

Parent Teaching: Teaching Parents about Nutrition of Healthy School-aged Children

What is Teaching Parents of Healthy School-aged Children about Nutrition?

- › Good nutrition in healthy school-aged children (usually defined as children 5–11 years of age) is essential for normal growth and development. Healthy eating reduces the risk of school-aged children developing chronic diseases and other health conditions such as obesity and dental caries
 - *What:* Education for parents about nutrition of healthy school-aged children is the process of providing parents with information to increase their knowledge of nutrition of healthy school-aged children, improve their skills needed to promote healthy eating in their child, and enhance their ability to cope with potential difficulties related to ensuring healthy nutrition in their child
 - *How:* A variety of teaching/learning and motivational activities (e.g., interactive dialogue, direct instruction, written information, Internet and other computer-mediated options, group-based training programs, and support groups) can be used as educational strategies to support education about nutrition of healthy school-aged children
 - The most effective teaching/learning strategies involve a combination of activities that include individualized instruction and some level of personal involvement by the healthcare provider
 - *Where:* Parent education about nutrition of healthy toddlers can be provided in any healthcare setting, as well as in the home and in the community
 - Providing consistent information throughout the continuum of care is important
 - *Who:* Education for parents about nutrition of healthy school-aged children is provided by healthcare professionals (e.g., registered nurses, physicians, dietitians) and should not be delegated to assistive staff members

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What is the Desired Outcome When Teaching Parents of Healthy School-aged Children about Nutrition?

- › Effective parent education about nutrition of healthy school-aged children can empower the parents and allow them to
 - better understand the nutritional needs of healthy school-aged children and the importance of good nutrition in promoting normal growth and development
 - provide the school-aged child with an appropriate diet
 - understand the potential complications of providing a diet with inadequate nutrition, including deficiency diseases (e.g., scurvy, beriberi, kwashiorkor), chronic diseases (e.g., cardiovascular disease, diabetes mellitus, osteoporosis), and other conditions (e.g., obesity, dental caries, metabolic syndrome) that increase risk of poor health
 - recognize and initiate developmentally-appropriate strategies for promoting healthy nutrition among school-aged children
 - receive answers to questions regarding good nutrition among school-aged children and identify resources for future questions

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Why Is Teaching Parents of Healthy School-aged Children about Nutrition Important?

- › Education about nutrition of healthy school-aged children is provided to increase the parents' knowledge of the elements of an appropriate diet for the healthy school-aged child and improve their skills in promoting healthy nutrition in their child
- › Parent education is required by The Joint Commission (TJC). In 2004, TJC integrated the required parent education elements and standards throughout their accreditation manual instead of keeping them collected in a designated chapter (TJC, 2016)

Facts and Figures

- › Childhood growth is best monitored using age and gender-appropriate growth trend charts; obesity and overweight are most accurately identified and monitored by calculating body mass index (BMI) (Centers for Disease Control and Prevention [CDC], 2015)
- › Obesity and overweight are serious health concerns for children and adolescents in the United States; most recently, the incidence of obesity and overweight has remained relatively stable
 - Approximately 12.7 million children in the United States (17%) are obese (CDC, 2015)
 - Obesity in children is more common among Hispanics (22.4%) and non-Hispanic Blacks (20.2%). 14.1% of non-Hispanic Whites are obese, while only 8.6% of non-Hispanic Asian youth are obese
 - In addition to health-related consequences, obese children and adolescents are targets of early and systematic social discrimination that can cause low self-esteem and create problems in academic and social functioning that can persist in adulthood (CDC, 2015)

What You Need to Know Before Teaching Parents of Healthy School-aged Children about Nutrition

