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October 9, 2008

Eric Steiner
Acting Administrator
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive
Alexandria, VA 22302
Federal Register Doc. E8-11236

Dear Mr. Steiner:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, appreciates this opportunity to provide recommendations to the U.S. Department of Agriculture Food and Nutrition Service (USDA FNS) in advance of the 2009 Reauthorization of the Child Nutrition Programs and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), as published in the *Federal Register* on May 20, 2008.

The AAP's major recommendations are: federal nutrition programs should be viewed as a public health intervention; all federal nutrition programs should follow the Dietary Guidelines; these programs must be funded appropriately; access to these programs must be improved; and more research and data are needed. The AAP respectfully offers the attached detailed recommendations to the USDA as it reviews and makes recommendations for the Child Nutrition Programs and WIC Reauthorization.

The AAP applauds the USDA for recognizing that Child Nutrition programs must be re-examined periodically to ensure that they are consistent with national health and public health goals, as well as nutritional standards and health trends. The USDA has the opportunity to make recommendations to policymakers that will literally shape the health of our nation for many years to come. If the AAP may be of further assistance, please contact Cindy Pellegrini in our Washington, DC office at 202/347-8600.

Sincerely,

A handwritten signature in black ink, appearing to read "Renée R. Jenkins".

Renée R. Jenkins, MD FAAP
President

Attachment

For more than half a century, the Child Nutrition programs, which include the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Summer Food Program, the Fresh Fruit and Vegetable Snack Program and the Special Milk Program, have alleviated hunger and malnutrition among our nation's infants and children. Tens of millions of U.S. children have received billions of meals through these programs, which represent a vital investment in our nation's health and welfare. The WIC program has also provided nutrition education, supplemental foods, and medical referrals to millions of low-income pregnant women, mothers and children. The benefits of proper nutrition are well-documented,¹ and child nutrition programs can play a key role in ensuring that children have a healthy, well-balanced diet.^{2,3,4,5}

Federal Child Nutrition Programs are a Public Health Intervention

Since their inception, federal child nutrition programs have been designed as a tool to promote healthy child development as part of the federal safety net. Too often, however, these programs have been viewed solely through the lens of social welfare. Our nation should shift its focus to viewing child nutrition as a critical and effective public health intervention that improves the health and welfare of all Americans. Not only does proper nutrition improve the health of individual children, but it can reduce the societal and economic burden of poor health in the form of higher medical costs, lost work and wages, and associated issues.

In addition to their obvious health benefits, child nutrition programs play a key role in enhancing children's readiness to learn. Though studies have demonstrated less conclusively that proper nutrition is central to children's ability to learn, there is evidence that children who participate in school nutrition programs consistently score higher on standardized tests.⁶

The Child Nutrition and WIC Reauthorization of 2004 took critical steps toward placing child nutrition programs within a framework of lifelong health, including physical activity, nutrition education, and general wellness. The USDA has the opportunity to advance this concept further with its recommendations for child nutrition programs. If the USDA views child nutrition programs as a public health initiative, the issues of access and eligibility become central. In addition, while child nutrition programs are only one piece of the greater whole, the public health model dictates that they cannot be considered independently of the other circumstances facing children and society. The AAP urges the USDA to consider any recommendations to child nutrition programs in the larger context of families, schools, and communities.

In viewing child nutrition programs as tools to improve public health, the AAP acknowledges the significant challenge posed by the dual threats of malnutrition and obesity. In contrast to other periods in our nation's history, we currently face situations where children may suffer from obesity, poor nutrition, or both conditions simultaneously. We must, however, meet this challenge if we are to guide our children toward healthy choices.

All Federal Child Nutrition Programs Should Follow the Dietary Guidelines for Americans

While much progress has been made in improving the quality and nutritional value of child nutrition program meals over the past 25 years, much more remains to be done. The USDA

should set and enforce uniform national standards for nutrition program meals and snacks that are consistent with the Dietary Guidelines. The Dietary Reference Intakes (DRIs), while useful, are not a practical instrument for setting standards for large, diverse groups of children. The USDA must bear in mind these limitations and give programs guidance and flexibility in utilizing the standards appropriately.

