UNIDOSUS
STRONGER COMMUNITIES. STRONGER AMERICA.

HEADQUARTERS
Raul Yzaguirre Building
1126 16th Street NW, Suite 600
Washington, DC 20036-4845

202.785.1670
202.776.1792
unidosus.org

May 9, 2023

Tina Namian
Director, School Meals Policy Division
Policy and Program Development Division
USDA Food and Nutrition Service
1320 Braddock Place, 4th Floor
Alexandria, VA 22314

Submitted via http://www.regulations.gov

Re: Docket No. FNS-2022-0043; Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans

UnidosUS (formerly the National Council of La Raza) respectfully submits these comments on the U.S. Department of Agriculture (USDA) Food and Nutrition Service's (FNS) proposed rule, "Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans," which would strengthen school meal nutrition standards.

UnidosUS 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 based on the latest nutrition science, including child nutrition programs such as the National School Lunch Program (NSLP) and the School Breakfast Program (SBP).[1]

Child nutrition programs, such as NSLP and SBP, are critical to addressing health disparities among communities of color who continue to experience disproportionately high rates of food insecurity and diet-related diseases.

The proposed standards strive to align school meal requirements with the 2020–2025 Dietary Guidelines for Americans (DGA), as is required by the Healthy, Hunger-Free Kids Act (HHFKA) of

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions that are present in the community.

2010 which "requires that school meals reflect the latest Dietary Guidelines for Americans."[2] Most notably, the proposed standards will reduce added sugars in school meals, decrease allowable amounts of sodium, and emphasize the inclusion of whole grains.
The SBP and NSLP are cornerstone federal nutrition assistance programs and critical to addressing food insecurity and health disparities among children of color. Access to healthy school meals is particularly important for Latino children in families experiencing food insecurity, which disproportionately harms communities of color. Recent Census Bureau data from April 2023 show that Latino (22%) and Black (19%) households with children sometimes or often did not have enough food to eat in the last week at double the rate of White households with children (9%).[3] Consequently, school meals serve as one of the healthiest sources of foods for school-age children, which is significant as some children receive up to half of their daily calories at school.[4]

Obesity and diabetes are some of the Hispanic community's most serious—and preventable—health conditions. Centers for Disease Control and Prevention (CDC) data show that compared to non-Hispanic Whites, Latinos are more than twice as likely to suffer from type 2 diabetes; the disease afflicts 17% of Latinos, compared to just 8% of non-Hispanic Whites.[5] Moreover, National Survey of Children's Health data show that more than 40% of Latino children are overweight or obese, compared to 27% of non-Hispanic White children.[6] Since 2011, obesity rates have been significantly higher for Latino children than for children of any other racial or ethnic group.[7]

Because nutritious school meals are critical for healthier outcomes, in 2012, the USDA followed requirements from the Healthy, Hunger-Free Kids Act to update school meal nutrition standards for the first time in several decades, which successfully improved the nutritional quality of school meals and increased the amount and variety of fruits, vegetables, and whole grain-rich foods offered. After the 2012 standards went into effect, the Healthy Eating Index (HEI) component scores for fruits increased from 77% to 95% of the maximum score, and the scores for vegetables increased from 75% to 82% of the maximum score.[8] Additionally, the HEI component score for empty calories improved from 73% to 96% of the maximum score.[9]

The impacts of school meal nutrition standards have been well-documented in other studies suggesting that policies to improve nutrition in school settings have been effective. A 2021 study showed that the largest improvement in diet quality among school-aged children was seen in foods consumed in school settings, and this improvement was equitable across racial and ethnic groups.[10]

In addition, adequate standards close inequitable gaps in the nutritional quality of school meals. A 2020 study assessing whether improvements in the school food environment vary by socioeconomic and racial/ethnic composition of students in schools found no significant disparities in the overall nutritional quality of school lunches.[11] Research over the past decade has shown that since the implementation of the nutrition standards required through HHFKA,

socioeconomic and racial/ethnic disparities in the healthfulness of school food environments have declined. Strong school meal nutrition standards are a promising strategy for improving the health and well-being of students from households with low incomes, and updated requirements hold promise to further reduce disparities in the school meal environment.[12]

