The Importance of Nutrition Education in the 2015 Child Nutrition Reauthorization

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Overview

The United States is facing an epidemic of childhood obesity. Access to healthy food is critical to solving this problem, and is most effective when combined with nutrition education. The Child Nutrition Reauthorization (CNR) offers numerous opportunities for children to be informed about food and nutrition, motivating and empowering them to eat the nutritious meals provided through CNR programs and to make other healthy choices. Nutrition education done well can decrease children’s BMI\(^1\) and weight gain,\(^2\) increase fruit and vegetable consumption,\(^2\) create positive attitudes toward fruits and vegetables,\(^3,4,5\) and may improve academic outcomes.\(^6\) Nutrition education is addressed in various parts of the Child Nutrition legislation, but has faced ongoing reductions in federal funding. Given nutrition education’s importance to the effort to grow a healthier generation of US children, it should receive more support through funding and coordination.

Nutrition education is an evidence-based, cost effective way to improve health outcomes and foster healthy eating habits for a lifetime. The 2015 CNR provides an opportunity to combine access to healthy foods with nutrition education for all children across the lifecycle, maximizing the federal investment in child nutrition programs. The congressional committees responsible for CNR should take advantage of this once in five years opportunity to bolster support for nutrition education.

We propose four aligned strategies to strengthen nutrition education in the 2015 Child Nutrition Reauthorization:

1. Assess the effectiveness of and coordination between nutrition education within the Child Nutrition Programs as well as programs implemented through other agencies throughout the federal government that include nutrition education.

2. Provide additional resources, including breastfeeding support, for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to meet demand and maximize the cost savings of this program.

3. Support the implementation of updated nutrition standards and evidence-based nutrition education for young children in early childcare settings.

4. Implement the 2015 Farm to School Act to help meet school districts’ demand for nutrition education programs that teach children about food from the farm to the fork.
Recommendations for Nutrition Education in the 2015 Child Nutrition Reauthorization

The 2015 CNR creates an opportunity to provide nutrition education to all children in a coordinated, efficient, and effective way. There are many programs in the Child Nutrition Reauthorization where nutrition education in various forms can maximize investment in nutrition assistance by providing participants with knowledge and skills for living healthy lives, and creating environments where healthy choices are the easy choice. Despite being a cost-saving obesity prevention technique, nutrition education has been chronically underfunded. In order to address this, the reauthorization should:

1. **Assess the effectiveness of and coordination between nutrition education within the Child Nutrition Programs as well as programs implemented through other agencies throughout the federal government that include nutrition education.**

   The Department of Agriculture should conduct a study on the effectiveness and coordination between nutrition education programs within the Child Nutrition Reauthorization, as well as programs of other federal agencies. This could maximize the reach and impact of evidence-based nutrition education resources and interventions developed through nutrition assistance programs such as WIC, SNAP-Education, and EFNEP as well as those developed by other federal agencies, including the Department of Health and Human Services, the National Institutes of Health, the Centers for Disease Control, and the Department of Education.

2. **Provide additional resources, including breastfeeding support, for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which is an effective, cost-saving nutrition education program that cannot meet the current demand.**

   WIC, which offers a combination of nutrition education, supplemental healthy foods, and referrals to other services for mothers and their children through age five, has been shown to positively impact a variety of health indicators, and save between $1.77 to $3.13 in Medicaid costs for each infant within 60 days after birth. Despite these savings, in January 2015, the USDA reported that only 63.1% of those eligible for WIC were served in 2012. The 2015 Child Nutrition Reauthorization should provide adequate funding to meet the full demand for cost-effective WIC services.
3. Support the implementation of updated nutrition standards and evidence-based nutrition education for young children in early childcare settings.

Congress should provide additional funds to support the successful implementation of updated meal standards for the Child and Adult Care Food Program (CACFP), which are based in science. Additionally, the Child Nutrition Reauthorization should provide support for family-style meals as a means of evidence-based nutrition education. Family-style meals allow teachers and volunteers to model positive eating behaviors. The National Resource Center for Health and Safety in Child Care and Early Education endorses family-style meals in their Caring for our Children (CFOC) guidelines for early care programs.