- › General recommendations that can help parents of children of all ages provide a healthy diet to their children include
 - providing plenty of vegetables, fruits, and whole-grain food products
 - choosing low-fat or nonfat milk or dairy products plus lean meats, poultry, fish, lentils, and beans for protein
 - serving reasonably sized portions
 - promoting calcium intake by serving milk rather than soda pop or sugar-sweetened drinks at meals
 - limiting consumption of sugar-sweetened beverages, sugar, and saturated fat
 - looking for ways to make favorite dishes healthier
 - Parents can substitute lean cuts of meat and/or increase the amount of fruit or vegetable ingredients in recipes to improve nutritional content
- › Normal eating habits may be more likely to develop when parents offer children a variety of healthy food choices during every meal, and under most circumstances allow the child to decide how much to eat. Parents should be encouraged to practice balance, variety, and moderation in their own diets; their children are then more likely to do the same
 - One way parents can help their children learn about good food choices is to cook with them. School-aged children can get involved in the entire process involving food, including planning the menu, shopping for ingredients, and preparing and serving the food
- › Parents may worry during the elementary school years that there seems to be no regular pattern in their child's appetite. For example, one day it may appear that they eat nearly everything, and the next day they may be finicky about what they eat. As long as the treating clinician determines that the child is growing normally, reassuring the family is appropriate
 - As part of a general plan to avoid obesity and overweight, parents should be encouraged to teach their children to eat when they are hungry rather than eating to feel full all the time
- › Snack time is an opportunity for parents to teach their children about healthy food choices and good eating habits. School-aged children have high levels of activity, and they often need more calories than they can take in from three meals a day. For many children, especially those who are athletes or very physically active, snacks can help meet their nutritional requirements and provide as much as one fourth of their daily calories. Snacks will not ruin a child's appetite for regular meals if the snack is not eaten shortly before mealtime
 - Children often reach for the food that is closest at hand when they are looking for a snack. Although allowable as an occasional treat, in general parents should be encouraged to help the child make healthy snack choices by limiting access to calorie-rich, high-fat, and high-sugar snacks; if there are healthy snack choices in the refrigerator and cupboards, the child will become used to snacking on these foods. Easy-to-prepare, low-fat, and low-sugar snacks include
 - a medium-sized apple
 - a medium-sized banana
 - 1 cup blueberries, fresh or frozen

- 1 cup grapes
 - Many children love frozen grapes, especially in the summertime
- 1 cup carrots, broccoli, or bell pepper cut in small pieces and served with 2 tablespoons of hummus
- › Children who watch more than 3 hours of television per day are at higher risk for becoming obese. To promote good nutrition and reduce risk for obesity, parents should be aware of and limit their child's habits regarding television at home and away (e.g., at relatives' houses or in childcare) to no more than 2 hours per day
 - Television viewing promotes a sedentary lifestyle, which can adversely affect the health of school-aged children, and exposes children to advertisements promoting unhealthy food choices (e.g., cereals that have a high sugar content)
- › About one fifth of all Americans eat in fast food restaurants daily. These meals are usually higher in calories, salt, and total fat than food that families might eat at home
 - Fast food is often called junk food, implying that it has no nutritional value. However, a fast food entrée such as a typical hamburger may have a fat and calorie content similar to lunches commonly served at home (e.g., a chicken salad sandwich with mayonnaise or a peanut butter and jelly sandwich)
 - Many fast food restaurants provide nutrition information that can be used to guide food selection. The following suggestions may help parents guide their child to make lower-fat choices when eating at fast food restaurants:
 - Encourage the child to start fast food meals with a salad if the restaurant has a salad bar
 - Choose grilled rather than fried entrées, and avoid high-fat items like fried hamburgers, French fries, and deep-fried chicken
 - Order a regular sandwich rather than a “supersized” one
 - Order a baked potato, if available; a baked potato can be a good food choice if not covered with butter and sour cream
 - Select low-fat milk or orange juice rather than high-fat milkshakes
 - Ask that creamy sauces be kept to a minimum
- › Despite considerable emphasis on healthy nutrition, many young persons in the U.S. do not meet daily food intake recommendations (e.g., 2.5–6.5 cups of fruits and vegetables, 2–3 ounces whole grains, \leq 1,500–2,300 mg sodium) (CDC, 2015)
 - Empty calories from added sugars and solid fats (e.g., soda, fruit drinks, dairy desserts, grain desserts, pizza, whole milk) contribute to 40% of daily calories in school-aged children
- › Iron deficiency is the most common nutritional deficiency worldwide and is common in children. Pubescent children, adolescent females, athletes who train strenuously, overweight children, and children of low socioeconomic level are among those most affected
- › The Academy of Nutrition and Dietetics (AND) has published several position papers about healthy eating among school-aged children that concluded the following:
 - Primary prevention is the most effective and affordable method for preventing chronic disease (Slawson et al., 2013)
 - Dietary behaviors established in childhood impact health outcomes throughout life (e.g., childhood obesity predicts obesity in adulthood; risk factors such as total cholesterol, triglycerides, blood pressure, and BMI in childhood are predictive of subsequent atherosclerosis in adults) (Slawson et al., 2013)
 - Proper use of topical and systemic fluoride can reduce dental caries, the most prevalent chronic disease among children, and plays a role in bone health (Palmer et al., 2012)
 - Healthy nutrition educational information should emphasize meeting energy needs with a balance of food and beverages rather than one food or meal (Slawson et al., 2013)
 - Focusing educational information on variety, moderation, and proper proportions in the context of a healthy lifestyle can reduce consumer confusion and prevent unnecessary reliance on dietary supplements (Slawson et al., 2013)
- › The most successful strategies for teaching parents about nutrition of healthy school-aged children are individualized educational interventions
 - Parent education and teaching materials (e.g., handouts, books, videos) should be tailored to address the parents' specific needs and priorities
 - Visually oriented informational handouts (i.e., those with diagrams and limited wording) should be easy to read
 - All teaching should be parent-centered and evidence-based
 - Educational information should be delivered in a culturally sensitive manner and in a language and at a level that can be easily understood by the parents
 - Professional certified medical interpreters, either in person or via phone, should be used when there are language barriers
 - Simple, nonmedical language should be used for all parents, but especially when low literacy levels are assessed
- › Preliminary steps that should be performed before teaching parents about nutrition of healthy school-aged children include the following:

