

Tina Namian, Director,  
School Meals Policy Division  
Food and Nutrition Service,  
1320 Braddock Place,  
Alexandria, VA 22314

May 10, 2023

Re: Comments on Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans [FNS-2022-0043-0001]

Dear Ms. Namian,

As pediatricians, child health researchers, and health policy professionals at PolicyLab at Children's Hospital of Philadelphia, we recognize the critical importance of the School Meal Program to the children and families we serve.

We were pleased to see the U.S. Department of Agriculture's (USDA) proposed updates to the school nutrition program to align with the current Dietary Guidelines for Americans. In this comment, we offer our perspective on the proposed updates, informed by research, including studies conducted by our team of investigators at PolicyLab, and by our clinical experience caring for children in Pennsylvania.

**We recommend that the USDA further strengthen and adopt limits on added sugars for grain-based desserts, breakfast cereals, yogurt and flavored milk in the National School Lunch Program (NSLP) and School Breakfast Program (SBP). We strongly encourage that these same added sugar limits be applied to CACFP.** Added sugar intake is associated with excessive weight gain among children (Mayer-Davis et al USDA Nutrition Evidence Systematic Reviews 2020; Welsh et al Pediatric Obes 2018; Ling Kong et al Obesity 2020) and increased risk of youth-onset type 2 diabetes (Pillai et al Diabetes Care 2023; Magge et al J Pediatrics 2022). Childhood obesity is one of the most common pediatric chronic diseases and now impacts 14.4 million children and adolescents (CDC <https://www.cdc.gov/obesity/data/childhood.html>). The prevalence and severity of comorbidities prompted new, intensive American Academy of Pediatrics guidance including weight-loss medications and bariatric surgery for the treatment of obesity in children.

Added sugar consumption remains a paramount issue among children and per the Dietary Guidelines for Americans 2020-2025 report, yet few children are meeting recommendations. An analysis of diet data from eight cycles of National Health and Nutrition Examination Survey (NHANES; 2003-2018) indicated added sugar intake from National Salt and Sugar Reduction Initiative (NSSRI) foods and beverages (packaged foods such as breakfast cereals and sweetened milk) declined, but consumption remained high (Vercammen et al J Acad Nutr Diet 2022). Further, in recent years, sugar-sweetened packaged foods and beverages accounted for 70% of US child and youth added sugar intake (Vercammen et al). The COVID-19 pandemic has amplified this issue as consumption of sweets and bakery products significantly increased in children and adolescents (Pourghazi et al Front Nutr 2022). Although in 2021 the NSSRI released voluntary sugar reduction targets for packaged items in the US, added sugar intake from all sources remains high at about 71 g per day (equivalent to roughly 17 teaspoons), which is almost triple the 25 g/day limit recommended for children by the American Heart Association. Reducing added sugar intake among children and adolescents remains a critical issue in reducing incidence and severity of childhood obesity and other comorbidities.

By further reducing the added sugar regulations in the NSLP, SBP and CACFP programs USDA will strengthen the proposed rule and significantly benefit child diet quality. Specifically, we propose improving the added sugar limits by:

- Further reducing the g/oz of added sugars in breakfast cereals
- Establishing an added sugar limit for grain-based desserts to promote lower-sugar options.
- Requiring that unsweetened yogurt be offered alongside fresh or frozen fruit that can be used to sweeten yogurt, without added sugars;
- Removing flavored milk as an offering at school breakfast, lunch or CACFP for grades K-8, at a minimum.

**We recommend offering unflavored milk and water for all children grades K-12. This recommendation supports the proposed rule on flavored milk (Alternative A) for grades K-8 in NSLP and SBP and strengthens it by applying it to in grades 9-12.** Restricting flavored milk in the NSLP and SBP could significantly impact child and adolescent sugar intake, given flavored milk is the leading source of added sugars in the NSLP and SBP (Fox et al Nutrients 2021). An analysis of the 2025-18 NHANES diet data showed sugar-sweetened beverages are among the top five sources of added sugar consumed among children and adolescents and over 30% of US youths were classified as ‘high consumers of added sugars’ (>15% total daily kilocalories from added sugars) (Park et al. Nutrients 2023). USDA’s proposed rule for flavored milk is an important step towards reducing added sugar consumption among children and adolescents.

