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April 15, 2015

Child Nutrition Programs
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive
Alexandria, VA 22302

Re: FNS-2011-0029

Dear Sir or Madam:

On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and more than 22.5 million volunteers and supporters, we appreciate the opportunity to provide comments on the proposed revisions to the Child and Adult Care Food Program (CACFP).

AHA is extremely pleased that the U.S. Department of Agriculture (USDA) is working to update the meal pattern requirements for the CACFP. The existing standards, which have not been altered significantly since the program's inception in 1968, are outdated and no longer reflect the needs of today's population. Updating the standards is long overdue.

In general, AHA strongly supports the proposed revisions to the meal pattern requirements. We are pleased that the rule would require CACFP providers to serve more whole grains, fruits and vegetables, as well as less sugar and fat. We would, however, like the USDA to go further and limit the amount of fruit juice that can be served, eliminate flavored milk for children between two and five years of age, and restrict the amount of sugar in yogurt and flavored milk served to older participants. We would also like the Agency to change a number of the recommended "best practices" into requirements.

AHA's comments are based on our dietary recommendations for children and adults, as well as our experience working with child care centers through

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cardiovascular diseases and stroke."*

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Healthy Way to Grow¹, a program created by AHA and Nemours to help child care centers create healthier environments by providing direct, hands-on assistance, customized training, resources and tools at no cost.

INFANT MEAL PATTERN

Infant Age Groups

AHA supports the USDA's proposal to divide infants into two age groups: 0 – 5 months and 6 – 11 months. The age groups are consistent with recommendations from the American Academy of Pediatrics and will help reinforce that solid foods should not be introduced until approximately six months of age.

Breastfeeding

We support allowing reimbursement for infant meals when mothers directly breastfeed their children at the child care facility.

Day care providers should promote and support mothers who want to breastfeed or pump their breastmilk by having a quiet, private area with an outlet and comfortable seating, including a place to wash their hands. We agree that this is an appropriate best practice and note that child care providers participating in the Healthy Way to Grow program are already familiar with it.

Fruits and Vegetables

We strongly support the proposal to eliminate fruit juice for infants of any age. There is no nutritional need for juice,² juice tends to be high in sugar and calories, and juice consumption could displace breastmilk or formula. The proposed change is also consistent with the Healthy Way to Grow program which recommends no juice before the age of one.

We also support the new requirement that a fruit or vegetable be served as part of the snack meal pattern for the six through 11 month age group. Fruits and vegetables provide valuable nutrients without the additional sugar content found in juice. Children are also more likely to accept and enjoy fruits and vegetables if they are introduced at a young age.

Meat and Meat Alternatives

We agree that cheese, cottage cheese, and cheese food or spread should not be served to infants.

¹ See <http://www.healthywaytogrow.org/HWTG/> for more information.

² The Use and Misuse of Juice in Pediatrics. American Academy of Pediatrics Committee on Nutrition. <http://pediatrics.aappublications.org/content/107/5/1210.full>

CHILD AND ADULT MEAL PATTERNS

Child Age Groups

The CACFP meal patterns currently divide children into three age groups (1 – 2 years; 3 – 5 years; 6 – 12 years). AHA supports the addition of a fourth age group to address children older than 12 years of age. We are, however, disappointed that USDA did not follow the Institute of Medicine’s recommendation to revise the age groups to make them consistent with the age groups used in the National School Lunch Program (NSLP) and School Breakfast Program (SBP). While we understand the Agency’s concern that using the NSLP and SBP age groups would move some children into the next age group, thereby requiring larger quantities of food to be served and possibly increasing costs to CACFP providers, we believe the primary focus should be on providing foods that meet the nutritional needs of a particular age group. We urge the USDA to reconsider and revise the age groups to match the NSLP/SBP.