- Review facility protocols specific to nutrition of healthy school-aged children and parent education
- Become familiar with organization-wide and unit-specific practices for teaching parents about nutrition of healthy school-aged children
- Identify acceptable parent teaching resources about healthy nutrition of school-aged children that are available on site and via the Internet

› Verify availability of necessary supplies prior to initiating the educational session (noting that supplies will vary based on parent assessment, below). Supplies may include

- a teaching guideline or documentation form outlining key content areas
- corresponding written materials and multimedia materials, including information about any prescribed or recommended nutritional supplements appropriate for toddlers
- information about community and Internet resources designed to assist parents in learning about proper nutrition for healthy school-aged children
- information on how to contact members of the health care team with questions or concerns

How to Teach Parents of Healthy School-aged Children about Nutrition

- › Assess parents for
 - readiness to learn
 - Listen for cues that the parents are interested in receiving information about nutrition of healthy school-aged children (e.g., statements such as “All my child wants to eat is fast food”) or ask questions to help parents identify what information they need to know to promote optimal nutrition in healthy school-aged children (e.g., “You mentioned that you are having difficulty encouraging your child to eat a healthy diet. What strategies have you tried?”)
 - Parents may be at different stages of readiness; it is important to individualize your approach based on each individual learner’s readiness
 - preferred learning style
 - Individuals are auditory, visual, or tactile learners, and learn by hearing, by seeing, and by doing
 - parent-identified learning priorities
 - When there is incongruence between the parents’ priorities and the healthcare provider’s goals, all will need to explore why the incongruence exists
 - learning barriers
 - Barriers to learning can include impaired memory or cognitive difficulties; learning disabilities; physical limitations; language; low literacy; impaired hearing, sight, and/or speech; financial issues; and cultural, psychosocial, and/or emotional concerns
 - learning needs/knowledge deficits
 - Many parents of school-aged children are preoccupied with the challenges of the care of their child and may need to be encouraged to learn more about nutrition of healthy school-aged children
 - Barriers to learning should be assessed through parent interview
- › Plan for timely delivery of relevant parent educational information
 - The overall plan for teaching parents of healthy school-aged children about nutrition should be comprehensive, but tailored to meet the parents’ specific needs; it should be divided into information segments that are scheduled at intervals to avoid overwhelming the parents
 - High-quality teaching tools (e.g., clear, concise print materials written at a 5th-grade reading level; a family-oriented DVD about importance of a healthy diet for school-aged children) should be identified in advance to support teaching and learning. The assessment of the parents’ learning characteristics and the child’s developmental needs should guide the selection of appropriate teaching tools, if appropriate
- › Implement the parent teaching plan
 - Discuss and set mutually achievable goals for learning with the parents
 - Anticipate a planned approach to teaching/learning, but be prepared to be flexible and individualize information based on the parents’ changing needs and desires
 - Choose a private, low-stress setting for teaching
 - Provide timely and relevant information on the nutrition of healthy school-aged children
 - Potential topics should include
 - the importance of good nutrition in the growth and development of healthy school-aged children
 - age-appropriate dietary recommendations

