

April 10, 2023

The Honorable Thomas J. Vilsack
Secretary
U.S. Department of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250

Re: Federal Register Docket FNS-2022-0043: Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans

Dear Secretary Vilsack:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer our comments to the U.S. Department of Agriculture's (USDA or Department) Food and Nutrition Service (FNS) on the proposed revisions to the Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans.¹

Overall, the AMA applauds the Child Nutrition Program's primary goal of revising the program to align with the current Dietary Guidelines for Americans (DGA) while providing flexibility in the variety and choices offered in school meals.

Unfortunately, the rate of childhood obesity in the U.S. increases by an estimated 2.4 percent a year.² According to the Centers for Disease Control and Prevention (CDC), 14.7 million children and adolescents, or 19.7 percent of the population have obesity, with higher prevalence among Black and Hispanic children.³ However, the nutrition that children receive from school meals can have a large and positive impact on their overall health since most U.S. children "consume as much as half of their daily calories at school."⁴ It has been shown that updating nutrition standards for school "meals significantly improve[s] the nutritional quality of the meals and their consistency with the Dietary Guidelines for Americans."⁵

The AMA recognizes the important role that school meal programs play in improving the overall health of America's students and mitigating health inequities caused by unequal access to healthy food options. The AMA supports a number of the proposed revisions and believes that the additional considerations noted below will greatly enhance the nutritional quality of school meals and the health of children.

Specifically, the AMA recommends the following additional changes to the DGA and certain food and beverage categories to ensure that allowances are made for medical conditions, dietary

¹ <https://www.federalregister.gov/documents/2023/02/07/2023-02102/child-nutrition-programs-revisions-to-meal-patterns-consistent-with-the-2020-dietary-guidelines-for>.

² [https://s3-eu-west-1.amazonaws.com/wof-files/World Obesity Atlas 2023 Report.pdf](https://s3-eu-west-1.amazonaws.com/wof-files/World%20Obesity%20Atlas%202023%20Report.pdf).

³ <https://www.cdc.gov/obesity/data/childhood.html>

⁴ <https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>.

⁵ [https://www.jandonline.org/article/S2212-2672\(19\)31557-6/fulltext](https://www.jandonline.org/article/S2212-2672(19)31557-6/fulltext).

preferences, cultural preferences, and equitable access while adhering to the science associated with nutritional necessities that promote growth and health in children.

I. Recommendations to Improve Nutritional Density and Limit the Fat, Added Sugar, and Sodium Content in School-Based Food Programs:

- Place both product-based and weekly dietary limits on added sugars in the school lunch and breakfast programs and limit total sugar consumption in school breakfast and lunches to less than 10 percent of calories per meal.
- more stringent standards for afterschool snacks beyond the Child and Adult Care Food Program (CACFP) requirements and work in conjunction with school meal standards to prevent overconsumption of sugar, sodium, fat, and calories.
- Set more aggressive sodium reduction targets, especially for younger age groups, such that school meal sodium limits are in line with Chronic Disease Risk Reduction (CDRR) total daily sodium levels. To this end, in addition to per week limits, the Department should set per menu item, per day, and per meal sodium limits.
- Make sodium limits required, not optional.
- Actively promote reductions in the sodium content for condiments, food, and beverages offered in school lunches and breakfasts.
- Remove flavored milk from the school meal program. If that is not an option, the AMA supports Alternative A since it has been shown that flavored milk is the top contributor to sugar intake in the school meal program and younger children have been overconsuming sugar at lunch at a higher rate than older children.
- Maintain the current requirement that at least 80 percent of the weekly grains offered be whole grain-rich and require that the remaining 20 percent of weekly grains offered be enriched grains and fortified with folic acid.
- Require that the whole grain options contain at least 51 percent whole grain.
- As vegetables are being added to school meals, ensure that they are served in their most nutrient-dense form to promote maximum health benefits while limiting additions like sodium and fat.

II. Recommendations to Accommodate Food Substitutions based on Cultural and Medical Needs and Preferences:

- Modify the National School Lunch Act, 42 U.S.C. § 1758, to eliminate requirements that children produce documentation of a disability or a special medical or dietary need in order to receive an alternative to cow's milk.
- Offer a variety of milk alternatives, including plant-based with no added sugar, within the school breakfast and lunch programs to provide more options for students in all grades to meet their dietary needs and adhere to cultural preferences.
- Credit whole nuts and seeds for the full meat/meat alternate component in all child nutrition programs and meals.
- Allow the substitution of traditional vegetables in school meals.
- Include Native Hawaiian communities (in addition to American Indian and Alaska Native (AI/AN) tribes) in the Department's expanded recognition of traditional foods. Make additional changes to promote AI/AN cultural food preferences, increase food sovereignty in these communities, and include cultural food options for Native Hawaiians.

- Change the traditional food regulations and remove any process, regulatory, financial, or other barrier to serving healthy and nutritious traditional foods for all indigenous communities in school meals, including adding tribally operated schools, schools operated by the Bureau of Indian Education, and schools serving primarily AI/AN children to the list of schools that may serve vegetables to meet the grains requirement.
- Add hummus to the list of foods exempt from the total fat standard in the Smart Snack regulations and offer hummus with limited restrictions for cultural preference and medical reasons.

III. Recommendations to Support Initiatives to Improve Access to Healthy, Affordable Foods and Promote Lifelong Healthy Diet and Lifestyle Choices:

- Support sustainable local food supply chains that increase access to affordable nutritionally dense food.
- Study the national prevalence, impact, and solutions to challenges accessing healthy affordable food, including, but not limited to, food environments like food mirages, food swamps, and food deserts.
- Enact the proposed geographic preference changes.
- Implement changes to the DGA.

The AMA supports schools promoting the consumption of foods and beverages that are low in fat, sugars, and cholesterol. We also understand the need to make substantive changes to the school meal and food assistance programs based on the cultural and dietary needs of students. Additionally, the AMA supports initiatives to improve access to healthy nutritionally dense foods for all Americans and educate the nation's students on how to make healthy food and lifestyle choices that will benefit them for the rest of their lives, understanding the important implications this has for reducing health disparities.

Therefore, the AMA provides the following detailed recommendations to enhance the well-being of our nation's children.

I. Recommendations to Improve Nutritional Density and Limit the Fat, Added Sugar, and Sodium Content in School-Based Food Programs

Added Sugars

Currently there are no added sugar limits in school meal programs. However, the USDA is proposing two approaches that would work in partnership to decrease added sugar in school lunch and breakfast programs. These approaches would be phased in over time and, beginning in school year (SY) 2025-26, will place qualitative sugar limits on items such as grain-based desserts, breakfast cereals, yogurt, and flavored milk. Specifically grain-based desserts would be limited to two ounce equivalents per week in school breakfast consistent with the current limit for school lunch, breakfast cereals would be limited to six grams of added sugar per dry ounce, yogurt would be limited to 12 grams of added sugar per six ounces, and flavored milks would be limited to 10 grams of added sugar per eight fluid ounces (or 15 grams of added sugar per 12 fluid ounces for flavored milk sold as a competitive food for middle and high schools). In addition to the product-based limitations, beginning in SY 2027-28, the proposed rule would limit added sugars from school breakfasts and lunches to an average of less than 10 percent of calories per meal.