However, despite the success of the 2012 standards, the USDA rolled back requirements on sodium, whole grains, and flavored milk in 2018.[13] That 2018 rule was widely opposed by the public and invalidated by a federal court in 2020.[14] In 2022, the USDA issued Transitional Standards, which provided necessary flexibility to school food authorities (SFAs) for SY 2022–2023 and SY 2023–2024 as schools respond to and recover from the COVID-19 pandemic.[15]

If implemented, the proposed rule will improve the nutrition quality of meals for millions of children. Setting strong nutrition standards for school meals is especially important for the more than 29 million school-age children receiving school lunches, and the 15 million children receiving school breakfasts.[16] USDA research shows that Latino and Black children participate in school meal programs at higher rates than White children, making school meal nutrition standards a vital and effective method of improving children's diets and health equity.[17] Latino children participate at a rate of more than 70%, compared to around 50% of White children.[18]

Aligning the school meal nutrition standards with the 2020–2025 DGA will result in healthier meals served in schools, which can have significant positive implications for child nutrition and overweight and obesity outcomes. Strong nutrition standards and the presence of healthier meals are also likely to increase student participation in school meal programs and school food service revenue and improve food security and academic performance.[19]

This rule proposes to better align school meal nutrition standards with the 2020 DGA, by:

1. Implementing quantitative limits for leading sources of added sugars in school meals, including grain-based desserts, breakfast cereals, yogurts, and flavored milks
2. Implementing a dietary specification limiting added sugars to less than 10% of calories per week in the school lunch and breakfast programs
3. Maintaining the current standard allowing all schools to offer fat-free and low-fat milk, flavored and unflavored, with the new proposed added sugars limit for flavored milk
4. Maintaining the current whole grains requirement that at least 80% of the weekly grains offered are whole grain-rich, based on ounce equivalents of grains offered
5. Establishing weekly sodium limits, informed by FDA's voluntary sodium reduction goals, with further reductions to support closer alignment with the goals of the DGA

As explained below, we urge the USDA to strengthen school nutrition standards to be consistent with the 2020–2025 DGA, as these policies would help to ensure that Latino students 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, including both product-based limits and weekly dietary limits.

There is extensive research linking the consumption of added sugars to myriad diet-related diseases, including obesity, type 2 diabetes, cardiovascular disease, and dental caries, many of which disproportionately impact Latino children and families.[20]

Since 2015, the DGAs have recommended limiting added sugar to less than 10% of total daily caloric intake, yet children and adults of all ages exceed this daily limit.[21] Added sugars account on average for almost 270 calories, or more than 13% of total calories, per day in the U.S. population.[22] Among younger children ages 2–5 years and 6–11 years, the leading sources of added sugars are sweetened beverages, sweet bakery products, candy, other desserts, and ready-to-eat cereals.[23] Flavored milk is the sixth-leading source of added sugars among both adults and children. Because so many children consume flavored milk at school, and because it is offered so frequently, in the aggregate it is the largest source of added sugars in school meals.

Given the significant prevalence of added sugars in the school meal environment and children's diets, establishing an added sugar standard for school meals in alignment with the most recent DGA is critical. Two recent studies using data from the *School Nutrition and Meal Cost Study* (SNMCS), a nationally representative study of the school meal environment, assessed the availability and consumption of added sugars during the school day.[24] These studies found that 92% of school breakfasts contained 10% or more of calories from added sugars, as did 69% of lunches.[25] Additionally, both studies found that, in the aggregate, the main source of added sugars in both school breakfasts and school lunches was flavored fat-free milk.[26] Flavored skim milk contributed 29% of the added sugars in school breakfasts and almost half (47%) of the added sugars in school lunches.[27] The researchers found that over 24 hours, 63% of children exceeded the DGA recommended limit for added sugars.[28]

2. Encourage whole grain intake and go even further to strengthen the whole grain-rich requirement in school meals to 100% of grains.

