

## **RECLAIMING THE FAMILY TABLE: MEALTIMES AND CHILD HEALTH AND WELLBEING**

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### **Abstract**

While lasting only twenty minutes, on average, family mealtimes are embedded in a social, cultural, and economic context that are associated with a variety of indicators of children's health and wellbeing. Shared family mealtimes have been associated with such diverse outcomes as reduced risk for substance abuse, promotion of language development, academic achievement, and reduced risk for pediatric obesity. This social policy report provides a brief overview of current research suggesting that frequency of family mealtimes, family climate during shared mealtimes, environmental and policy influences on family food choice are related directly and indirectly with children's health and wellbeing.

The report is divided into five sections. The first addresses frequency effects of shared family mealtimes and relations to child health and wellbeing indicators. The second section addresses family climate during shared family mealtimes. This section examines the role that family interaction patterns, dining in or outside the home, and the effects of having the television on during mealtimes plays in relation to child outcomes of interest. The third section addresses parents as gatekeepers of the family table. This section considers the role of food marketing and parent versus child decision making about food in relation to shared mealtimes. The fourth section examines briefly the topic of food accessibility including food insecurity and time scarcity and associated influences on family mealtimes. The final section concludes with six policy recommendations for decision makers and community opinion leaders.

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## FROM THE EDITOR

As the authors state in their introduction, family mealtimes may initially seem to be an unlikely topic for a publication that aims to present research information relevant to pending social policy. However, this paper convincingly argues that there is more than meets the eye in regard to the topic's relevance to policy.

First, Fiese and Schwartz clearly portray the importance of family mealtimes to child health and well-being. They explore frequency, climate and family food choices as aspects of the phenomenon. They examine a variety of social changes, including an increase in other options such as eating in front of the TV, as the culprits underlying the decrease in families having dinner together.

Second, they review the various ways that social institutions, including government, can play a role in furthering family mealtimes as a vehicle to enhancing child development and building healthy communities. They offer six recommendations of actions that may be taken to promote regular and healthy family mealtimes.

There is considerable concern in this country for what has been described as an obesity epidemic, particularly among children. We have had a previous SPR on this topic, *The Epidemic of Childhood Obesity: Review of Research and Implications for Public Policy*, Volume 20, Issue 2, 2006. However, much of our focus has been on school based programs and on providing information on healthy food choices. We know from other public health efforts that information alone is not sufficient to change behavior. This paper makes the important point that eating behavior is learned at home, at least partially, and that modeling of parents' behavior is an important vehicle for acquiring eating habits. To omit families from our efforts to control this epidemic guarantees failure.

Generally, we do not have very well developed policies to support families in this country. Unlike most other industrialized countries, we consider family life to be private and not under the jurisdiction of community or government. That might be the ideal scenario, although I would not make that argument. However, when things are clearly not working out for families, other social institutions have a responsibility to step in and offer whatever help they can. Otherwise, if our children do not grow up to be healthy and productive adults, our society as we know it will collapse. Other industrialized countries recognize the link between family functioning and social wellbeing. This article points to yet another area where families need help they are not receiving, and the consequence is a major social problem—an epidemic of obesity.

This article offers a message to multiple audiences—families, community leaders, policy makers—we hope that all of these audiences will heed the warning and take the actions necessary to re-institute mealtime into family life.

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## Reclaiming the Family Table: Mealtimes and Child Health and Wellbeing

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Gather around the table. This may seem like an unlikely topic for a social policy report. However, the practice of shared family mealtimes is a densely packed event that bodes for either favorable or suboptimal child development. Shared family mealtimes have been associated with such diverse outcomes as academic achievement, language development, physical health, and reduced risk for substance abuse. The context in which mealtimes occur is a complex one affected by access to healthy foods, advertising and marketing to children, and feeding practices embedded in a family's heritage. Shared mealtimes are an immensely symbolic event, not only for specific families, but as a barometer of community health. In this regard this brief report aims to provide an overview of recent evidence suggesting that frequency of family mealtimes, family climate during shared mealtimes, and environmental and policy influences on family food choices are indirectly and directly associated with child health and wellbeing. There are distinct implications for policy makers whose decisions can influence the sustainability of healthy communities and support more positive outcomes for children, youth, and their families.