Federal Child Nutrition Programs Must be Adequately Funded

The quality of these meals and snacks is almost entirely dependent upon the level of resources provided. The AAP urges USDA to request from Congress sufficient funding to allow for appropriate reimbursement for meals, as well as to provide healthy foods through commodities and similar programs.

Significant increases in reimbursement will likely be necessary simply to keep nutrition programs operating at their current levels. The skyrocketing cost of food, fuel and transportation is translating to major increases in costs for food service programs. According to the School Lunch and Breakfast Cost Study II, federal reimbursements do not cover reported costs for school lunch for 22% of the school food authorities surveyed, and fall short of covering school breakfast costs in 65% of cases.⁷

Funding and reimbursement levels must also be increased to improve the quality of meals and snacks provided by the federal child nutrition programs. Funding must be increased because:

- Quality, nutritious foods such as fruit, vegetables, and whole grains cost more and involve more waste and spoilage than high-fat, high-calorie processed foods. Schools have already cited food costs as the most significant factor impeding their ability to implement nutrition standards.⁸
- Our nation is currently facing a confluence of factors, including increased energy and fuel costs, crop losses, and shifts in supply and demand, that are driving food costs to unprecedented levels.
- The economic downturn is placing new strains on state and local government budgets, further reducing the available resources.
- More families may find themselves eligible for school nutrition programs in the face of economic downturn and financial insecurity.
- Schools and communities that work hard to enroll eligible children could face increasing shortfalls as their caseloads rise, creating a perverse disincentive to increasing participation.

Significant increases in reimbursement and funding levels will likely be necessary simply to keep nutrition programs operating at their current levels. Many schools are already being forced to rely more heavily on sales of nutritionally inferior a la carte foods to help underwrite their costs. If funding levels are inadequate, programs will inevitably be unable to fulfill the USDA's nutritional recommendations.

Access to Federal Nutrition Programs Must Be Improved

According to USDA's most recent statistics, approximately 63% of eligible children participate in the National School Lunch Program, and only 24% of eligible children participate in the

School Breakfast Program.⁹ In addition, although almost 30 million children depend on nutritious free and reduced-price meals and snacks at school for nine months out of the year, just a fraction of that number receive the free meals provided by the Summer Food Service Program during the summer months. In 2007, approximately 1.9 million children received a total of 118 million meals and snacks through the Summer Food Service Program. The AAP urges the USDA to set a national goal of at least 90% participation by eligible children in these vital nutrition programs.

Enrollment and Retention: The AAP urges the USDA to investigate the barriers to the participation of eligible children in federal child nutrition programs and make recommendations to overcome these obstacles. Children of all ages from low-income families are at high risk for food insecurity and poor nutrition, and the health of all children would benefit from a more balanced diet. School districts and nutrition program providers need guidance on practical, evidence-based approaches for reaching these families and enrolling and retaining children in child nutrition programs.

Expanded Eligibility: The USDA should explore the benefits of expanding eligibility for federal nutrition programs. When nutrition programs are considered as a public health tool, the defining question becomes how to reach the at-risk populations, rather than setting eligibility levels based solely on income or other factors. The program's current parameters of providing free meals for children whose families are at or below 130% of poverty level and reduced-price meals for those at or below 185% of poverty level may fail to cover a significant number of children in need.

Federal policymakers have acknowledged access challenges in other areas of policy; for example, in the interest of increasing children's access to health care under the State Child Health Insurance Program, some states have been approved to extend coverage to children in families as high as 350% of poverty level. In addition, a changing economic environment can have a serious impact on families' ability to afford staples and can place children at risk for food insecurity. The USDA should examine options for making the greatest number of at-risk children eligible for federal nutrition programs.

Administrative Simplification: The AAP strongly supports efforts to simplify program application forms and provide direct certification for certain populations. Programs should be provided with technical support to continue and expand these efforts to ensure that all eligible children can be enrolled in meal programs.

