

PedsCases Podcast Scripts

This is a text version of a podcast from Pedscases.com on "**School Nutrition**." These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at www.pedcases.com/podcasts.

School Nutrition

Developed by Dr. Jean-Baptiste Roberge and Dr. Jeff Critch for PedsCases.com. January 30, 2020.

Introduction:

Hello, my name is Jean-Baptiste Roberge and I am a second-year resident in pediatrics at Sainte-Justine University Hospital Centre in Montréal. This podcast will review key elements of school nutrition policies with specific focus on nutrition standards. It was developed in conjunction with PedsCases and Dr. Jeff Critch. It is based on the Canadian Paediatric Society (CPS) position statement "School nutrition: Support for providing healthy food choices in schools". For additional information and to view the complete CPS Statement, please visit www.cps.ca. The script for this podcast can be viewed at www.pedscases.com.

Objectives:

- 1) Understand that child and youth obesity is a complex and important public health problem.
- 2) Recognize schools as unique environments to improve nutrition in children and youth.
- 3) Understand the goals and impacts of school nutrition policies.

Liam's Case

Liam is a 14-year-old boy in grade-9. He plays on his school's soccer team. He always keeps himself busy. This morning, Liam woke up late. He had just enough time to catch his bus. Since he had no time to eat breakfast at home, he purchased a chocolate pastry and an orange juice from a vending machine at school. At lunch time, he realized that he had forgotten to take the lunchbox his mother had prepared. Today, burgers were being served in the cafeteria. His best friend Emma nonetheless bought a salad. Even though Liam thought the salad looked tasty, he decided to purchase the burger. After school, Liam went to soccer practice. Hearing his father cheering him on, Liam looked up at the bleachers and noticed a billboard advertising the opening of a new fast-food restaurant. After practice Liam's father invited Liam and a few of his teammates to supper at the new restaurant. While eating a jumbo poutine and talking to his friends about their upcoming game, Liam thought to himself "What a nice day I had today!"

Liam's story illustrates that children and youth consume a significant proportion of their daily energy intake while in schools¹. As such, the school environment presents many

Developed by Dr. Jean-Baptiste Roberge and Dr. Jeff Critch. January 30, 2020.



opportunities to improve school nutrition. Why did Liam have access to a vending machine at his school? Why was the calorie-dense, nutrient-poor burger the main and cheapest meal that day? Why was there a fast food advertisement near the school's ground? And for that matter, why was there a fast food restaurant within walking distance from that school?

A Public Health Challenge

Child and youth overweight and obesity are major health issues in Canada. In 2015, 31% of Canadian 5- to 17-year-olds were overweight (19%) or obese (12%)². These rates had doubled over the preceding 40 years³. Obese children and youth have an increased lifetime risk of developing type 2 diabetes mellitus, dyslipidemia, hypertension, coronary artery disease and nonalcoholic steatohepatitis. While we know that youth obesity is the result of multiple interacting genetic and environmental factors, our understanding of the natural history and the physical and social determinants of youth obesity remains limited. Many observational studies have nonetheless shown that increased consumption of calorie-dense, nutrient-poor foods is a major contributor⁴, ⁵. Since excess weight places children and youth at increased risk of significant health problems over their lifetime⁶, effective interventions to increase primary prevention through promoting healthy nutrition and lifestyles are of paramount importance.

The School Environment

Schools provide a unique environment where children and youth may have access to food partially independently from their parents' influence and choices. First, as previously mentioned, youth consume a significant proportion of their daily energy intake while in schools¹. Second, food and beverages are made available in schools through a wide variety of avenues, including: organized school meal programs, vending machines, cafeteria services, packed meals or snacks from home, special events, fund raising events, bring-and-share lunches, and even nearby restaurants. As such, schools provide important opportunities to ensure that children and youth have access to healthy and nutrient-rich foods and beverages, to limit their consumption of calorie-dense foods high in saturated fats, sugar and sodium, and to promote healthier dietary choices and lifestyle behaviours.