We have three primary objectives in this *Social Policy Report*. First, we aim to highlight key empirical findings in the current literature that link family mealtimes to important child outcomes including reduced risk for obesity, substance use, and increased opportunities for enriched language development, academic achievement and positive adaptation. While our presentation is not meant to be an exhaustive review of the literature, we intend to call attention to this emerging, primarily cross-sectional literature base in order that developmental scientists may be encouraged to contribute to this arena and that science funders will be informed as to areas of critical significance. Second, we aim to provide accessible and meaningful information about the importance of family mealtimes to a broad audience including parents, direct care providers (e.g., pediatricians, day care providers, nurse practitioners) that can assist them in

creating space for sustainable family mealtimes. Third, and central to the purpose of the SRCD *Social Policy Reports*, we aim to identify actionable items that policy decision makers and community opinion leaders can embrace to promote family mealtimes as a means to insure the health and wellbeing of our nation's children.

While only lasting twenty minutes on average, family mealtimes are embedded in a social, cultural and economic context. The majority of the research conducted on family mealtimes refers to meals conducted in the evening at home. However, given the increasing trend to eat in restaurants, serve pre-prepared meals, and eat in the car (Sloan, 2006) we do not rule out other settings as an occasion for a family meal. The reports from which we draw include diversity in family structure, ethnicity, and socio-economic context. However, this is an area that is sorely neglected in the study of family mealtimes. From the outset we recognize that a greater commitment is warranted to understanding how families of all forms, living in all locations, and under all circumstances meet the challenge of gathering around the table.

We present our report in five sections; 1) frequency of family mealtimes, 2) family climate during meals, 3) effects of marketing on parents as gatekeepers of the meal and children's food choice, 4) broader contextual issues including food access and food insecurity, and 5) policy recommendations.

### Frequency of Family Mealtimes

Media portrayals would suggest that families do not eat together and the demise of the American family is directly attributable to a decline in the frequency of family mealtimes. Indeed, the fact that families *do* eat together is cause for comment in such outlets as the *Wall Street Journal*, *New York Times*, and *USA Today*. On average, more than 50% of families surveyed nationally report eating together from 3 to 5 times per week, (Bradley, Corwyn, McAdoo, & Coll, 2001; CASA, 2007; Child Trends, 2003). In one survey, 56% of families with school age children (ages 6 to 11 years) report eating a meal together six to seven days a week with 42% of adolescents ages 12 to 17 reporting eating a meal as a family six to seven days a week. Over the past decade, 58% of teens report having dinner with their families at least five times a week (CASA, 2007). There is no other daily activity that families share as a group that is practiced with such regularity.

There is a developmental trajectory in frequency of family mealtimes with younger children experiencing

more regularity in family mealtimes than older teens. Infants and toddlers spend about 11 ½ hours per week eating in their homes which declines to just under 7 ½ hours for children between 9 to 12 years of age (Hofferth & Sandberg, 2001). There are slight variations in regularity and frequency of reported mealtimes across income and ethnic groups (Bradley, Corwyn, Burchinal, McAdoo, & Coll, 2001; Bradley, Corwyn, McAdoo, & Coll, 2001; Flores, Tomany-Korman, & Olson, 2005). These variations are due primarily to lower reported frequencies in poorer families, associated, in part, to added strains in juggling shift jobs and added transportation time between home and work (Roy, Tubbs, & Burton, 2005). It is important to keep in mind that most family meals are relatively brief affairs, lasting on average 18-20 minutes (Ramey & Julison, 1998). Thus while the practice of family mealtimes may be a relatively frequent group activity, in totality it likely consumes 100-120 minutes of family time a week. There is also considerable variability in the amount of time that families spend as a group during mealtimes which provides a rich data source for developmental scientists. One report of families with children of preschool age found that dinner times lasted between two and 47 minutes (Snow & Beals, 2006).

The associated correlates of this activity have proven to be precisely those dependent variables of considerable interest to developmental scientists; risk reduction, achievement of developmental milestones (i.e., language development), and overall health. Those teens who report regular dinnertimes with their families (5 or more times a week) are less likely to smoke cigarettes, marijuana and are at reduced risk of abusing alcohol (CASA, 2007). These effects are stronger for younger teens (12-13 years), suggesting the potential role that mealtimes play in monitoring behavior. A longitudinal report tracking family mealtime frequency and substance use over five years found a protective function of mealtime frequency against substance use for teen girls but not for boys (Eisenberg, Neumark-Sztainer, Fulkerson, & Story, 2008).

In terms of developmental achievements, frequency

of family mealtimes has been associated with vocabulary growth (Beals & Snow, 1994) and academic achievement (CASA, 2007). Longitudinal data collected over three years convincingly portrayed how the use of rare words such as “iguana” at age three predicts vocabulary growth at age five (Snow & Beals, 2006).

