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Submitted via www.regulations.gov

Re: Docket No. FNS-2020-0038; Child Nutrition Programs: Transitional Standards for Milk, Whole Grains, and Sodium

Dear Ms. Namian:

We respectfully submit the comments below in response to the U.S. Department of Agriculture’s (USDA) “Child Nutrition Programs: Transitional Standards for Milk, Whole Grains, and Sodium” final rule (87 FR 6984), published on February 7, 2022.

UnidosUS, previously known as the National Council of La Raza, is the nation’s largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers to the success and well-being of Latinos at the national and local levels. For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our country stronger.

Our work includes advancing policies and programs that provide children with a reliable source of nourishment tied to better educational, health, and behavioral outcomes, including child nutrition programs such as the National School Lunch Program (NSLP).¹

Child nutrition programs, such as NSLP, remain vital to addressing health disparities among Latino children who continue to experience high rates of food insecurity.

Access to healthy school meals is especially important for Latino children in families experiencing food insecurity, which has worsened during the COVID-19 pandemic. Recent data from the USDA show that 21.8% of Latino households with children were food insecure in 2020, compared to 9.7% of non-Hispanic White households with children.² Research also shows that participation in school meal programs is associated with a 14% reduction in the risk of food insufficiency among households with at least one child receiving free or reduced-price lunch.³

We agree with the Department that “school meal nutrition standards are an important tool in addressing health disparities and supporting racial equity:”⁴ Latino children participate in school meal programs at higher rates than White children. Nearly one in four (24%) students participating in NSLP is Latino,⁵ which represents about 70% of Latino children in the United States. By comparison, about half of non-Hispanic White children participate in NSLP.⁶

Importantly, school meal nutrition standards are effective at improving children’s diets, including in ways that improve health equity across a range of school districts and programs. School meals are often a primary source of food and the healthiest meals that children receive each day. After the 2012 standards went into effect, the Healthy Eating Index (HEI) component scores for fruits increased from 77 percent to 95 percent of the maximum score and the scores for vegetables increased from 75 percent to 82 percent of the maximum score. Additionally, the HEI component score for empty calories improved from 73 percent to 96 percent of the maximum score.⁷

The impact of the standards is also supported by a study that found that from 2003 to 2018, the largest improvement in diet quality was seen in foods consumed in school settings and the improvement was equitable across racial and ethnic groups.⁸ Improvements in diet quality in schools tracked the standards: “the improvement [in diet quality] was primarily seen after 2010 and was equitable across subgroups of populations by race/ethnicity, parental education, and household income.”⁹

A 2020 study looked closely at the “healthfulness of school food environments and the nutritional quality of school lunches by the school poverty level and racial/ethnic composition” and concluded that:

The overall nutritional quality of school lunches, as measured by total Healthy Eating Index (HEI)-2010 scores, did not vary significantly across school types, although some HEI component scores did. From these findings, we concluded that there were disparities in the school food environment based on the socioeconomic and racial/ethnic composition of students in schools, but no significant disparities in the overall nutritional quality of school lunches were found.¹⁰

This final, albeit transitional, rule provides short-term flexibility over the next two school years by:

1. Changing the whole-grain-rich requirement from 100 to 80 percent;
2. Establishing an interim sodium-reduction target (Target 1a) as a 10-percent reduction in sodium for school lunches only by SY 2023-2024 (effective July 1, 2023), and committing to address longer-term sodium reduction in the future; and
3. Allowing low-fat flavored milk, with a requirement that schools serve unflavored milk if serving flavored milk.

As explained below, we urge the USDA to strengthen school nutrition standards in forthcoming rulemaking to be consistent with the 2020 Dietary Guidelines for Americans (DGA), as these policies would help to ensure that Latino children and adolescents have access to healthful and nutritious school meals.

Specifically, the USDA should:

1. Establish a new added sugars standard for school meals that align with the 2020 DGA recommendations to limit exposure to beverages high in added sugars for children in schools, such as flavored milk.

Current school nutrition standards do not address added sugars as the 2010 DGA, upon which they are based, did not include an added sugars recommendation.¹¹ As a result, school meals today contain added sugars that significantly can exceed the limits reflected in the DGA's 2015 and 2020 recommendations that no more than 10% of daily calories come from added sugars (and that young children should consume levels below that).¹² At current levels, a typical school breakfast alone can easily exceed an entire day's worth of added sugars for a child.

One of the leading sources of added sugar in school meals is flavored milk. One study found that 92% of schools exceed the DGA's recommended limit for added sugars at breakfast, while 69% exceed the limit at lunch.¹³

Excess amounts of added sugars contribute to obesity and cardiovascular disease, two health conditions that disproportionately impact Latinos.¹⁴ Given the need for product development and school adaptation, we also urge the USDA to provide a substantial program of training and technical assistance to help school districts plan and execute menus, particularly breakfast items, that will meet a new added sugars standard.

