January 26, 2018

Mr. Brandon Lipps  
Administrator & Acting Deputy Under Secretary  
Food and Nutrition Service, USDA  
3101 Park Center Dr. #906  
Alexandria, Virginia 22302


Dear Mr. Lipps,

The Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University School of Public Health (hereafter referred to as the Center) appreciates the opportunity to submit comments to the Food and Nutrition Service at the United States Department of Agriculture (USDA) in response to Docket No. FNS-2017-0021 Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements.

The Center opposes implementing the interim final rule that delays sodium reduction targets for three years and extends waivers for schools failing to provide whole grain options to students. The interim final rule is unnecessary and not in the best interest of our nation’s students.

The USDA updated school meal requirements following the implementation of the Healthy, Hunger-Free Kids Act (HHFKA) of 2012. As a result, students now have healthier food options at school. Unfortunately, some critical nutrition requirements and standards, including those for sodium reduction and whole grains, have been delayed or waived, despite the important impact of sodium reduction and whole grains on the health of our youth and the overwhelming majority of school districts across the nation that are meeting the standards. The delays and waivers in the interim final rule will mean fewer students will have access to healthy whole grain options and more students will consume more than the recommended daily intake of sodium leading to future health risks.

Therefore, the Center strongly opposes this final interim rule. Our concerns are detailed below.

**Background:**

According to the U.S. Department of Agriculture (USDA)\(^1\), the typical American diet contains too much sodium. On average, youth aged 6-18 consume roughly 1,000 mg more of sodium each day than is recommended by the 2010 Dietary Guidelines for Americans\(^2\). Excess sodium intakes are especially concerning because children who are exposed to excess amounts of sodium are

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more likely to have high sodium intakes throughout life. Excess sodium consumption contributes to high blood pressure and in turn high rates of heart disease - the number one killer of men and women in the United States. While heart disease is a chronic disease characteristic of advanced age, factors that contribute to its development can begin in childhood with poor diet, highlighting the need to reduce sodium consumption amongst school age children. At the same time, unhealthy diets have been a major driver of obesity rates tripling for children and quadrupling for adolescents over the last thirty years.

According to the most recent data from the National Health and Nutrition Examination Survey, obesity rates among youth in the United States trend upwards as they age. In 2015-16, the prevalence of obesity was 13.9% among pre-school aged children (2-5 years), 18.4% among school-aged children (6-11 years), and 20.6% among adolescents (12-19 years). Further, numerous studies have found that childhood obesity predicts adult obesity, the prevalence of which reached nearly 40% in the US in 2015-16. These observations emphasize that the policy of ensuring healthier diets at younger ages is even more important. Diet is a major determinant of obesity and obesity-related chronic diseases. Because many students receive one or more meals at school each day through the National School Lunch Program (NSLP) and School Breakfast Program (SBP), the ability of schools to shape this diet to promote health from an early age is clear. Rules implemented by the USDA in the past, such as the Nutrition Standards in the National School Lunch and School Breakfast Programs, have been steps toward improving the health of current youth, soon-to-be adults, and future generations. However, health improvements will be stymied by the interim rule Child Nutrition Programs: Flexibilities for Milk, Whole Grain, and Sodium Requirement that would take effect in July of 2018.

**Most School Programs are Already Compliant:**

The USDA has stated that the decision to implement this interim rule is due to feedback from school operators who have complained about the difficulty of meeting the increasing nutrition standards in the Healthy, Hunger-Free Kids Act of 2012. However, in 2015 the Food and Nutrition Service released data showing that 95% of schools were in compliance with the

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HHFK standards, contradicting the reasoning for this interim rule\(^9\). Delaying full implementation of the standards for whole grains, sodium, and flavored milk is a short-sighted decision that sacrifices the health of students for the sake of a small minority of non-compliant schools.

**Flavored Milk and Whole Grains:**

Because the majority of schools already comply with the HHFKA nutrition standards, the Center feels strongly that it is important to uphold requirements relating to flavored milk and whole grains. Whole grains are high in fiber, which contribute to a feeling of fullness, and can therefore reduce overall calorie consumption (a primary way to combat obesity). Consumption of whole grains can also reduce blood cholesterol levels as well as the risk of coronary heart disease\(^{10}\). The original rule improved the quality of food/drink options for students by mandating that flavored milk be fat-free and that grains be whole-grain rich. The Center sees no reason to waive these requirements, which the vast majority of school districts are already meeting. We encourage the USDA to reconsider implementing the interim rule. It is unnecessary and will have negative health consequences.

**Sodium Target:**

Of greatest concern to the Center is the unnecessary delay in implementing sodium target 2. Overconsumption of sodium-rich foods are linked to higher rates of hypertension, heart disease, and stroke\(^11\). Currently, sodium intake for nine in ten school aged children in the United States is excessive\(^12\), and unlikely to change if schools are allowed to continue serving sodium-rich foods. It is especially alarming that language in the interim rule states that the USDA anticipates extending this particular flexibility through SY20-21. Allowing three years of continued sodium target 1 regulatory limits for SFAs is a step in the wrong direction and puts the health of students at risk.

**Concluding Remarks**

Providing students with healthier food options is a major step to improving their health and combating the obesity epidemic. The USDA’s Food and Nutrition Service should continue to uphold standards that improve nutrition in schools, rather than implementing rules that allow authorities to perpetuate less healthy menu options. **The Center strongly opposes the interim final rule or any act that has negative implications for nutrition standards in schools.**


We thank the USDA’s Food and Nutrition Service for the opportunity to comment on this final interim rule and hope it will take our position into account when making a final decision. Please do not hesitate to contact me (bdietz@gwu.edu) with any questions or concerns relating to our comments or the final interim rule. The Center looks forward to continued dialogue and engagement from the USDA about this final interim rule.

Sincerely,

William H. Dietz, MD, PhD
Sumner M. Redstone Center Chair
Milken Institute School of Public Health
George Washington University
Phone: (202) 994-1469
Email: bdietz@gwu.edu