

APPENDIX G

FEEDING AND PARENTING IN THE SCHOOL SETTING

This is a *yay-boo* story. Concern about child weight issues has focused energy and interest on the school nutrition program. *Yay!* This concern often translates into restrained feeding. *Boo!* Restricting children's food intake makes them food-preoccupied and prone to overeat when they get the chance. Chapter 2, "Feed and Parent in the Best Way," and chapter 4, "Help Without Harming: Food Selection," cover many of the forms restrained feeding can take: restricting dietary fat, trying to get children to fill up on vegetables and fruit, emphasizing "proper" portion sizes, urging children to eat healthy foods.

Making slimming children down the priority of school nutrition programs distorts their true mission. Our first responsibility with respect to feeding children is nurturing them: reassuring them that we will take care of them and providing them with the nutrients and energy they need to be healthy and grow well physically, emotionally, socially, and mentally. For children to learn well, they must be fed.

Restriction Doesn't Work

Instituting restrained feeding in a school setting to slim children down

has been tried, and it doesn't work. In an intervention with third- to fifth-grade children in the public schools of Kearney, Nebraska, school lunch fat percentage in intervention schools was cut to 25 percent and school physical activity and school nutrition education increased. At the end of 2 years, study children were no slimmer and, based on 24-hour observations, ate no less fat and were no more active than children in control schools. In those control schools, fat percentage was 35 percent and school physical activity was the same as usual. Children compensated at home for the interventions at school. In fact, they even compensated at school. Children who were offered 25 percent fat lunches actually ate 31 percent of their calories as fat. Children offered 35 percent ate 33 percent.¹ Children are excellent regulators and compensate intuitively and nimbly for variations in their nutritional environment.

Using essentially the same interventions as the Kearney study, the highly funded 3-year Pathways study targeted almost 1,800 third-through fifth-grade native American children in 41 schools in four western states. The intervention resulted in no significant changes in energy intake, physical activity, or percentage body fat, although the percentage of fat *served* to the children in school meals was reduced. The children *did* have an increase in food- and health-related *knowledge*.² In other words, they knew what they were *supposed* to be doing, even if they weren't doing it. While this seems to be a desirable outcome, the reality is that the children had been taught that what they usually ate—or what their parents fed them—was undesirable and nutritionally inferior. They learned to be ashamed of their food.

Still another study was the highly funded Child and Adolescent Trial for Cardiovascular Health (CATCH) study, sponsored by the National Institutes of Health. In 56 schools, 5,106 third-grade children were targeted with school food service modifications, enhanced physical education, and classroom health curricula teaching children to avoid dietary fat and become more active. The goal was to improve children's blood pressure, blood cholesterol, and body weight. The outcomes of the CATCH intervention were virtually identical to the those of the two studies just cited. Over the 3 years of the trial, the percentage of energy from fat in school lunches decreased (from 38.7 percent to 31.9 percent) compared to lunches in control schools (fat percentage fell from 38.9 percent to 36.2 percent). The intensity of physical activity in CATCH-targeted physical education classes increased compared with the control schools. Unlike the Kearney study, there were no 24-hour assessments of food intake or activity,

assessment of at-home changes, or 24-hour changes. The CATCH curriculum taught third- through fifth-graders to avoid dietary fat. Then the children were asked how much fat they ate. They said they ate less. The target children were taught to pursue vigorous physical activity; then they were asked how much time they spent being vigorously active. They said they spent more. Blood pressure, body size, and cholesterol measures did not differ significantly between treatment schools and the control schools.³ Because they want to achieve and to please their grown-ups, asking third- to fifth-graders about their changes in food selection and physical activity is not an adequate outcome measure. Only observation is accurate, but those data were not collected.

Coercion Doesn't Work Either

If we try to encourage, pressure, reward, or educate children to eat certain foods, they get turned off to those foods and are less likely to eat them.⁴ If we try to deprive children of certain foods, they become more interested in those foods and are inclined to overdo on them when they get the chance, even when they aren't hungry. Compared with children who are not deprived, treat-deprived children are heavier.⁵ If we manage children's portion sizes, they lose track of their internal eating capability—they learn to eat the amount that is on the *plate*, rather than the amount they are *hungry for*.⁶

Standard approaches to nutrition education teach children to go by the rules of food selection and regulation rather than continue to depend on their internal regulators of hunger, appetite, and satisfaction. Children are taught the Food Guide Pyramid, portion size, the dos and don'ts of food selection, and the nutritional desirability of eating right. After an enormous review of nutrition education programs for children, university specialists found that such coercive, restrictive programs didn't work. The few programs that were successful in bringing about even minor changes in the way children ate were programs that were not coercive. Those programs took significant time to let children eat or work with food and involved families, schools, and communities.⁷ After a thorough review of environmental influences on children's eating, other nutrition educators reminded readers that basic respect for the family unit was the essential means of ensuring children's health and well-being.⁸

