

POSITION STATEMENT:

Prioritize Evidence-Based Reauthorization of Child Nutrition Programs to Optimize Health Benefits of School Meals

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SUMMARY STATEMENT

The Society of Behavioral Medicine supports aligning school nutrition programs with the most current scientific evidence by ensuring Child Nutrition Reauthorization occurs every 5 years and opposing legislative actions that deviate from evidence-based standards.



THE PROBLEM

Pediatric food insecurity and diet-related diseases, such as obesity, are major public health concerns in the United States. Approximately 2.3 million U.S. households with children report food insecurity,^[1] and 14.7 million U.S. children are affected by pediatric obesity.^[2] Due to current structural and social inequities, Black and Hispanic children are disproportionately impacted.^[2, 3] These issues not only threaten physical health but also contribute to long-term disparities in educational outcomes and overall well-being.^[4-7] Given that approximately 30 million children rely on school meal programs for daily nutrition,^[8] schools serve as a critical intervention point for addressing these interconnected crises. Moreover, children from sociodemographically marginalized backgrounds, who face greater risk for diet-related diseases, are most likely to rely on school meals for a significant portion of their dietary intake. It is thus of paramount importance that nutrition standards for school meals are aligned with the current evidence base, to optimize their public health impact and improve the health of millions of children. By improving the nutritional quality of school meals, children are allowed greater, and more equitable, access to healthy food options and rates of diet-related diseases such as pediatric obesity are reduced.^[9]

CURRENT POLICY

The Child Nutrition and WIC Reauthorization Act (CNRA) authorizes all federal school meals and child nutrition programs.^[10] Many programs are permanently authorized, however, the CNRA dictates that Congress should review the laws governing these programs every five years allowing for updates that increase alignment with current scientific knowledge and Dietary Guidelines for Americans (DGA). Nutritional improvements made with the Healthy, Hunger-Free Kids Act of 2010, the most recent CNRA bill, are associated with an estimated 47% reduction in obesity among children living in poverty and \$800 million in healthcare savings.^[9] However, while school meal programs are permanently authorized, this act expired in 2015.

There have been 3 DGA updates since the Healthy Hunger-Free Kids Act and no accompanying CNRA updates. There have also been rollbacks (e.g., decreased requirements for whole grain rich grain products [from 100% to 50%]) and attempts to institute legislation that veer from evidence-based mandates and threaten to reverse the progress made in 2010.^[11, 12] For example, the Whole Milk for Healthy Kids Act of 2023 bypasses DGA recommendations for fat free or low-fat milk to allow whole milk — which exceeds DGA saturated fat recommendations — in school meal programs. Similarly, the Competitive Food Service and Standards Act allows exemptions to DGA recommendations in school meals including the exemption of dried fruits from total sugar limits. These acts, and others

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like them, are often motivated by special interests, thus should not be approved for inclusion. Moreover, allowing riders sets a precedence that nutrition programs can be changed outside of the approved processes.

Recently, the U.S. Department of Agriculture's new rule: "Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 DGA"^[13] brought school meal requirements much closer to the current DGA, with some exceptions (i.e., sodium limits above those recommended for children in the DGA).^[13] However, this was not done through CNRA. Without review of the CNRA every 5 years and prohibition of riders and rollbacks, child nutrition programs will continue to be threatened by misalignment with current scientific evidence and represent a missed opportunity to optimize nutrition for millions of children.

RECOMMENDATIONS

Ensure the CNRA processes occur on the intended five-year cycle, allowing for regular updates to school meal programs that align with the most current DGAs and ensuring that school meals support optimal child health based on the latest evidence.

Prevent riders or unrelated provisions that deviate from the USDA's evidence-based guidelines and current scientific evidence around pediatric nutrition.

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ENDORSEMENTS