When added sugars in foods and beverages exceed 10 percent of calories, a healthy dietary pattern within calorie limits is difficult to achieve. According to the CDC, “Americans are eating and drinking too many added sugars, which can contribute to health problems such as weight gain and obesity, type 2 diabetes, and heart disease.”⁶ As such, a leading health indicator included in the Healthy People 2030 report is to “reduce consumption of added sugars by people aged 2 years and over.”⁷ This can be achieved by increasing nutrient dense food choices, which would represent only 17-50 calories from added sugars, or 1.5-2 percent of total calories.⁸

Due to the negative health effects associated with sugar, children ages two and older should keep their sugar intake to less than 10 percent of their total daily calories.⁹ Moreover, the American Heart Association recommends that children consume less than 25 grams (100 calories/6 teaspoons) of added sugars per day.¹⁰ Despite these recommendations, the average American child consumes 81 grams of sugar per day with boys consuming the most sugar, though all age, gender, and race categories overconsume.^{11,12,13} As a result, these empty calories from added sugars and solid fats contribute to 40 percent of daily calories for children and adolescents age 2–18 years, affecting the overall quality of their diets.¹⁴

Unfortunately, 92 percent of school breakfasts currently exceed the DGA sugar limits with added sugars accounting for 17 percent of calories in school breakfasts, a level that is 70 percent higher than the 2015–2020 DGA limit of less than 10 percent, with low- and middle-income schools being significantly more likely than high income schools to consume excess sugar.¹⁵ Likewise, 69 percent of school lunches currently exceed the DGA sugar limit with sugar accounting for an average of 11 percent of calories.¹⁶ Though there is no significant difference in sugar intake within school lunches based on socioeconomic variations, elementary schools (75 percent) are much more likely than middle or high schools to exceed the DGA limit.¹⁷

Additionally, the AMA offers the following specific recommendations for specific food categories:

- *Grain-Based Desserts*: The USDA defines a grain-based dessert as “a source of added sugars and saturated fats.”¹⁸ In recognition of this lack of nutritional value, the CACFP no longer counts grain-based desserts toward the grain component of meals and snacks. Despite this, “[t]oaster pastries and granola bars each contributed 5% of added sugars and muffins and sweet/quick breads contributed 4%” of added sugars in school meals.¹⁹ Due to the lack of nutritional value, and to bring school meal programs into alignment with the CACFP, **grain-based desserts should**

⁶ <https://www.cdc.gov/nutrition/data-statistics/added-sugars.html>.

⁷ <https://www.cdc.gov/nccdphp/dnpao/division-information/data-stats/healthy-people-2030.html>.

⁸ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31.

⁹ <https://www.cdc.gov/nutrition/data-statistics/added-sugars.html>.

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/27550974/>.

¹¹ <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/how-much-sugar-is-too-much>.

¹² https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/FPED/tables_1-4_FPED_1718.pdf.

¹³ https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/FPED/tables_1-4_FPED_1718.pdf.

¹⁴ <https://www.cdc.gov/healthyschools/nutrition/facts.htm>.

¹⁵ <https://www.mdpi.com/2072-6643/13/2/471>.

¹⁶ <https://www.mdpi.com/2072-6643/13/2/471>.

¹⁷ <https://www.mdpi.com/2072-6643/13/2/471>.

¹⁸ https://www.canr.msu.edu/news/child_and_adult_food_care_program_no_longer_allows_grain_based_desserts.

¹⁹ <https://www.mdpi.com/2072-6643/13/2/471>.

be removed from the school meal program. Not only would this help to improve the health of children, but it would also help to save money since many grain-based desserts are more expensive than other grain options.²⁰

- *Breakfast Cereals:* The current standard for school meal breakfast cereals is that cereals must contain no more than six grams of total sugar per dry ounce. The proposed rule would change this standard to six grams of added sugar per dry ounce. “Eating a healthy breakfast is associated with improved cognitive function (especially memory), reduced absenteeism, and improved mood. Unfortunately, many cereals on the market are sources of excess sugar, and a public health concern, especially in the diets of children. In fact, cereals and cereal bars account for about 7 percent of added sugars in Americans’ diets, starting at age one.²¹ Within school lunches, sweetened cold cereals accounted for 23 percent of all added sugars, making cereal one of the leading sugar contributors.²² High sugar cereals increase children’s overall sugar intake and significantly reduce the nutritional quality of their breakfast.²³ Even cereal that contains whole grains as its first ingredient can have an excessive amount of sugar. For example, many name brand, whole grain oat and wheat cereal contain 12 grams of sugar per serving, which accounts for 47 percent of a child’s daily recommended amount. However, when provided with lower sugar cereals, children will eat them. **As such, it is important that the current standards for breakfast cereal sugar requirements continue to be based on total sugars, rather than on added sugars.**²⁴
- *Yogurt:* Currently within the school meal program, yogurt cannot contain more than 23 grams of total sugar per six ounces. However, the proposed rule would change this requirement so that yogurt cannot contain more than 12 grams of added sugar per six ounces. Yogurt is “the tenth leading contributor to added sugar intakes at [school] breakfast (3%).”²⁵ Even under the proposed rule, if the school meal program is trying to limit sugar to 25 grams per day or less, yogurt could account for almost half of a child’s daily sugar allotment. This proportion is significantly too high, especially when considering that children will likely consume other items at breakfast that contain sugar. If the current or proposed sugar limit for yogurt is maintained, it will be extremely difficult to ensure that children stay within their daily sugar limit if they consume yogurt. Accordingly, the AMA recommends that **the sugar limit for yogurt be lowered and based on total sugars, not added sugars.**
- *Flavored Milk:* “In both [school] breakfasts and lunches, the leading source of added sugars was flavored skim milk. Flavored skim milk contributed 29% of the added sugars in school breakfasts and almost half (47%) of the added sugars in school lunches.”²⁶ However, “after flavored milk is removed from school cafeterias, school-wide per-student consumption of plain milk increases over time.”²⁷ Additional studies have found that “school-age children are able to transition away

²⁰ https://www.canr.msu.edu/news/child_and_adult_food_care_program_no_longer_allows_grain_based_desserts.

²¹ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31.

²² <https://www.mdpi.com/2072-6643/13/2/471>.

²³ <https://publications.aap.org/pediatrics/article-abstract/127/1/71/30015/Effects-of-Serving-High-Sugar-Cereals-on-Children?redirectedFrom=fulltext>.

²⁴ <https://www.fns.usda.gov/cn/revisions-meal-patterns-consistent-2020-dgas-proposed-rule-cacfp-sfsp-impact>.

²⁵ <https://www.mdpi.com/2072-6643/13/2/471>.

²⁶ <https://www.mdpi.com/2072-6643/13/2/471>.

²⁷ [https://www.jandonline.org/article/S2212-2672\(17\)30550-6/fulltext](https://www.jandonline.org/article/S2212-2672(17)30550-6/fulltext).

from flavored milk in school-provided lunches and that doing so can positively impact their nutritional intake... [since removal of chocolate milk] led to a significant reduction in average added sugar intake, but only small reductions in average protein and calcium intake.”²⁸ Therefore, the AMA recommends that **the revisions by the Department incorporate both total and added sugar limits and that the sale of flavored milk at every educational level, and within competitive foods program, is precluded.**

Overall, the AMA is encouraged by the Department’s concern for sugar and added sugar in school meals. However, in 2015, the World Health Organization (WHO) published guidelines that recommended that children reduce their daily intake of “free sugars” to less than five percent of their total energy intake for maximum health benefits.²⁹ **As such, the AMA supports placing both product-based and weekly dietary limits on added sugars in the school lunch and breakfast programs. Furthermore, we recommend that the revisions by the Department limit total sugar consumption in school breakfast and lunches to less than 10 percent of calories per meal. Moreover, the AMA encourages the Department to limit sugars in the school lunch and breakfast programs by vigorously promoting and sharing best practices, particularly targeting schools that regularly exceed the recommended nutritional requirements for added sugars.**

Milk

The USDA is proposing two approaches for the milk standard. Alternative A would allow fat-free and low-fat flavored milk at school lunch and breakfast for only high school aged children (grades 9-12), effective SY 2025-26. Alternative B would maintain the current standard that allows all schools to offer fat-free and low-fat flavored and unflavored milk at school lunch and breakfast. Under both scenarios, flavored milk would be subject to the new proposed added sugars limit.

