



## Research report

## Policies to promote healthy portion sizes for children

Jennifer L. Pomeranz<sup>a,\*</sup>, Daniel P. Miller<sup>b</sup><sup>a</sup> College of Public Health, Center for Obesity Research and Education, Temple University, Suite 175, 3223 North Broad Street, Philadelphia, PA 19140, United States<sup>b</sup> Boston University School of Social Work, Boston, MA, United States

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## ABSTRACT

People of all ages are increasingly consuming larger portions of food. Governments worldwide are involved in the regulation of many aspects of the food supply; however, policies and programs related to serving sizes for children vary or are not clearly communicated. This paper reviews U.S. federal and state government recommendations, policies, and laws related to serving size for children and suggests directions for future policy objectives and outstanding research needed to support the enactment of laws based on the best science. Specifically, this paper reviews federal dietary recommendations and requirements for nutrition programs, packaged food labels and restaurant menus; state regulation of retail environments and child care settings; food companies' self-regulatory options; and directions for future research and policy initiatives. The paper concludes that there are many opportunities for government to revise its policies and programs to better support healthy portion sizes for children and create a more transparent information environment to assist caretakers to do the same.

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## Introduction

The National Institutes of Health defines portion size as the amount of food that a person chooses to eat, while a serving size is a measured amount of food or drink such as a slice of bread or one ounce of cheese (United States Department of Health & Human Services, National Institutes of Health, 2013). Therefore, people's chosen portion sizes may and often do differ from serving sizes pre-portioned by food companies or recommended by regulators.

Although there is evidence that portion sizes are increasing internationally (Eidner, Lund, Harboe, & Clemmensen, 2013; Steenhuis, Leeuwis, & Vermeer, 2010), the United States is known for its large portions (Rozin, Kabnick, Pete, Fischler, & Shields, 2003). Research indicates that over the last several decades American adults and children are increasingly consuming larger portions, most notably in fast food restaurants and at home (Nielsen & Popkin, 2003; Piernas & Popkin, 2011). Moreover, packaged food and beverage products that are often eaten in one sitting, and thus considered an "individual serving," have dramatically increased in size (79 FR 11989, 2014). For example, twenty years ago a single portion of a soft drink was 6.5 ounces, while now many consumers consider a 20 ounce container to be one portion (United States Department of Health & Human Services, National Institutes of Health, 2013).

Studies reveal that the portion size served to people can predict consumption. Researchers have demonstrated that increasing the

portion size of food items given to participants results in increased consumption by both adults and children (Fisher, Liu, Birch, & Rolls, 2007; Orlet Fisher, Rolls, & Birch, 2003; Rolls, Roe, & Meengs, 2006; Rolls, Roe, Meengs, & Wall, 2004) which may contribute to weight gain (Ello-Martin, Ledikwe, & Rolls, 2005; Rolls et al., 2006). Similarly, in studies where participants consumed larger portions of sugar-sweetened beverages alongside food, they did not decrease the amount of food consumed to compensate for the increased energy from the beverage (Flood, Roe, & Rolls, 2006; Vartanian, Schwartz, & Brownell, 2007). Evidence suggests that the calories from sugar-sweetened beverages are poorly regulated by the body, so additional portions of sugar-sweetened beverages may uniquely result in a significant increase in total energy intake (Flood et al., 2006; Johnson et al., 2009).

Although governments are fundamentally involved in the regulation of many aspects of the food supply, U.S. policies and programs related to serving sizes for children vary or are not clearly communicated. This paper reviews U.S. federal and state government recommendations, policies, and laws related to serving size for children and suggests directions for future policy objectives and outstanding research needed to support the enactment of laws based on the best science. Specifically, this manuscript reviews federal dietary recommendations and requirements for nutrition programs, food labels, and restaurant menus; state regulation of retail environments and child care settings; food companies' self-regulatory options; and directions for future research and policy initiatives. The paper concludes by finding that amidst the variety of current methods employed by the federal and state governments to promote healthy portion sizes for children, there are also

\* Corresponding author.

E-mail address: [jennifer.pomeranz@temple.edu](mailto:jennifer.pomeranz@temple.edu) (J.L. Pomeranz).

many opportunities for the U.S. government to revise their policies and programs to better support healthy portion sizes for children and create a more transparent information environment to assist caretakers to do the same.

## Federal government recommendations and requirements

### *Dietary guidelines for Americans*

In accordance with its mission to provide nutrition education, the United States Department of Agriculture (USDA) created food and dietary guides on a voluntary basis for decades. In 1990, Congress passed the National Nutrition Monitoring and Related Research Act ([National Nutrition Monitoring and Related Research Act, 7 USC §§ 5301 et seq. 1990](#)), which required that the USDA issue dietary guidelines every five years ([7 USC § 5341, 1990](#)). The USDA issued the first official *Dietary Guidelines for Americans* in 1995 ([USDA, 1995](#)). The department also created the translational guides that have evolved over the years, starting with the Food Pyramid, then MyPyramid, and now MyPlate.