Fruits and Vegetables

We support the proposal to separate the current fruit/vegetable component into two separate categories with specific requirements for each. Creating two separate requirements will ensure that providers are no longer able to meet the fruit/vegetable component by serving a single fruit or vegetable. Providers will now be required to serve both a fruit and a vegetable at lunch and supper, not just one or the other. We recognize, however, that there may be some circumstances where a provider would prefer to serve two vegetables rather than one fruit and one vegetable. For example, a provider may wish to serve chicken with roasted carrots and green beans. We would support allowing providers to serve two vegetables at lunch or supper when it would make a more appealing menu. Vegetable intake among children is low with less than 5% meeting recommended guidelines of at least two-and-a-half cups per day,³ and efforts to increase consumption should be encouraged. Therefore, we request that the USDA consider modifying the rule to allow providers to meet the fruit and vegetable requirements at lunch and supper by serving one fruit and one vegetable or serving two different vegetables. At least one of the foods, however, must be a vegetable; two fruits, which are generally higher in calories and sugar than vegetables, should not be creditable.

In addition, we are concerned that there is no requirement that providers vary the fruits and vegetables they serve; providers could serve the same fruit and the same vegetable at every meal, every day. Providers should be required to serve a variety of fruits and vegetables. Increasing consumption of a wide variety of fruits and vegetables is a key recommendation in the 2010 Dietary Guidelines for Americans, the MyPlate program, and AHA’s Diet and Lifestyle Recommendations. The USDA has also recognized this need, requiring schools participating in the NSLP to serve a variety of vegetables during the school week. While we appreciate the inclusion of a “best practice” that recommends at least one serving each of dark green vegetables, red or orange vegetables, and legumes per week, we believe this should be a requirement.

³ NHANES 2009–2010.

We are also concerned that the proposed meal patterns would allow providers to use juice to meet the entire fruit or vegetable component at all meals. Although fruit and vegetable juice could not be served at the same meal, there is no limit on the number of times juice could be served per day. A provider could serve juice at breakfast, lunch, supper, and for a snack. This is simply too much juice. Fruit juices are not equal to whole fruits in fiber content, tend to be high in sugar and calories, and may be associated with higher body weight in children and adolescents. Vegetable juices tend to be high in sodium. Therefore, we would prefer if CACFP providers use whole fruits and vegetables to meet the fruit and vegetable requirements. Fruits and vegetables in their natural forms are rich in nutrients, low in calories, and high in fiber; and diets rich in fruits and vegetables have been shown to lower blood pressure, improve other cardiovascular disease risk factors, and lower the risk of developing cardiovascular disease.⁴ To encourage providers to serve whole fruits and vegetables, the USDA should establish juice restrictions by age. We recommend the following limits which are supported by both AHA and the American Academy of Pediatrics:

- Children 1 – 6 years = 4 to 6 ounces per day
- Children 7 – 18 years = 8 to 12 ounces per day

The Agency should also provide training and guidance to providers on how to purchase and prepare fruits and vegetables. Providers should be advised to use fresh or frozen vegetables whenever possible. Canned vegetables that are high in sodium should be limited. When canned vegetables must be used, providers should be directed to choose low sodium versions. Fruit can be fresh, frozen, or canned, but canned fruits should be limited to those packed in 100% juice, extra light syrup, or light syrup.

Grains

The USDA has proposed requiring that at least one grain serving per day, across all eating occasions, be whole grain or whole grain-rich. This proposal is a step forward over current requirements, but it does not go far enough. The Agency should require that at least half of all grains be whole grains or whole grain-rich. The 2010 Dietary Guidelines for Americans, the 2015 Dietary Guidelines Advisory Committee Report, and AHA's dietary recommendations all recommend that people consume at least half of total grains as whole grains. Diets high in whole grains and fiber have been associated with increased diet quality and decreased risk of cardiovascular disease.

To help providers select whole grain foods, the USDA should provide specific examples of foods to serve such as 100% whole wheat bread, brown rice, rolled or steel-cut oats, or foods labeled "100% whole grain." The Agency should also provide guidance on label reading, such as how to choose whole grain items that are not high in added sugars. We recommend the following language currently used on a USDA wellness tip sheet: "Check the ingredient list of whole-grain-rich products for added sugars. Look for sugar, honey, and ingredients ending in

⁴ Diet and Lifestyle Recommendations: A Scientific Statement from the American Heart Association Nutrition Committee; 2006.

