

Freedom Academy

A Chartered Public School



Wellness Policy

Approved by Freedom Academy Governing Board 4 August 2006

Table of Contents

Table of Contents	2
Wellness Policy Background and Justification	3
Quality of diet	3
Disordered Eating and Body Image	3
The Impact of Good Health Habits on Learning and Performance	4
Parents Have the Greatest Influence and Responsibility	5
A Multi-Component Prevention Model	5
Our Commitment to Promoting Health and Learning	5
Federal Wellness Policy Requirements	5
Freedom Academy Wellness Policy	6
I. Nutrition Education Goals	6
II. Physical Activity Goals	7
III. Goals for Other School-Based Activities Designed to Promote Student Wellness	8
A. Dining Environment	8
B. Time to Eat	8
C. Food or Physical Activity as a Reward or Punishment	8
D. Consistent Messages in School Activities and Environment	9
IV. Nutrition Standards for All Foods Available on School Campus during the School Day	10
V. Goals for Measuring, Evaluating and Maintaining the Wellness Policy	11
Literature Cited	13

Wellness Policy Background and Justification

Quality of diet

Good health habits in childhood lay the foundation for a lifetime of good health and disease prevention. In order to maximize potential for learning, growth, and well-being, children need access to healthful foods and beverages, opportunities for physical activity, adequate rest and a supportive environment. Good health promotes student attendance and education. Unfortunately, there are some alarming indicators that child health is at risk. Some statistics and areas of interest and concern include:

- Only 2% of children (2 to 19 years) eat a healthy diet consistent with the main recommendations from the Food Guide Pyramid(1).
- Fifty one percent of school-age children consume less than one serving of fruits and vegetables per day(2).
- Less than a third of school children consume the recommended milk group servings on any given day(3).
- Between 56 – 85% of school age children consume soda everyday(2).
- Teenagers drink twice as much carbonated soda as milk(3).
- Children’s diets are high in added sugars. For all children, added sugars contribute an average of 20% of total food energy(1).
- Eighty four percent of school-age children consume too much fat(2).
- For children 6 to 11 years of age, average daily total grain intake was 6.5 servings, whereas daily whole grain intake was only 0.9 servings per day while the proportion consuming an average of two or more servings of whole grains daily was 12.7%(5).

Fitness Trends and Related Disease

The overall poor quality of the diets of our children has many implications for their health. Some additional trends can be noted by the following:

- Obesity rates have doubled in children and tripled in adolescents over the last two decades(6).
- Approximately 13% of school-age children are obese, and 15% are overweight(6,7).
- It is estimated that one third of the children born in the year 2000 will develop diabetes unless many more people start eating less and exercising more (Centers for Disease Control 2003).
- Heart disease, cancer, stroke, and diabetes are responsible for two-thirds of deaths in the United States(6). Major risk factors for those diseases, including unhealthy eating habits, physical inactivity, and obesity, often are established in childhood.
- Fewer than 1 in 4 children get 20 minutes of vigorous physical activity per week(8).
- Fewer than 1 in 4 children get at least 30 minutes of physical activity per day(8).

Disordered Eating and Body Image

Not all risks to a child’s health are associated with obesity. There are many problems with undernutrition, food insecurity, borderline (sub-clinical) nutrient deficiencies, misinformation, and eating disorders. A broader view of child health should be adopted which emphasizes healthy habits and healthy body image. Because of genetic variation, some children will never be the model of thinness, yet they can certainly maximize their

genetic potentials to be fit and healthy. Some interesting statistics reviewed by the National Eating Disorders Association(9) include the following:

- In the United States, conservative estimates indicate that after puberty, 5-10% of girls and women (5-10 million girls and women) and 1 million boys and men are struggling with eating disorders including anorexia, bulimia, binge eating disorder, or borderline conditions
- At least 50,000 individuals will die as a direct result of their eating disorder. (There are probably many more that are not reported.)
- Many individuals struggle with body dissatisfaction and sub-clinical eating disorder attitudes and behaviors. Eighty percent of American women are dissatisfied with their appearance.
- 42% of 1st-3rd grade girls want to be thinner.
- 81% of 10 year olds are afraid of being fat.
- The average American woman is 5'4" tall and weighs 140 pounds. The average American model is 5'11" tall and weighs 117 pounds. Most fashion models are thinner than 98% of American women.
- 51% of 9 and 10 year old girls feel better about themselves if they are on a diet
- 46% of 9-11 year olds are "sometimes" or "very often" on diets, and 82% of their families are "sometimes" or "very often" on diets
- 91% of women recently surveyed on a college campus had attempted to control their weight through dieting, 22% dieted "often" or "always".
- 95% of all dieters will regain their lost weight in 1-5 years.
- 35% of "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders.