In terms of health outcomes, frequency of shared family mealtimes has also been shown to be protective against the development of eating disorders in pre-teens (Neumark-Sztainer et al., 2007) and reduce the risk of bulimia in female college students (Munoz, Israel, & Anderson, 2007). For families with younger children

(birth to twelve years of age) time spent in family meals has been associated with fewer behavior problems (Hofferth & Sandberg, 2001). Time spent in meals has also been associated with indicators of overall health such as amount of sleep during the week for children and adolescents (Adam, Snell, & Pendry, 2007), and mealtime frequency is associated with reduced risk for obesity

(Gable, Chung, & Krull, 2007).

The exact mechanism of effect between frequency of family mealtimes and health outcomes is unclear. We do know that families who regularly eat with their adolescents also promote more consumption of fruits and vegetables (Videon & Manning, 2003). Again, the role of monitoring and parental presence appears to play a central role in family mealtimes.

While the benefits of spending time together during a meal is recognized, parents of teens report conflicting schedules as the number one reason for not sharing a meal (CASA, 2007). Time pressures may have other deleterious health effects. In a daily diary study of adults it was found that on days when adults felt hassled and stressed, they consumed more high fat/sugar snacks and reduced the time spent in regular meals (O’Connor, Jones, Ferguson, Conner, & McMillan, 2008). Time pressures on families may also affect shopping habits as women who dedicate less time to meal planning purchase fewer fruits and vegetables (Crawford, Ball, Mishra, Salmon, & Timperio, 2007). Thus, while families may carve 20 minutes out of their busy day three to four times a week to eat together, how they make use of

The outcomes associated with mealtimes are precisely those outcomes of considerable interest to developmental scientists: risk reduction, achievement of developmental milestones (i.e., language development), and overall health.



that time and the conditions under which they share a meal become extremely important if we are to consider how mealtimes affect child health and wellbeing.

### **Limitations In Studying Frequencies of Family Mealtimes**

One of the limitations in the study of frequency of family mealtimes is that there is no “critical” number of mealtimes that seems to be essential for healthy outcomes. This is, in part, a measurement concern as much of the available data relies on surveys where respondents are asked to either endorse a range of meals eaten together (e.g., 3-4 per week) or estimate the times per week eaten together. Given inherent biases in self-report of daily activities to overestimate actual events, these numbers should be viewed with caution. The CASA (2007) reports suggest five is optimal whereas three is not. Eisenberg and colleagues also use five or more meals as a cut off point for healthy versus unhealthy outcomes (Eisenberg et al., 2008). However, without clinical trials testing the effectiveness of four versus five or three versus four times a week or without converging evidence from daily event recordings or direct observation of family mealtimes, clear recommendations for an absolute number seems premature. The vast majority of the research that examines frequency of family mealtimes in relation to child wellbeing is cross-sectional in nature. A notable exception is the work of Project EAT (Eisenberg, Neumark-Sztainer, Fulkerson, & Story, 2008; Neumark-Sztainer, Eisenberg, Fulkerson, Story, & Larson, 2008). Without longitudinal and purposeful sampling strategies it is not possible to determine causative influences of the frequency of family mealtimes on child outcomes. Further, we have little to no information about contextual effects of the frequency of family mealtimes on child adaptation. It will be important to know how family work factors, ethnic heritage, and socio-cultural context intersect with frequency of mealtimes and their potential influence on child health and wellbeing.

In summary, regular participation in family mealtimes appears to be important for the health and wellbeing of children, youth, and adolescents. However,

progress towards clearly identifying expectations for exact frequencies that would be pivotal in promoting more optimal outcomes has been hampered by cross-sectional studies that rely on self-report data. Attention to what behaviors occur during a family meal and the setting in which meals are conducted provides a richer context in which to understand potential correlates of child adaptation.

### **Family Climate**

When a family has made a commitment to have a meal together they also bring to the table expectations for behavior and the setting in which the meal is conducted. The available evidence suggests that family interactions observed during the course of a meal, where the meal is conducted, and the presence or absence of television during a meal is significantly related to child health and wellbeing. We briefly examine each one of these aspects as part of the family climate of mealtimes.

All of these factors are embedded in the family’s heritage and the social and economic context. While we know very little about how development directly impacts shifts in mealtime practices, researchers have attended to how family interaction patterns observed during mealtimes are related to important developmental accomplishments such as language development and academic achievement as well as markers of health. In this section we highlight how family interaction patterns observed during a mealtime are related to child developmental outcomes, how the presence of television during a family meal can affect food consumption, and finally how changes in family dining patterns (in or outside the home) may be related to some of the child health and wellbeing variables under review.