The 2015 Dietary Guidelines for Americans are in progress at the time of this writing ([United States Department of Health & Human Services, 2014](#)). The 2010 guidelines include suggestions to eat smaller portions at home and in restaurants and consume smaller portions of foods and beverages that contain solid fats or added sugars ([United States Department of Agriculture, 2014a](#)). The MyPlate website provides additional guidance on reducing portion sizes ([United States Department of Agriculture, 2014d](#)). The guidelines also suggest consulting the Nutrition Facts Panel on food packaging for more information. However, the Nutrition Facts Panel may not be an effective guide for parents to determine appropriate portion sizes. The serving size designations on food labels are not recommendations and variations in energy requirements among the population are not reflected on food labels, as discussed below.

Several federal programs administered by the USDA direct state agencies implementing nutrition education to rely on the dietary guidelines for nutrition education in those programs, including the Supplementary Nutrition Assistance Program (SNAP), the National School Lunch Program (NSLP), and the National School Breakfast Program (SBP), discussed in the next section.

### *Federal food and nutrition programs*

The food and nutrition programs operated by the USDA are a prime place for federal policy to directly affect portion size for children. The reason for this is twofold. First, because many of these programs deal with the direct provision of food (often in the form of meals or snacks) or the provision of resources to purchase food, they are uniquely situated to regulate portions. Second, these programs, which are largely directed to low-income children and their families, reach a substantial number of children each year. In fiscal year 2013, nearly one in every four Americans participated in one of these programs ([Oliveira, 2014](#)), and while not all are directed explicitly at children, the five largest programs serve tens of millions of children annually: SNAP, the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC), the NSLP and SBP, and the Child and Adult Care Food Program (CACFP).

In the wake of the recent Great Recession, these programs have become an increasingly important component of the social safety net, and accordingly have the opportunity to impact the eating habits of a substantial number of American children. However, as we describe in this section, the treatment of portion sizes for children varies notably across the different programs. Many of the current policies related to portion size are new or represent modifications to previous policies based on the latest nutrition science and the recommendations of expert panels. Accordingly, their ultimate impact

on children's consumption is unknown and should be the topic of future research.

### *Supplemental nutrition assistance program*

The SNAP program (formerly known as Food Stamps) is by far the largest of the USDA food and nutrition programs. In fiscal year 2012, 46.6 million Americans participated in the program, 45 percent of whom were children ([Gray & Eslami, 2014](#)). Participants receive a monthly benefit that can be used to purchase food (up to a maximum of \$632 for a family of four) at participating retailers ([United States Department of Agriculture – Food and Nutrition Service, 2013f](#)). States offer these benefits in the form of Electronic Balance Transfer (EBT) cards, which operate like debit cards and can be scanned as such at checkout counters.

Unlike the other federal programs described below, the federal government places only broad restrictions on how SNAP benefits may be used. In short, recipients can use SNAP benefits to purchase any food or beverage item except alcohol, those labeled as dietary supplements, or “hot food” intended to be eaten immediately ([United States Department of Agriculture – Food and Nutrition Service, 2010a](#)). The definition of an allowable food is established by federal law. Although the government has considered changes to restrict eligible foods, the USDA states that a lack of consensus about what constitutes healthy or unhealthy foods and the potential administrative burden of imposing new restrictions have prevented any such changes to date ([United States Department of Agriculture – Food and Nutrition Service, 2007](#)). Thus, SNAP benefits can be used to purchase energy dense foods that are typically low in nutrient value, including cakes, candy, and sugar-sweetened beverages ([United States Department of Agriculture – Food and Nutrition Service, 2013g](#)).

Because SNAP recipients are mostly free to make their own choices about food purchases, there are no specific ways for regulations to dictate portion sizes for children. Some research has found that SNAP recipients tend to consume a large proportion of food purchased with their benefits immediately after receipt ([Shapiro, 2005; Wilde & Ranney, 2000](#)), raising concern that recipients might overeat in the early parts of the month and under-eat toward the end of the benefit period. The USDA maintains a SNAP Education (SNAP-Ed) initiative, which originated in 1981 ([Landers, 2007](#)) and now operates with state matching support in all 50 states. Although the main goals of SNAP-Ed do not relate directly to portion size, federal guidance for allowable activities specify that: “States may address other behavioral outcomes consistent with the goals and focus of SNAP-Ed and other *Dietary Guidelines of Americans* principles such as consuming smaller portions, drinking fewer sugar-sweetened beverages, and reducing sodium” ([United States Department of Agriculture – Food and Nutrition Service, 2014d](#), p. 7).

While the scope of the SNAP program suggests the opportunity to promote healthy portion sizes for a large number of American children, the current policies attached to the program preclude any clear mechanism by which to do so. Any efforts to promote specific portion sizes in the program would require a substantial reworking of the benefit structure that would necessarily move beyond restricting the list of allowable foods. For instance, if the program eliminated eligibility for large containers of energy dense foods, such as 2- or 3-liter bottles of sugar sweetened beverages, this would ostensibly be seen as a method to promote smaller portions among children. However, the costs of such changes would need to be carefully considered. As a near-cash benefit, SNAP has come to play an increasingly counter-cyclical role, such that low income families are more likely than in previous years to depend on the program when the economy is down ([Bitler & Hoynes, 2011](#)). Because food and drink in smaller packages are often relatively more expensive than when purchased in bulk, such benefit changes could have unintended and negative consequences on the economic stability of low income

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