School Nutrition Policies

School nutrition policy is a framework through which schools can plan, implement and evaluate healthy nutrition strategies. The fundamental goal is to have the nutritional quality of food provided (served and/or sold) reflect the school's mission to promote healthy, productive learners⁷. Each Canadian province/territory has or is developing a school nutrition policy⁸, although variations exist between them. School nutrition policy should encompass cultural variation and be sensitive to individual social and economic circumstances. Through focusing on balanced and healthy food and beverage choices and not weight reduction^{9, 10}, at a minimum school nutrition policy should aim to achieve the following:

- 1) Improve the quality of food and beverage intake and choices
- 2) Help students make healthier nutritional choices
- 3) Build skills that enhance healthy dietary behaviours



4) Reduce risk for overweight, obesity and eating- or nutrition-related disorders

Implementing a successful school nutrition policy requires sufficient resources, including healthy food availability, staff engagement and knowledgeable food service personnel. Financial support is also important; fortunately, implementing and maintaining a school nutrition policy in Canada was associated with only modest public costs¹¹.

Let's review some of the literature on the impacts of school nutrition policies on the areas of: access to nutritious foods and beverages, skills that enhance healthy dietary behaviours, body mass index and academic performance.

- 1) Increasing access to nutritious foods and beverages Implementing a school nutrition policy has been shown to improve the nutritional quality of in-school foods and beverages and the dietary intake of students¹², although some studies only showed modest improvements¹³. One example from an American statewide initiative observed that, following the implementation of a school nutrition policy, schools were more likely to require that healthy food options be provided to students, ban food or beverages advertising, offer skim milk alternatives, limit vending machine access, and limit access to sugar-sweetened beverages¹⁴. Notably, another study showed that, while students are more likely to consume healthy food items if they are served to them, they also consume unhealthy items when made available to them¹⁵. Taken together, this data suggests that both increasing access to nutritious foods and beverages and limiting access to unhealthy energy-dense, low-nutrient items are necessary.
- 2) Building skills that enhance healthy dietary behaviours In Canadian and European studies, implementing school nutrition policies as multicomponent school-based interventions were associated with improved self-reported dietary behaviours in the school environment also seemed to be an important factor to enhance healthy dietary behaviours. School nutrition policies should align with Canada's food guide and encourage consumption of fruits and vegetables and water, while reducing the presence of nutrients of public health concern, namely saturated fats, sugars and sodium access to sugar sweetened beverages in schools channing or at least restricting access to sugar sweetened beverages in schools channing or at least restricting access to sugar sweetened beverages in schools channing access to sugar sweetened beverages in schools channing access to sugar sweetened beverages in schools channing access to sugar skeetened beverages in schools channing access to sugar skeet
- 3) Reducing risk for overweight, obesity and eating- or nutrition-related disorders The body mass index (BMI) is a common measure used to identify and follow children and youth with overweight and obesity^{21, 22, 29}. BMI is associated with other measures of body fatness^{30, 31}, with cardiovascular disease risk factors³²⁻³⁵, and with long-term mortality risk^{36, 37}. Many studies support the beneficial impacts of in-school programs and school nutrition policies on decreasing BMI and decreasing the rates of overweight and obesity³⁸⁻⁴⁰, including one survey of 5,200 5th grader Nova Scotia students⁴¹.



4) Improving academic performance and achievement

A positive association between poor diet and poor academic performance has been shown by multiple studies. One example is the Avon Longitudinal Study of Parents and Children, a British birth cohort study, which showed that a diet high in fat and sugar at 3 years of age was negatively associated with IQ at 8.5 years of age⁴². It would hence make sense that implementing a school nutrition policy might be associated with improvement in academic performance and achievement. However, studies report mixed results. Although some studies have concluded that eating breakfast was beneficial in terms of cognitive performance⁴³ and that school breakfast programs improved attendance, decreased lateness rates⁴⁴ and improved academic performance⁴⁵, other studies have shown little or no effect⁴⁶⁻⁴⁸.