In addition to the severe emotional and psychological problems associated with eating disorders, individuals who struggle with them are at a great risk for a myriad of nutrient deficiencies and health problems. These data emphasize the need for moderation and the input of experts in any approach to education related to personal health.

The Impact of Good Health Habits on Learning and Performance

The benefits of good health translate into better learning and classroom performance. (The bulleted information presented below is from *Action for Healthy Kids*(10, 11)). For example, research suggests that

- Sub-clinical malnutrition impairs intelligence and academic performance. This is corrected by improved nutrition.
- Low dietary protein is associated with low achievement scores.
- Iron deficiency anemia leads to shortened attention span, irritability, fatigue, poor test performance, and difficulty concentrating.
- Children who coming from food insufficient families have poorer arithmetic scores.
- Moderate undernutrition can have lasting effects and compromise cognitive development and school performance.
- Skipping breakfast has an adverse influence on speed and accuracy of response on problem-solving tasks even among healthy, well-nourished children.
- School breakfast programs improve attendance rates, decrease tardiness and improve academic achievement and cognitive functioning(12, 13).
- Academic achievement improves even when PE reduces the time for academics. In one study, reducing class time by 240 minutes per week to allow for increased physical activity led to consistently higher mathematics scores.
- Aerobic conditioning may improve memory.

- “Nearly 200 studies on the effect of exercise on cognitive functioning suggest that physical activity supports learning(14)”.

In addition to good nutrition and physical activity, adequate rest and fluid are important for overall health. Adequate sleep helps maximize a child’s cognitive functioning. Research reveals a high prevalence among school-aged children of suboptimal amounts of sleep and poor sleep quality. Suboptimal sleep affects how well students are able to learn and it appears to adversely affect school performance(15). Inadequate fluid (poor hydration) is related to slowed psychomotor processing speed and poorer attention/memory performance(16). Even mild dehydration impairs a number of important aspects of cognitive function such as concentration, alertness, and short-term memory in healthy adults(17).

Parents Have the Greatest Influence and Responsibility

For any school-based wellness program to be successful, parents must become educated partners since they have the most influence on a child’s environment(18-22), eating, and physical activity patterns(23-25). Early parental influence is associated with the development of a child’s food-related behaviors later in life(26).

A Multi-Component Prevention Model

Beyond the home, the school is an appropriate site for health education and promotion(2). Early efforts in school health education focused on knowledge-based classroom programs. Though knowledge and attitudes improved, health behaviors did not(2). Healthy lifestyle habits are influenced by many factors. Knowledge is only one of them. A multi-component prevention model addressing many areas of the child’s life, including environment and behavior is recommended(2).

Our Commitment to Promoting Health and Learning

Freedom Academy Charter School is committed to creating an environment which maximizes a child’s ability to learn, grow, develop and perform both physically and academically. The scientific research is clear that proper nutrition, physical activity, hydration and adequate rest, are each integral to accomplishing both fitness and academic goals. A central focus is to help the children grow up with positive, healthful habits that will persist into adulthood, thus improving lifelong mental and physical health and well-being.

Therefore, in compliance with the Child Nutrition and WIC Authorization Act of 2004, we propose the following Wellness Policy to be instituted by July 1, 2006.

Federal Wellness Policy Requirements

As required by law, the Freedom Academy Wellness Policy includes the following:

- Goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness.
- Nutrition standards for all foods available on campus during the school day with the objectives of promoting student health and reducing childhood obesity.
- Guidelines for reimbursable school meals which are no less restrictive than regulations and guidance issued by the Secretary of Agriculture.
- A plan for measuring implementation of the local wellness policy.
- Guidelines for involving the community in the development, implementation and annual review. Community members should include parents, students, and representatives of the school food authority, the school board, school administrators, and the public.

Freedom Academy Wellness Policy

I. Nutrition Education Goals

A. Nutrition education topics shall be taught at every grade level. The nutrition education program shall focus on students' eating behaviors and attitudes, shall be interactive, and shall be based on theories and methods proven effective by peer-reviewed published research.