“-ose.” If present, make sure they are *not* one of the first three ingredients on the ingredient list.”⁵

Providers will also need assistance identifying grain-based desserts. We strongly agree with the Agency that grain-based desserts should not count toward the grains requirement, but it is unclear what would qualify as a grain-based dessert in the CACFP. AHA recommends that the USDA provide a simple definition that will be easy for providers to understand and implement such as the following:

Grain-based desserts include grain-based foods with added sugars such as cakes, cookies, pies, sweet rolls, pastries, donuts, candy, and ready-to-eat breakfast cereals with more than six grams of sugar per serving.

We caution the Agency against using the same definition for grain-based desserts that is currently contained in a Question and Answer document on the School Meals final rule.⁶ That definition is difficult to interpret and apply.

Meat and Meat Alternatives

AHA supports the proposal to allow a meat/meat alternative at breakfast in lieu of up to one-half of the grains requirement, and the proposal to add tofu as a credited meat/meat alternative.

Cheese is also listed as an acceptable meat alternative, but unlike meat, which is described as “lean”, there is no indication as to what type of cheese can be served. Providers should be encouraged to use reduced-fat or low fat and lower sodium cheeses.

Fluid Milk

In the proposed rule, the USDA requests comment on whether it should prohibit or limit the serving of flavored milk to children two through four years of age. AHA strongly urges the Agency to adopt “Alternative A1” and prohibit serving flavored milk to this age group. Flavored milk contains added sugars and is generally higher in calories than its unflavored

⁵ Build a Healthy Plate with Whole Grains: Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.

http://www.fns.usda.gov/sites/default/files/whole_grains.pdf

⁶ SP 10-2012 (v.8). Questions & Answers on the Final Rule, “Nutrition Standards in the National School Lunch and School Breakfast Programs”. April 4, 2014. <http://www.fns.usda.gov/sites/default/files/SP10-2012v8os.pdf>

counterparts. Children who drink flavored milk also have lower intakes of folate, vitamin A, and vitamin C, and higher intakes of total calories and percent of energy from saturated fat.^{7,8,9} Children should instead be served low-fat or fat-free unflavored milk or a nutritionally equivalent non-dairy beverage.

We also recommend that the Agency extend the ban on flavored milk to include children between the ages of two and five years old. Many five year olds are still in fulltime day care because their birthdays – and eligibility to start kindergarten – occur later in the school year. For ease of implementation, all preschool children, including five year olds, should have the same flavored milk standard.

The USDA should also limit the amount of sugar allowed in flavored milk served to school-aged children and adults. We strongly recommend adopting “Alternative B1” requiring that flavored milk contain no more than 22 grams of sugar per eight fluid ounce serving. Unlike Alternative A1 above, we do not recommend modifying the age group, but rather keeping it at five years of age and older. We recognize that five year olds will be represented in both settings depending on the timing of when they enter kindergarten. If mixed age groups are together in the same facility, we recommend the stronger standard be followed.

Yogurt

The USDA has also requested comments on whether it should limit the amount of sugars in yogurt. We strongly support “Alternative C1” which would require that yogurt meet a sugar standard. However, we are concerned that the proposed sugar standard of no more than 30 grams of sugar per six ounce serving is too high. Very few products on the market (even those with candy and cookies in them) would be disallowed by a 30 gram standard. For comparison, 30 grams of sugar is more sugar than an eight ounce serving of full-calorie soda,¹⁰ 18 grams (4.5 teaspoons or 72 calories) of which are added sugars. This is significantly more added sugars than what is typically added to other allowable dairy products such as flavored milk (2 or 2.5 teaspoons). The Agency should lower the exemption to no more than 20 grams per six ounces. Many reasonably-priced yogurts on the market today meet a 20 gram per six ounce standard.

⁷ 7 Kranz S, Lin PJ, Wagstaff DA. Children's dairy intake in the United States: too little, too fat? *J Pediatr*. 2007;151:642-6.

⁸ Nicklas TA, O'Neil CE, Fulgoni VL. The Nutritional Role of Flavored and White Milk in the Diets of Children. *J Sch Health*. 2013;83:728-33.

⁹ Murphy MM, Douglass JS, Johnson R et al. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents. *J Am Diet Assoc*. 2008;108:631-9.

