Agriculture. September 2016. https://fns-prod.azureedge.net/sites/default/files/cn/SFAcert_FY16Q4.

² Johnson, DB., et al.. Effect of the Healthy Hunger-Free Kids Act on the Nutritional Quality of Meals Selected by Students and School Lunch Participation Rates. JAMA Pediatrics 2016. 170(1): e153918.

³ Cohen, JF., et al. Impact of the new U.S. Department of Agriculture school meal standards on food selection, consumption, and waste. Am J Prev Med. 2014. 46(4): 388-394.

⁴ Gortmaker, S. L., et al. Three Interventions That Reduce Childhood Obesity Are Projected To Save More Than They Cost To Implement. Health Aff (Millwood). 2015, 34(11): 1932-1939.

⁵