1. The nutrition education lesson plans must be reviewed and approved by a registered dietitian.
2. There shall be at least two assemblies or school-wide activities per school year which promote a healthy lifestyle. The topics shall cover good nutrition, physical activity, hydration and adequate rest. When possible, the school shall solicit help with assemblies from qualified entities within the community, (i.e. National Dairy Council, BYU Dietetics Program, and the City-County Health Department).
3. Freedom Academy will celebrate National Nutrition Month, National School Lunch Week, National School Breakfast Week
4. Freedom Academy shall encourage participation in school breakfast and school lunch so children will have access to meals that meet dietary standards.
5. Teachers shall take opportunities to promote healthy lifestyle choices when possible throughout the school day as situations arise. They will also teach by example, being good role models for the children.

B. Students shall integrate their knowledge of nutrition principles by personally taking steps toward improving their lifestyles.

1. Before the Fall assembly, children will complete a short assessment concerning knowledge and behavior related to nutrition, physical activity, hydration and sleep. After the Fall assembly, each child will set at least one achievable goal to improve his/her lifestyle and health. Progress will be assessed regularly in the classroom and the child will review and modify the goal(s).
2. Students and employees are strongly encouraged to have clean water bottles available for daily use in the classroom.

C. Nutrition education shall be offered in the school dining room as well as in the classroom, with coordinated efforts between Child Nutrition Services and faculty. Parents will also be offered nutrition education resources.

1. Posters and bulletin boards in the dining area will provide daily reminders of healthy lifestyle principles.
2. Positive messages about the daily meal will be posted at the point of service.
3. Hand washing training will be implemented in the classrooms.
4. Nutrient-dense choices within each food group will be offered at school meals in an effort to model appropriate meal planning.
5. School personnel shall practice consistency of nutrition messages throughout the curriculum and environment.
6. Child Nutrition Services will send home nutrition education materials at least bi-monthly in the communications folders.

7. The school's website will provide links to nutrition and healthy lifestyle information.

D. Nutrition education shall be age-appropriate and designed to help students learn nutrition principles which emphasize the current USDA Dietary Guidelines for Americans (DGA) and the Food Guide Pyramid (FGP).

1. Using the DGA and FGP as a foundation, nutrition education shall include, but not be limited to the following:
 - physical and mental benefits of healthy eating, exercise, fluid and adequate rest.
 - assessing personal behaviors based on the DGA.
 - changing undesirable behaviors by goal-setting and achievement.
 - components of a healthy lifestyle.
 - the use and misuse of dietary supplements.
 - meal and snack planning.
 - understanding and using food labels.
 - critically evaluating nutrition information and commercial food advertising.
 - nutrient density.
 - essential nutrients and nutrient deficiencies.

E. Nutrition education will NOT focus on body weight, calorie counting or other behaviors that may increase a child's risk for developing disordered eating.

F. Nutrition education instructional activities shall stress the appealing aspects of healthy eating and be participatory, developmentally appropriate, and enjoyable. Efforts shall be made to encourage family lifestyle improvements and engage the family as partners in the child's education and lifestyle improvement.

II. Physical Activity Goals

A. All children will be offered quality physical education (PE) classes.

1. By the 2009-2010 academic year, Freedom Academy will adhere to the National Association of Sport and Physical Education (NASPE) recommendations for physical education which include a minimum average of 150 minutes per week for elementary students and 225 minutes per week for middle school students.
2. The Utah State Office of Education Physical Education Core Curriculum will be implemented.
3. PE classes shall be sequential, building from year to year. Content will emphasize enjoyment of physical activity and will include movement, personal fitness, positive self image and personal and social responsibility.
4. Students should be able to demonstrate competency through application of knowledge, skill, and practice.
5. PE classes for all students in grades 1-8 must be taught or supervised by teachers certified in physical education

B. Students should not be denied recess or unstructured play.

1. Freedom Academy will provide recess every day for at least 20 minutes for elementary students. In special circumstances, recess time can only be taken away so teachers can help students “make up” school work during morning recess OR the first 10 minutes of lunch recess.
2. The school playground shall be organized to encourage physical activity. This includes ensuring a variety of playground equipment (play structures, balls, jump ropes, etc.) to allow all students opportunities to engage in enjoyable activities during recess.