2. Establish sodium reduction targets aligned with the 2020–2025 DGA recommendations.

Already about one in six children age 8–17 has elevated blood pressure.¹⁵ Children who eat higher-sodium diets are about 40% more likely to have elevated blood pressure than are children who eat lower-sodium diets.¹⁶ Nine out of ten children consume too much sodium,¹⁷ increasing their risk for high blood pressure (HBP) and other conditions.¹⁸ According to the American Heart Association, Mexican American youth have a greater prevalence of high blood pressure compared to non-Hispanic White youth.¹⁹

Studies also show 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.²⁰ Moreover, the risks extend to Latino adults. During the 2015 to 2018 period, more than half (50.6%) of Hispanic male adults and more than 4 in 10 (40.8%) Hispanic female adults aged 20 and older had HBP.²¹ In 2019, cardiovascular disease caused the deaths of 31,664 Hispanic males and 26,820 Hispanic females.²²

The 2020 DGA recommends that no more than 2,300 mg sodium is safe for those who are 14 years old and up and reduced the amount of sodium considered safe for children to $\leq 1,500$ mg/day for children ages 4–8 and to $\leq 1,800$ mg/day for children ages 9–13, based on the National Academies of Sciences, Engineering, and Medicine (NASEM) Dietary Reference Intake (DRI) report for sodium in 2019.²³

That report established a Chronic Disease Risk Reduction (CDRR) level for sodium and found that exceeding these levels would increase chronic disease risk within a healthy population.²⁴ NASEM, and subsequently the 2020 DGA, made even stronger sodium recommendations for younger school-aged children than was the case when the 2012 school meal standards were finalized, then based on the 2010 DGA.²⁵

While the final rule sets higher sodium standards than were included in prior rules, it is not as ambitious as the 2012 rule because it delays the sodium targets. At the current levels (Target 1), a high school lunch has on average 1,420 mg, or nearly two-thirds of a day's worth, of sodium. The interim target established in this final rule for a high school lunch (Target 1a) brings down that amount of sodium only to 1,280 mg, or over half a day's worth. Further delaying action on sodium targets would exacerbate the harmful effects of continuing high sodium consumption on premature development of hypertension, including disparities for the Latino community.

Prior to the pandemic, many schools were at or very close to meeting Target 2 levels. For example, schools lowered sodium by using spice bars and salad bars, giving students more options to provide flavor with less salt. The USDA should elevate these methods and encourage adoption across schools. The USDA should also provide technical assistance such as it has in the past. Supports that provide intensive and specific training for those programs that may still have difficulties lowering sodium is essential to ensuring that all students can benefit from reductions.

3. Establish a whole grain requirement consistent with the 2020 DGA.

Eating more whole grains is associated with reduced risk of heart disease and diabetes.²⁶ Still, children ages 4 to 18 do not meet the recommended intake for whole grains and exceed the recommended limit for refined grains.²⁷ Updating whole grain standards can help improve health outcomes and nutrition for Latino children, who continue to experience higher rates of obesity and chronic conditions such as diabetes. In 2019–2020, more than one in five (21.4%) Latino youth was found to be obese compared to nearly one in eight (12.1%) non-Hispanic White youth.²⁸ According to the Centers for Disease Control and Prevention (CDC), Latino children and teens are also at higher risk for type 2 diabetes compared to non-Hispanic White children and teens.²⁹

The 2022 final rule requires that at least 80% of the weekly grains offered in the School Lunch Program and the School Breakfast Program be whole grain-rich and the remaining items must be enriched. We agree with the USDA that “increasing the whole grain-rich standard beyond

what was proposed is achievable and appropriate” and recognize that “a standard between 50 and 100 percent will balance the importance of strengthening the whole grain-rich requirements with the difficulties currently facing some schools, such as supply chain disruptions, financial challenges, and staffing limitations related to COVID-19.”³⁰

Should the USDA consider an alternative to the 100% whole grain-rich requirement in future rulemaking, we ask that the standard be consistent with the 2020 DGA. As previously noted in our prior comments, we also urge the USDA to provide training and technical assistance to school districts on how to meet the whole grain-rich requirements.³¹

Conclusion

We appreciate the USDA’s efforts to take meaningful steps for improving school nutrition standards as an opportunity to improve health and health equity. For these reasons, we urge the USDA to establish a new added sugars standard for school meals and align the sodium reduction and whole grain requirements with the 2020 DGA recommendations.

In updating these standards, we also urge the USDA to continue working closely with advocacy organizations and stakeholders and to provide training and technical assistance to help schools meet these standards. Should you have any questions or need further information, please contact Laura MacCleery at lmaccleery@unidosus.org.

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- ⁸ Muzi Na, PhD, MHS, "Disparities in Diet Quality in School-Age Children—Opportunities and Challenges," *JAMA Netw Open*. 2021;4(4):e215358. doi:10.1001/jamanetworkopen.2021.5358, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778457> (accessed March 23, 2022).
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