### **Dining In or Out?**

There is some evidence that meals prepared and eaten at home are more nutritious and less obesogenic. Research indicates that the frequency of family meals is associated with better overall nutrition (Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003). This effect appears to be driven in part by the differences in

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calories and fat between meals eaten at home and one of the alternatives - meals eaten at restaurants. Research has found that meals at home are significantly lower in calories and fat than meals eaten at restaurants (Lin, Guthrie, & Frazao, 1999; (Zoumas-Morse, Rock, Sobo, Marian L., & Neuhouser. M. L., 2001), and children have poorer diets on days when they eat at fast food restaurants compared to days when they do not (Bowman et al., 2004). Further, fast food consumption has been identified as a specific predictor of increased weight gain between adolescence and adulthood (Niemeier, Raynor, Lloyd-Richardson, Rogers, & Wing, 2006).

When eating out was a special event, the nutritional quality of restaurant meals did not pose a substantive public health problem; however, over the past 25 years the percent of the American food dollar spent on foods away from home has increased from approximately 26% to over 40% (Beale, 2000). More families with children are eating out, and the restaurant meals specifically marketed to children (i.e., kid's meals) typically contain few fruits, vegetables, whole grains or lean dairy products, and instead offer choices such as hamburgers, chicken fingers, hot dogs and grilled cheese, which automatically come with french fries, a soft drink and dessert (Brownell & Horgen, 2003). The nutritional quality of these meals is poor and the servings are large. In fact, recent report on kids' meals concluded that 93% of these meals were too high in calories for children in their target age range (Wootan, Batada, & Marchlewicz, 2008). This change in eating patterns has shifted over time and is embedded in a complex web of media effects on children's desires for specific types of food, access to food, and parental control of the family table.

There are shifting trends in how families make choices about what food to put on the table that are driven by exposure to different foods and economics (Sloan, 2006). Much of this work is product-based, and we have very little information about how changes in the marketplace may directly and indirectly influence how families interact with each other around the table. As we will discuss, conversation may be a key element in understanding how family mealtimes may influence child health and wellbeing.

## Family Interaction

Emerging data suggests that how the family carries out the task of the meal and the conversation that occurs during the meal may be an essential ingredient to understanding frequency effects on health and wellbeing. Families vary considerably in how they approach the task of interacting during this 20 minute time period. Researchers typically examine these interactions using either a parenting style or family management framework. The parenting style framework proposes that parental responsiveness and sensitivities to child overtures will be related to more positive outcomes. The family management framework proposes that

how the overall organization of the meal (role assignment, behavior management) and communication during the meal will be related to more positive outcomes. Both of these approaches beg the question of whether mealtime interactions, per se, are uniquely related to positive outcomes or whether this is a convenient time for researchers to sample family behaviors.

To our knowledge, there are no studies that have directly compared family interactions in mealtime settings with other structured venues to directly test this hypothesis. However, the findings are relatively consistent across studies that responsive, well-organized, and well-regulated mealtimes are related to more optimal child outcomes.

Neumark-Sztainer and colleagues report that a positive atmosphere, making mealtimes a priority, and structure during meals protect youth from disordered eating behaviors (Neumark-Sztainer et al., 2008; Neumark-Sztainer, Wall, Story, & Fulkerson, 2004). Lack of genuine concern and disengagement during the meal has also been associated with overweight conditions in youth (Jacobs & Fiese, 2007). Families who communicate in a direct and clear manner during mealtimes are also less likely to have children with internalizing symptoms (Fiese, Foley, & Spagnola, 2006).

On the other hand, when mealtimes are characterized by responsiveness to children's questions, role assignment, and when behavior is well regulated, then child adaptations such as enriched language development and academic achievement have been reported (Beals, 2001; Fivush, Bohanke, Robertson, & Duke, 2004). Parenting style, in general, may account for dif-

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ferences in feeding behaviors, particularly when considering outcomes associated with younger children who spend more time overall eating at home with one or more parent (Hughes, O'Connor, & Power, 2008). Parenting styles characterized by over-controlling and restrictive attitudes and behaviors towards food have been associated with overweight status in children (Faith, Scanlon, Birch, Francis, & Sherry, 2004).

These findings naturally beg the question of whether family mealtime interactions are but a marker of family organization as a whole or whether there is something unique about this particular setting. While the available evidence does not allow us to directly address this question, there are two important points to consider. First, because this is repetitive routine for a vast majority of American families, there is the potential for this behavioral setting to have a significant influence on child behavior and development (Fiese, 2006). There are few other collective settings in family life that have this potential across the child's early years into adolescence.

