FACT SHEET

American Heart Association.

Nutrition Standards and School Meals

OVERVIEW

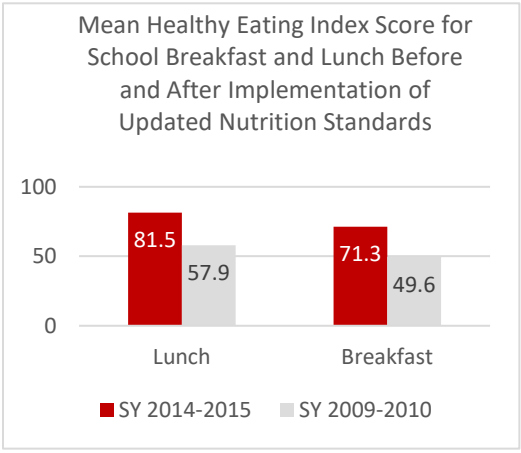
Each day in the United States, nearly 44 million students receive breakfast and/or lunch through the National School Lunch Program (NSLP) (30M),[1] and the School Breakfast Program (SBP) (14M).[2] These numbers include all participating children whether they receive free, reduced-price, or full-price meals. The majority of student participants are from under-resourced families.[3]

Since its inception in the 1940s, as a response to national security readiness, school lunches have had nutrition standards. Today, there are still concerns about the health of our nation's students; however, the health concerns have shifted to too many calories from foods that have minimal nutritional value. Currently, one-third of children are not only at an unhealthy weight, but are also at increased risk of developing heart disease and diabetes.[4] Youth now have health conditions previously only associated with adults, like high blood pressure[5i] and high cholesterol levels.[6ii] Most school-aged children do not consume a diet aligned with American Heart Association recommendations. Children consume far too much sodium[7iii] and added sugars,[8iv] and too few fruits and vegetables.[4v]

The most recent process for updating national nutrition standards began in 2004, when the National Academy of Medicine was commissioned to provide recommendations on what constitutes a healthy school meal.[9,10] In December 2010, the bipartisan Healthy, Hunger-Free Kids Act (HHFKA) was signed into law, further empowering the USDA to update the national nutrition standards for school meals in 2012 and establish nutrition standards for other foods sold in schools throughout the school day in 2014. HHFKA also provided an extra per meal reimbursement incentive to encourage programs to adopt the updated standards.[11] As of 2016, more than 99 percent of schools that participate in the National School Lunch Program (NSLP) were meeting these nutrition standards, up from 14 percent in 2009-2010.[12,13] This means that an overwhelming majority of children are now receiving healthier lunches at school.

A PUBLIC HEALTH VICTORY FOR KIDS AND SCHOOLS

School meal standards help schools promote a positive food environment and establish a foundation for a lifetime of healthy behaviors. Studies have suggested that a healthy diet is associated with improved academic achievement[14] and that certain breakfast programs are associated with increased attendance.[15] Additionally, the 2012 updated nutrition standards have had several beneficial effects on the health of students and participation in programs, and have not caused increased food waste.



- School meals have gotten healthier with the implementation of the 2012 standards,[3vi,16] students are eating better,[17vii] and school lunch participants have healthier lunches than non-participants.[3viii]
- The nutrition standards have not had a negative effect on participation over time; participation has even increased for children who receive free meals.[1]
- A national study found that improved school nutrition standards are associated with a decrease in obesity among students from under-resourced families.[18]
- By 2025, it is estimated that 2014 healthy nutritional standards for all foods sold in schools will prevent 1.8 million cases of childhood obesity.[19] In particular, applying standards to foods sold outside of meal programs (Smart Snacks) can lead to costs savings of nearly $800 million.[19]
- According to the U.S. Department of Agriculture (USDA)'s *School Nutrition and Meal Cost Study*, food waste has not increased since the implementation of the HHFKA and it was a problem before the most recent meal pattern updates.[3]

Recent studies have concluded school meals are getting healthier and any challenges are expected to resolve over time with increased technical assistance to programs.[20] In fact, targeted support and technical assistance appear to have mitigated initial troubles.

- Providing school food service employees with the training they need is critical to meeting the 2012 updated nutrition standards.[21]
- In a 2016 national survey of 489 school nutrition directors, 84 percent of program directors reported rising or stable combined revenue (meal reimbursements plus snack and beverage sales) after implementing the updated nutrition standards.[22]
- A study found that schools were able to follow the 2012 nutrition standards regardless of whether they were located in high-income or low-income ZIP codes.[23]
- Simple changes in how the lunch day is structured, such as time of day lunch is served, length of lunch, having lunch after recess, and an inviting atmosphere can also reduce plate waste.[24]

- Data suggests that flavored milk can be removed from schools and consumption of plain milk can increase over time.[25]