The 2020 DGA recommends that at least half of grains consumed be whole.[29] According to the USDA, eating more whole grains is associated with a reduced risk of heart disease and is a healthful source of fiber.[30] Whole grain consumption is associated with reduced risk of cardiovascular disease, type 2 diabetes, and other chronic diseases.[31]

Boosting whole grain intake among students will reduce nutrition disparities and improve health equity. The majority of U.S. children ages 5–18 do not meet the recommended intake for whole grains and exceed the recommended limit for refined grains.[32] Moreover, Latino adults

and children maintain the country's lowest average daily consumption of whole grains. According to USDA data, in 2017–2018, the most recent year for which data are available, the average daily intake of whole grains among Latinos was more than 25% below levels for non-Hispanic Whites.[33] Research demonstrates that increasing consumption of whole grains can reduce rates of chronic conditions such as obesity and diabetes. A 2020 study found that higher consumption of whole grains was significantly associated with a lower risk of type 2 diabetes.[34] A Tufts University Friedman School of Nutrition Science and Policy study examining the relationship between whole grain intake and body mass index (BMI) score demonstrated that children who consumed 1.5 daily servings of whole grains had a 40% lower risk of obesity, compared to children who received less than one serving.[35]

The effects of the 2018 rollbacks to the school meal nutrition standards, coupled with the pandemic and resulting supply chain disruptions, are still evident. The weakened standards removed the incentive for companies to continue to perfect their whole grain-rich K–12 products and opened the door to reintroducing enriched products to the K–12 market. A 2023 study found that many students who eat both school breakfast and lunch are likely consuming less than half the recommended levels of fiber from school meals.[36]

Flexibilities during the pandemic were needed, but now the USDA should send a clear message that children's health comes first by requiring 100% of grains be whole grain-rich. Similarly, the USDA should maintain the whole grain-rich requirement in the definition of an entrée under Smart Snacks to maintain consistency with the quantitative recommendations of the DGA and ensure that students not consuming the full reimbursable meal but purchasing entrées à la carte are still receiving whole grains.

While a phase-in period may be necessary for industry and school districts to reorient to stronger standards, the historical success of this standard is evidence of its feasibility. According to 2021 research, in 13 of 18 product categories with creditable grains assessed, every company in the report offered ≥ 75% whole grain-rich products. In 15 of the 18 categories, there was at least one company that offered whole grain-rich grains exclusively.[37] In a nationally representative study of elementary schools, researchers found that the availability of whole grains in schools increased significantly from 14.6% in SY 2006–2007 to 48.6% in SY 2013–2014 after updated nutrition standards went into effect.[38] SFAs and industry have been successful in meeting a DGA-aligned standard, and they can do so again.

3. Establish weekly sodium limits, informed by FDA's voluntary sodium reduction goals, with further reductions to fully align with the recommendations in the most recent DGA.

We appreciate USDA's continued focus on the need to reduce sodium in school meals. While the proposed reductions are a good next step and will help lower sodium intake in children, the final limits do not go far enough. USDA should revise the proposed reductions to fully align with the quantitative recommendations in the most recent DGA.

Importantly, excess sodium consumption places children at increased risk of developing elevated blood pressure at an early age.[39] According to the American Heart Association, children who consume too much sodium are nearly 40% more likely to have elevated blood pressure than children with lower-sodium diets.[40]

Already, about one in six children ages 8–17 has elevated blood pressure, with it being more common among Hispanic adolescents than non-Hispanic White adolescents.[41] Elevated blood pressure in childhood can result in the early development of heart disease, persisting high blood pressure in adulthood, and even higher risk for premature death.[42] Heart disease is the leading cause of death for most racial and ethnic groups living in the U.S., including Latinos.[43] In 2019, it caused the deaths of 31,664 Hispanic males and 26,820 Hispanic females.[44]

To reduce the risk of elevated blood pressure and other preventable conditions, especially among low-income children of color, USDA should align sodium reductions to meet the most recent DGA. The DGA recommends that children ages 4–8 years limit sodium intake to <1,500mg a day, <1,800mg for children 9–13, and <2,300mg for children 14–18.[45] Unfortunately, around nine in ten U.S. children consume more than these amounts, according to the CDC.[46] A 2014 nationally representative poll conducted by The Pew Charitable Trusts, the Robert Wood Johnson Foundation, and the American Heart Association found that 75% of parents think that salt should be limited in [school] meals.[47]

Under the proposed rule, the average sodium intake for children will continue to exceed the recommended limit. For example, an elementary school lunch could contain up to 810 mg of sodium after the third sodium reduction occurs in 2029. That represents more than half (54%) of the daily sodium limit for 5–8-year-olds from lunch alone. School breakfast could provide an additional 435 mg or 29% of the daily limit for that age group. This means that children up to age eight could consume 83% of their daily sodium limit at breakfast and lunch, leaving just 17% for dinner and snacks, making it extremely difficult for children to meet the DGA recommendations for sodium.