¹⁰ 8 ounce serving of regular Coke contains 27 grams of sugar. 8 ounce serving of regular Pepsi contains 28 grams of sugar.

We also recommend that the Agency clarify that younger children who will receive smaller servings of yogurt should be served yogurt with proportionally less sugar. For example, no more than 14 grams of sugar per four ounce serving of yogurt and no more than 7 grams of sugar per two ounce serving.

Food Preparation

We appreciate the Agency's attempt to decrease the amount of fried food served by CACFP providers; we agree that it is an important goal. Fried foods are generally high in fat and calories, and tend to be heavily salted. Fried foods are also associated with an increased risk of Type 2 diabetes, high blood pressure, heart attack, and obesity, and according to a recent study, may be associated with a higher risk of heart failure.¹¹

We are concerned, however, that the Agency's proposal to prohibit providers from frying onsite is unlikely to have a significant impact if providers are still allowed to serve purchased foods that are pre-fried, flash-fried, or par-fried by the manufacturer. Based on AHA's experience with CACFP providers, most do not fry foods onsite; they purchase and reheat foods that were already fried. Because foods fried offsite would still be allowed, the proposed rule will have little impact on current practice.

To decrease the use of fried foods, the Agency should limit how often all fried foods, including those pre-fried, flash-fried, or par-fried by the manufacturer, can be served. We recommend a limit of no more than once per two week menu cycle. If the Agency feels this would be too restrictive, a limit of no more than once per week should be considered. Either standard would still be more liberal than the Healthy Way to Grow best practice which only allows fried or pre-fried vegetables (e.g., french fries, tator tots, hash browns) and meats (e.g., chicken nuggets, fish sticks) less than once per month. Whatever limit the Agency selects should be adopted as a requirement, not a best practice as currently proposed.

In addition, the USDA should provide a clear definitions for "frying" and "fried foods" in the final rule, as there is some confusion among providers. For example, fried and pre-fried foods such as chicken nuggets are commonly served by CACFP providers, yet many providers do not consider them to be fried foods; instead referring to them as breaded products. To alleviate this confusion, the Agency should clarify that "frying" includes deep-fat frying or immersing foods into hot oil or another fat, and that "fried foods" includes breaded products that are fried at any point during the manufacturing or preparation process.

The Agency should also provide technical assistance to help providers limit the use of fried foods. We recommend promoting healthier cooking techniques such as baking, sautéing, broiling, searing, and stir-frying. Guidance should also recommend moving away from cooking with tropical oils or solid fats, high in saturated fat, and toward healthier vegetable oils.

¹¹L. Djousse, et al. Abstract P382: Fried Food Consumption is Associated with a Higher Risk of Heart Failure among US Male Physicians. American Heart Association EPI/Lifestyle Conference 2015. See http://circ.ahajournals.org/content/131/Suppl_1/AP382.

Providers should also be encouraged to replace fried items with non-fried alternatives or revamp the menu to feature non-breaded items such as serving refrigerated chicken strips instead of frozen chicken nuggets. We have found that these tips help child care centers participating in the Healthy Way to Grown program successfully reduce the frequency with which fried and pre-fried foods are served.

Best Practices

According to the proposed rule, the USDA proposed limited changes to the CACFP meal pattern because of concern about increased costs to providers. Consequently, the Agency has included a number of “best practices” or recommendations in the proposed rule that providers would be encouraged to implement, but would not be penalized for failing to meet.

We understand the Agency’s concern about increasing costs for providers, however, we believe that providers could implement some of the best practices with no or minimal additional cost. For example, the Agency has included serving only unflavored milk to all participants, regardless of age, as a best practice for CACFP providers. Purchasing only unflavored milk would not result in a cost increase. Or the recommended best practice to make at least one of the two required components of every snack a fruit or vegetable. A comparison of 20 fruits and vegetables versus 20 common snack foods such as cookies, chips, pastries, and crackers found that the average price per portion of fruits and vegetables was lower (31 cents) and had fewer average calories (57 calories) than snack foods (33 cents and 183 calories).¹² The USDA should consider changing these best practices into requirements.

