



February 7, 2018

Angela Kline, Director
Policy and Program Development Child Nutrition Programs
Food and Nutrition Service
U.S. Department of Agriculture
P.O. Box 66740
Saint Louis, MO 63166-6740

Re: Food Crediting in Child Nutrition Programs

Dear Director Kline:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the [request for information](#) titled, "Food Crediting in Child Nutrition Programs" as published by the Food and Nutrition Service (FNS) within the U.S. Department of Agriculture (USDA) in the December 14, 2017 *Federal Register*.

The AAFP perceives sound nutrition as a cornerstone of health and believes sound nutrition should be reflected in all dietary offerings in schools. Items of little or no nutritional value should be replaced with healthy alternatives. We wholeheartedly agree with this regulation's preamble, in that the National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, and Summer Food Service Program (Child Nutrition Programs) play a critical role in ensuring that children in America have access to the nutritious food they need to learn and succeed in the classroom, after school, and during the summer. We support FNS in its responsibility to establish the meal patterns and nutrition standards in the Child Nutrition Programs that advance the goals of providing nutritious and satisfying meals to a broad population of children.

To claim Federal reimbursement, Child Nutrition Program operators must serve meals and snacks that meet the minimum meal pattern requirements of the applicable program. "Crediting" is the process designed by FNS to specify how individual food items contribute to the Child Nutrition Programs' meal patterns. In this request for information, FNS seeks feedback on how FNS' crediting system can best address today's evolving food and nutrition environment, as well as to offer first-rate customer service to those operating and benefitting from Child Nutrition programs.

In response to the RFI, the AAFP believes there is a significant need to improve Child Nutrition Programs accessed through state education agencies, and we support policies that result in more nutritious food for children. We applaud FNS for striving to maintain a practical balance to improve the nutritional value of the meals served without diminishing the FNS' crediting system of Child Nutrition Program operators or creating onerous administrative burdens through new recordkeeping requirements. Compliance with requirements can be assessed during on-site monitoring reviews, rather than through monthly audits and deductions.

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Disease prevention is an important issue for school-age populations. The AAFP Position Paper on [Poverty and Health – The Family Medicine Perspective](#) lists poor nutrition as a factor associated with poverty that may influence cognitive development and have life-long impacts on chronic disease. Building health early in life can ensure a healthier future adult population. Fostering healthy habits early in life is especially important for low-income populations that may face social and economic health barriers. Since children consume about half of their daily calories at school, prioritizing nutrition access in schools will achieve a vital goal in promoting life-long health.

Furthermore, the AAFP's [position](#) on healthy eating in schools stipulates that:

1. Students, parents, educators, family physicians, school nurses, and community leaders should be involved in assessing the schools' eating environment, developing a shared vision and an action plan to achieve it.
2. Adequate funds should be provided by local, state and federal sources to ensure that the total school environment supports the development of healthy eating patterns.
3. Behavior-focused nutrition education should be integrated into the curriculum from pre-K through grade 12 and staff who provide nutrition education will have appropriate training.
4. Schools should be encouraged to incorporate school gardens and locally grown foods.
5. School meals should meet the USDA nutrition standards as well as provide sufficient choices, including new foods and food prepared in new ways, to meet the taste and cultural preferences of diverse student populations.
6. All students should have designated meal periods of sufficient length to enjoy healthy foods with friends and these lunch periods will be scheduled as near the middle of the school day as possible.
7. Schools should provide enough serving areas to ensure student access to school meals with a minimum of wait time.
8. Space that is adequate to accommodate all students and pleasant surroundings that reflect the value of the social aspects of eating should be provided.
9. Students, teachers and community volunteers who practice healthy eating should be encouraged to serve as role models in dining areas.
10. If foods are sold in addition to National School Lunch Program meals, they should be from the five major food groups to foster healthy eating patterns.
11. Decisions regarding the sale of foods in addition to the National School Lunch Program meals should be based on nutrition goals, not on profit-making.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end.

John Meigs, Jr., MD, FFAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine’s cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient’s integrated care team. More Americans depend on family physicians than on any other medical specialty.