C. Students shall be encouraged to develop physically active lifestyles.

1. In addition to physical activity during the school day through PE classes and daily recess periods, teachers are encouraged to integrate physical activity into the academic curriculum where appropriate.
2. Parents and guardians shall be encouraged to support their children’s participation in physical activity, to be physically active role models, and to include physical activity in family events.
3. Students shall be given opportunities for physical activity through before and/or after-school programs.
4. The PE teacher will provide an incentive program to promote physical activity. Each child should be able to chart personal progress in the program.
5. Freedom Academy shall provide training to enable teachers and other school personnel to promote enjoyable, lifelong physical activity among students.
6. The physical education teacher will send home healthy lifestyle information encouraging physical activity at least bi-monthly through the communications folders.
7. Freedom Academy will celebrate National Physical Fitness Month.

III. Goals for Other School-Based Activities Designed to Promote Student Wellness

A. Dining Environment

1. Freedom Academy shall provide a clean, safe, enjoyable meal environment for students.
2. There shall be enough space and serving areas to ensure all students have access to school meals with minimum wait time.
3. Drinking fountains shall be available so that students can get water at meals, recess, and throughout the day.
4. All students are encouraged to participate in the school meals program. The identity of students who eat free and reduced price meals shall be protected.

B. Time to Eat

1. Lunch time shall be scheduled as near the middle of the school day as possible.
2. Students will have an adequate amount of time to eat
3. Recess shall be scheduled before lunch for elementary students so that children will come to lunch less distracted and ready to eat.

C. Food or Physical Activity as a Reward or Punishment

1. Freedom Academy prohibits the use of food as a reward or punishment.
2. Students will not be denied participation in physical activities for more than five minutes as a form of discipline. Exercise should not be used as a punishment.

D. Consistent Messages in School Activities and Environment.

1. Any commercially sponsored or provided material must first be approved by the Freedom Academy Director and Child Nutrition Services Director before it is allowed to be distributed or displayed at the school.
2. All school fundraising efforts shall be supportive of healthy eating. Fundraisers will involve non-food items or nutritious foods only.
3. The parent-teacher organization (PTO), school personnel and parents will encourage healthy lifestyle choices in the classroom even during room parties and celebrations.
4. A class may have up to 6 celebrations per academic year which allow use of otherwise discouraged food items. Teachers and room parents are encouraged to plan foods that are supportive of healthy eating. High-sugar drinks in any form other than 100% fruit juice are prohibited. (Viable options may include but are not limited to ice water, flavored water providing less than 5 g of carbohydrate per serving, milk, or fruit juice mixed with club soda or caffeine-free diet soda)
5. Components of the Wellness Program will focus on school personnel, encouraging them to adopt a healthy lifestyle in order to improve their health and well-being.
6. To be consistent in modeling a healthy lifestyle, all school personnel will only eat foods of minimal nutritional value [greater than 35% of calories as fat (excluding nuts) or 35% of calories as added sugar] in their offices or the teachers' lounge (preferably with the door closed).
7. Hand sanitizer will be made available throughout the school. Administrators, teachers and staff will encourage hand washing and the use of hand sanitizer by students.
8. Curriculum will include character education and teach life skills which promote a positive self image. A positive self-image is important in maintaining a healthy lifestyle and avoiding disordered eating behaviors.
9. New student and Fall application packets will include an application for free/reduced meals to ensure that every family receives one.
10. A maturation program will be made available to fifth grade students and others as recommended by parents, teachers, administrators or counselors.
11. Eye testing will be made available yearly for all students.
12. Dental health will be included in curriculum.

E. Staff members who provide nutrition education will have appropriate training.

1. The Child Nutrition Services Manager and Child Nutrition Services Clerk will attend training from the state at least twice a year. They will receive and implement policies regarding the National School Meals Program.
2. Child Nutrition Services employees will be certified food handlers. The Child Nutrition Services Manager will be ServSafe certified.
3. The Physical Education teacher will receive annual training.

4. Faculty, staff and Child Nutrition Services personnel will have in-service training as needed on character education, positive self image, healthy lifestyles, nutrition and physical education.
5. The Child Nutrition Services Director shall be a registered dietitian and/or shall have a Master or Doctoral degree in nutrition or dietetics from an accredited university. He/she may be a volunteer or work as a consultant.