A Multifaceted Approach

We need to acknowledge that healthy nutrition and weight reduction can be difficult and that many factors influence eating behaviours, including socio-economic status, cultural and family context, and nutrition knowledge. The approach towards promoting health must be multifaceted. Improving the school environment is one aspect available to promote healthy eating and lifestyle behaviours.

If we go back to Liam's case, it is easy to point fingers and identify inadequacies in this teenager's food environment. It is also easy to think of downstream changes that could address these, such as changing the contents of the vending machines or the advertising on the billboards. However, we also need to act upstream. We should aim at creating a supportive environment that helps students make healthier nutritional choices and have healthier dietary behaviours.

Let us conclude this PedsCases podcast with a few key learning points:

- 1) Effective interventions are urgently needed to increase primary prevention of nutrition-related chronic disease in Canadian children and youth.
- 2) School nutrition policy has the potential for improving the quality of food and beverage intake and choices, enhancing healthy dietary behaviours, improving health outcomes, and possibly improving academic performance and achievement.
- 3) School nutrition policies should align with Canada's food guide, promote consumption of healthy and nutrient-rich foods, and limit consumption of calorie-dense foods rich in saturated fat, sugar and sodium.

That concludes our PedsCases podcast on school nutrition policies with specific focus on nutrition standards, brought to you by PedsCases and the Canadian Pediatric Society. Thanks for listening to PedsCases podcasts!

References

1. Committee on Accelerating Progress in Obesity P, Food, Nutrition B, Institute of M. In: Glickman D, Parker L, Sim LJ, Del Valle Cook H, Miller EA, editors.

Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.

Washington (DC): National Academies Press (US)

Copyright 2012 by the National Academy of Sciences. All rights reserved.; 2012.

Developed by Dr. Jean-Baptiste Roberge and Dr. Jeff Critch. January 30, 2020.



- 2. Statistics Canada. Table 13-10-0795-01 (formerly CANSIM 105-2024). Measured children and youth body mass index (BMI) (World Health Organization classification), by age group and sex, Canada and provinces, Canadian Community Health Survey Nutrition: Statistics Canada; 2019 [Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310079501.
- 3. Shields M. Statistics Canada. Measured Obesity Overweight Canadian children and adolescents. Nutrition: Findings from the Canadian Community Health Survey. 2005;82-620-MWE2005001(1).
- 4. Kubik MY, Lytle LA, Story M. Schoolwide food practices are associated with body mass index in middle school students. Archives of pediatrics & adolescent medicine. 2005;159(12):1111-4.
- 5. Fox MK, Dodd AH, Wilson A, Gleason PM. Association between school food environment and practices and body mass index of US public school children. Journal of the American Dietetic Association. 2009;109(2 Suppl):S108-17.
- 6. Li S, Chen W, Srinivasan SR, Bond MG, Tang R, Urbina EM, et al. Childhood cardiovascular risk factors and carotid vascular changes in adulthood: the Bogalusa Heart Study. Jama. 2003;290(17):2271-6.
- 7. McKenna ML. Policy options to support healthy eating in schools. Canadian journal of public health = Revue canadienne de sante publique. 2010;101 Suppl 2:S14-7.
- 8. Veugelers PJ, Schwartz ME. Comprehensive school health in Canada. Canadian journal of public health = Revue canadienne de sante publique. 2010;101 Suppl 2:S5-8.
- 9. Melnyk BM, Jacobson D, Kelly S, Belyea M, Shaibi G, Small L, et al. Promoting healthy lifestyles in high school adolescents: a randomized controlled trial. American journal of preventive medicine. 2013;45(4):407-15.
- 10. Chung YC, Park CH, Kwon HK, Park YM, Kim YS, Doo JK, et al. Improved cognitive performance following supplementation with a mixed-grain diet in high school students: a randomized controlled trial. Nutrition (Burbank, Los Angeles County, Calif). 2012;28(2):165-72.
- 11. Ohinmaa A, Langille JL, Jamieson S, Whitby C, Veugelers PJ. Costs of implementing and maintaining comprehensive school health: the case of the Annapolis Valley Health Promoting Schools program. Canadian journal of public health = Revue canadienne de sante publique. 2011;102(6):451-4.
- 12. Jaime PC, Lock K. Do school based food and nutrition policies improve diet and reduce obesity? Preventive medicine. 2009;48(1):45-53.
- 13. Woodward-Lopez G, Gosliner W, Samuels SE, Craypo L, Kao J, Crawford PB. Lessons learned from evaluations of California's statewide school nutrition standards. American journal of public health. 2010;100(11):2137-45.
- 14. Phillips MM, Raczynski JM, West DS, Pulley L, Bursac Z, Gauss CH, et al. Changes in school environments with implementation of Arkansas Act 1220 of 2003. Obesity (Silver Spring, Md). 2010;18 Suppl 1:S54-61.
- 15. Gosliner W, Madsen KA, Woodward-Lopez G, Crawford PB. Would students prefer to eat healthier foods at school? The Journal of school health. 2011;81(3):146-51.