The significantly higher sugar content of flavored milk causes it to be in line with the definition of a sugar sweetened beverage.³⁰ This can be seen from the nutritional content of one eight fluid ounce bottle of low-fat chocolate milk which contains caffeine, 10 mg of cholesterol, 2.5 g of total fat, 21 g of sugar including 11 g of added sugar, and 140 calories. Comparatively, unflavored low-fat milk contains no caffeine, 10 mg of cholesterol, 2.5 g of total fat, 12 g of sugar with no added sugar, and 110 calories. Moreover, unflavored low-fat milk also contains all the positive nutrients, such as vitamin D, calcium, iron, potassium, vitamin A, and protein, that chocolate milk does without the added sugar.

The consumption of sugar sweetened beverages including flavored milk is associated with weight gain in children due to the “high added-sugar content, low satiety, and an incomplete compensatory reduction in energy intake at subsequent meals after intake of liquid calories.”³¹ Research has shown that removing flavored milk from school meals could be an important strategy to reduce sugar sweetened beverage “consumption among high-risk populations, particularly children who are already overweight to prevent further weight gain...”³² Moreover, it has been shown that “removing flavored milk from school-provided lunches can lower students’ daily added sugar consumption with only minimal decreases in calcium and

²⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314575/>.

²⁹ <https://www.who.int/news/item/04-03-2015-who-calls-on-countries-to-reduce-sugars-intake-among-adults-and-children>.

³⁰ <https://academic.oup.com/ajcn/article/98/4/1084/4577098>.

³¹ <https://academic.oup.com/ajcn/article/98/4/1084/4577098>.

³² <https://academic.oup.com/ajcn/article/98/4/1084/4577098>.

protein intake.”³³ Further, in previous years when school lunch standards have been changed, “[s]tudents have adjusted well...without evidence of significant increases in plate waste.”³⁴

Given the high obesity rates in the U.S., cuts in physical education, and the high sugar content of flavored milk, the AMA is concerned that increasing the opportunities for students to choose flavored over unflavored milk will only increase the rates of childhood obesity in this country.³⁵ Numerous studies have shown that “flavored milk should not be an option for students at any school.”³⁶ **Therefore, the AMA believes that flavored milk should be completely removed from the school meal program. If that is not an option, the AMA would endorse Alternative A since flavored milk is the top contributor to sugar intake in the school meal program, particularly among younger children.**

Sodium

The USDA proposes to establish weekly sodium limits, informed by the FDA’s voluntary sodium reduction goals, with further reductions to support closer alignment with the goals of the DGA. The proposed sodium limits would apply to the average lunch and breakfast offered during the school week. However, they would not apply per day, per meal, or per menu item. This means that specific products will not be held to specific sodium limits. Rather, meals will need to fit into the overall weekly limit.

For school lunch, the proposed rule would set forth three separate, successive reductions of 10 percent from the previous year’s limits, to be phased in between SY 2025-26 and SY 2029-30, as outlined below.

Proposed National School Lunch Program Sodium Limits:

Age/Grade Group	Sodium Limit: Effective July 1, 2025	Sodium Limit: Effective July 1, 2027	Sodium Limit: Effective July 1, 2029
Grades K-5	≤ 1000 mg	≤ 900 mg	≤ 810 mg
Grades 6-8	≤ 1105 mg	≤ 990 mg	≤ 895 mg
Grades 9-12	≤ 1150 mg	≤ 1035 mg	≤ 935 mg

Since school breakfasts are closer to meeting dietary recommendations for sodium than lunches, the proposed rule would set forth two successive 10 percent sodium reductions during the 2025-26 and 2027-28 school years, as outlined below.

Proposed School Breakfast Program Sodium Limits:

Age/Grade Group	Sodium Limit: Effective July 1, 2025	Sodium Limit: Effective July 1, 2027
Grades K-5	≤ 485 mg	≤ 435 mg
Grades 6-8	≤ 540 mg	≤ 485 mg
Grades 9-12	≤ 575 mg	≤ 520 mg

³³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314575/>.

³⁴ <https://publications.aap.org/aapbooks/book/684/chapter-abstract/8226567/Nutrition-in-School-Preschool-and-Child-Care?redirectedFrom=fulltext>.

³⁵ <https://www.nea.org/advocating-for-change/new-from-nea/when-physical-education-cut-who-picks-slack>

³⁶ <https://www.nycfoodpolicy.org/combating-childhood-obesity-by-reducing-sugar-in-school-beverages/>.

According to the CDC, about 9 in 10 U.S. children eat more sodium than recommended with children ages 6-18 years eating an average of about 3,300 mg of sodium a day.³⁷ This is all before salt is added at the table. This is particularly concerning because a high sodium diet can lead to high blood pressure, which is a major risk factor for heart disease and stroke. Unfortunately, about one in six children ages 8-17 has elevated blood pressure.

The preference for salt is established through diets containing high sodium content at a young age.³⁸ Accordingly, lowering sodium in children’s diets today can help prevent heart disease tomorrow, especially for those who are overweight. While the AMA appreciates the Department’s efforts to reduce the amount of sodium in school meals, the proposed limits are not low enough. For example, the final proposed limit of 810 mg of sodium for lunches for Grades K-5 is still more than half of the CDRR recommended daily sodium limit for this age group. Moreover, children in Grades K-5 who eat both school breakfast and lunch in SY 2029-30 will have consumed 83 percent of the total daily recommended sodium limit for this age group, all before accounting for dinner and snacks. Furthermore, this disproportionate ratio of sodium intake under the proposed rule holds true for all age groups (see below).

Age/Grade Group	Proposed Sodium Limit 2029-2030 (lunch + breakfast)	CDRR level	Percentage of sodium from school lunch + breakfast of daily CDRR level
Grades K-5/ages 4-8	1,245 mg/day	1,500 mg/day	83%
Grades 6-8/ages 9-13	1,380 mg/day	1,800 mg/day	77%
Grades 9-12	1,455 mg/day	2,300 mg/day	63%

Since children tend to consume 39 percent of their daily sodium intake at dinner, the suggested sodium levels for school meals are not adequate to mitigate the increased risk of high blood pressure and heart disease due to a continued overabundance of sodium in school meals.³⁹ Therefore, **the AMA encourages the Department to set more aggressive sodium reduction targets, especially for younger age groups, and to bring the school meal sodium limits in line with the recommended CDRR sodium levels defined by the National Academies (see below).**

Age	CDRR Level ⁴⁰
1-3	1,200 mg/day
4-8	1,500 mg/day
9-13	1,800 mg/day
All other age groups	2,300 mg/day

Since preferences for foods with high levels of sodium are informed by dietary intake at a young age and can persist into adulthood, it is essential to support good dietary habits through exposure to low-sodium foods early in life. The AMA understands that a child’s sodium intake may fluctuate as most schools participate in offer versus serve, which allows students to decline some components of a reimbursable meal as a way of providing choice while reducing food waste. However, given that added sugars and

³⁷ <https://www.cdc.gov/vitalsigns/children-sodium/index.html>

³⁸ <https://www.cdc.gov/vitalsigns/children-sodium/index.html>

³⁹ <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-kids>.

