American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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April 15, 2015

Tina Namian
Branch Chief, Policy and Program Development Division
Child Nutrition Programs
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 1206
Alexandria, VA 22302-1594

Docket No. FNS-2011-0029

Dear Ms. Namian:

On behalf of the American Academy of Pediatrics (AAP), an organization of 62,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to offer comments on the proposed rule, "Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010."

The AAP strongly supports a revision of the nutrition standards for the Child and Adult Care Food Program (CACFP). We are delighted that the Healthy, Hunger-Free Kids Act (HHFKA) included a focus on improving nutrition and physical activity for young children as part of revisions to CACFP. The strengthening of nutrition standards for the CACFP meals and snacks, paired with funding for training, technical assistance, and tools to assist early care and education (ECE) providers in complying with new standards and promoting wellness among young children, is a major step forward in addressing the health needs of our youngest and often most vulnerable children. Updating the nutrition standards for CACFP will ensure improved dietary intake and the long-term health of millions of children across the country.

In particular, the AAP applauds USDA for including provisions in the proposed rule to promote breastfeeding in CACFP. The AAP recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant[i]. The benefits of breastfeeding to mothers and babies are well-established. Infants who are breastfed are healthier, and breastfeeding is associated with fewer respiratory infections; fewer episodes of diarrhea, pneumonia, and ear infections; and reduced risk of later asthma, obesity, and sudden infant death syndrome.

As USDA works to finalize the proposed rule, we would encourage USDA to maintain the allowance that any child care facility receive reimbursement for meals when the mother directly breastfeeds her child at the child care facility. As this provision is implemented, we encourage USDA to make it least burdensome on child care providers and to ensure that the regulation is clear that reimbursement is allowable for children at any age. There is no reason reimbursement should stop at 6 months.

The AAP supports the inclusion of best practices to promote breastfeeding of infants but is concerned about the workload burden on child care providers of having to "provide materials and other educational opportunities to breastfeeding mothers." If USDA moves forward with this as a best practice, AAP would recommend some standards or guidance be given to child care providers on what constitutes high quality materials and educational opportunities. Even as a best practice, this recommendation implies a level of training that may be beyond the scope of a child care provider.

As an author of *Caring for Our Children, National health and safety performance standards; Guidelines for early care and education programs*, which relies on the CACFP requirements, policies and guidance for meals and snacks offered to young children, the AAP believes the final rule should seek to put strong, feasible nutrition standards in place for young children. All children have three basic needs: Sound nutrition and healthy activity; stable, nurturing relationships in families, early child care and education and schools; and safe, healthy environments and communities. Meeting these needs is fundamental to achieving and sustaining optimal child health and well-being throughout the life course. The earlier we start the better. Children who are well-nourished early in life have healthier brain development, higher IQs, stronger immune systems, and better educational performance, than those who are not.

The AAP respectfully offers the following additional comments on the proposed rule:

Infant Age Groups and Infant Meal Pattern

The first 1,000 days after conception are a developmental period that offers a narrow window during which good nutrition has the most long-term effects and after which, deficits attributable to undernutrition cannot be overcome. It is a period of rapid physical, cognitive, emotional and social development. Specific feeding practices based on currently available clinical evidence are recommended to ensure optimal infant and child development and growth.[ii] The AAP recommends introducing appropriate complementary foods at approximately 6 months of age and that breastfeeding should continue for at least one year and thereafter for as long as mutually desired by mother and child.[iii]

The AAP believes the proposed change from three to two infant age groups aligns with this recommendation. The two infant age groups in the proposed rule in combination with the incentives to promote breastfeeding may help to delay the introduction of complementary foods

and move the U.S. closer to meeting the U.S. Department of Health and Human Services' Healthy People 2020 goals for breastfeeding. The proposed amendment to the regulation appears to allow no reimbursement for foods provided to infants prior to 6 months although the preamble to the rule seems to allow for some discretion for additional meal components "as developmentally appropriate". To reiterate, the AAP recommends introducing appropriate complementary foods at *approximately* 6 months. Anticipatory guidance on nutrition and feeding is an important component of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* Some parents will initiate complementary feeding prior to 6 months and the current regulations allow for certain foods between 4 and 6 months. The change in the CACFP regulations and apparent lack of flexibility may be onerous on child care providers. As USDA works to finalize the proposed rule, we would encourage USDA to ensure that implementation of this change not be unduly burdensome on child care providers or health care providers.