Basic respect for the family unit means honoring what the family eats and is able to provide. Nutrition lessons can introduce children to new and different food. Children can go home and talk about that food

with their parents, and some parents may choose to include new foods on the family menu. If nutrition messages are kept neutral, the family is involved without being criticized. But nutrition lessons that say “ice cream is bad” or “fat is bad” (or “broccoli is bad,” for that matter) undermine the family and the child as well.

If Deprivation and Coercion Don't Work, What Does?

What is the likelihood that the average school district will be able to slim children down when ambitious, multimillion-dollar programs have not? Slim to none. In fact, none. On the other hand, what is the likelihood that the average school district can optimize feeding and opportunities to be active and support children's natural growth processes? Lots better, but these tasks aren't easy either. As you learned in chapter 1, “Help Without Harming,” here is what that optimizing would look like:

- Feed and parent in the best way, including providing filling, well-timed meals and safe places for children's natural activity.
- Maintain Ellyn Satter's Division of Responsibility in Feeding. Adults do the *what*, *when*, and *where* of feeding; children do the *how much* and *whether* of eating.
- Let each child grow up to get the body that is right for him or her.
- Maintain Ellyn Satter's Division of Responsibility for Physical Activity. Adults are responsible for *structure*, *safety*, and *opportunities*; children are responsible for *how much* and *whether* they are active.
- Love children just the way they are—fat, thin, or in between—and raise them to be capable.
- Do what schools do best: Teach children to make the most of what they have.

Set Clear and Collaborative Policies About Food Selection

People rarely come right out and say this, but the two major philosophies about school menu planning are give-them-what-they-will-eat at the one extreme and school-nutrition-as-education at the other. Give-them-what-they-will-eat school nutrition programs make pizza, chicken nuggets, and tacos menu mainstays. The school-nutrition-as-education programs make an effort to introduce children to a variety of food and help them to increase their mastery with food acceptance. They might even experiment with salad bars or taco buffets.

While I will make no bones about preferring the second, children

get regular and reliable meals either way. The bottom line is that children must be fed. Children with disorganized families and those of limited economic circumstances depend on school nutrition programs to provide for them.

School-nutrition-as-education programs are more empowering for children. Schools can help children and parents by exposing children to foods they don't get at home and by teaching them food acceptance skills. Throughout life, people do best nutritionally when they have these skills—when they can be relaxed in the presence of new foods, gradually learn to like those foods, and throughout life increase their repertoire of preferred foods.

However, committing to school-nutrition-as-education is a collaborative process in which everyone has to be on board. School nutrition personnel play the key parental role with respect to feeding by maintaining the division of responsibility and providing a positive mealtime environment. However, they can play this role only if they are backed up by parents, school board members, teachers and aids, administrators, support and office personnel, and the janitor. I am not kidding about the janitor. He or she is a high-status person in most schools and is in a position to support or undermine the learning that goes on there.

Anybody who has worked toward collaboration and consensus on any issue knows that such work is a time-consuming, delicate, and potentially acrimonious process. For that matter, making the give-them-what-they-will-eat choice requires commitment and cooperation from all the major players as well. However, since the give-them-what-they-will-eat approach most closely resembles current feeding norms, instituting it does not require as much learning and cooperation on everyone's part. But keep in mind that even if schools take this approach, every school nutrition program is mandated by law to provide one-third of a child's daily nutritional requirement at lunch, one-quarter at breakfast. And they do it, on budgets so tight they squeak.

Adults Agree and Support the Program

To optimize feeding in school nutrition programs, each of the major players listed earlier must be willing to put aside his or her personal food preferences, dietary hobbyhorses, and cherished school-nutrition criticisms and support the program on behalf of the children. We have a long tradition of picking on school nutrition programs—"too much starch," "too much grease," "not enough vegetables"—everyone has an ax to grind. We all have our food traditions and feel strongly about

them, but when we criticize or disdain the food they depend on, children feel ashamed of eating it and liking it.

I realize that asking for everyone's support is asking a lot. It means that nobody gets catered to—not the meat-and-potato eaters or the tortilla eaters or the chapati eaters or the low-carbohydrate dieters or the vegetarians. Parents are certainly entitled to follow their convictions and preferences at home, and children learn to eat and prefer the foods their parents provide. However, schools can't do their job of feeding children and still cater to each child all the time.