**We encourage the USDA nutrition programs to require whole grain offerings each day and further suggest strengthening the definition of “whole-grain rich” to 100% whole grains.** We do not support the whole grain revisions to require that all grains offered must meet the whole grain-rich requirement, except that one day each school week, schools may offer enriched grains. This will improve the nutritional quality of the meals offered and, therefore, the diet quality of children and adolescents. This suggestion is made due to the vitamin and fiber whole grains provide. Whole grains are a major contributor to dietary fiber intake (Reicks et al Nutr Res 2014), yet most school-age children do not meet fiber recommendations. Dietary fiber and potassium are considered dietary components of public health concern for the US population because low intake is associated with health concerns. Both nutrients are obtained through consumption of whole grains. A high fiber diet may assist in weight management and reduce the risk of type 2 diabetes and cardiovascular disease. The Dietary Guidelines for Americans 2020-2025 recommend replacing refined grains with whole grains to improve dietary fiber intake, yet less than 10% of individuals, including children and adolescents are at or above the recommended intake for whole grains. Formation of dietary habits begins early in life and healthy habits are important to reinforce, especially among school-aged children and adolescents, who have the poorest diet quality (DGA 2020-25). The diet quality of school-aged children could be significantly improved through offering at least 90% whole grains through school nutrition programs.

**We agree with the USDA’s plan to recommend sodium limits for certain products to further support schools’ efforts to procure lower sodium products and meet weekly limits.** As dietary habits are formed early in life and sodium intake is associated with increased risk of cardiovascular disease, this is an important target for the USDA’s nutrition programs. Given sandwiches and grain-based mixed dishes are the top sources of sodium intake in the US population, we suggest beginning with sodium limits on ingredients used to prepare those meals. We also recommend the increased use of herbs and spices in meals concurrent with sodium reductions. Beyond flavor and palatability, there is evidence that herbs and spices lower the risk of cardiovascular disease (Petersen et al Am J Clin Nutr 2022; Petersen et al Am J Clin Nutr 2021). Reducing sodium and increasing herbs and spices are both important to offering appetizing and nutritious meals.

**We support the USDA in prescribing geographic preference to procurement of local products to ease procurement challenges.** Not only will this support local food retailers, but there is evidence for an association between purchasing locally produced food and diet quality (Marrero et al Public Health Nutr 2021). Additionally, this strategy may resonate well with parent and child food, social and environmental priorities. A nationwide survey study revealed both students and parents would prefer locally produced items be offered on school lunch menus (Panchaligam et al Food Policy 2023).

**We recommend offering the flexibility to include a starchy vegetable in place of refined grains at breakfast. We do not support the proposed changes to the vegetable variety requirement allowing substitution of starchy vegetables for fruit at breakfast.** We support flexibility in offering any vegetable, but do not support the inclusion of starchy vegetables. On average, school age children do not meet vegetable recommendations, especially red and orange vegetable recommendations, which should be a priority compared to starchy vegetables (DGA 2020-2025). Vegetable intake is associated with lower risk of type 2 diabetes; starchy vegetable intake (potatoes) does not provide the same protective effects (Pokharel et al Diabetes Care 2023; Cruijsen et al Fron Nutr 2022). However, intake of potatoes compared to refined grains can significantly improve diet quality, including fiber intake, and does not impact markers of glycemic control (Johnston, Petersen and Kris-Etherton BJN 2020; Smith et al AJCN 2022).

We appreciate the USDA's proposed updates and this opportunity to share our feedback. If we can be a resource as this important work continues, please contact Alyssa Tindall (Tindalla@chop.edu).

**Sincerely,**

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