

# Position of the Academy of Nutrition and Dietetics: Child and Adolescent Federally Funded Nutrition Assistance Programs



## ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that children and adolescents should have access to safe and healthy foods that promote physical, cognitive, and social growth and development. Federally funded nutrition assistance programs, such as food assistance, meal service, and nutrition education, play a vital role in ensuring that children and adolescents have access to the foods they need and in improving the overall nutrition and health environments of communities. Federally funded nutrition assistance programs help to ensure that children and adolescents receive safe, healthy foods that provide adequate energy and nutrients to meet their growth and development needs. These programs provide access to adequate food supplies to combat hunger and food insecurity; provide healthy foods to children and adolescents who have nutritional or medical risk factors, such as iron deficiency anemia; and provide nutrition education. In addition, federally funded nutrition assistance programs serve as a means to prevent or reduce obesity and other chronic diseases. It is important that permanent and full federal funding be provided for these programs, which have been consistently shown to have a positive impact on child and adolescent nutrition and health outcomes. Registered dietitian nutritionists and nutrition and dietetic technicians, registered—trained in food science, nutrition, and food systems to implement programs to monitor, evaluate, and improve the nutritional status of children and adolescents—are preeminently qualified to implement and evaluate nutrition assistance programs for children and adolescents.

J Acad Nutr Diet. 2018;118(8):1490-1497.

## POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that children and adolescents should have access to safe and healthy foods that promote physical, cognitive, and social growth and development. Federally funded nutrition assistance programs, such as food assistance, meal service, and nutrition education, play a vital role in ensuring that children and adolescents have access to the foods they need and in improving the overall nutrition and health environments of communities.

**C**HILDREN'S AND ADOLESCENTS' health depends upon their intake of food that provides sufficient energy and nutrients to promote physical, cognitive, and social growth and development. Inadequate intake of food and nutrients that may result from lack of access has been associated with several health consequences and chronic conditions resulting in poorer quality of life.<sup>1</sup> Subsequently, children who are food insecure may experience behavioral problems such as depression, aggression, anxiety, hyperactivities, mood swings, and bullying that may reduce their overall quality of life.<sup>2,3</sup> Federally funded nutrition assistance programs provide foods that furnish adequate

energy and nutrients for physical, cognitive, and social growth and development to children and adolescents who might otherwise experience food insecurity because of family financial constraints. These programs provide a safety net for children and adolescents at risk for poor nutritional intakes. Requirements for these programs are informed by evidence-based research and the Dietary Guidelines for Americans (DGA).<sup>4</sup> The 2015-2020 DGA recommend increasing consumption of fruits, vegetables, and whole-grain-rich foods while reducing consumption of saturated fats, added sugars, and sodium.<sup>4</sup> These recommendations improve the nutritional profile of meals and snacks provided through the National School Lunch Program (NSLP), School Breakfast Program (SBP), Summer Food Service Program (SFSP), and the Child and Adult Care Food Program (CACFP) and food packages for the

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). It also ensures variety within food offered and allows for regional and cultural preferences and increased flexibility of choice within food groups.<sup>5</sup> However, federally funded nutrition assistance programs often are at risk of having their eligibility requirements and services drastically altered and are under constant threat of being eliminated because of changing funding priorities of the federal government. To ensure they remain available for children and adolescents who need them, the Academy supports permanent and full federal funding.

## RATIONALE FOR CHILD AND ADOLESCENT FEDERALLY FUNDED NUTRITION ASSISTANCE PROGRAMS

Among all children and adolescents residing in the United States in 2015,

more than 40% (30.6 million) were living in households with low income\* and 21% were living below the federal poverty line.<sup>6</sup> According to the National Center for Children in Poverty, young children are more likely to live in households with low income than older children and adolescents. In 2015, almost 45% of children under age 3 years were living in households with low income as compared with 39% of adolescents ages 12 to 17.<sup>6</sup> In the same year, 12% of white children and adolescents and 14% of Asian children and adolescents lived in households with low income, compared with 32% of Hispanic children and adolescents and 37% of black children and adolescents. In addition, in 2015 children and adolescents residing with married parents were less likely to live in households with low income as compared with those residing with a single parent.<sup>6</sup> This is of concern, because living in households with low income is associated with food insecurity, meaning that these children and adolescents at times do not have access to adequate and safe foods to meet their energy and nutrient needs.<sup>8,9</sup>