- potential short- and long-term complications of poor nutrition
- developmentally-appropriate strategies for encouraging school-aged children to consume healthy foods
- the potential negative effects of television viewing on good nutrition in young children
- strategies for making better choices at fast food restaurants
- Use a variety of teaching/learning strategies for best results
 - Direct communications, such as face-to-face encounters, are fundamental to clinical care and education of parents of school-aged children, particularly for discussions about emotional and psychosocial concerns
 - Written materials (e.g., booklets, fact sheets) have received mixed reviews
 - The effectiveness of print materials varies based on comprehensibility, visual appeal, legibility, text style, size, and layout
 - Internet resources are readily available to most parents of school-aged children, although healthcare professionals disagree about the value of Internet information
 - One strategy to enhance Internet use by parents is to provide a list of nutrition-related Web sites that are thought to be accurate, current, and understandable (e.g., at the American Academy of Pediatrics (AAP) Website at <https://www.healthychildren.org/english/ages-stages/gradeschool/nutrition/Pages/default.aspx> and the USDA's MyPlate at <http://www.fns.usda.gov/sites/default/files/eatsmartminiposter.pdf>)
- › Evaluate the parents' response to education about nutrition of healthy toddlers
 - Continually assess learning throughout the continuum of care
 - A "teach-back" method can be used to evaluate learning/understanding
 - Have the parents repeat health information and/or demonstrate a skill while allowing the educator to listen, observe, and clarify the information or skill performance, as needed
 - Remember that specific information is better recalled than general information
 - Self-efficacy ratings (i.e., the extent to which a person believes he/she is capable of achieving a desired outcome) can be used to assess how confident the learner is about understanding information or performing a skill. For example, ask the parents, "On a scale of 1–10, how certain are you that you will be able to incorporate healthy foods into your child's diet?"
 - If the parents' response is < 7, the plan will need to be readjusted (e.g., reiterate education until ≥ 7 , explore why the parents are not certain, initiate greater involvement of supportive individuals [e.g., family members, spouse, etc.] in teaching)
- › Update the child's plan of care, as appropriate; document the following in the child's medical record, and communicate any concerns with the multidisciplinary healthcare team so that information can be reinforced and the learning plan can be continued or modified accordingly:
 - All education provided, including specific teaching/learning strategies implemented
 - Assessment findings regarding readiness to learn, preferred learning style(s), learning needs/desires, and learning priorities of the parents
 - Any identified barriers to learning and methods used to help overcome these barriers
 - Parent response to learning, including demonstrated level of understanding and ability to perform necessary skills related to nutrition
 - Plan for continuing parent education, including whether or not specific information should be reinforced or taught again using a different teaching method

What to Expect After Teaching Parents of Healthy School-aged Children about Nutrition

- › The parents will
 - understand the basic nutritional needs of healthy school-aged children and the importance of good nutrition in promoting normal growth and development
 - provide the healthy school-aged child with an appropriate diet
 - understand the potential complications of a poor diet, including deficiency diseases, health-threatening conditions, and chronic diseases
 - initiate developmentally appropriate strategies for promoting healthy nutrition among school-aged children
 - receive answers to their questions regarding good nutrition among school-aged children answered and identify resources for future questions
 - experience the delivery of consistent and ongoing educational information across the healthcare system

- perceive having received information in a culturally-sensitive manner and in a language and at a level that is understandable to them

Red Flags

- › With the exception of very obese children, weight-loss diets are not usually appropriate in children because they may interfere with self-esteem and growth and development, and often are not successful. A more appropriate approach is to help the entire family achieve a healthier lifestyle, including healthy eating habits
- › Unless supported by the parents, the use of family members, friends, and non-professional staff as interpreters is a violation of the patient's right to confidentiality

What Do I Need to Tell the Patient/Patient's Family?

- › Emphasize the importance of keeping medical appointments to allow for continued well-child medical visits and monitoring of the patient's nutritional status, as appropriate. At each visit, reinforce parent education regarding nutrition in school-aged children, including the need for a balance of food and beverages commensurate with the child's energy needs, variety, moderation, and proper food portions in the context of a healthy lifestyle
- › If the child is obese
 - encourage more frequent medical visits to evaluate the child's weight and overall health and to reinforce family education on child nutrition and improved nutrition for the family
 - emphasize the importance of making lifestyle changes as a family (rather than putting the child on a diet, unless very obese) in order to promote weight loss and preserve the child's self-esteem

Note

- › Recent review of the literature has found no updated research evidence on this topic since previous publication on October 30, 2015

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