The USDA should also, for the reasons discussed previously, change the following best practices into mandatory requirements:

- Limiting the consumption of fruit juice to no more than one serving per day
- Providing at least one serving each of dark green vegetables, red or orange vegetables, and legumes per week
- Providing at least two servings (or half of all servings) of whole grain-rich grains per day

The Agency should also adopt the following sugar limits for fluid milk and yogurt as requirements, not best practices:

- Modified Alternative A1 prohibiting serving flavored milk to children two to five years old
- Alternative B1 requiring flavored milk contain no more than 22 grams of sugar per eight ounce serving
- Modified Alternative C1 requiring that yogurt contain no more than 20 grams of sugar per six ounce serving

¹² Mozaffarian D, et al. American Heart Association Statistical Update: Heart Disease and Stroke Statistics – 2015 Update. *Circulation*. 2015;131:00-00.

Miscellaneous Changes

Rewards and Punishments

We support the proposal to prohibit the use of food as a punishment or reward. Many child care resources recommend not using food as a punishment or reward in the child care setting.^{13, 14, 15} A wide variety of alternative rewards can be used to provide positive reinforcement for children's behavior such as praise or encouragement, stickers, extra physical activity time, etc.

Providing food based on performance or behavior links food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity.

The prohibition of using food as a punishment should extend to physical activity as well. Given the high rates of obesity and chronic diseases among Americans, we should not take away children's opportunities to be physically active.

Water

We support the proposed requirement that providers make drinking water available to children throughout the day. USDA should, however, clarify that safe, fresh drinking water should be available and accessible for children to serve themselves at all times, both indoors and outdoors. Children should not have to request water from the provider; water should be freely available and children should be encouraged to drink it. Providers also should serve as role models, drinking water throughout the day instead of drinking beverages such as soda, fruit drinks, and sports drinks that are high in added sugars.

Family-Style Meals

We are pleased that the proposed rule addresses family-style meal practices. Family-style meals allow children to serve themselves, or serve themselves with an adult's help, controlling the amount of food on their plate. This helps children to learn about portion size, hunger and fullness cues, and self-serving skills. The Agency should encourage providers to incorporate family-style meal practices into their programs, including promoting the resources on the Let's Move! Child Care website.

¹³ American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. [*Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition*](#); 2010.

¹⁴ National Resource Center for Health and Safety in Child Care and Early Education, University of Colorado Denver. [*National Resource Center for Health and Safety in Child Care and Early Education: Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*](#). Aurora, CO; 2011.

¹⁵ Position of the American Dietetic Association: Benchmarks for Nutrition in Child Care. [*J Am Diet Assoc*](#). 2011;111:607-615.

We are aware, however, that some providers are confused about the difference between family-style meal practices and offer versus serve requirements. In some cases, providers are interpreting these two distinct practices as the same practice. For example, during family-style meal service, providers are unclear if they will still be reimbursed for placing foods that meet the meal pattern requirements into a serving bowl and offering for children to serve themselves or if they must serve the required portion size and place it on the child's plate. This is a significant issue because providers may elect not to use family-style dining out of concern that they will not be reimbursed. The USDA should provide clarification on offer versus serve, particularly drawing a clear distinction between this practice and family-style dining.

Promoting Health and Wellness

We applaud the USDA for encouraging CACFP providers to provide daily opportunities for structured and unstructured age appropriate physical activity. Physical activity produces overall physical, psychological, and social benefits and should be seen as a critical component of child care programs. To help providers increase physical activity, the Agency should explain how physical activity can be integrated into normal daily activities and provide recommendations for physical activity frequency and duration by age. For example, child care providers in the Healthy Way to Grow program are encouraged to meet the following goals:

Infant Physical Activity:

- Infants are provided with supervised daily tummy time when awake, beginning with 3-5 minutes at a time and increasing as able, for at least 2 times per day, allowing them to move freely and explore their surroundings.
- Infants are provided opportunities to move freely throughout the day and in the context of daily routines in order to support their physical development and movement skills.
- Providers play indoors with infants on the floor and outside on the ground each day to engage in adult-infant interactions.
- Outdoor play will be provided for infants at least two times daily in a safe, adult supervised setting, weather and air quality permitting.
- While awake, infants will spend less than 15 minutes at a time in confining equipment such as swings, bouncy chairs, car seats and strollers.