4. Implement the 2015 Farm to School Act, which would help meet school districts’ demand for nutrition education that teaches children about food from the farm to the fork.

Nutrition education is a component of USDA’s Farm to School program, which provides competitive grants to support nutrition education activities or curriculum planning that incorporates agricultural education activities, including school gardens. The 2015 CNR should include support for the bipartisan 2015 Farm to School Act, which would extend Farm to School eligibility to all preschools, summer food service programs, and after school programs; increase financial support for the program from $5 million to $15 million to better meet the high demand for grants; increase access among tribal schools to farm-fresh and traditional foods; and improve program participation among beginning, veteran, and socially disadvantaged farmers and ranchers.
Nutrition Education Outcomes

Childhood obesity is epidemic in the United States, with more than one third of children and adolescents overweight or obese in 2012. Since 1970, childhood obesity rates have tripled from 5% to 17%. Childhood obesity is highly correlated with adult obesity and obesity is a risk factor for serious chronic diseases such as type II diabetes and cardiovascular disease that have high health care costs as well as decrease quality of life and on-the-job productivity. The costs of obesity are significant, accounting for $147 billion in national health care costs in 2008, approximately 9% of the national health care budget. Meanwhile, 19.5% of households with children experienced food insecurity in 2013. Indeed, children living in food insecure households are more likely to be overweight. Many hypotheses have been proposed to explain this seemingly paradoxical association between children’s food insecurity and overweight, including the cheapness of energy-dense foods relative to lower energy, nutrient-dense options; obesogenic food environments; lack of physical activity; and cyclical overeating when food becomes available after periods of deprivation. A multilayered and multisectoral response is needed to address the complexity of the problem, and schools and childcare centers have been identified as an important opportunity for policy intervention. Nutrition education is a key component of the necessary response.

Nutrition education is defined as “any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food and nutrition-related behaviors conducive to health and well-being; nutrition education is delivered through multiple venues and involves activities at the individual, community, and policy levels.” According to Contento, “nutrition education is more likely to be effective when it focuses on behavior/action (rather than knowledge only) and systematically links relevant theory, research and practice.” Nutrition education gets children excited about eating the healthy foods provided through child nutrition programs and making other healthy food choices, provides children with knowledge and skills for living healthy lives, and creates an environment where healthy choices are the easy choices. Through nutrition education, children gain experiences cooking, tasting, gardening, and learning about food to become empowered to take responsibility for their own wellbeing.

When combined with the access to nutritious, high-quality food already provided in schools, nutrition education is an effective strategy to encourage healthy eating behaviors, and improve child health outcomes. This maximizes the federal investment in child nutrition programs. School-based
Nutrition education has been shown to produce significant decreases in BMI,\(^1\) and overweight status,\(^2\) and increase fruit and vegetable consumption.\(^2\) Some studies have also shown a positive impact on academic outcomes.\(^6\) Nutrition education has also been effective in increasing preference for and creating positive attitudes towards fruits and vegetables among children.\(^3,4,5\) Research shows that 35-50 hours per year of behaviorally focused nutrition education is optimal to provide students with the motivation and skills they need to make healthy choices.\(^4,5\) However, a recent study found that American students receive only a median of 3.4 hours in elementary schools, 4.2 hours in middle schools, and 5.9 hours in high schools.\(^6\)

School-based nutrition education programs are cost-effective, ranging from $900 - $12,000 for each additional life-year saved as a result of preventing obesity.\(^7,8,9\) This ranks more favorably than other health sector interventions such as pharmaceuticals or taxes/bans on certain food items, according to a recent McKinsey Global Institute Report.\(^4,7\) Initial research on the impact of state-level nutrition education funding on BMI has shown that investments in nutrition education have the desired effect of decreasing overweight and obesity.\(^4,8\)
References