The AAP believes the types and quantities of foods for infants allowable in CACFP should include a variety of foods including increased consumption of fruits and vegetables. By 7 or 8 months, infants should be consuming foods from all food groups.[iv] While the AAP supports the prohibition on cow's milk during the first year of life, the AAP sees no reason not to allow reimbursement for small quantities of non-liquid, milk-based foods such as cheese and cottage cheese for older infants.

Milk, Flavored Milk, and Yogurt

While AAP agrees with USDA that cow's milk should be withheld during the first year of life, however, contrary to the preamble, current AAP recommendations are that during the second year of life, low-fat milk may be considered if growth and weight gain are appropriate or especially if weight gain is excessive or family history is positive for obesity, dyslipidemia, or cardiovascular disease.[v] Attached for reference are two relevant chapters from AAP's *Pediatric Nutrition, 7th Edition.*

For young children and school-aged children, the AAP's strong preference is that milk consumption be white, unflavored milk. However, inside schools flavored milk represents more than 70% of all milk consumed; 38.5% of milk is nonfat and 51% is 1% fat, a substantial decrease in saturated fat and calories relative to consumption patterns outside of school.[vi] Milk consumption during school lunch is critical and is correlated with overall diet quality as well as calcium intake. Since the Institute of Medicine recommended a lower standard for the fat and sugar content of flavored milk in 2007, the added sugar content of flavored milks in schools has been reduced by more than 30%. As such, the sugar limit (22 grams of sugar per 8 fluid ounce serving) proposed by USDA for flavored milk served to children ages 2 through 4 seems reasonable. For older children, this sugar limit should be a requirement under the meal pattern.

Among the options provided by USDA on yogurt, the AAP believes the sugar limit of 30 grams of sugar per 6 ounce serving should be adopted in the final rule as a meal pattern requirement. We would note that at least one manufacturer has pledged a commitment to a lower sugar standard which should be supported and encouraged by the USDA. The AAP strongly urges USDA to maintain the prohibition on yogurt as a fluid milk substitute for children since milk provides nutrients such as vitamins A and D, comparable quantities of which are not currently found in many commercially available yogurts today.

Juice

The AAP supports the prohibition on juice being served to children under age 1 as fruit juice offers no nutritional value for children under 1 year of age. Excessive juice consumption may be associated with malnutrition. Intake of fruit juice should be limited to no more than 4 to 6 ounces per day for young children older than 1 year of age. Therefore, the AAP has concerns with allowing fruit or vegetable juice to comprise the entire fruit or vegetable component for meals and snacks. Should USDA move forward with this requirement, the AAP would recommend that USDA limit reimbursement of 100% juice to once a day in age-appropriate portion sizes and not to exceed 4 to 6 ounces per day for children ages 1 to 6 years. In addition, we encourage USDA to recommend the consumption of fruits and vegetables over juice for all children in CACFP.

Breakfast Cereal

AAP supports the adoption of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sugar standard of six grams of sugar per serving for breakfast cereal. The Dietary Guidelines Advisory Committee 2015 as well as many other groups have recently recommended that Americans reduce their consumption of added sugars. Limiting sugars in breakfast cereals will help to reduce overall added sugars in the diets of CACFP participants. Aligning the CACFP breakfast cereal sugars standard with WIC will help providers to identify allowable cereals. Most states have lists of cereals that meet the WIC standards. These resources should be shared with CACFP providers through technical assistance and training materials.

Other provisions

While the AAP does not have guidance or policy on frying, USDA should take steps to minimize the use of foods that were ever fried as part of CACFP reimbursed meals. As USDA works to finalize the proposed rule, we encourage the Department to move more aggressively to phase out the use of purchased foods that were fried.

The AAP looks forward to working with USDA on this critically important revision to the meal pattern for CACFP. We applaud USDA for developing this much-needed update to the nutrition

standards for CACFP, and we encourage the Department to implement a strong final rule. Should you have any questions, please contact Tamar Magarik Haro in the AAP's Washington Office at (202) 347-8600 or at tharo@aap.org.

Sincerely,

Sandra G. Hassink, MD, FAAP

Sandra G. Hassink, MD, FAAP
President

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[i] AAP Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 2012; 129; e827
[ii] AAP *Pediatric Nutrition*, 7th Edition
[iii] Ibid.
[iv] Ibid.
[v] Ibid.
[vi] AAP Council on School Health, Committee on Nutrition. Policy Statement: Snack, Sweetened Beverages, Added Sugars, and Schools. *Pediatrics*, 2015; DOI: 10.1542/peds.2014-3902