More Research and Data are Needed

Particularly as programs are expanded or changed, USDA must ensure that programs are studied and monitored appropriately to ensure that they are achieving their goals and to provide the data needed for further refinements. For instance, AAP supported the proposed evaluation of changes to the WIC birth month breastfeeding food package. Reliable scientific data will be vitally important in assuring that the changes to the WIC breastfeeding packages and future changes to other child nutrition programs are having the intended effect of improving health outcomes for infants, children and mothers.

In addition to the above general recommendations for all federal child nutrition programs and WIC, AAP would like to offer recommendations on each of the individual child nutrition programs due for reauthorization in 2009.

National School Lunch and School Breakfast Programs

By providing nutritionally balanced, low-cost or free lunches to more than 30.5 million children each school day in 2007, the National School Lunch and Breakfast Programs have made substantial strides in assuring that all children have the basic nutrition necessary to grow and learn. However, children today are not only faced with potential malnourishment, but also overweight. The USDA should recommend practices that increase the nutritional value of meals while also reducing the fat and caloric content of school meals and other food sold outside of meals in the school setting.

The School Nutrition Dietary Assessment Study (SNDA-III) revealed a number of areas in which a greater focus on the nutritional quality of school lunches and breakfasts is warranted. Specifically:

- Only 5.7% of meals offered and 7.3% of meals served met all of the School Meals Initiative for Healthy Children (SMI) standards.
- Less than 1/3 of schools met the reimbursable meals standards for total fat and saturated fat in lunches and virtually all school lunches failed to meet benchmarks for sodium.
- Nutritional offerings tend to be poorest in high schools. Less than 1% of lunches served in high school met all SMI standards.¹⁰

Data indicate no more than two percent of U.S. children and adolescents meet the Food Guide Pyramid recommendations.¹¹ Given that up to a quarter of U.S. children are receiving one or more meals each day through federal school nutrition programs, the programs have an opportunity to play a significant role in helping children achieve dietary intakes consistent with the Dietary Guidelines.

Competitive Foods: Because large numbers of students purchase meals from “alternative food lines” and vending machines, the AAP urges the USDA to recommend that Congress take steps to eliminate the “time and place” rule, which prevents the USDA from regulating foods sold in schools outside the lunch period and cafeteria. In addition, the AAP encourages the USDA to refer to the standards for competitive foods to ensure that school meals are not inadvertently permitted to be less nutritious than competitive foods.

Averaging: School food authorities clearly need additional guidance and resources in developing meal plans that meet students’ dietary requirements without providing excess calories, saturated fat and sodium. In formulating guidelines for meal patterns, the AAP encourages the USDA to consider using daily averaging for key macronutrients (namely calories, saturated fat, and sodium) and weekly averaging for micronutrients (vitamins and minerals). Weekly averaging for all nutrients allows for wide variations in individual meals, which may result in children choosing to participate in school meals on days when high-calorie, high-fat offerings are served and eschewing healthier offerings on other days. On the other hand, the AAP recognizes that providing recommended levels of all micronutrients on a daily basis would likely be challenging

for many local programs. Given current trends in childhood obesity and related conditions, however, it is critical that every meal provided at schools is within recommended guidelines for calories, saturated fat and sodium.

Ranges: The USDA should consider developing recommended ranges with upper and lower limits for macronutrients, particularly calorie levels, for schools to follow. The current recommendation that lunches contain 1/3 of daily calories is generally interpreted as a floor rather than a ceiling for calorie content. As a result, some meals may contain far more calories than a child requires, thereby potentially contributing to overweight. Ranges would allow school food authorities to tailor meals to different age groups and specific local needs.

Fluid milk: The AAP urges the USDA to recommend that schools provide only reduced fat milk. Reduced fat milk supplies all of the nutritional benefits of milk without the high fat levels and extra calories found in whole milk.

Fruit and Vegetables: Every effort should be made to serve fresh fruit and vegetables at the level prescribed by the Dietary Guidelines in both school lunch and breakfast. Ideally, school lunches should provide 1/3 and school breakfasts 1/4 of the recommended number of fruit and vegetable servings. The FNS should consider recommending changes to federal commodity programs that would make more free and reduced-price fruit and vegetables available to schools, in addition to providing adequate funding for schools to be able to purchase fresh produce.