⁴⁰ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

sodium typically help improve the palatability of some nutrient-dense foods, students may not always choose the healthiest food options. As a result, the AMA is concerned that the Department is recommending, but not requiring, sodium limits for products.

Though we appreciate the intention of the Department to be flexible and support student choice, the AMA strongly encourages the Department to require sodium limits for individual menu items, as well as establish per meal, per day, and per week sodium limits in order to further support schools' efforts to procure lower sodium products and meet CDRR sodium limits.

Moreover, requiring sodium limits on the foods that add the most sodium to a child's diet will make an outsized impact in reducing the overall daily intake of sodium. "Within school meals, nearly 50 percent of the sodium consumed can be traced back to 10 foods: Mexican-mixed dishes, sandwiches, breads, cold cuts, soups, savory snacks, cheese, plain milk, and poultry."⁴¹ Except for the inherent sodium in milk, all the other foods add salt during preparation or processing. Since these products contain such a large proportion of the sodium consumed in school meals, **the AMA recommends that the Department develop best practice sodium limits for each of these products and any other products that contribute substantial amounts of sodium to school foods.**

However, it is not only food that contributes to school children's overconsumption of sodium. Condiments often contain large percentages of children's daily sodium limits. Below is a chart of commonly used condiments provided to children, and the associated average sodium amounts.

Condiment	Sodium	Daily Value (%)
Original Syrup Serving size: 2 tbsp	30 mg	1
Classic Mustard Serving size: 1 tbsp (5g)	55 mg	2
Sweet Pickle Relish Serving size: 1 tbsp (15g)	120 mg	5
Tomato Ketchup Serving size: 1 tbsp (17g)	180 mg	8
Honey Mustard Dressing Serving Size: 2 tbsp	250 mg	11
Ranch Dressing Serving Size: 2 tbsp (30 ml)	260 mg	11
Salsa Con Queso Sauce Serving Size: 2 tbsp (34g)	280 mg	12
Classic Italian Dressing Serving Size: 2 tbsp (31 ml)	300 mg	13
Original BBQ Sauce Serving Size: 2 tbsp (36g)	340 mg	14
Soy Sauce	960 mg	42

⁴¹ Quader ZS, Gillespie C, Sliwa SA, et al. Sodium intake among US school-aged children: National Health and Nutrition Examination Survey, 2011–2012. *J Acad Nutr Diet.* 2017;117(1):39–47

Serving Size: 1 tbsp (15ml)		
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Accordingly, in line with the Department’s goals of reducing sodium intake in schools, the Department should consider requiring sodium limits for condiments.

The National School Lunch Program (NSLP) operates in nearly 100,000 public and nonprofit private schools (grades Pre-Kindergarten–12) and residential childcare institutions. The School Breakfast Program (SBP) operates in about 90,000 schools and institutions.⁴² In fiscal year 2019, the program provided a total of 4.9 billion lunches and 2.5 billion breakfasts to students.⁴³ Consequently, the nutrition requirements established by the Department will impact millions of children each year. Though the AMA appreciates the Department’s commitment to provide technical assistance and support to schools working to implement limits on sodium, given the potential long-term impact on a child’s health, it is critically important to reduce sodium levels both in school lunches and breakfasts. **Thus, the AMA recommends considering all options to promote reductions in the sodium content for condiments, food, and beverages offered in school lunches and breakfasts. Moreover, the AMA recommends that the Department make sodium limits required, not optional,** in an effort to positively impact the both the short- and long-term health of children in the U.S.

Afterschool Snacks

The USDA is proposing to align the NSLP afterschool snack standards for school-aged children with CACFP snack standards, consistent with statutory requirements under the National School Lunch Act, which requires snacks to include two of the following five components: milk, vegetables, fruits, grains, or meats/meat alternates.⁴⁴

“Nearly 1.1 million children were served afterschool snacks on an average day in October 2020 through the CACFP Afterschool Supper and Snack Program, Seamless Summer Option through the National School Lunch Program, and Summer Food Service Program (SFSP) combined.”⁴⁵ However, this number is significantly lower than it had been prior to 2020 likely due to access being impacted by COVID-19. See below.⁴⁶

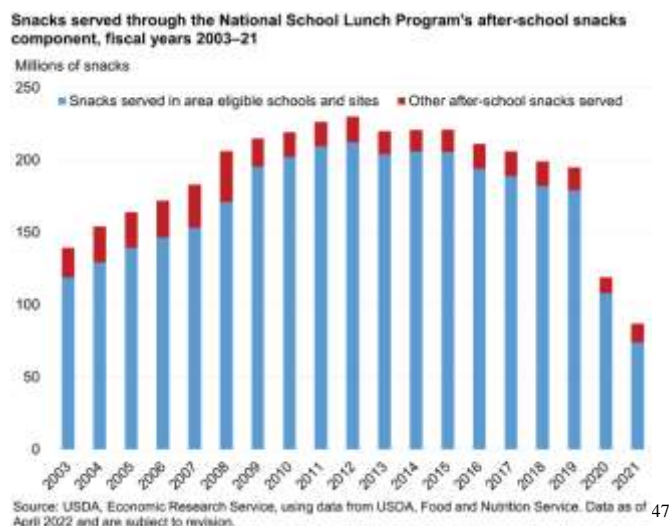
⁴² <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/school-breakfast-program/>

⁴³ <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program/>

⁴⁴ <https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-226/subpart-E/section-226.20>.

⁴⁵ <https://frac.org/wp-content/uploads/Afterschool-Nutrition-Report-2021.pdf>.

⁴⁶ <https://frac.org/wp-content/uploads/Afterschool-Nutrition-Report-2021.pdf>.



As the public health emergency ends and schools return to class in person, it is important that the afterschool snack program increases the nutritional value of the snacks it offers. Equally important, these programs must increase their accessibility, especially in middle and high schools, as these institutions are less likely to provide afterschool snacks.⁴⁸

Per the 2012 School Nutrition Dietary Assessment Study, afterschool snacks provided almost half of the suggested maximum amount of solid fats and added sugars (SoFAS) in an 1,800-calorie diet.⁴⁹ “The top five contributors to SoFAS calories in afterschool snacks were crackers and pretzels (30 percent), 1% flavored milk (10 percent), cookies, cakes and brownies (10 percent), flavored skim/nonfat milk (9 percent), and unflavored 1% milk (5 percent). Together, these five foods accounted for 64 percent of the SoFAS calories in afterschool snacks.”⁵⁰

Consequently, as afterschool snack guidelines are being revised, the nutritional value of the snacks provided should be increased such that **afterschool snack standards align with the requirements in the larger school meal program**. For example, only non-flavored milk should be offered for all age groups. Moreover, the sugar requirements for yogurt and cereal should be lowered and be based on total sugars rather than added sugars.

Additionally, the milk category for snacks should be expanded to align with DGA standards. The DGA uses the category “Dairy and Fortified Soy Alternatives” to encompass milk. This category includes all fluid, dry, or evaporated milk, lactose-free and lactose-reduced products, and fortified soy beverages (soy milk). As such, this category includes buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses.⁵¹ Currently, the afterschool snack program has milk as its own category, which limits the options programs have in offering high calcium foods to children. While fluid milk is a good source of calcium, providing 309 mg in one cup, it is not the only or most potent source of calcium. For example, nonfat plain yogurt contains 488 mg of calcium, unsweetened almond milk contains 449 mg of calcium,

⁴⁷ <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/after-school-snacks-and-meals/>.

⁴⁸ <https://fns-prod.azureedge.us/sites/default/files/resource-files/snda-iv-findings.pdf>.

