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May 8, 2023

Michelle Frey

School Meals Policy Division

Food and Nutrition Service, U.S. Department of Agriculture

1320 Braddock Place, 4th floor

Alexandria, Virginia 22314

Re: Docket No. FNS-2022-0044 "Child Nutrition Programs: Community Eligibility Provision—Increasing Options for Schools"

To Whom It May Concern:

On behalf of the 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists of the American Academy of Pediatrics (AAP) who are committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, we appreciate this opportunity to provide comments on the U.S. Department of Agriculture's (USDA) proposed rule regarding the Community Eligibility Provision (CEP).

Since its creation under the 2010 *Healthy, Hunger-Free Kids Act* (HHFKA) and nationwide implementation in the 2014-2015 school year, CEP has been a vital program for thousands of schools across the country. By allowing schools in low-income communities to serve free breakfast and lunch to all students without requiring their families to complete individual applications, CEP reduces administrative work for school districts, allows schools to focus on providing healthy and appealing meals to students, supports working families who don't qualify for free school meals, ensures that all students have the nutrition they need to learn and thrive at school, and eliminates unpaid school meals fees. Since CEP allows all students to access free school meals, the program reduces stigma and makes participation in the school meals programs easier for families. In addition, CEP has been critical to lessening the administrative burden on schools, increasing participation, and facilitating implementation of alternative breakfast service models.

Before the pandemic, 1 in 6 children lived in poverty, and nearly half of all children lived in low-income households.<sup>i</sup> The expansion of anti-poverty programs during the COVID-19 pandemic significantly reduced child poverty,<sup>ii</sup> but as the public health emergency winds down and the expansions sunset, child poverty and food insecurity are rising. Household budgets are still being squeezed, and families need to be able to count on school breakfast and lunch to provide nutritious meals for their children. Too many children are still missing out on substantive, healthy meals because they aren't eligible for free or reduced-price meals or because of burdensome paperwork requirements, even though their families continue to struggle. Some children are eligible, but stigma keeps them from participating. CEP allows more children to eat school meals and experience the education and health benefits that are linked to participating.

Food insecurity is all too prevalent in the US, impacting about 1 in 8 (12.5%) of US households with children.<sup>iii</sup> Among school-aged children, food insecurity is associated with lower math and reading scores, hyperactivity and absenteeism and tardiness at school, but school meals are

proven to help reduce child hunger and improve students' health, academic achievement, attendance, and behavior.<sup>iv,v,vi,vii</sup> Food insecurity and food scarcity can negatively impact nutrition, lead to increased risk for disordered eating, and increase consumption of nonnutritive, calorie-dense foods that can lead to unhealthy weight gain and contribute to obesity.<sup>viii</sup> Some longitudinal studies have found food insecurity increases the risk of obesity or being overweight among children.<sup>ix,x</sup> Food insecurity in childhood not only affects children's short-term health, development, and learning, but has also been associated with long-term health consequences including an increased risk of chronic conditions such as heart disease and obesity in adulthood.<sup>xi</sup> Policies like CEP that increase access to school meals can have an immediate, direct impact on child health.

The current and long-term health of 14.4 million children and adolescents is affected by obesity, making it one of the most common pediatric chronic diseases.<sup>xii</sup> The prevalence of obesity among American youth has tripled in the past three decades.<sup>xiii</sup> Nearly one in three school-age children and adolescents has overweight or obesity and pediatricians are seeing children in preschool with obesity related liver disease and prediabetes.<sup>xiv</sup> A predictive epidemiologic model estimates that if 2017 obesity trends hold, 57% of children aged 2 to 19 years will have obesity by the time they are 35 years of age, in 2050.<sup>xv</sup> The health implications of the obesity epidemic are profound. Insulin resistance, type 2 diabetes mellitus, hypertension, obstructive sleep apnea, nonalcoholic steatohepatitis, poor self-esteem, and a lower health-related quality of life are among the comorbidities seen more commonly in affected children and youth than in their unaffected counterparts. Studies show children receive their healthiest meals at school, proving that school meals are one of the federal government's most powerful tools for delivering good nutrition to children. Expanding access to healthy school meals through CEP may help to increase healthy eating habits and decrease obesity.