NUTRITION SECURITY

In 2018, 11.2 million children living in the U.S. were food insecure.[26] Before COVID-19, data showed that 1 in 9 U.S. households were food insecure. Emerging data show that as of May 2020, the food insecurity rate had already increased to 1 in 5 households (2 in 5 for families with children).[27] Black and Latinx families were found to be nearly twice as likely as white families to be struggling with food insecurity during COVID-19.[28] The NSLP and SBP are essential nutrition assistance programs and important community safety nets to ensure children have access to healthy foods throughout the school year and during emergency situations, like COVID-19 and natural disasters. Research from the USDA has found that children from food-insecure and marginally secure households were more likely to eat school meals and receive more of their food and nutrient intake from school meals than did other children.[29] A longitudinal study found that NSLP participation was associated with a 14 percent reduction in the risk of food insufficiency among households with at least one child receiving a free or reduced-price school lunch.[30]

COMMINUTY ELIGIBILITY PROVISION AND UNIVERSAL MEALS

Considering the COVID-19 pandemic and resulting economic recession, it is more important than ever to ensure children can participate in the school meals programs. Continuing to implement and expand Community Eligibility Provision (CEP) or adopting universal meals are two ways to ensure children receive a steady source or healthy meals every school day.

As part of the HHFKA, Congress created CEP to allow schools in under-resourced communities to provide free meals to all students and do not need eligible students to individually apply.[31] Reimbursement to programs is provided on the percentage of students who are eligible for free meals.

- Schools that participate in CEP often see increased participation and a reduction in paperwork, allowing school nutrition professionals to focus less on program administration and more on offering and preparing healthy, appealing meals.[32, 33]
- CEP reduces stigma that school meals are only for children from under-resourced families.[34]
- When schools do not need to collect fees for paid and reduced-price meals, students can move more quickly through the cafeteria line, potentially giving children, especially the youngest and most vulnerable children, more time to eat.[34]

Universal meals allow all enrolled children in a school that operates the NSLP or SBP to receive free breakfast and free lunch, regardless of their family's income. Universal meals also negate the need for families to apply or schools to verify eligibility for the programs. Unlike CEP, programs would receive reimbursement for all children.

For students and families, universal meals: ensures that all students receive two free, healthy meals every school day; reduces the burden on families to complete the eligibility paperwork; helps the family budget; ensures that students whose families may move in and out of eligibility or are in the foster care system always receive healthy meals; and mitigates stigma and lunch shaming.

For the school food service program, universal meals: reduces administrative burden; provides a steady budget; eliminates unpaid meal balances; helps the lunch line move faster; and takes pressure off of school food service programs to increase revenue by serving foods that may be lower in nutritional quality.

ONGOING THREATS TO NUTRITION IN SCHOOLS

Since HHFKA was passed into law, efforts to weaken the policies began near immediately, despite the clear success of school meals. Congress made attempts through several years of appropriations riders. In 2018 and 2020, USDA proposed rules that would roll back various standards, including sodium, whole grains, milk, vegetable subgroups, and fruit in grab and go breakfast. As of September 2020, the 2018 rule was overturned in federal court for violating the Administrative Procedure Act and the 2020 rule had not yet been finalized. A rapid health impact assessment published by Healthy Eating Research found that the USDA's 2020 proposed changes to school nutrition standards would negatively affect the quality of children's diets who consume school meals and competitive foods, reduce participation and increase the risk that students fall into food insecurity, and could impact student academic performance and learning, especially among students who rely most on school foods, including Hispanic and Black children and those from underserved communities.[35] These efforts to roll back school meal nutrition standards weaken the integrity of the programs and harm children.

THE ASSOCIATION ADVOCATES

Despite some growing pains and challenges, schools are serving more healthy meals than ever. To keep the school meals program strong and help ensure children living in the U.S. have access to nutritious food throughout the year, the American Heart Association will continue to advocate for robust school nutrition standards that align with the Dietary Guidelines for Americans, improving the nutrition standards for summer programs, expanding access to the school meals program—including programs over the summer and during

school closures, and supporting school nutrition staff to ensure staff are able to serve nutritious foods. These critical programs support the health and wellbeing of children living in the U.S.

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[i] One in seven U.S. youth aged 12–19 years had high blood pressure or elevated blood pressure in 2013–2016.
[ii] Twenty percent of children ages 8-17 had high cholesterol levels.
[iii] More than 90 percent of school-age children consume too much sodium, a risk factor for high blood pressure and many other health problems.
[iv] U.S children 2-19 years old consume, on average, 14 percent of their daily calories from added sugars, even though the recommendation from the Dietary guidelines for Americans is less than 10%.
[v] Only 1.5 percent of children living in the U.S. consume the amount of vegetables recommended by the DGA and 3-14 percent of children eat the recommend amount of fruit
[vi] Compared to data from school year (SY) 2009–2010, in SY 2014–2015, the mean Healthy Eating Index (HEI) score (a measure of meeting the *Dietary Guidelines for Americans (DGA)*) for lunches increased from 57.9 to 81.5 and for breakfast increased from 49.6 to 71.3 out of a possible 100.
[vii] A 2018 systematic review found that implementing the updated nutrition standards for competitive foods reduced children's sugary drink intake by 0.18 servings per day and unhealthy snacks by 0.17 servings per day, while implementing the updated nutrition standards for school meals increased fruit intake by 0.75 servings per day and reduced sodium by 170 milligrams per day
[viii] The *School Nutrition and Meal Cost Study* found that NSLP participants had a significantly higher HEI score compared with non-participants (80.1 versus 65.1).