Toddlers and Preschoolers:

- For toddlers: At least 60–90 minutes of active playtime are provided each day including 45 minutes of structured (teacher-led) physical activity and 45 minutes of unstructured (active play) time.
- For preschoolers: At least 120 minutes of active playtime are provided each day including 60 minutes of structured (teacher-led) physical activity and 60 minutes of unstructured (active play) time.
- Children have outdoor active playtime at least two times daily, weather and air quality permitting.
- Providers incorporate short physical activities (10 – 15 minutes) into daily lesson plans.

- Children are not seated for periods longer than 30 minutes except when sleeping or eating.
- In addition to scheduled physical activity time, active play is part of story time, circle time, center time (activity stations) and moving from one activity to another.
- Providers lead and participate in active play, such as games and activities, during indoor and outdoor time set aside for physical activity.
- Providers encourage all children to participate in physical activity and avoid elimination games. Children with disabilities regularly join their nondisabled peers in physical activities. Structured play is designed to accommodate children's varied skill levels.

Play Space and Equipment:

- Indoor and outdoor play areas meet or exceed recommendations for equipment and space for large-muscle activities that include running, jumping, climbing, marching, dancing, hopping, kicking and skipping. There are fun and engaging activities for children of all abilities.
- Providers interact with children and model fun ways to move and play in both structured and unstructured physical activities, using available open space and equipment.

We also appreciate the USDA's recognition that the use of electronic media should be limited. We recommend that children under two years of age not be exposed to screen time. Among children two and older, screen time should be limited to no more than 30 minutes once per week, and only quality, educational or physical activity programming should be shown. Providers should not allow screen time during meal times or snacks, and screen time should not be used as a reward.

Training and Technical Assistance

We thank the USDA for the time and resources the Agency has dedicated to CACFP technical assistance to date. To help providers comply with the new standards, we encourage the Agency to release its final needs assessment research report, pertinent resources, and guidance materials in a timely manner. The Agency should focus on resources that address food purchasing and preparation, menu planning and recipes, and recordkeeping. The Agency should also update its Food Buying Guide and the "Nutrition and Wellness Tips for Young Children: Provider Handbook for CACFP". Providers will also need technical assistance and training related to whole grains, flavored milk, yogurt, frying, family-style eating, and physical activity. The materials should be easy to understand for a general lay audience.

In working with CACFP providers as part of Healthy Way to Grow, we have found that centers often benefit from interactive training and discussion around regulations, guidelines and recommendations. USDA investment in coordinated and consistent messaging and training for agencies, states, sponsors and CACFP providers is critical to ensuring equitable and sustainable implementation of the new meal patterns.

Conclusion

In closing, we reiterate our overall support for the proposed revisions to the CACFP meal pattern requirements. The proposed standards are a much-needed update and we look forward to seeing them finalized and implemented as quickly as possible.

However, as discussed above, we recommend that the USDA make a number of specific changes to the proposed standards to further improve the CACFP program. Specifically, the Agency should:

- Revise the child age groups to match the NSLP/SBP
- Establish juice restrictions by age (1-6 year olds: 4-6 oz; 7-18 year olds: 8-12 oz)
- Require at least one serving each of dark green vegetables, red or orange vegetables, and legumes per week
- Require at least half of all grains to be whole grain-rich
- Provide a definition of grain-based desserts
- Prohibit serving flavored milk to young children and expand the age group to include children between two and five years old
- Prohibit serving flavored milk with more than 22 grams of sugar per eight ounces
- Reduce the sugar limit for yogurt to no more than 20 grams per six ounces
- Expand the ban on frying as an onsite preparation method to include a limit on how often any fried food, including pre-fried foods, can be served

These changes will help bring the meal pattern requirements in line with current nutrition science.

If you have any questions or need any additional information, please do not hesitate to contact Susan Bishop, AHA's senior advisor for regulatory affairs, at (202) 785-7908 or susan.k.bishop@heart.org.

Thank you for your consideration.



Elliott M. Antman, MD, FAHA
President, American Heart Association