

POSITION STATEMENT:

Support Child Nutrition Programs, Evidence-Based Nutrition Standards and Expanded Access to School Meals

(MARCH 2022) Melanie K. Bean, PhD, Virginia Commonwealth University; Elizabeth L. Adams, PhD, University of South Carolina; Roger Figueroa, PhD, MPH, MSc, Cornell University; Hallie M. Espel-Huynh, PhD, The Miriam Hospital & Alpert Medical School of Brown University; Nora Nock, PhD, PE, Case Western Reserve University; Emily C. Soriano, PhD, Scripps Health; Tayla Gordon, Ferkauf Graduate School of Psychology; Jennifer Sanchez-Flack, PhD, MPH, University of Illinois at Chicago; Sara M. St. George, PhD, University of Miami; Katherine Roberts, EdD, MPH, MCHES, CPH, Columbia University; Joanna Buscemi, PhD, DePaul University

SUMMARY STATEMENT

Society of Behavioral Medicine supports expanding school meal access; funding school kitchen upgrades and nutrition programming; and establishing evidence-based school meal nutrition standards to improve nutrition and food security and reduce diet-related chronic disease risk.

THE PROBLEM

Over 30 million children rely on school meals daily.¹ Racially and ethnically minoritized children from low-income families are most likely to rely on school meals for a significant portion of their daily nutrition.² Thus, school meals play an essential role in improving food and nutrition security for chronic disease prevention and reducing nutrition disparities for under-resourced families. Healthy school meals improve dietary quality, reduce hunger, promote healthy weight, enhance development and school readiness, and support learning.³ Yet currently, not enough children receive these meals at a free or reduced-cost; greater efforts are thus needed to reduce cost barriers and increase access. Universal free meals have been linked with reduced school district costs, less stigma and bias, increased school attendance, academic improvement, and guaranteed meals for families with economic instability.⁴ COVID-19 has worsened food and nutrition insecurity,^{5,6,7} and the rate of children's body mass index (BMI) increase has nearly doubled its pre-pandemic rate, with the greatest increases observed in children ages 6-11 years and those already with overweight or obesity prior to the onset of the COVID-19 pandemic.⁸ Greater access to free or reduced-cost school meals of high nutrient quality is an effective solution to addressing food insecurity and dietary quality for disease prevention. Over the past decade, school meal standards have made tremendous strides in improving their nutritional quality; however, proposed—and already enacted—rollbacks to current nutrition mandates threaten to reverse this progress by decreasing the nutrition quality of school meals. As a



result, some of these standards are now outdated, and do not align with the most recent evidence-based Dietary Guidelines for Americans (DGA).⁹ Congress must act now to ensure all children have healthy nutrition they need to grow up healthy.

CURRENT POLICIES

The Healthy Hunger Free Kids Act (HHFKA) strengthened nutrition standards for school meals in the National School Lunch, Breakfast, and Smart Snacks Programs. This legislation improved children's dietary intake,¹⁰ with an estimated 47% reduction in obesity¹¹ among children in poverty, yielding nearly \$800 million in healthcare cost savings over 10 years.¹² Importantly, most schools met—or were striving to meet—the HHFKA standards prior to COVID-19 disruptions.¹³ However, these nutrition standards no longer align with the most recent DGA. The HHFKA does not have a standard on added sugars in school meals, despite the 2015 and 2020 DGA recommendation that no more than 10% of calories come from added sugars.^{9,14} Most schools exceed the DGA for added sugar, particularly at breakfast.¹⁵ Moreover, flexibilities and rollbacks to these nutrient standards, primarily focused on meeting sodium and whole grain targets, permitting flavored milk, and reducing variety of vegetables and amount of fruit, are threatening to reverse recent progress and compromise the health of millions of children.

The Community Eligibility Provision (CEP),¹⁶ a component of the HHFKA, allows schools with at least 40% of identified children (i.e., students in households with children enrolled in the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families) to opt into universal free meals. This provision enhanced access to free meals and reduced administrative barriers; however, barriers to meal access remain, as schools with smaller student populations, those in certain geographic areas (e.g., Southeast US and lower-resourced suburban areas), and those with lower percentages of identified children have had limited CEP uptake.¹⁷ Further, students eligible for free or reduced price meals who do not attend CEP-participating schools continue to face barriers to meal access, including literacy and language barriers, stigma and shame over unpaid school lunch debt, and income fluctuations impacting eligibility.

Congress has an immediate opportunity to provide critical support for school nutrition programs via the \$35 billion in funding for Child Nutrition Programs in the Build Back Better Act (BBB), including expanding access to free meals, providing needed kitchen equipment upgrades, and funding strategies to optimize nutrition in schools. Furthermore, the upcoming Child Nutrition Reauthorization Act (CNRA) offers an opportune avenue for Congress to make overdue improvements in child nutrition programs by maintaining and improving the current meal standards, and realigning them with the current Dietary Guidelines for Americans (DGA). Thus, we present the following recommendations to reduce childhood hunger; improve child nutrition, physical, mental, and social health and overall wellness; enhance child development; and support academic achievement.

RECOMMENDATIONS

1. Co-sponsor the Build Back Better Act, or related legislation, to provide funding for child-focused nutrition provisions:
 - Expanded CEP eligibility criteria: lower the participation threshold of percent identified students, making more schools eligible; increase the CEP multiplier, increasing its financial viability; and allow for statewide election of CEP.
 - Direct Certification for Children Receiving Medicaid Benefits: allow states to directly certify eligibility for free and reduced-price school meals for children who receive Medicaid benefits.
 - Summer Electronic Benefit Transfer (EBT) for Children Program: expand the Summer EBT program to provide nutrition benefits to eligible low-income children nationwide.
 - School Kitchen Equipment Grants: provide funding for schools to purchase equipment in order to offer healthier meals, improve food safety, and increase scratch cooking.
 - Healthy Food Incentives Demonstration: provides funding for competitive grants to schools for evidence-based activities that support healthy food offerings and healthy lifestyles (e.g., scratch cooking, nutritional education, procurement of local and culturally appropriate food, reducing less healthy food, and increasing physical activity).

2. Include evidence-based nutrition standards in the Child Nutrition Reauthorization Act that align with the current Dietary Guidelines for Americans. Specifically, within the National School Lunch, Breakfast, and Smart Snacks Programs:
 - Restore the 100% whole grain requirement.
 - Given school nutrition department operations challenges due to COVID-19, revise the timeline to allow schools more time to adhere to sodium limits and create an additional reduction target to align with the DGA.
 - Include an added sugar limit consistent with the DGA (<10% of total calories from added sugar).
 - Maintain fruit and vegetable mandates with respect to both variety and quantity.
3. Do **not** permit pandemic-specific waivers for school nutrition mandates to be maintained long-term. These riders are inconsistent with the DGA, reverse school meal nutrition progress, and should be removed for FY2022. Current school meal riders due to COVID-19 that should **not** persist include:
 - Reducing the amount of fruits and vegetables served
 - Waiving the whole grain requirements
 - Halting sodium reduction targets
 - Serving low-fat flavored milk
4. To promote the successful adoption of these recommendations, we encourage Congress to develop legislation, in partnership with behavioral scientists, that allocates funding to support the implementation and evaluation of evidence-based strategies to optimize nutrition intake and reduce waste within the CNRA, BBB, and related policies.
5. Provide schools (and other institutions impacted by the CNRA, BBB, and related policies) with adequate financial support and training to ensure quality implementation and compliance with nutrition standards.

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ENDORSEMENTS



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