The AAP supports healthy school meals for all students, regardless of income eligibility. While the proposed rule does not guarantee universal school meals, expanding CEP is an essential step in removing administrative barriers and improving student access to nutritious meals. The proposed rule would lower CEP's eligibility threshold to 25% of the Identified Student Percentage (ISP) from the existing threshold of 40% ISP. The AAP supports this proposal, as it will have a positive impact on low-income schools and communities, expanding access to free school meals for many students. However, the proposed rule is limited in scope; even with this expansion, CEP may not be financially viable for newly eligible schools. We urge USDA to explore every opportunity to make CEP financially viable for all eligible schools. The AAP also urges USDA to give states the option to implement the 25% threshold even if the new rule is finalized after the June 30th election deadline. This will allow states and schools to benefit from the change in the upcoming 2023-2024 school year.

Thank you for the opportunity to provide these comments. Please do not hesitate to contact Madeline Curtis in the AAP Washington Office at 202-347-8600 or [mcurtis@aap.org](mailto:mcurtis@aap.org) should you have any questions or if you would like to further discuss the AAP's recommendations for the forthcoming rule. We look forward to working with you to ensure all children have access to nutritious meals at school.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sandy Chung', written in a cursive style.

Sandy Chung, MD, FAAP  
President

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- <sup>i</sup> National Academies of Sciences, Engineering, and Medicine. 2019. *A Roadmap to Reducing Child Poverty*. Washington, DC: The National Academies Press. Doi: <https://doi.org/10.17226/25246>.
- <sup>ii</sup> Burns, K, Fox, L., & Wilson, D. Child Poverty Fell to Record Low 5.2% in 2021. *US Census Bureau*. Sept. 2022. <https://www.census.gov/library/stories/2022/09/record-drop-in-child-poverty.html>.
- <sup>iii</sup> Coleman-Jensen, A, Rabbitt, MP, Gregory, CA, and Singh, A. Household Food Security in the United States in 2021. *USDA Economic Research Service*. 2022: 309, 16-18.
- <sup>iv</sup> Ashiabi, G. Household food insecurity and children's school engagement. *J Child Poverty*. 11(1), 2005;3-17
- <sup>v</sup> Jyoti, DF, Frongillo, EA, Jones, SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. *J Nutr*. 2005;135(12), 2831-2839.
- <sup>vi</sup> Murphy JM, Wehler CA, Pagano ME, Little, M, Kleinman RE, Jellinek MS. Relationship between hunger and psychosocial functioning in low-income American children. *J Am Acad Child Adolesc Psychiatry*. 1998; 37(2), 163-170.
- <sup>vii</sup> Alaimo K, Olson CM, Frongillo EA. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*. 2001;108(1), 44-53.
- <sup>viii</sup> Supporting Healthy Nutrition and Physical Activity During the COVID-19 Pandemic. COVID-19 Interim Guidance. American Academy of Pediatrics. Dec 2020. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/supporting-healthy-nutrition-and-physical-activity-during-the-covid-19-pandemic/>.
- <sup>ix</sup> Bronte-Tinkew J, Zaslow M, Capps R, Horowitz A, McNamara, M. Food insecurity works through depression, parenting, and infant feeding to influence overweight and health in toddlers. *J Nutr*. 2007;137(9), 2160-2165.
- <sup>x</sup> Metallinos-Katsaras, E., Must, A., & Gorman, K. A longitudinal study of food insecurity on obesity in preschool children. *J Acad Nutr Diet*. 2012;112(12), 1949-1958.
- <sup>xi</sup> Case A, Fertig A, Paxson C. The lasting impact of childhood health and circumstance. *J Health Econ*, 2005;24(2), 365-389.
- <sup>xii</sup> Hampl SE, Hassink SG, Skinner AC, et al; Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*. February 2023; 151 (2): e2022060640.
- <sup>xiii</sup> Child Obesity. Harvard TH Chan School of Public Health. Accessed April 24, 2023. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends-original/global-obesity-trends-in-children/>
- <sup>xiv</sup> Id.
- <sup>xv</sup> Hampl SE, Hassink SG, Skinner AC, et al; Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*. February 2023; 151 (2): e2022060640.