- 16. Mullally ML, Taylor JP, Kuhle S, Bryanton J, Hernandez KJ, MacLellan DL, et al. A province-wide school nutrition policy and food consumption in elementary school children in Prince Edward Island. Canadian journal of public health = Revue canadienne de sante publique. 2010;101(1):40-3.
- 17. Van Cauwenberghe E, Maes L, Spittaels H, van Lenthe FJ, Brug J, Oppert JM, et al. Effectiveness of school-based interventions in Europe to promote healthy nutrition in children and adolescents: systematic review of published and 'grey' literature. The British journal of nutrition. 2010;103(6):781-97.
- 18. Raulio S, Roos E, Prattala R. School and workplace meals promote healthy food habits. Public health nutrition. 2010;13(6a):987-92.
- 19. Browning HF, Laxer RE, Janssen I. Food and eating environments: in Canadian schools. Canadian journal of dietetic practice and research: a publication of Dietitians of Canada = Revue canadienne de la pratique et de la recherche en dietetique: une publication des Dietetistes du Canada. 2013;74(4):160-6.
- 20. Health Canada. Canada's food guide 2019 [Available from: https://food-guide.canada.ca/en.
- 21. Lau DC, Douketis JD, Morrison KM, Hramiak IM, Sharma AM, Ur E. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. CMAJ. 2007;176(8):S1-13.
- 22. Fitch A, Fox C, Bauerly K, Gross A, Heim C, Judge-Dietz J, et al. Prevention and Management of Obesity for Children and Adolescents. Institute for Clinical Systems Improvement. 2013.
- 23. Roberge JB, Van Hulst A, Barnett TA, Drapeau V, Benedetti A, Tremblay A, et al. Lifestyle Habits, Dietary Factors, and the Metabolically Unhealthy Obese Phenotype in Youth. The Journal of pediatrics. 2019;204:46-52.e1.
- 24. American Academy of Pediatrics. Snacks, sweetened beverages, added sugars, and schools. Pediatrics. 2015;135(3):575-83.
- 25. Health Canada. Sodium in Canada 2017 [Available from: https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/sodium.html.
- 26. Fidler Mis N, Braegger C, Bronsky J, Campoy C, Domellof M, Embleton ND, et al. Sugar in Infants, Children and Adolescents: A Position Paper of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition Committee on Nutrition. Journal of pediatric gastroenterology and nutrition. 2017;65(6):681-96.
- 27. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. The American journal of clinical nutrition. 2006;84(2):274-88.
- 28. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. American journal of public health. 2007;97(4):667-75.
- 29. Styne DM, Arslanian SA, Connor EL, Farooqi IS, Murad MH, Silverstein JH, et al. Pediatric Obesity-Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline. The Journal of clinical endocrinology and metabolism. 2017;102(3):709-57.