This is concerning: excess sodium consumption places children at increased risk of developing elevated blood pressure at an early age.[48] Children with high sodium diets are approximately 40% more likely to have elevated blood pressure than children with lower sodium diets.[49] Having elevated blood pressure increases the risk of developing high blood pressure and carrying that into adulthood, and increases the risk for heart attack, stroke, kidney disease, and premature death.[50] According to a report from the CDC, approximately one in seven youth between the ages of 12 and 19 already have elevated blood pressure or hypertension.[51]

USDA can help school food authorities (SFAs) build on their progress and meet stronger sodium standards. USDA should provide technical assistance, share innovative ideas and best practices, provide grants to small or rural SFAs, and encourage collaboration with the food industry. The Healthy Meals Incentive Initiative, along with kitchen equipment grants, Team Nutrition, and

the Institute of Child Nutrition are valuable resources for SFAs. We encourage USDA to also focus on providing targeted technical assistance that delivers more intensive and personalized training for those programs that may still have difficulties lowering sodium.

We support USDA's plan to recommend sodium limits for certain products. USDA should focus on those products that are the top sources of sodium in school meals according to the *2019 School Nutrition and Meal Cost Study*.[52]

4. Monitor results related to the standard allowing all schools to offer fat-free and low-fat milk, flavored and unflavored, alongside the new proposed added sugars limit for flavored milk.

The most recent DGA emphasizes that about 90% of the U.S. population does not meet dairy intake recommendations.[53] While 65% of young children drink milk on a given day, only 34% of adolescents do.[54] To improve the intake of nutrients that are underconsumed among children and adolescents, the 2020-2025 DGA recommends 2.5–3 serving of dairy daily, depending on the age of the child.[55] The DGA asserts that "most individuals would benefit by increasing intake of dairy in fat-free or low-fat forms," including milk.[56]

Milk is an important item in Latino diets with more than 75% of Latino children reporting that they consume milk every day.[57] In a study assessing the attitudes and preferences of Hispanic children and adults toward chocolate milk, researchers found that Latino children most commonly consume milk "at school because it was available with lunch."[58] An overwhelming majority (83%) of these children consumed flavored milk, yet they noted that they would limit their consumption of chocolate milk "because it was 'not as good for you' as plain milk, noting too much sugar."[59]

The most recent DGA emphasizes that "beverages that contain no added sugars should be the primary choice for children and adolescents," including water and unsweetened fat-free or low-fat milk.[60] Two recent studies using data from the *School Nutrition and Meal Cost Study* assessed the availability and consumption of added sugars during the school day. Both studies found that the main source of added sugars in both school breakfasts and school lunches was flavored fat-free milk.[61] While flavored milks like chocolate milk have the same key nutrients as plain, unflavored milk, they tend to have up to twice as much sugar.[62] Excess amounts of added sugars contribute to obesity and cardiovascular disease, two health conditions that disproportionately impact Latinos.[63] Given that guardrails will be implemented with an added sugars standards, it is reasonable to provide schools and students with the choice of flavored and unflavored milk. However, if providing flavored milks to all grades undermines schools' ability to meet an added sugars limit, then USDA should reassess a limit on flavored milks for all grades.

5. Monitor and assess exposure of lower-income children of color to synthetic dyes in school foods.

Increasing evidence has pointed to the harms of synthetic food dyes on children, with research demonstrating a link between the dyes and neurobehavioral problems in children.[64] The foods and beverages consumed by children, including those served in NSLP and SBP, include synthetic dyes. For example, flavored milks, such as strawberry milk, contain synthetic dyes that harm student health and are linked to adverse behaviors.[65] A 2021 report from the Center for Science in the Public Interest (CSPI) describes how numerous synthetic dyes are in school meals in menu items such as cereals, breakfast bars, pancakes, and onion rings.[66]

Exposure to synthetic dyes can negatively impacts a susceptible child's ability to succeed at school and interact with their peers. A 2021 report from the California Office of Environmental Health Hazards Assessment (OEHHA) concluded that synthetic food dyes, including those still present in school meal menu items, can adversely affect behavior in some children.[67] The neurobehavioral effects in children who are susceptible to their effects can include inattentiveness, hyperactivity, and restlessness.[68] Moreover, studies show that eliminating food dyes produces behavioral improvements for some children.[69] Natural colorings, in many cases, can be safer substitutes and can produce similar effects in foods if desired. Lower-income children tend to be exposed to higher levels of dyes and other synthetic ingredients, as these ingredients are more common in less costly foods.