⁴⁹ <https://fns-prod.azureedge.us/sites/default/files/resource-files/snda-iv-findings.pdf>.

⁵⁰ <https://fns-prod.azureedge.us/sites/default/files/resource-files/snda-iv-findings.pdf>.

⁵¹ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

and mozzarella cheese contains 333 mg of calcium per cup.⁵² Moreover, the DGA recommends strategies to increase dairy intake by incorporating unsweetened fat-free or low-fat yogurt into snacks.⁵³ However, as the snack guidelines currently stand, including yogurt in a snack would count towards the meat/meat alternatives category, rather than dairy, thereby limiting the addition of other high protein foods that could be provided in one serving of snacks.

Furthermore, **the AMA recommends that after school snacks align with evidence-based standards for good nutrition, akin to those developed by the National AfterSchool Association** (see below).

- ▶ **HECQ1: ON A DAILY BASIS, THE PROGRAM...**
- a: serves a fruit or vegetable (fresh, frozen, canned or dried without added sugar).
 - a: offers water at the table during snack, and has water accessible at all times.
 - c: only serves foods made without trans fat.
 - e: serves beverages that are not made with caloric sweeteners. Beverages made with caloric sweeteners include but are not limited to sodas, juices, juice drinks/ades, sports drinks or iced teas.
 - e: serves no candy or other foods that are primarily sugar based.
 - e: through portion size and variety of items offered each day, provides each student with enough calories to avoid both hunger and over eating.
 - e: offers choices and accommodates dietary restrictions related to allergy, food intolerance, religion and culture. Examples include offering high- calcium beverages for children that cannot drink regular cow's milk such as soymilk or lactose-free milk.

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Finally, in order to maximize the potential health benefits of afterschool programs, it is important to ensure that there are structural supports in place that will allow for the adequate procurement and storage of healthy perishable foods.⁵⁵

Overall, the AMA supports the Department working to update its afterschool snack standards. However, we encourage the Department to create more stringent standards for afterschool snacks beyond the CACFP requirements and to align snack nutritional requirements with school meal standards to prevent overconsumption of sugar, sodium, fat, and calories.

Whole Grains

For the whole grains requirement in the school lunch and breakfast programs, the USDA is considering two different options: 1) maintaining the current requirement that at least 80 percent of the weekly grains offered are whole grain-rich; and 2) an alternative option which would require that all grains offered in the school lunch and breakfast programs must meet the whole grain-rich requirement, except that one day each school week, schools may offer enriched grains. For most school weeks, this would result in four days of whole grain-rich grains, with enriched grains allowed on one day. The USDA is also proposing to codify a regulatory definition of “whole grain-rich” to clarify that whole grain-rich is the term designated by FNS to indicate that the grain content of a product is between 50 and 100 percent whole grain with any remaining grains being enriched. Previously, this was included only in non-regulatory guidance.

⁵² <https://fdc.nal.usda.gov/index.html>.

⁵³ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31.

⁵⁴ http://naaweb.org/images/NAA_HEPA_Standards_new_look_2015.pdf.

⁵⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5562516/>.

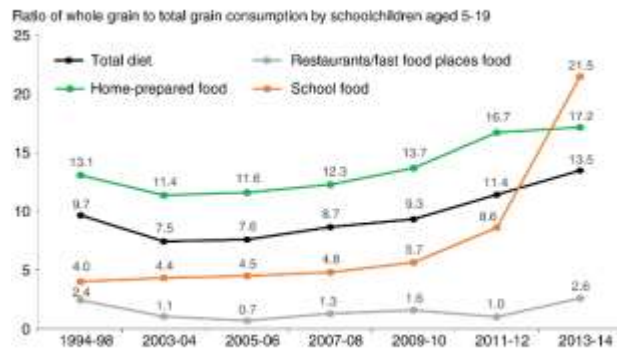
Whole grains have numerous health benefits including reducing the risk of heart disease, supporting healthy digestion, providing magnesium and selenium, and aiding in weight management.⁵⁶ Furthermore, individuals who eat more whole grains “are at lower risk for developing ...diabetes, obesity and certain gastrointestinal disorders.”⁵⁷ As such, it is important that children consume the daily recommended amount of whole grains (See below).

Daily Recommendations*			
		Total Grains in ounce-equivalents	Whole Grains in ounce-equivalents
Toddlers	12 to 23 months	1½ to 3 oz-equiv	1½ to 2 oz-equiv
Children	2-3 yrs	3 to 5 oz-equiv	1½ to 3 oz-equiv
	4-8 yrs	4 to 6 oz-equiv	2 to 3 oz-equiv
Girls	9-13 yrs	5 to 7 oz-equiv	2½ to 3½ oz-equiv
	14-18 yrs	6 to 8 oz-equiv	3 to 4 oz-equiv
Boys	9-13 yrs	5 to 9 oz-equiv	3 to 4½ oz-equiv
	14-18 yrs	6 to 10 oz-equiv	3 to 5 oz-equiv

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According to the USDA, most Americans do not eat enough whole grains.⁵⁹ To help combat this, in SY 2012-13, the USDA nutrition standards began to require that half of all grain products served in school lunches be whole grain rich.⁶⁰ Following this change, both the propensity and the intensity of whole grain consumption from school, rose considerably, demonstrating the important role school meals may play in improving children's diets.⁶¹ (See chart below).

Whole-grain-to-total-grain ratio of school food surpassed home-prepared food in 2013-14



Source: Lin, Guthrie, and Smith (2019); analysis of data from the Continuing Survey of Food Intakes by Individuals 1994-1998 and the National Health and Nutrition Examination Survey 2003-2014.

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⁵⁶ <https://www.myplate.gov/eat-healthy/grains#mp-half-hero-706275>.

⁵⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599874/>.

⁵⁸ <https://www.myplate.gov/eat-healthy/grains>.

⁵⁹ <https://www.myplate.gov/eat-healthy/grains#mp-container-706244>.

⁶⁰ <https://www.ers.usda.gov/amber-waves/2020/february/schoolchildren-consumed-more-whole-grains-following-change-in-school-meal-standards/>.

⁶¹ <https://pubmed.ncbi.nlm.nih.gov/31122793/>.

⁶² <https://www.ers.usda.gov/amber-waves/2020/february/schoolchildren-consumed-more-whole-grains-following-change-in-school-meal-standards/>.

Accordingly, a requirement that school meals have a higher percentage of whole grain food options will most likely increase the consumption of whole grains by students, in line with the Healthy People 2030 objectives. It is important that children, especially children in food insecure homes, receive the maximum possible amount of whole grains through the school meal program. Therefore, **the AMA supports maintaining the current requirement that at least 80 percent of the weekly grains offered be whole grain-rich and would encourage requiring that the remaining 20 percent of weekly grains offered be enriched grains and fortified with folic acid.** This option is preferred because there are certain schools that have only four-day school weeks for all or part of the school year. Additionally, there are multiple weeks throughout the year that are shortened school weeks due to holidays. Consequently, if the alternate option, in which whole grains do not have to be served one day during the school week, is implemented, this could significantly decrease children's whole grain intake. Therefore, maintaining the current requirement is preferable to the alternative because it is likely children will receive more whole grains under this option.⁶³