Vitamin D: In November 2008, the AAP will issue new recommendations regarding intake of Vitamin D. We urge the USDA to recommend that school lunches provide 1/3 and school breakfasts provide 1/4 of the new standard of Vitamin D each day, averaged over a week.

School Wellness Policies Should Be Strengthened: The AAP fully supports Congress's foresight in directing all school districts to establish a wellness policy. School wellness policies are a critical step in transforming our educational system's vision of its role in promoting lifelong health and wellbeing.

The USDA should consider recommendations for advancing school wellness policies to the next stage of development and implementation. All school districts should have such policies in place at this time; however, there is wide variation in the quality of these policies and districts' commitment to implementing them. The USDA should make recommendations about the ongoing role of school wellness councils and strategies for incentivizing the creative implementation of wellness policies. School districts would benefit from guidance on the regular review and revision of wellness policies and promulgation of best practices.

USDA should also encourage and assist local school districts in making their local wellness policies available to the public. In order to fulfill the mission of local wellness policies to include parents, school officials, food service staff and other interested parties, it is necessary that these plans are prominently displayed on the district's website, distributed to staff, and/or sent to parents. Providing proper nutrition and establishing healthy eating habits in children will involve both the school administrators and parents, and everyone must be informed and well-versed in the wellness policies of the district.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Since its inception in 1972, the WIC program has provided nutrition education, supplemental foods, and medical referrals to millions of low-income pregnant women, mothers and children. In 2007 alone, the WIC program served 8.3 million people, approximately 6 million of whom were infants and children. Unlike food stamps or other human services programs, WIC provides specific nutrients to these populations based on their needs at various stages of development.

The AAP applauds this vital program and its efforts to improve the nutrition of new mothers and children and support the breastfeeding of infants. However, in order for WIC to have the most significant impact, the USDA should recommend the program be amended to expand funding and eligibility, provide a choice for reduced fat milk between one and two years of age (see below) and increase support for breastfeeding mothers and nutrition education.

WIC Funding and Eligibility: The modest increases in WIC funding in recent years have failed to take into account the current economic downturn and continued food price inflation, which increase demand on the WIC program. Because WIC relies on an annual appropriation from Congress to administer the program, it does not have the financial resources to serve all eligible children, infants and mothers. AAP recommends that funding for WIC be increased significantly so that more pregnant and postpartum women, infants and children have access to the program's nutritional benefits.

The AAP strongly supports adjunctive income eligibility under WIC for individuals or certain family members receiving Temporary Assistance for Needy Families (TANF), Medicaid, or food stamps, or residing as a member of a family in which a pregnant woman or infant receives Medicaid benefits. Unfortunately, there have been recent efforts to restrict automatic WIC income eligibility for Medicaid recipients to those with incomes at or below 250 percent of poverty level. The USDA should reaffirm WIC's policy of eligibility for all Medicaid recipients, regardless of income, as these individuals are already at a greater risk for malnutrition and poor dietary intake.

Reduced Fat Milk: The AAP recently issued a new policy statement that recommends giving reduced-fat milk to children age 1-2 years in cases where there is a family history or documented risk of obesity. The AAP urges that adjustments be made to the WIC food packages to allow for the provision of reduced fat rather than whole milk in these limited cases.

Breastfeeding Support and Nutrition Education: As stated above, AAP strongly supported the changes to the birth-month breastfeeding WIC food packages. USDA should continue to encourage women to breastfeed and emphasize the health and nutritional benefits of breastfeeding for both the child and mother. Further, USDA should recommend increasing funding for special nutrition education and breastfeeding peer counselors and assess the impact of staff training on breastfeeding patterns. Staff knowledge of the benefits of breastfeeding and their ability to discuss these benefits with pregnant women may be a significant factor in women's decisions to fully breastfeed. Staff training should be measured to assure the training is consistent with current best practices. USDA should recommend requiring an evaluation and report to Congress of breastfeeding peer counseling activities and services and their effectiveness on breastfeeding patterns and outcomes.