We are concerned about these recent findings by the state of California on the effects of synthetic dyes on behavior for susceptible children. Yet, a gap remains in the research on the impacts of these dyes on Latino families and children. To better understand disparities and consumption patterns and levels of harm, we urge the USDA to collect data on food dyes used in school meals and the products in which they appear, and to monitor and research exposures for lower-income children and children of color to dyes.

Conclusion

We appreciate the USDA's proposed nutrition standards that will improve the nutritional quality of school meals as an opportunity to advance health equity. For these reasons, we urge the USDA to establish a new added sugars standard for school meals, further strengthen the standards for sodium and whole grains, allow flavored milk for high school students only, and phase out synthetic dyes in school meals. We 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 Umailla Fatima at ufatima@unidosus.org.

Notes

[1] https://www.cdc.gov/healthyschools/nutrition/schoolmeals.htm.
[2] https://www.federalregister.gov/documents/2012/01/26/2012-1010/nutrition-standards-in-the-national-school-lunch-and-school-breakfast-programs.
[3] https://www2.census.gov/programs-surveys/demo/tables/hhp/2023/wk56/food2_week56.xlsx.
[4] https://pubmed.ncbi.nlm.nih.gov/33844000/.
[5] https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html.
[6] https://www.childhealthdata.org/browse/survey/results?q=8455&r=1&g=914.
[7] https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/overweight-obesity-child-H.pdf.
[8] https://www.mathematica.org/download-media?MediaItemId={D18BB0E6-B16F-4988-A15B-EFADE21A280E}.
[9] Ibid.
[10] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778457.
[11] https://www.mdpi.com/2072-6643/12/8/2375.
[12] https://healthyeatingresearch.org/research/rapid-health-impact-assessment-on-changes-to-school-nutrition-standards-to-align-with-2020-2025-dietary-guidelines-for-americans/her-health-impact-asessment-fin/.
[13] 83 Fed. Reg. 63775. Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements, https://www.cspinet.org/sites/default/files/2022-03/CSPI%20Transition%20Final%20Rule%20Comment%202022.pdf.
[14] Ibid.
[15] 87 FR 6984. Child Nutrition Programs: Transitional Standards for Milk, Whole Grains, and Sodium.
[16] https://fns-prod.azureedge.us/sites/default/files/resource-files/slsummar-2.pdf; and https://fns-prod.azureedge.us/sites/default/files/resource-files/sbsummar-2.pdf.
[17] https://www.fns.usda.gov/sites/default/files/resource-files/SNMCS-Volume4.pdf.
[18] Ibid.
[19] https://healthyeatingresearch.org/research/rapid-health-impact-assessment-on-changes-to-school-nutrition-standards-to-align-with-2020-2025-dietary-guidelines-for-americans/her-health-impact-asessment-fin/.
[20] https://pubmed.ncbi.nlm.nih.gov/20308626/; https://pubmed.ncbi.nlm.nih.gov/24493081/; https://pubmed.ncbi.nlm.nih.gov/30447790/; https://pubmed.ncbi.nlm.nih.gov/29484192/; and https://www.brookings.edu/blog/up-front/2020/08/07/black-and-hispanic-americans-at-higher-risk-of-hypertension-diabetes-obesity-time-to-fix-our-broken-food-system/.
[21] https://www.dietaryguidelines.gov/sites/default/files/2020-07/ScientificReport_of_the_2020DietaryGuidelinesAdvisoryCommittee_first-print.pdf.
[22] Ibid.
[23]https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/DBrief/26_Sources%20of%20Added%20Sugars%20in%20Children%27s%20Diet_1516.pdf.
[24] https://www.fns.usda.gov/sites/default/files/resource-files/AddedSugarsinSchoolMeals.pdf; and https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/33573299/.
[25] Ibid.
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.
[30] https://www.choosemyplate.gov/eathealthy/grains.
[31] https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/wholegrain-foods-and-chronic-disease-evidence-from-epidemiological-and-intervention-studies/0F3E606C81771E34E11E74FF8122E56B.
[32] https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