- 30. Deurenberg P, Weststrate JA, Seidell JC. Body mass index as a measure of body fatness: age- and sex-specific prediction formulas. The British journal of nutrition. 1991;65(2):105-14.
- 31. Roche AF, Sievogel RM, Chumlea WC, Webb P. Grading body fatness from limited anthropometric data. The American journal of clinical nutrition. 1981;34(12):2831-8.
- 32. Chu NF, Rimm EB, Wang DJ, Liou HS, Shieh SM. Clustering of cardiovascular disease risk factors among obese schoolchildren: the Taipei Children Heart Study. The American journal of clinical nutrition. 1998;67(6):1141-6.
- 33. Morrison JA, Sprecher DL, Barton BA, Waclawiw MA, Daniels SR. Overweight, fat patterning, and cardiovascular disease risk factors in black and white girls: The National Heart, Lung, and Blood Institute Growth and Health Study. The Journal of pediatrics. 1999;135(4):458-64.
- 34. Morrison JA, Barton BA, Biro FM, Daniels SR, Sprecher DL. Overweight, fat patterning, and cardiovascular disease risk factors in black and white boys. The Journal of pediatrics. 1999;135(4):451-7.
- 35. Katzmarzyk PT, Tremblay A, Perusse L, Despres JP, Bouchard C. The utility of the international child and adolescent overweight guidelines for predicting coronary heart disease risk factors. Journal of clinical epidemiology. 2003;56(5):456-62.
- 36. Engeland A, Bjorge T, Sogaard AJ, Tverdal A. Body mass index in adolescence in relation to total mortality: 32-year follow-up of 227,000 Norwegian boys and girls. American journal of epidemiology. 2003;157(6):517-23.
- 37. Engeland A, Bjorge T, Tverdal A, Sogaard AJ. Obesity in adolescence and adulthood and the risk of adult mortality. Epidemiology (Cambridge, Mass). 2004;15(1):79-85.
- 38. Jordan KC, Erickson ED, Cox R, Carlson EC, Heap E, Friedrichs M, et al. Evaluation of the Gold Medal Schools program. Journal of the American Dietetic Association. 2008;108(11):1916-20.
- 39. Sanchez-Vaznaugh EV, Sanchez BN, Baek J, Crawford PB. 'Competitive' food and beverage policies: are they influencing childhood overweight trends? Health affairs (Project Hope). 2010;29(3):436-46.
- 40. Gleason PM, Dodd AH. School breakfast program but not school lunch program participation is associated with lower body mass index. Journal of the American Dietetic Association. 2009;109(2 Suppl):S118-28.
- 41. Veugelers PJ, Fitzgerald AL. Effectiveness of school programs in preventing childhood obesity: a multilevel comparison. American journal of public health. 2005;95(3):432-5.
- 42. Northstone K, Joinson C, Emmett P, Ness A, Paus T. Are dietary patterns in childhood associated with IQ at 8 years of age? A population-based cohort study. Journal of epidemiology and community health. 2012;66(7):624-8.
- 43. Hoyland A, Dye L, Lawton CL. A systematic review of the effect of breakfast on the cognitive performance of children and adolescents. Nutrition research reviews. 2009;22(2):220-43.
- 44. Taras H. Nutrition and student performance at school. The Journal of school health. 2005;75(6):199-213.



45. Shilts MK, Lamp C, Horowitz M, Townsend MS. Pilot study: EatFit impacts sixth graders' academic performance on achievement of mathematics and english education standards. Journal of nutrition education and behavior. 2009;41(2):127-31. 46. Powell CA, Walker SP, Chang SM, Grantham-McGregor SM. Nutrition and education: a randomized trial of the effects of breakfast in rural primary school children. The American journal of clinical nutrition. 1998;68(4):873-9. 47. Mhurchu CN, Gorton D, Turley M, Jiang Y, Michie J, Maddison R, et al. Effects of a free school breakfast programme on children's attendance, academic achievement and short-term hunger: results from a stepped-wedge, cluster randomised controlled trial. Journal of epidemiology and community health. 2013;67(3):257-64. 48. Anzman-Frasca S, Djang HC, Halmo MM, Dolan PR, Economos CD. Estimating impacts of a breakfast in the classroom program on school outcomes. JAMA pediatrics. 2015;169(1):71-7.