IV. Nutrition Standards for All Foods Available on School Campus during the School Day

School meals will meet or exceed the criteria for reimbursable school meals, as set forth by the Secretary of Agriculture pursuant to Subsections (a) and (b) of Section 10 of the Child Nutrition Act (42 U.S.C. 1779) and Section 9(f)(1) and 17(a) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(f)(1), 1766(a)), as those regulations and guidance apply to schools; specifically, program requirements and nutrition standards set forth under the 7 CFR Part 210 and Part 220.

- A. Grains:** At least one half of grains offered each week will be whole grains. Breakfast cereals will be whole-grain based, provide at least 45% of the daily value for iron, and contain no more than 9 grams of sugar per serving.
- B. Dairy:** A variety of low-fat Vitamin A and D fortified milks will be offered at every meal. Kindergarten students will have the opportunity to participate in the Special Milk Program.
- C. Fruits and Vegetables:** All juices served at breakfast and lunch will be 100% fruit/vegetable juice. Breakfast and lunch choices will always include fruit and/or fruit juice. Lunch shall always include a vegetable. Emphasis shall be placed on fresh and frozen produce. When feasible, locally produced foods or those grown in a school garden will be utilized. Use of canned fruits and vegetables will be limited. Application of nutrition education principles shall be modeled by offering a variety of nutrient-dense fruits and vegetables. Offerings should include dark green and/or orange vegetables daily. Fruit served should reflect the principle of variety in type and color. Second helpings of fruits and vegetables will always be available free of charge for students purchasing lunch.
- D. Fiber:** Meals should contain a weekly average of 4 grams of fiber per meal for elementary students, and 7 grams for grades 7 and 8.
- E. Protein:** Low-fat cooking methods will be implemented. At least one protein entrée or side per week will be legume-based.
- F. Oils, fats and sugars:** The overall daily menu will be low in fat (30% of calories or fewer), added sugar, and sodium when available (i.e. baked chips and low-fat or low-sodium condiment options).
- G. Vending:** Only vending of bottled water will be allowed for students. Some types of flavored bottled water containing less than 5 grams of carbohydrate per bottle may be vended if approved by the Child Nutrition Services Director. The teacher's lounge may have vending machines for adult use only which has options for sugar-free, caffeine-free beverages, and/or nutritious snacks.

- H. No parent may bring food to the cafeteria for any children other than her/his own unless prior written approval has been obtained from the other child's parent. This is important because of special diets, allergies, etc.
- I. A sharing table will be provided in the cafeteria where any student may place or take any unopened items. Child Nutrition Services staff will monitor for appropriateness of the shared items.
- J. Reasonable accommodations for religious groups shall be made (such as offering meatless entrées during Lent).
- K. Child Nutrition Services shall offer an alternative entrée daily to accommodate children with allergies and medical conditions. Parents should notify Freedom Academy Child Nutrition Services concerning special dietary needs and limitations.
- L. Because of federal regulations, special needs and parent requests, only Child Nutrition Services personnel shall offer food from the serving line, unless prior approval from the Child Nutrition Services Manager is obtained.
- M. Parents and school personnel are encouraged to carefully consider the nutrient value of all foods and beverages brought into the school (i.e. fruit or nonfood items instead of foods of low nutrient density).

V. Goals for Measuring, Evaluating and Maintaining the Wellness Policy

- A. Changes in behavior, knowledge and attitudes relative to nutrition, physical activity and lifestyle will be tracked by the pretest, a posttest near the end of the school year, and goal records completed by the students.
- B. Child Nutrition Services personnel will assess their adherence to the policy by appropriate analysis of the menus and by having each menu and analysis reviewed by a Registered Dietitian. Child Nutrition Services staff will also poll students to determine acceptability of menu items.
- C. Observational records of school personnel adherence to policy will be maintained by members of the administration and staff.
- D. The physical education teacher will administer a validated fitness test at the beginning and the end of the school year to document changes in cardio-respiratory fitness as well as other components of physical fitness including strength and flexibility.
- E. The Freedom Academy Wellness Committee will be receptive to suggestions for implementation and evaluation of the program at any time.
- F. The Wellness Committee is composed of interested parents, students, the Freedom Academy Director, the Physical Education instructor, the Child Nutrition Services Director, the Child Nutrition Services Manager, the Child Nutrition Services Clerk, a Governing Board member, and professionals from the public, including but not

limited to a nutrition professor from Brigham Young University, and a representative of the City County Health Department of Utah County.