[33] https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/fped/Table_2_FPED_RAC_1718.pdf.
[34] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7341349/.
[35] https://www.cambridge.org/core/journals/public-health-nutrition/article/whole-grain-consumption-is-inversely-associated-with-bmi-zscore-in-rural-schoolaged-children/E54A84BE4BF433697408A6433DE9988C.
[36] https://www.mdpi.com/2072-6643/14/24/5386.
[37] https://www.cspinet.org/resource/school-meals-corporate-report-card-2021.
[38] https://www.cdc.gov/pcd/issues/2016/15_0395.htm.
[39] https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-salt.
[40] https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-kids#:~:text=Eating%20too%20much%20sodium%20is,kids%20with%20lower%2Dsodium%20diets.
[41] https://www.ahajournals.org/doi/10.1161/hypertensionaha.111.00831; https://www.cdc.gov/vitalsigns/children-sodium/index.html#:~:text=About%209%20in%2010%20US,lead%20to%20high%20blood%20pressure; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7423159/.
[42] https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-kids#:~:text=Eating%20too%20much%20sodium%20is,kids%20with%20lower%2Dsodium%20diets.
[43] https://www.cdc.gov/heartdisease/facts.htm.
[44] https://www.heart.org/-/media/PHD-Files-2/Science-News/2/2022-Heart-and-Stroke-Stat-Update/2022-Stat-Update-factsheet-Hispanic-Latino-Race-and-CVD.pdf.
[45] https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.
[46] https://www.cdc.gov/vitalsigns/children-sodium/index.html#:~:text=About%209%20in%2010%20US,lead%20to%20high%20blood%20pressure.
[47] https://www.pewtrusts.org/en/about/news-room/press-releases-and-statements/2014/09/08/parents-support-healthier-school-food-policies-by-3to1-margin.
[48] https://www.ahajournals.org/doi/10.1161/hypertensionaha.111.00831.
[49] https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-kids#:~:text=Eating%20too%20much%20sodium%20is,kids%20with%20lower%2Dsodium%20diets.
[50] https://pubmed.ncbi.nlm.nih.gov/18456100/; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034752/.
[51] https://www.cdc.gov/mmwr/volumes/67/wr/mm6727a2.htm.
[52] https://fns-prod.azureedge.us/sites/default/files/resource-files/SNMCS-Volume2.pdf.
[53] https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.
[54] Ibid.
[55] Ibid.
[56] Ibid.
[57] https://pubmed.ncbi.nlm.nih.gov/18034752/.
[58] Ibid.
[59] Ibid.
[61] https://www.fns.usda.gov/sites/default/files/resource-files/AddedSugarsinSchoolMeals.pdf; and https://www.mdpi.com/2072-6643/13/2/471.
[62] https://www.cdc.gov/pcd/issues/2020/20_0033.htm.
[63] https://professional.heart.org/-/media/PHD-Files-2/Science-News/2/2022-Heart-and-Stroke-Stat-Update/2022-Stat-Update-factsheet-Hispanic-Latino-Race-and-CVD.pdf.
[64] https://pubmed.ncbi.nlm.nih.gov/17825405/; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2137120/; and https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00849-9.
[65] https://journals.sagepub.com/doi/abs/10.1177/0009922814530803?journalCode=cpja; and https://www.washingtonpost.com/local/education/strawberry-milk-is-to-be-banished-from-school-cafeterias-in-montgomery-county/2013/12/09/d9abb83e-5daa-11e3-95c2-13623eb2b0e1_story.html.
[66] https://www.cspinet.org/sites/default/files/2022-02/2021_SchoolMealsCorporateReportCard_online_1.pdf.

[67] https://www.cspinet.org/sites/default/files/2022-02/2021_SchoolMealsCorporateReportCard_online_1.pdf.

[68] https://www.cspinet.org/sites/default/files/media/documents/resource/Dyes_Fact_sheet_School_Foods_3.8.2021.pdf.

[69] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9052604/; and https://pubmed.ncbi.nlm.nih.gov/15155391/.