Second, we do not want to argue that mealtimes are the only routine setting that has influence on child development. Rather, given our investment in child health and wellbeing it is one that makes sense on which to focus, given the broader social and economic influences on this very personal practice. We now consider how one such social phenomenon, television, has crept into family mealtimes and appears to influence how mealtimes are practiced.

### **Watching Television During Mealtime**

Many families watch television during meals; according to a CDC report, 46% of families interviewed had a television in the area where they commonly ate such as a dining room or kitchen (Hersey & Jordan, 2007). While some parents considered having television on during mealtimes an educational opportunity (i.e., watching the news or Jeopardy), parents of young children (less than seven years) remarked that having the television on was a way to avoid conflict at the table (Hersey & Jordan, 2007). Recognizing that mealtimes are a setting not only for nutritional sustenance, expectations for what constitutes acceptable behaviors at the table begins at a very early age. Parents who feel

overwhelmed, either due to work or personal circumstances, may turn to distractions such as television to avert interpersonal exchanges seen as a burden or potentially conflictual. Of course, this is a missed opportunity to promote socialization, language development, and monitor behavior.

The influence of television watching while eating has been assessed in a variety of studies. Correlational reports have associated television viewing while eating with a reduced consumption of fruits and vegetables (Fitzpatrick, Edmunds, & Dennison, 2007). Experimental studies suggest that when adults eat in front of a television they are less likely to attend to satiety cues and overeat (Brunstrom & Mitchell, 2006).

There is also experimental evidence that seeing food marketing on television while eating is associated with significantly greater caloric intake in children (Halford, Boyland, Hughes, Oliveira, & Dovey, 2007) and adults (Harris, 2008). It appears that food advertisements (as opposed to ads for non-food products) specifically cue eating behavior.

The mechanism linking television viewing while eating is complex one. Overall television viewing and low frequency of family mealtimes have been linked to obesity in children in a national data set (Gable, Chang, & Krull, 2007). The experimental evidence in adults and children suggests that television viewing while eating dampens attention to satiety cues. The self-report and interview data suggests that parents may use television as a distraction technique to ward off family conflict. In either case, television viewing while eating prevents some of the positive benefits of family mealtimes that rely on parental responsiveness and direct communication identified in observational studies.

In sum, the family climate during mealtimes can either support or derail positive child and adolescent health and wellbeing. When conducted in an organized and responsive manner, youth appear to be better adjusted and healthier overall. Because many of these studies are correlational, and to a great extent cross-sectional, we are again limited in speculating causative mechanisms linking family process during mealtimes and child outcomes. However, experimental studies are fairly convincing that having the television on while

Parenting styles characterized by over-controlling and restrictive attitudes and behaviors towards food have been associated with overweight status in children.

eating disrupts mealtime patterns that may be more supportive of health and wellbeing. We now turn our attention to the broader context in which television and marketing is embedded and how it may influence parents as gatekeepers of family food choice during mealtimes.

## Parents as Gatekeepers of Food Choice and Meal Behaviors

### Food Marketing

Television provides not only news, entertainment, and background noise but is a medium for marketing messages. Food advertising is the second largest advertising industry in the United States, second only to automobiles. In 2006, \$1.6 billion was spent by the food and beverage industry on marketing to children and adolescents (FTC, 2008). Of this amount, \$870 million is directed to children under 12. For those companies surveyed, breakfast cereals (\$229 million), restaurant food (\$161 million), and snack foods (\$113 million) accounted for the largest amount of expenditures directed to children under 12 years of age. These totals do not reflect expenditures for promotional items such as toys given away at quick-serve restaurants which are estimated to add another \$360 million to marketing campaigns to young children. Not all of these advertising and marketing campaigns are presented solely on television. Indeed, their power comes from capitalizing on cross-media and new media placements attractive to youth. Approximately half of food and beverage advertising aimed at youth is placed in traditional venues such as television, radio, and print advertising. Close to 15% is placed in product placement in movies, videos, video games, character promotion, athletic sponsorship, and celebrity endorsement. An additional 11% is spent on in-school advertising and marketing. These ad placements and cross-promotion activities are geared towards increasing the value of the food and beverage product beyond its taste or nutritional assets. After all, that is what good advertisers are asked to do by their clients.