Substituting Vegetables for Fruits at Breakfast

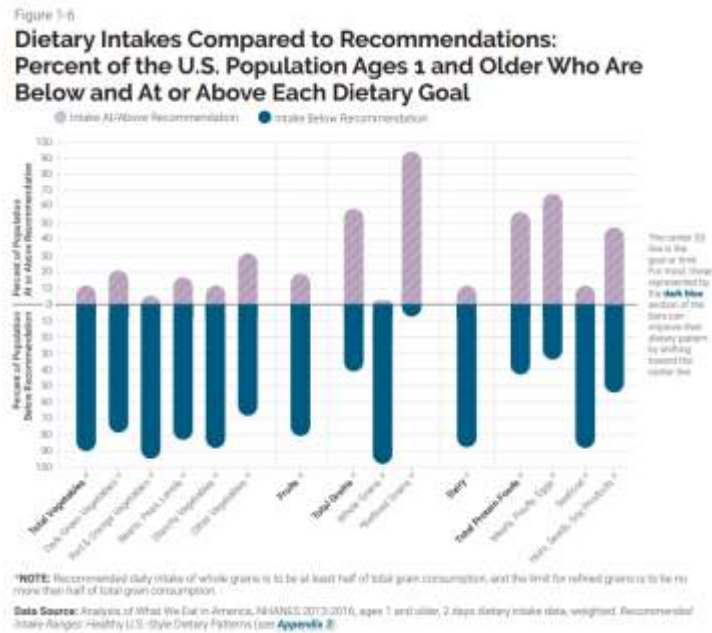
Current regulations at 7 CFR 220.8(c) and (c)(2)(ii) allow schools to substitute vegetables for fruits at breakfast, provided that the first two cups per week are from the dark green, red/orange, beans and peas (legumes), or other vegetable subgroups. However, in recent years, through Federal appropriations, Congress has provided school food authorities the option to substitute any vegetable—including starchy vegetables—for fruits at breakfast, with no vegetable subgroup requirements.

The USDA proposes to continue to allow schools to substitute vegetables for fruits at breakfast but proposes to change the vegetable variety requirement. Under this proposal, schools that substitute vegetables for fruits at breakfast more than one day per school week would be required to offer a variety of vegetable subgroups. Specifically, schools that substitute fruits for vegetables more than one day per school week would be required to offer vegetables from at least two subgroups.

The AMA supports the Department requiring a variety of vegetable subgroups at breakfast to bring school meals in closer alignment with the DGA.⁶⁴ The DGA states that starchy vegetables are more frequently consumed by children and adolescents than the red and orange, dark green, or beans, peas, and lentils vegetable subgroups, underscoring the importance of encouraging variety (see below).

⁶³ <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/whole-grains-refined-grains-and-dietary-fiber>.

⁶⁴ <https://policysearch.ama-assn.org/policyfinder/detail/dietary%20guidelines?uri=%2FAMADoc%2FHOD.xml-0-636.xml>.



Healthy dietary patterns include an array of vegetables from all five vegetable subgroups—dark green, red and orange, beans, peas, and lentils, starchy, and other. These include all fresh, frozen, canned, and dried options in cooked or raw forms, including 100 percent vegetable juices. However, almost 90 percent of the U.S. population does not meet the recommendation for vegetables. Adding vegetable options at breakfast can help bridge this nutritional gap. Nevertheless, **as vegetables are being added to school meals, it is important to ensure that they are served in their most nutrient-dense form to promote maximum health benefits while limiting additions like sodium and fat.**

Vegetables are generally consumed with additional sodium, either from salt added in cooking, or through added sauces, such as soy sauce or bottled stir-fry sauces. Furthermore, many vegetables are consumed as part of mixed dishes like sandwiches, pasta with a tomato-based sauce, or casseroles that may have other ingredients that are sources of saturated fat and/or sodium.⁶⁶

⁶⁵ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

⁶⁶ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

Figure 1-12
**Top Sources and Average Intakes of Sodium:
U.S. Population Ages 1 and Older**



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As shown above, starchy vegetables alone provide four percent of the average daily intake of sodium. As such, it is essential that sodium limits for school breakfast continue to be lowered to prevent overconsumption of sodium while increasing vegetable choice for breakfast. **Therefore, the AMA recommends that starchy vegetables be further minimized as a vegetable subgroup that can be substituted at breakfast.**

II. Recommendations to Accommodate Food Substitutions based on Cultural and Medical Needs and Preferences

Fluid Milk Substitution

Under current statutory requirements, a school must cover any expenses related to providing fluid milk substitutes in excess of program reimbursements if a child has a documented disability or special medical or dietary need (42 U.S.C. 1758(a)(2)(B)(iii)). Additionally, under current statute, schools are allowed, but not required, to provide fluid milk substitutes for non-disability reasons. The AMA believes that if schools are not required to provide milk substitutes for non-disability reasons, given the financial resources to cover any expenses related to providing fluid milk substitutes, the breakfast and lunch programs will not be successful and students who have lactose and/or soy intolerance will be negatively impacted. **Therefore, the AMA strongly believes that the National School Lunch Act, 42 U.S.C. § 1758, should be modified to eliminate requirements that children produce documentation of a disability or a special medical or dietary need in order to receive an alternative to cow's milk.**

Providing dairy milk alternatives is an important step to ensuring that all school children are able to receive the nutrition that they need. Plant-based milk alternatives can provide an adequate source of nutrients, including protein, calcium, iron, and vitamin D, for individuals who follow a plant-based diet or have lactose or casein intolerance (see chart below).

⁶⁷ https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

Comparison of common unflavored milk alternatives								
	Whole Milk (1 cup)	Rice Milk (1 cup)	Soy Milk (1 cup)	Coconut Milk (1 cup)	Almond Milk (1 cup)	Oat Milk (1 cup)	Hemp Milk (1 cup)	Pea Milk (1 cup)
Energy (kcal)	149	115	105	76	37	130	70	80
Protein (g)	7.69	0.68	6.34	0.51	1.44	4	3	8
Total fat (g)	7.93	2.37	3.59	5.08	2.68	2.5	5	4.5
Saturated fat (g)	4.55	0	0.5	5.083	0	0	0.5	0.5
Cholesterol (mg)	24	0	0	0	0	0	0	0
Carbohydrate (g)	11.71	22.37	12	7.12	1.42	24	1	<1
Calcium (mg)	276	288	300	459	481	350	300	440
Iron (mg)	0.07	0.49	1.02	0.73	0.85	1.8	1.8	0
Vitamin D (IU)	128	96	108	96	96	100	100	110

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Furthermore, Americans are increasingly preferring alternative milk over cow’s milk, which can be seen by the fact that the weekly average purchases of cow’s milk declined 12 percent between 2013 and 2017 while purchases of almond, soy, and other plant-based products increased 36 percent during that same period.⁶⁹ Moreover, unlike dairy milk, several of the plant-based milk alternatives do not need to be refrigerated and are shelf stable, making these alternatives more beneficial for schools that need items with a longer shelf life due to limited refrigeration storage capabilities.

Lactose intolerance is the predominant health status for people worldwide, a common condition among many cultures, which often manifests in childhood. According to the National Institutes of Health, African Americans, American Indians, Asian Americans, and Hispanics/Latinos are all more likely to have lactose malabsorption, and therefore lactose intolerance.⁷⁰ Accordingly, it is important to find nutritional alternatives for these individuals since children with a cow’s milk allergy have “significant and progressively lower weight and height measurements throughout childhood that persist into adolescence.”⁷¹ Therefore, the AMA encourages the Department to invest in research into how the Dietary Guidelines, including milk substitute requirements, impact students from historically marginalized and minoritized communities.

Additionally, it is important to expand dairy alternatives beyond soy within the school breakfast and lunch programs because according to the American College of Allergy, Asthma, and Immunology, “[i]n young children, soy is one of the most common food allergens.”⁷² Up to half of children with a cow’s

⁶⁸ <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Milk-Allergy-Foods-and-Ingredients-to-Avoid.aspx>.