AAP also encourages USDA to recommend inserting “and breastfeeding support” following the term “nutrition education” throughout the Child Nutrition Reauthorization. By linking these terms, USDA will emphasize breastfeeding support as an integral element of nutrition education. In addition, programs serving nursing mothers should strive to make vitamin D supplements readily available to all children within their community, especially for those children most at risk.

Funding for Breast Pumps: USDA should recommend eliminating restrictions on the use of food funds for the purchase of breast pumps under all circumstances. The inclusion of language in the WIC and Child Nutrition Act of 2004 providing for the use of food funds for the purchase of breast pumps demonstrated Congress’ recognition that breast pumps were an essential food aid to provide breast milk when a mother is absent from her infant. It is doubtful that Congress sought to discriminate against the class of breastfeeding mothers by allowing USDA to restrict the use of WIC contingency funds from the purchase of breast pumps. Restrictions on the use of WIC contingency funds for the purchase of breast pumps have also become an administrative burden for state agencies.

Summer Food Service Program (SFSP)

The SFSP is a noteworthy program that provides continuation of healthy food service to children throughout the summer months or other long breaks in the school calendar, especially in low-income areas where healthy eating alternatives may be scarce. Because school districts, local government agencies, camps or nonprofit organizations may organize, administer and provide free meals to groups of children at a central site, such as a school or community center, the program helps provide a safe haven for children to be with other children and supportive adults.

USDA should examine the meal patterns under the SFSP. Serving sizes may not be appropriate for children of all ages, and there is wide variation in the caloric and nutritional content of some foods that are considered equivalent or alternatives to each other within the required serving patterns. For instance, one serving of cornbread or muffin is equivalent to a slice of bread in the serving requirements; however, the caloric content of a muffin may be as much as five to six times that of a slice of bread. In addition, the allowable meat alternatives, such as yogurt or cheese, may not contain as high protein content as lean meats. The calorie content of the meats and meat alternatives can also vary greatly. These unequal food alternatives could result in vast differentials in caloric intake among participants in the program.

In addition, the SFSP does not appropriately emphasize fruits, vegetables and whole grains, and is not completely consistent with the USDA Food Pyramid. USDA should recommend providing increased fruits and vegetables and require that dairy products offered in the program to be reduced fat.

Fresh Fruit and Vegetable Program (FFVP)

Providing children with fresh fruits and vegetables beginning at a young age has the potential to establish lifelong healthy eating habits. The AAP applauds the expansion of the FFVP to all 50 states and the District of Columbia and the increased funding to \$1.02 billion over ten years provided for the program in the 2009 Farm Bill. This influx of funding will make impressive

strides toward providing our nation's low-income children with access to fresh fruits and vegetables.

While we fully support this major expansion, the AAP encourages USDA to study and monitor the implementation to ensure that the expected behavioral and nutritional changes are taking place. Because overweight and unhealthy eating habits are not limited to low-income schools, the AAP remains hopeful that FFVP can be expanded to more school districts in the future. USDA should also make recommendations for interfacing between FFVP and the National School Lunch and Breakfast Programs to assure all students have access to healthy fresh fruits and vegetables.

Child and Adult Care Food Program (CACFP)

Similar to the National School Lunch and Breakfast Programs, the reimbursement for CACFP must be increased in order to provide healthy, nutrient-rich meals and snacks that comply with the Dietary Guidelines for Americans to children in day care centers, at-risk after-school programs, homeless shelters and adult day care programs. Based on their similar eligibility guidelines, USDA should consider recommending that all children who participate in the WIC program should be categorically eligible for CACFP.

Special Milk Program

Although USDA guidance focuses on skim and low-fat milk, schools and institutions are currently permitted to serve any pasteurized fluid types of unflavored or flavored whole, reduced fat, skim milk, and cultured buttermilk that meet State and local standards. Further, no data currently exists examining how much of the milk served through the Special Milk Program is whole, low fat or skim.