Given that children spend, on average, five or more hours per day in front of some screen (television, computer, video game) that can be the site for food

messages, children are a particularly appealing market. Researchers have estimated that the average child is exposed to more than 40,000 television commercials per year (Kunkel, Wilcox, Cantor, Palmer, Linn, & Dorrick, 2004). There is no question that food advertising and marketing is highly effective and persuasive. One only has to consider the breakfast cereal market as an example. Stripped of sugar, unique shapes, coloring, and a hidden prize, most cereals would be basically the same compared within grain sources. Yet, advertising and marketing for breakfast cereals accounts for close to 30% of the advertising dollars directed towards children

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and youth. For children, this is one of the first requested foods by brand name-hence, the popular characters that often accompany breakfast cereals. There is nothing inherently bad about breakfast cereal. Indeed, as the research will attest children are better off when they start their day with a nutritious breakfast. There is also nothing inherently bad about advertising and marketing. Advertisers and marketers are extremely creative individuals who come to know their purchasers through detailed research and analysis. Thus, in some ways they are only providing what the “customer” wants. The issue at hand is who is the customer?

When advertising to children for a food product is paired with a promotional item, then the distinction between food value and entertainment value becomes blurred. For adults, this becomes a reasoned choice and one that an adult can fully appreciate in the market place. For children under eight years of age there are cognitive limitations in understanding the intent of persuasion (Kunkel et al., 2004). So when children see a breakfast cereal paired with Barbie, Curious George, Disney Princesses, or the Happy Feet penguins, they are reaching for a promotional product not the grain.

What this means for the family table is that children’s food choices are being affected not only by the food their parents desire, but also by what children believe is desirable based on exposure to targeted advertising and marketing. These strong desires then often translate into children’s requests to purchase food items that parents would not normally include in their diet. Thus, a “kid diet” and “adult diet” have been created,



resulting in separate meals being served at a single gathering. Just as the CDC report indicates that some parents will keep the television on to avoid conflict during a mealtime, parents frequently succumb to children's food requests to avoid conflict in a public place (e.g., grocery store, restaurant) or to avoid a struggle during the meal itself. The picture that is being painted here is a table influenced by choices made through default to children's requests not always in their best interests or taking into account their developmental and nutritional needs.

Specifically, a parent's role as the food gatekeeper begins at the grocery store. The research on the immediate negative effects of restriction suggests that the problem is created when children actually see the desired food and are told they cannot have it (Fisher & Birch, 1999; Schwartz & Puhl, 2003). A number of studies have shown that foods that are easily accessible are significantly more likely to be eaten (Wansink, 2004). Keeping such foods out of the house to prevent temptation is stimulus control, a key tenant of all cognitive-behavioral treatment for weight management (Brownell, 2004).

The good news is that there is also evidence that the phenomenon of eating what is in front of you can also promote better nutrition. A recent study examining the likelihood of eating fruit with the school lunch found that when children were verbally prompted to take the fruit serving (as opposed to simply seeing it in the line) children were significantly more likely to both take, and subsequently consume, the fruit when compared to children who were left on their own to decide whether or not to take the fruit (Schwartz, 2007).

### **Parent versus child control of food availability and intake**

Parents have been given conflicting advice on how much influence they should have over food availability and child intake. The food industry has promoted the idea that there are special "kids' foods" that should be served instead of regular versions of those foods. For example, there are children's breakfast cereals, yogurts, granola bars, prepared entrees (e.g., macaroni and cheese, canned spaghetti, canned soup). These products

suggest that children should not be fed what the rest of the family is eating, but rather, should have their own kid versions, which in the case of cereals, are higher in sugar and calories and lower in fiber and protein (Schwartz, Vartanian, Wharton, & Brownell, 2008).

An unintended consequence of spending more time eating out may be the reported shift toward homes operated like restaurants, where each person is preparing what he or she would like to eat (Gibbs, 2006). While this may be preferable to leaving home entirely and going out to a restaurant, it weakens the power of mealtime as an opportunity to broaden children's taste and eating

experiences and promote the willingness to try new foods and develop preferences for healthier foods that may not be as intrinsically appealing as high sugar or high fat alternatives.

In response to concern about the development of disordered eating, many professionals have given the advice not to "make food an issue,"

not to make mealtime a "battleground" and not to be overcontrolling or overrestrictive about what their children eat (Faith, Scanlon, Birch, Francis, Sherry, 2004; Jansen, Mulken, & Jansen, 2007). Parents have also been given the message that if they are too controlling or restrictive, they will paradoxically increase the likelihood that their children will overeat and harm their self-evaluation. While education and awareness about eating disorders is an important public health initiative, the message to not be "controlling" about food, in combination with the heavy marketing of unhealthy foods, has created an untenable position for parents. The benefit of family meals where all family members are eating the same foods is an opportunity to create boundaries around which foods are acceptable and limit access to unhealthy foods.