⁶⁹ <https://www.ers.usda.gov/amber-waves/2020/december/plant-based-products-replacing-cow-s-milk-but-the-impact-is-small/>.

⁷⁰ <https://www.niddk.nih.gov/health-information/digestive-diseases/lactose-intolerance/definition-facts>

⁷¹ https://publications.aap.org/pediatrics/article/146/Supplement_4/S350/74588/Persistent-Cow-s-Milk-Allergy-Is-Associated-With?searchresult=1.

⁷² <https://acaai.org/allergies/allergic-conditions/food/soy/>.

milk protein allergy have cross reactivity with soy protein.⁷³ As a result, several states offer a non-soy, non-dairy, plant-based alternative in their child nutrition program that contains similar nutrients and vitamins to that of soy milk.⁷⁴ **Therefore, the Department should offer a variety of milk alternatives, including plant-based, within the school breakfast and lunch programs to provide more options for students in all grades to meet their dietary needs and adhere to cultural preferences.**

As the nation continues to focus on identifying and addressing health inequities for historically minoritized and marginalized communities, we encourage both the Administration and Members of Congress to work together to revise both regulatory and statutory barriers to the fluid milk substitution process, such as not requiring doctors' notes, to ensure the health and well-being of all children.

Nuts and Seeds

The USDA is proposing to allow whole nuts and seeds to count as credit toward the full meat/meat alternate component in child nutrition programs and meals (as opposed to only counting toward nut and seed butters). In essence, this proposal would remove the 50 percent credit limit for nuts and seeds at school breakfasts and lunches. The change would also apply to CACFP and SFSP at breakfast, lunch, and supper to bring these programs into alignment with one another.

Our AMA supports the reduction of processed meat consumption, especially for patients diagnosed or at risk for cardiovascular disease, type 2 diabetes, and cancer, including through initiatives to reduce processed meats consumed in public schools while promoting healthy alternatives such as a whole foods and plant-based diet.⁷⁵ Though dairy and meat products are promoted in federal nutrition policies, they can present an increased risk for cancer, heart disease, and diabetes.^{76,77} Studies have indicated that prostate and colorectal cancer may be linked to the increased consumption of dairy, processed meat, and red meat and that African Americans are at a particularly high risk for prostate cancer, colorectal cancer, and cardiovascular mortality.⁷⁸

Nuts and seeds are a potentially healthier alternative to meat and provide healthy mono- and polyunsaturated plant oils as well as protein. Nuts and seeds are also packed with vitamins and minerals.⁷⁹ When nut and seed butters are offered as a meat alternative, it is important to ensure that they are not high in added sugar, sodium, and saturated fat. However, whole nuts and seeds do not carry these same concerns and provide healthy plant oils and proteins without an increased concentration of sugar, sodium, and saturated fat when compared to nut and seed butters. **Therefore, the AMA supports the**

⁷³ <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Milk-Allergy-Foods-and-Ingredients-to-Avoid.aspx>.

⁷⁴ Example of a non-soy, non-dairy, plant-based milk [Protein 8g, Total fat 4.5g, Saturated fat 0.5g, Cholesterol 0mg, Carbohydrate 6g, Calcium 440mg, Iron 1.6 mg, Vitamin D 6mcg, Vitamin A 110mcg, Vitamin B12 2.5mcg]; <https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/list-of-allowable-fluid-milk-substitutes.pdf>.

⁷⁵ <https://policysearch.ama-assn.org/policyfinder/detail/nutrition?uri=%2FAMADoc%2FHOD.xml-H-150.922.xml>.

⁷⁶ <https://www.who.int/news-room/questions-and-answers/item/cancer-carcinogenicity-of-the-consumption-of-red-meat-and-processed-meat>.

⁷⁷ <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.109.924977>.

⁷⁸ Clinton SK, Giovannucci EL, Hursting SD. The World Cancer Research Fund/American Institute for Cancer Research Third Expert Report on Diet, Nutrition, Physical Activity, and Cancer: Impact and Future Directions. *J Nutr.* 2020 Apr 1;150(4):663-671. doi: 10.1093/jn/nxz268. PMID: 31758189; PMCID: PMC7317613.

⁷⁹ <https://www.health.harvard.edu/staying-healthy/plant-based-diet-nuts-seeds-and-legumes-can-help-get-you-there>

Department’s proposal to allow whole nuts and seeds to be credited for the full meat/meat alternate component in all child nutrition programs and meals.

Menu Planning Options for American Indian and Alaska Native Students

Current regulations at 7 CFR 210.10(m)(3) encourage schools to “consider ethnic and religious preferences when planning and preparing meals.” Accordingly, the Department proposes to add tribally operated schools, schools operated by the Bureau of Indian Education, and schools serving primarily American Indian or Alaska Native children to the list of schools, including in Puerto Rico, U.S. Virgin Islands, and American Samoa, that may serve vegetables to meet the grains requirement to accommodate cultural food preferences. The rule also proposes to explicitly allow the substitution of traditional vegetables in school meals.

American Indians and Alaska Natives (AI/AN) are disproportionately affected by several common chronic conditions, including heart disease, cancer, and stroke.⁸⁰ Moreover, AI/AN have a greater chance of having diabetes than any other U.S. racial group.^{81,82} Accordingly, AI/AN youth have higher levels of obesity, obesity related cardiovascular issues, and the highest prevalence rate of type 2 diabetes compared with youth of all other racial and ethnic groups in the United States.⁸³ AI/AN also have a lower life expectancy than their white counterparts.⁸⁴

Food and nutrition play a crucial role in promoting a healthy lifestyle and preventing chronic disease. Unfortunately, “[m]any Native American peoples were prevented from practicing their traditional food cultures, characterized by predominantly plant-based diets supplemented with hunting, trapping, and fishing, and instead forced to adopt more sedentary agricultural practices and rely on government subsidies.”⁸⁵ This transition has significantly increased AI/AN consumption of processed foods, sodium, fat, and sugar, which has played a significant role in the health issues noted above.⁸⁶ Moreover, only about seven percent of AI/AN communities “report having stable access to traditional foods, such as native grains, fruit, vegetables or traditional protein sources like fish, game, and nuts.”⁸⁷ Therefore, it is important to support AI/AN communities in regaining control of their food supply through food sovereignty efforts such as accommodating cultural food preferences in school meals.

The AMA appreciates the Department gathering input through listening sessions with Tribal stakeholders, including indigenous nutritionists, and **agrees with the Department’s proposal to add tribally operated schools, schools operated by the Bureau of Indian Education, and schools serving primarily AI/AN children to the list of schools that may serve vegetables to meet the grains requirement. The AMA also agrees with the proposal to explicitly allow the substitution of traditional vegetables in school meals. Furthermore, the AMA encourages the Department to make additional changes to promote AI/AN cultural food preferences and increase food sovereignty in these communities.**

⁸⁰ <https://minorityhealth.hhs.gov/nahm/health-disparities/>.

⁸¹ <https://minorityhealth.hhs.gov/nahm/health-disparities/>.

⁸² <https://www.cdc.gov/vitalsigns/aian-diabetes/index.html>

⁸³ <https://www.aap.org/en/patient-care/native-american-child-health/>.

⁸⁴ <https://minorityhealth.hhs.gov/nahm/health-disparities/>.

⁸⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8621011/>.

⁸⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8621011/>.

⁸⁷ <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.119.044080>.