The AAP reiterates its call for only reduced-fat milk to be served in all federally-funded child nutrition programs. In addition, USDA should require that all milk served through the Special Milk Program contain vitamins A and D at levels specified by the Food and Drug Administration (FDA) and in compliance with the Dietary Guidelines for Americans for children of different ages and activity levels.

In conclusion, our nation must recast the debate about child nutrition programs and WIC, shifting our focus simply from relief of hunger or social welfare to a broader view that encompasses the full public health implications of food insecurity, overweight and undernourishment and all of their associated short- and long-term implications. Child nutrition programs have a critical role to play in the current and future health of our nation's children. However, adequate funding is the only means of ensuring optimal quality and nutrition in these programs. The AAP urges the USDA to utilize the 2005 Dietary Guidelines and DRI recommendations to shape the nutrient and commodity policy set out in this reauthorization.

The American Academy of Pediatrics deeply appreciates this opportunity to offer recommendations for the improvement of our nation's child nutrition programs and WIC. The AAP believes firmly in the value of these programs, and we are grateful for your efforts in ensuring that these programs help our children meet their full potential. If the AAP may be of

further assistance, please contact Cindy Pellegrini in our Washington, DC office at 202/347-8600.

¹ Kleinman R, ed. Pediatric Nutrition Handbook. 5th Ed. American Academy of Pediatrics. 2004.

² Rampersaud G, Pereira M, Girard B, Adams J, Metz J. Breakfast Habits, Nutritional Status, Body Weight, and Academic Performance in Children and Adolescents. *J Am Diet Assoc.* 2005; 105:743-760.

³ Murphy JM, Pagano M, Nachmani J, Sperling P, Kane S, Kleinman R. The Relationship of School Breakfast to Psychosocial and Academic Functioning. *Arch Pediatr Adolesc Med.* 1998; 152:899-907.

⁴ Kalkwarf H, Khoury J, Lanphear B. Milk intake during childhood and adolescence, adult bone density, and osteoporotic fractures in US women. *Am J Clin Nutr.* 2003; 77:257-65.

⁵ Pan Y, Pratt C. Metabolic Syndrome and Its Association with Diet and Physical Activity in US Adolescents. *J Am Diet Assoc.* 2008;108:276-286.

⁶ U.S. Department of Agriculture bibliography of studies at <http://www.ers.usda.gov/publications/efan01013/efan01013ref.pdf>.

⁷ The School Lunch and Breakfast Cost Study II. Presentation to the Institute of Medicine, June 11, 2008. Online at <http://www.iom.edu/Object.File/Master/55/443/John%20Meal%20Cost%20Study%20Presentation%20for%20IOM.pdf>

⁸ School Nutrition Association. From Cupcakes to Carrots: Local Wellness Policies One Year Later. September 2007. Online at http://www.schoolnutrition.org/uploadedFiles/ASFSA/newsroom/pressreleases/From_Cupcakes_to_Carrots.pdf.

⁹ Donna Blum-Kemelor, USDA Food and Nutrition Service, personal communication, July 7, 2008. "In October 2007, total enrollment in NSLP participating schools and RCCIs was reported to be 50.2 million. In the same month, average daily NSLP participation was reported to be 31.5 million. This gives a school lunch participation rate by eligible children of about 63%. Total enrollment in schools and RCCIs that participate in the SBP was reported to be 43.7 million in October 2007. That month, average daily SBP participation was 10.7 million. The participation rate by SBP-eligible children was about 24%."

¹⁰ Results of the School Nutrition Dietary Assessment Study (SDNA-III), FNS Presentation to the Institute of Medicine, June 11, 2008. Online at <http://www.iom.edu/Object.File/Master/55/446/Ted%20SNDA-III%20Briefing%20IOM%20June%2011%202008.pdf>.

¹¹ Munoz K, Krebs-Smith S, Ballard-Barbash R, Cleveland L. Food Intake of US Children and Adolescents Compared with Recommendations. *Pediatrics.* 1997;100:323-329.