- G.** The Wellness Policy Coordinator shall be a committee member who is also a parent and will be chosen by the committee with input from the Governing Board and the PTO. She/He is charged with operational responsibility for ensuring that the Academy meets the Wellness Policy.

- H.** The Wellness Policy will be evaluated every Summer. It will be revised if necessary.
 - 1. The school psychologist, school nurse, interested parents and the Wellness Committee are invited to the evaluation meeting.
 - 2. The governing board will review any revisions to the policy.
 - 3. The parent body will be given a time to review and respond to revisions.

Literature Cited

1. Food, Nutrition, and Consumer Services/USDA. Foods Sold in Competition with USDA School Meal Programs: A Report to Congress. 2001.
2. Position of the American Dietetic Association: child and adolescent food and nutrition programs. *J Am Diet Assoc* 2003;103:887-893.
3. USDA. Team Nutrition Call to Action: Healthy School Environments.
4. Harnack L, Walters SA, Jacobs DR Jr. Dietary intake and food sources of whole grains among US children and adolescents: Data from the 1994–1996 Continuing Survey of Food Intakes by Individuals. *J Am Diet Assoc* 2003;103:1015-1019.
5. Munoz KA, Krebs-Smith SM, Ballard-Barbash R, Cleveland LE. Food intakes of U.S. children and adolescents compared with recommendations. *Pediatrics* 1997;100:323-329.
6. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. 2001.
7. Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999–2000. *JAMA* 2002;288:1728-1732.
8. International Life Sciences Institute. Improving Children's Health through Physical Activity: A New Opportunity, A survey of Parents and Children about Physical Activity Patterns. 1997.
9. National Eating Disorders Association, NEDA (1998), Basic Facts Handout. www.healthywithin.com
10. Action For Healthy Kids. www.actionforhealthykids.org, 2003.
11. Healthy Schools Summit, Washington, DC, October 2002.
12. Taras, H. Nutrition and Performance at School. *J. Sch Health* 2005 Aug;75(6):199-213.
13. Grantham-McGregor S. Can the provision of breakfast benefit school performance? *Food Nutr Bull.*2005 Jun;26(2 Suppl 2):S144-58.
14. Etnier, J.L., Salazar, W., Landers, D.M., Petruzzello, S.J., Han, M., & Nowell, P. The influence of physical fitness and exercise upon cognitive functioning: a meta-analysis. *Journal of Sport and Exercise Psychology* 1997; 19:3:249-277.
15. Taras H, Potts-Datema W. Sleep and student performance at school. *J. Sch Health* 2005 Sep;75(7):248-54 2005 Aug;75(6):199-213.
16. Ritz P., Berrut, G., The importance of good hydration for day-to-day health. *Nutr Rev.* 2005 Jun;63(6 Pt 2):S6-13.
17. Suhr JA, Hall J, Patterson SM, Niinisto RT., The relation of hydration status to cognitive performance in healthy older adults. *Int J Psychophysiol.*,2004 Jul;53(2):121-5.
18. Hursti UKK. Factors influencing children's food choice. *Ann Med* 1999;31:S26-S32.
19. Burt JV, Hertzler AA. Parental influences on the child's food preference. *J Nutr Educ* 1978;10:127-128.
20. Crockett JS, Sims LS. Environmental influences on children's eating. *J Nutr Educ* 1995;27:235-249.
21. Hertzler AA, Vaughan CE. The relationship of family structure and interaction to nutrition. *J Am Diet Assoc* 1979;72:23.
22. Nicklas TA, Baranowski T, Baranowski J, Cullen K, Rittenberry L, Olvera N. Family and child-care provider influences on preschool children's fruit, juice, and vegetable consumption. *Nutr Rev* 2001;59:224-235.
23. Johnson RK, Panely C, MinQi W. Associations between the milk mothers drink and the milk consumed by their school-aged children. *Fam Econ Nutr Rev* 2001;13:27-36.

24. Oliveria SA, Ellison RC, Moore LL, Gillman MW, Garrahe EJ, Singer MR. Parent-child relationships in nutrient intake: The Framingham Children's Study. *Am J Clin Nutr* 1992;56:593-598.
25. Wardle J. Parental influences on children's diets. *Proc Nutr Soc* 1995;54:747-758.
26. Branen L, Fletcher J. Comparison of college students' current eating habits and recollections of their childhood food practices. *J Nutr Educ* 1999;31:304-310.