Native Hawaiians

Native Hawaiians are considered a unique population of Indigenous people who live within the U.S. but are not considered AI/AN. “They have their own distinct cultural identity as well as distinct health outcomes and needs. In addition, they are not considered tribes by the U.S. federal government, so they are not beneficiaries of the Indian Health Service (IHS) or eligible for funding from the Bureau of Indian Affairs.”⁸⁸ Native Hawaiians also “tend to live in areas that lack healthy food retail outlets, and face higher rates of nutrition-related chronic diseases, such as childhood and adulthood obesity, type II diabetes, and cardiovascular disease.”^{89,90} However, “[t]he Hawaii Diet consisting of high carbohydrate, low fat ethnic meals appears to have a beneficial influence on weight loss and in decreasing systolic blood pressure, total cholesterol, LDL, and blood glucose values.”⁹¹ **The AMA encourages the Department to further accommodate the cultural food preferences of Native Hawaiians.** The AMA believes that by expanding menu planning options for Native Hawaiians, it will build on the Department’s commitment to its Equity Action Plan and will expand and support the provision of healthy meals for students.⁹²

Traditional Foods

The USDA proposes to allow traditional foods to be served in reimbursable school meals. The proposed rule would define traditional foods, in alignment with the Agriculture Improvement Act of 2014, as “food that has traditionally been prepared and consumed by an [American] Indian tribe.” This includes wild game meat, fish, seafood, marine animals, plants, and berries. The Department intends for this term to be used broadly, to cover the diversity of food traditions among AI/AN communities. The U.S. government officially recognizes 574 AI/AN tribes in the contiguous 48 states and Alaska.⁹³ These tribes are diverse in their cultures and traditions, including food traditions. As such, what constitutes “traditional foods” varies by Tribal community. **The AMA appreciates the Department acknowledging these important differences and encourages the Department to include Native Hawaiian communities, in addition to AI/AN tribes, in its expanded recognition of traditional foods.**

Competitive Foods–Hummus Exception

The USDA proposes to add hummus to the list of foods exempt from the total fat standard in the competitive food, or Smart Snack, regulations. Hummus would continue to be subject to the saturated fat standard for Smart Snacks.

“[I]n general, the consumption of hummus and/or its respective ingredients has been shown to improve postprandial glycemic control, fasting lipids, appetite control, and daily food intake compared to other commonly consumed foods. The incorporation of hummus into the American diet can also improve diet quality by replacing foods higher in saturated fats, sodium, or added sugars.”⁹⁴

⁸⁸ <https://publications.aap.org/pediatrics/article/147/4/e2021050498/180860/Caring-for-American-Indian-and-Alaska-Native?autologincheck=redirected>.

⁸⁹ <https://journals.sagepub.com/doi/full/10.1177/1757975919831241>.

⁹⁰ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=78>.

⁹¹ <https://evols.library.manoa.hawaii.edu/server/api/core/bitstreams/f2fded5b-c567-4939-ae7a-9e55c3d521dd/content>.

⁹² <https://www.usda.gov/equity/action-plan>.

⁹³ <https://www.usa.gov/tribes#:~:text=The%20U.S.%20government%20officially%20recognizes,contracts%2C%20rants%2C%20or%20compacts>.

⁹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7760696/>

According to the American Academy of Allergy, Asthma, and Immunology, a peanut allergy is one of the eight most common food allergies, and it affects approximately one to two percent of the U.S. population.⁹⁵ “Peanut allergy typically starts in childhood and persists throughout life.”⁹⁶ Importantly, most individuals with a peanut allergy can tolerate other legumes, such as ... chickpeas since fewer than 5-10 percent of peanut-allergic people have an allergy to other legumes.⁹⁷

For these reasons, the AMA agrees with the Department’s proposal to add hummus to the list of foods exempt from the total fat standard in the Smart Snack regulations. We further recommend that hummus should be offered with limited restrictions for both cultural preference and medical reasons.

III. Recommendations to Support Initiatives to Improve Access to Healthy, Affordable Foods and Promote Lifelong Healthy Diet and Lifestyle Choices

Geographic Preference

The USDA has proposed to expand geographic preference options by allowing locally grown, raised, or caught as procurement specifications for unprocessed or minimally processed food items in the child nutrition programs. This change aims to increase the procurement of local foods for use in program meals and eases local food procurement challenges commonly reported by program operators.

The AMA recognizes that food access inequalities are a major contributor to health inequities, disproportionately affecting marginalized communities and people of color. Moreover, the AMA supports policies that promote community-based initiatives that empower resident businesses, create economic opportunities, and support sustainable local food supply chains to increase access to affordable healthy food.⁹⁸ Accordingly, **the AMA strongly supports the proposed geographic preference changes.**

Expanding Access to Healthy, Traditional Foods

The AMA thanks the Department for recognizing the difficulties that can arise in obtaining traditional foods for school meals and supports sustainable local food supply chains that increase access to affordable healthy food. The AMA encourages the Department, and appropriate stakeholders, to further study the national prevalence, impact, and solutions to challenges accessing healthy affordable food, including, but not limited to, food environments like food mirages, food swamps, and food deserts. Additionally, the AMA supports the proposed changes to the traditional food regulations and encourages the Department to remove any process, regulatory, financial, or other barrier to serving healthy and nutritious traditional foods for all indigenous communities in school meals.

Revisions to the DGA

The AMA has long-standing policy supporting dietary and nutritional guidelines to improve health and nutrition and to combat obesity. Specifically, the AMA supports culturally responsive dietary and nutritional guidelines and recognizes that racial and ethnic disparities exist in the prevalence of obesity

⁹⁵ <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.

⁹⁶ <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.

⁹⁷ <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.

⁹⁸ <https://policysearch.ama-assn.org/policyfinder/detail/local%20food?uri=%2FAMADoc%2FHOD.xml-H-150.925.xml>.

and conditions that are impacted by diet such as coronary heart disease, cancer, stroke, and diabetes. Studies indicate that African Americans are at particularly high risk for prostate cancer, colorectal cancer, and cardiovascular mortality, and that prostate and colorectal cancer may be linked to the increased consumption of dairy, processed meat, and red meat. Though dairy and meat products are promoted in federal nutrition policies, they are not nutritionally required.

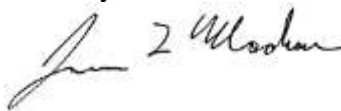
Accordingly, as the Department seeks to revise the DGA,⁹⁹ the AMA makes the following recommendations to improve access to healthy, nutritionally, and culturally appropriate foods and promote healthy diet and lifestyle habits for America's children:

- Include culturally effective guidelines that include listing an array of ethnic staples and use of multicultural symbols to depict serving size in their DGA and Food Guide;
- Work with the AMA to develop ways to assist physicians with applying the DGA and MyPlate food guide in their practices as appropriate;
- (Along with the U.S. Department of Health and Human Services) clearly indicate in the DGA and other federal nutrition guidelines that meat and dairy products are optional, based on an individual's dietary needs;
- Provide ample alternatives so that individuals can maintain a diet that is nutritionally dense for their unique circumstances and background;
- Support a reduction of processed meat consumption, especially for people diagnosed or at risk for cardiovascular disease, type 2 diabetes, and cancer;
- Develop initiatives to reduce processed meats consumed in public schools, while promoting healthy alternatives such as a whole foods and plant-based diet; and
- Promote public awareness of the risks of processed meat consumption.¹⁰⁰

Conclusion

Thank you for considering the AMA's comments. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD

⁹⁹ <https://www.dietaryguidelines.gov/2025-advisory-committee>.

¹⁰⁰ <https://policysearch.ama-assn.org/policyfinder/detail/processed%20meat?uri=%2FAMADoc%2FHOD.xml-H-150.922.xml>.