As most parents will attest, putting food on the table is not a simple feat. Up to this point in the *SPR* we have emphasized how important it is for families eat regularly together, be responsive and communicate with their children, and turn off the television during mealtimes. We now recognize that pressures outside work and home also affect how meals are organized. For the past twenty years research has been conducted to examine how children are exposed to respond to branded

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## Policies and Practices to Promote and Support Family Meals

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It is a testament to the value of family meals that many families continue to find ways to eat together, despite the many challenges outlined by Fiese and Schwartz. At first glance, finding the time to prepare food and to enjoy a family meal appears to be a decision that is made one home at a time. However, family meals occur in the context of perceived social norms, parenting skills and resources, and economic realities. Policies that address these factors could improve the quality and quantity of family meals.

*Schools and Child Care:* Meals served at school and child care could model the thoughtful enjoyment of well-prepared food in a pleasant environment. Unfortunately in many US schools, children have little time to eat lunch, lunchrooms are loud and crowded, and there is minimal adult supervision. Contrast this with the situation in many schools in Japan, where one of the goals of school lunch is to “improve the eating habits of the public.” In Japan, school lunch time is considered part of the curriculum, adults eat with children, and lunch time is used as “living subject matter” to promote proper eating habits and formation of good interpersonal relationships.

*Media:* Fiese and Schwartz highlight the powerful role of media on the meal patterns of children and families. Mindful use of media is emerging as a key issue for the well-being of families. The nature of media and their impact on children’s lives is rapidly evolving, and it is not clear what national media policies can or should be developed (2). At the very least, individual families can adopt media-free mealtimes, and media literacy can be integrated into school curricula and parenting education programs.

*Health Care:* The American Academy of Pediatrics (AAP) , recommends routine assessment of meals and anticipatory guidance about the importance of family routines such as meals as a standard part of health supervision (3). The AAP also states that “encouraging family meals in which parents and children eat together” is an evidence-based way to prevent obesity (4).

*United States Department of Agriculture (USDA):* USDA food assistance programs served an average of 26.5 million people in 2007 (5). Despite these programs, in 2006 there were 4,617,000 families in the US that skipped meals because they simply didn’t have enough food (5). Policies that address food insecurity can be improved (6). In addition, USDA food assistance programs offer an opportunity to reach millions of families with messages about family meals.

The quantity and quality of family meals are part of a complex, inter-related network of influences on children and families. Policies and practices that promote and support mindful eating and family meals offer a promising venue to improve children’s health and well-being.

### References

- Japanese Government Policies in Education, Science and Culture. Enriching School Lunch Programs. [http://211.120.54.153/b\\_menu/hakusho/html/hpae199201/hpae199201\\_2\\_019.html](http://211.120.54.153/b_menu/hakusho/html/hpae199201/hpae199201_2_019.html). Accessed Sept. 15, 2008.
- Jordon AB. Children’s Media Policy. *The Future of Children*. 2008;18:235-253.
- Hagan JF, Shaw JS, Duncan P, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Pocket Guide. Elk Grove Village, IL: American Academy of Pediatrics. 2008.
- Sarah E. Barlow and the Expert Committee. *Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report*. *Pediatrics*. 2007;120:S164 - S192.
- Economic Research Program. U.S. Department of Agriculture. *The Food Assistance Landscape, FY 2007 Annual Report*. Economic Information Bulletin No. 6-5. May 2008.
- Holben DH. Position of the American Dietetic Association: Food insecurity and hunger in the United States. *J Am Diet Assoc*. 2006;106:446-58.

## Family Meals in Adolescents: Findings from Project EAT

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In this issue, Fiese and Schwartz nicely summarize research findings showing that more frequent family meals are associated with better outcomes among children and adolescents. In Project EAT (Eating Among Teens), a large population-based study on eating and weight-related issues in adolescents, we examined family meal patterns. We found that adolescents who ate more often with their family had better dietary intake, lower use of extremely unhealthy weight control behaviors including self-induced vomiting and use of diet pills and laxatives, and lower substance use in both cross-sectional and five-year longitudinal analyses (Eisenberg, Neumark-Sztainer, Fulkerson, & Story, 2008; Eisenberg, Olson, Neumark-Sztainer, Story, & Bearinger, 2004; Larson, Neumark-Sztainer, Hannan, & Story, 2007; Neumark-Sztainer, Eisenberg, Fulkerson, Story, & Larson, 2008; Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003; Neumark-Sztainer, Wall, Story, & Fulkerson, 2004).