In 2016, an estimated 6.5 million (8.8%) children and adolescents in the United States lived in households with low income in which at least one child or adolescent was food insecure.<sup>10</sup> Of these, 298,000 (0.8%) households experienced very low food insecurity where children or adolescents were hungry, skipped a meal, or had no food for a whole day.<sup>10</sup> Consistent with national poverty statistics, the prevalence also varied by demography and other household characteristics. It was higher than the national average (12.3%) in households with children (16.5%), households with children headed by a single woman (31.6%) or a single man (21.7%), and households headed by black non-Hispanics (22.5%) and Hispanics (18.5%).<sup>10</sup>

Children and adolescents living in households that experience food insecurity may be predisposed to increased

cardiometabolic risks, overweight or obesity, or mental health problems.<sup>3,11</sup> Although it is difficult to establish a causal relationship between food insecurity and health status, increased intake of calories<sup>12</sup> and plausible inadequate nutrient intake among children and adolescents experiencing food insecurity are possible factors that can explain their increased risk of chronic health conditions. National estimates of food and nutrient intakes of children and adolescents highlight the need for strengthening federally funded nutrition assistance programs. Although there was a decrease in estimated energy intake between 1999 and 2010 for all children and adolescents, the percentage of calories from total fat for this group remained the same over this period.<sup>13</sup> According to the 2015–2020 DGA, average consumption of saturated fat by children and adolescents ranges from 11.1% to 12.6% of total calories per day.<sup>4</sup> Their average intake of added sugars as a percentage of calories per day is higher than the recommended 10% of total calories per day.<sup>4</sup> Consumption is particularly high among children and adolescents aged 9 to 18 and accounts for nearly 20% of total calories per day consumed by this age group. Much like children's and adolescents' average intake of saturated fat and sugar, their average intake of sodium has remained consistently high from 2,000 mg to 4,500 mg per day,<sup>4</sup> particularly among children aged 6 to 11 years from households with low income.<sup>14</sup> Moreover, positive linear relationships between intake of calories, sugar, and fat with increasing food insecurity levels have been reported.<sup>15</sup> On the other hand, higher food insecurity levels in children have been negatively associated with vegetable intake.<sup>15</sup>

Participation in federally funded nutrition assistance programs helps to ensure children's and adolescents' adequate nutritional intake and to combat hunger and food insecurity by increasing access to healthy food and reducing the risk of nutrient deficiencies. In addition, programs focusing on nutrition education strengthen participants' nutrition knowledge and skills related to making healthy dietary choices. In these ways, these programs help to prevent or reduce chronic diseases in children and adolescents. Registered dietitian nutritionists (RDNs) and nutrition and

dietetics technicians, registered (NDTRs) are preeminently qualified to provide nutrition screening and assessment, education, and developmentally appropriate anticipatory guidance for children and adolescents in accordance with national health recommendations, as well as monitor nutrition assistance program compliance with local, state, and national regulations.

## OVERVIEW OF CHILD AND ADOLESCENT FEDERALLY FUNDED NUTRITION ASSISTANCE PROGRAMS

Since the mid-1940s, the US government has been committed to eradicating hunger and nutrient deficiencies among its population.<sup>16</sup> Federally funded nutrition assistance programs were developed to subsidize food served to children and adolescents in schools and other organizations in which they receive instruction or care. In fiscal year 2015 (most recent data available), the US Department of Agriculture (USDA) spent approximately \$104.1 billion on 15 domestic nutrition assistance programs.<sup>16</sup> Some of these programs include the Supplemental Nutrition Assistance Program (SNAP), NSLP, SBP, WIC, SFSP, and CACFP. More detailed descriptions of nutrition assistance programs targeting children and adolescents are presented next.

### Supplemental Nutrition Assistance Program

SNAP provides the opportunity for individuals to select healthy meals, promotes nutritional status, and helps to reduce food insecurity in families with low incomes.<sup>17</sup> According to SNAP rules, all recipients must meet work requirements unless they are exempt because of age, disability, or other specific reasons.<sup>18</sup> Collaborative efforts between states, nutrition educators (including RDNs), and neighborhood and faith-based organizations provide resources to ensure that individuals eligible for the program are aware of the benefits of the program and the application process.

SNAP-Ed is an evidence-based nutrition program that teaches people using or eligible for SNAP about good nutrition and how to make their food dollars stretch. The goal of the SNAP-Ed program is to improve the likelihood that

\*Low income is defined as at or above 200% of the federal poverty line.<sup>6</sup> In 2018, the poverty level was \$20,780 for a family of three and \$25,100 for a family of four (Assistant Secretary for Planning and Evaluation [ASPE], poverty guideline).<sup>7</sup>

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