

# ADA releases updated position paper on nutrition assistance programs for children

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The American Dietetic Association has published an updated position paper on nutrition assistance programs for children that reviews existing programs and their value, discusses barriers to participation and encourages more research to evaluate the programs' long-term effectiveness in helping children get and stay healthy.

ADA's updated position paper, published in the May issue of the [Journal of the American Dietetic Association](#), represents the Association's official stance on child and adolescent nutrition assistance programs:

It is the position of the American Dietetic Association that [children](#) and adolescents should have access to an adequate supply of healthy and safe foods that promote optimal physical, cognitive and social growth and development. Nutrition assistance programs, such as food assistance and meal service programs and [nutrition education](#) initiatives, play a vital role in meeting this critical need.

ADA's position and accompanying paper were written by Jamie Stang, PhD, MPH, RD, LN, associate professor in the School of Public Health at the University of Minnesota; and Cynthia Taft Bayerl, MS, RD, LDN, nutrition coordinator at the Nutrition Physical Activity and Obesity Program, Massachusetts Department of Public Health.

According to ADA's position paper, nutrition assistance programs like School Breakfast, School Lunch, summer programs and WIC are vital to the health and well-being of America's children and adolescents.

Approximately one in six infants, children and adolescents live in homes that experience limited food security, and half of all children participate in at least one nutrition assistance program during their first five years of life, according to the authors. "Without these programs, millions of infants, children and adolescents in the U.S. may not reach their full developmental potential."

ADA encourages nutrition assistance programs to be made available to all eligible children and adolescents. "Current participation in many programs is below 100 percent due to barriers which may include lengthy, complicated application procedures, fear of losing other financial assistance benefits, lack of incentives for organizations to offer such programs and lack of access to reliable transportation required to participate in programs and services," according to the authors.

"Incentives for schools, community agencies, religious organizations and other venues to provide summer meal programs and offer transportation to the programs should be implemented."

ADA's position paper notes that many nutrition assistance programs face regular risk of inadequate or discontinued funding. "Advocacy efforts are needed to ensure that all nutrition assistance programs are fully funded and reach all infants, children and adolescents who are eligible to participate," according to the authors. They add that registered dietitians and dietetic technicians, registered are "uniquely qualified to develop, implement and evaluate nutrition assistance programs."

ADA's position also encourages placing more emphasis on funding evaluation studies of nutrition assistance programs, since reliable data on the impact of nutrition assistance programs are limited. Research should cover how programs affect the mental and physical health of children and adolescents, the ability of youth to succeed in academic settings, improvements in nutrition status and growth, and the financial implications for families of children and adolescents, according to the

authors. "Formal surveillance systems should be implemented to ensure that long-term impact of nutrition assistance programs can be measured."

Provided by American Dietetic Association

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