Establish the Primary Goal of Helping Children Grow Up with Respect to Eating

School nutrition programs can expose children to nutritious foods they don't get offered at home. Children benefit from learning to manage unfamiliar food and to respect foodways that are different from their own. Challenges with food acceptance are the same as every other challenging life circumstance. Children can cope. In the Head Start program, where teaching children mealtime skills is an important part of the curriculum, children who have never sat at a table learn mealtime skills. They learn to be polite about turning down food they don't want to eat, to eat food that is not catered specifically to their individual likes and dislikes, to respect what their friends like, and to like those foods as well. Children in school settings can do the same.

However, in order for children to learn, their grown-ups must be clear about expectations. Since we can't take children any further than we have gone ourselves, either we must have mastered those capabilities or we must take ourselves out of the running as role models. In the best of all possible worlds, school personnel would eat in the lunchroom. That is undoubtedly the impossible dream, but being positive about the nutrition program and withholding criticism is not.

Children can grow up with respect to food regulation as well. If all has gone well at home, children come to school with a well-established intuitive ability to eat the right amount of food to grow well. Grown-ups put a meal on the table. The child eats until she is satisfied; then she stops, knowing another meal or another snack is coming and she can do it again—and again—and again. Rather than teaching children food restriction and portion size, the school can teach children about internal regulation—to consciously identify and preserve their internal regulators of hunger, appetite, and satisfaction. See chapter 10, "Raising a Healthy Eater in Your Community," of *Secrets of Feeding a Healthy Family* for more on teaching food acceptance and food regulation.

Evaluate the Program in the Context of Children's Eating Behavior

As children learn to cope, all the major players must know what to expect from their eating behavior. Otherwise, they will assume children are doing poorly with respect to eating and lose courage about supporting the program.

Children eat erratically. Some days they eat a lot; other days they eat only a little. Some days they eat some of everything that is put in front of them; other days they eat only one or two foods. Some days they *love* a particular food; other days they ignore that food completely. They eat what *tastes* good to them on a given day at a given meal. They don't eat a food because they have been taught that it is good for them. They eat only what tastes good, and that varies from one day to the next.

Some children come to school with limitations in their mealtime and food acceptance skills and need extra help in order to be successful. Consider Kenny, who was freaked out by the tacos at school lunch. Consider Kenny's mother, a good home cook who was offended by the strange food at school and incensed that the lunch ladies wouldn't just give her son meat and potatoes like she did.

Why was Kenny so freaked out about the tacos? Why didn't he just not eat them? Because the rule in his family was that you had to eat what was on your plate. He could clean his plate at home because everything was familiar. At school, it was a different matter. Kenny and his mother both settled down when they understood that every meal would have something that Kenny could fill up on and that he didn't have to eat anything he didn't want to.

Plan Menus to Support Children's Eating Capabilities

The National School Lunch Program mandates that participating schools must serve lunches with 30 percent or less of calories from fat.⁹ In my view, that percentage is too low*. Relative to health issues, I have supported my arguments elsewhere.^{10,11} Relative to supporting children in learning food acceptance, higher-fat food tastes better. Relative to practicality, it is far easier and less expensive for food service personnel to provide appealing and varied menus if they have more fat to work with.

Rather than trying to control children's overall fat intake, I would

* Fat intake would still be moderate if programs aimed for 35 percent fat overall, 12 to 15 percent saturated fat. Even better, limiting saturated fat could be accomplished by using a variety of fat sources, including those that provide monounsaturated and saturated fat.

recommend offering a range of mealtime food—high-fat, moderate-fat, low-fat—and letting children pick and choose from what we have made available. This recommendation is in line with the Centers for Disease Control *School Health Index*, which encourages the *inclusion* of low-fat items.¹² Research shows that when children's energy needs are high, they automatically eat higher-calorie foods. When their energy needs are low, they eat lower-calorie foods.¹³ The children in the Kearney, Nebraska, study mentioned earlier in this appendix' demonstrated this principle.

The practice of selling a la carte foods interferes with planning menus that support children's eating capabilities. Against their better judgment and wishes, nutrition programs sell a la carte foods item-by-item on the lunch line to make money to support their programs. They are forced into taking advantage of children in order to keep their programs going. Because a la carte foods tend to be high-sugar, high-fat, familiar and therefore easy for children to like, they compete unfairly with the standard menu. It is like having a dessert buffet at every family meal. How interested will your child be in learning to eat vegetables if he can fill up on unlimited amounts of dessert?

Consider Competitive Foods in the Context of Child Development

Competitive foods—foods in vending machines, snack bars, school fund drives, and parties—undermine children's ability to do well nutritionally. Like a la carte foods, competitive foods exploit children as a way of funding programs. However, unlike the a la carte foods, these competitive foods are sold to support any number of school programs totally unrelated to child nutrition.

The main problem with competitive foods is that they interfere with structure. Children who are allowed to eat all the time don't get hungry enough to do a good job at mealtime of eating the amount they need and learning to like new food. Instead of going to the table hungry and eating until they are satisfied, they just top themselves up. Children who are allowed to graze and spoil their appetites for meals have no reason to sneak up on new food and learn to like it.

Children who are allowed to eat off and on all day often have trouble eating the right amount to grow appropriately. Some eat too much and get fat. Some eat too little and get thin. Some have so much capability with food regulation that they eat what they need and grow the same. Since we don't know which child is which, we have no choice but to provide all children with structured mealtimes.

Nutritious foods spoil children's appetites for lunch at school and

dinner at home just as much as nonnutritious ones do. Juices are as filling as soda, and they are equally likely to rot teeth. Fruit is not as calorically dense as candy, but children who fill up on fruit are still not interested in lunch. Vending machines, snack bars, and parties tend to offer the same foods over and over again. If familiar, easy-to-like, filling food is readily available, children take the path of least resistance. They don't experiment with the food in the school nutrition program and at the family dinner table.

Feed in Developmentally Appropriate Ways

Policies on competitive and a la carte foods must differ depending on children's developmental stage. Grade-school and middle-school-age children are still forming their food habits. Developmentally, they depend on their grown-ups to give them guidance in what they need to learn. Keeping control of the menu and holding down on competitive and a la carte foods supports their learning to like a variety of foods.

High school-age children, on the other hand, have developed their food habits, for good or ill. For them, the next step is defining identity with respect to eating. In order to take those developmental steps, children of this age experiment and even do risky things with respect to their eating, just as they do in every other part of their lives.

For adolescents, it is wise to liberalize guidelines on competitive and a la carte foods and structure. Using commercial franchises in the school cafeteria is not so bad at this age. Why? Because if children don't get it at school, they leave school to get it. High school-age children need a greater scope for experimentation; children in grade school and middle school need grown-ups to provide for them.

High school-age children have such a strong drive for autonomy and identity that they defy restriction. Schools that try to tightly control the high school food environment will precipitate students' breaking the rules and support a black market in forbidden food.

How Is This Approach Different?

Readers familiar with the standard School Nutrition Program policies and tools are likely to be comparing and contrasting my recommendations with existing guidelines. These instruments come from the United States Department of Agriculture, the Centers for Disease Control, the American School Food Service Association, and the National Association of State Boards of Education.^{9,14-16} Those organizations emphasize food selection as their primary intervention, control portion size and fat content of meals, and teach and persuade children

to eat certain foods and not to eat others.

I emphasize feeding behavior and positive parenting with respect to food (including choosing menus and maintaining structure). Then I trust children to bring themselves along with food acceptance and to do a good job with food regulation. It is a subtle but enormous difference. The standard approach sees children as being defective—as needing to be restrained so they don't get too fat. My approach sees children as being competent. Based on experience and the research, my absolute conviction is that if we put children in a positive food environment, we can trust them to eat and grow in a way that is right for them.

NOTES

1. Donnelly et al., "Nutrition and Physical Activity Program."
2. Caballero et al., "Pathways."
3. Luepker et al., "Field Trial to Improve Children's Dietary Patterns."
4. Birch, Johnson, and Fisher, "Children's Eating."
5. Fisher and Birch, "Eating in the Absence of Hunger."
6. Johnson and Birch, "Parents' and Children's Adiposity."
7. Lytle and Achterberg, "Changing the Diet of America's Children."
8. Crockett and Sims, "Environmental Influences on Children's Eating."
9. Food and Nutrition Service, "Team Nutrition, National School Lunch Program." Web page [accessed 16 January 2004]. Available at <http://www.fns.usda.gov/cnd/lunch/>.
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11. Satter, "Moderate View on Fat Restriction."
12. Centers for Disease Control and Prevention, *School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle: A Self-Assessment and Planning Guide. Elementary School Version, Module 4: Nutrition Services*.
13. Kern et al., "The Postingestive Consequences of Fat."
14. Centers for Disease Control and Prevention, *School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle: A Self-Assessment and Planning Guide. Middle School and High School Version*.
15. American School Food Service Association, "Keys to Excellence." Web page [accessed 16 January 2004]. Available at <http://www.asfsa.org/>.
16. National Association of State Boards of Education, "Healthy Schools."