A question that often emerges is whether the family meal is truly contributing to these better outcomes or if the family meal is only a proxy measure for important confounders such as familial relationships. In Project EAT we found that associations between family meals and both unhealthy weight control practices and substance use were weakened, but remained significant, after statistically adjusting for family connectedness. These findings suggest that family meals may have value above and beyond overall familial relationships. Nevertheless, intervention studies are needed to determine whether a change in family meals will, indeed, lead to improved outcomes in children and adolescents and to begin to establish whether the relationship between family meals and better outcomes is of a causal nature.

While individual families are often viewed as being responsible for the frequency and quality of family meals, Fiese and Schwartz (this issue) correctly assert that the community may also have an important role to play in assisting families achieve more frequent and healthier family meals. The potential role of the community warrants more attention, since commonly mentioned barriers to family meals include competing events such as parent work demands and child extracurricular activities.

Parents of adolescents often wonder about how to connect with their teens and continue to have a positive impact on their children during this important phase of increased autonomy. In our research we found that, in general, adolescents enjoy eating meals with their families and feel they eat healthier when they eat more often with their families (Fulkerson, Neumark-Sztainer, & Story, 2006; Neumark-Sztainer, Story, Ackard, Moe, & Perry, 2000). This good news is important to share with parents and policy makers concerned about adolescent development.

### References

- Eisenberg, M. E., Neumark-Sztainer, D., Fulkerson, J. A., & Story, M. (2008). Family meals and substance use: Is there a long-term protective association? *Journal of Adolescent Health, 43*(2), 151-156.
- Eisenberg, M. E., Olson, R. E., Neumark-Sztainer, D., Story, M., & Bearinger, L. H. (2004). Correlations between family meals and psychosocial well-being among adolescents. *Archives of Pediatrics and Adolescent Medicine, 158*, 792-796.
- Fulkerson, J. A., Neumark-Sztainer, D., & Story, M. (2006). Adolescent and parent views of family meals. *Journal of the American Dietetic Association, 106*, 526-532.
- Larson, N. I., Neumark-Sztainer, D., Hannan, P. J., & Story, M. (2007). Family meals during adolescence are associated with higher diet quality and healthful meal patterns during young adulthood. *Journal of the American Dietetic Association, 107*, 1502-1510.
- Neumark-Sztainer, D., Eisenberg, M. E., Fulkerson, J. A., Story, M., & Larson, N. I. (2008). Family meals and disordered eating in adolescents: Longitudinal findings from Project EAT. *Archives of Pediatrics and Adolescent Medicine, 162*, 17-22.
- Neumark-Sztainer, D., Hannan, P. J., Story, M., Croll, J., & Perry, C. (2003). Family meal patterns: Associations with sociodemographic characteristics and improved dietary intake among adolescents. *Journal of the American Dietetic Association, 103*(3), 317-322.
- Neumark-Sztainer, D., Story, M., Ackard, D., Moe, J., & Perry, C. (2000). Family meals among adolescents: Findings from a pilot study. *Journal of Nutrition Education, 32*, 335-340.
- Neumark-Sztainer, D., Wall, M., Story, M., & Fulkerson, J. A. (2004). Are family meal patterns associated with disordered eating behaviors among adolescents? *Journal of Adolescent Health, 35*(5), 350-359.

## Family Mealtimes as a Developmental Context

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Research indicates that it is not so much the family meal that is important, it is *what happens* at the family meal (Larson, Branscomb & Wiley, 2006). There are few regular contexts in children's and adolescents' lives that have so much developmental potential, and from so many perspectives:

1. Linguistically, in many families meals are a context in which conversation flows, and children pick up new vocabulary and participate in a rich variety of language forms (e.g., explanatory talk, extended dialogues, storytelling). Longitudinal research suggests these opportunities are related to increased literacy skills (Snow & Beals, 2006).

2. Nutritionally, eating meals with family is associated with greater consumption of fruits, vegetables, and other nutritious foods, and with children's development of healthier eating habits.

3. From the point of view of cultural anthropology, preparing and participating in family mealtimes provides a structure of opportunities for young people to learn and identify with cultural traditions and meaning systems.

4. From the viewpoint of mental health, mealtimes are a setting in which different forms of positive communications often take place between parents and children. These communications explain the repeated finding that children and adolescents who regularly eat meals with their families engage in less risk behavior and manifest fewer emotional problems.

5. Finally, theories of classical psychology suggest that the innate enjoyment of eating can serve to condition and reinforce all of these other positive experiences at the meal table.

As Fiese and Schwartz describe, the family meal time is a "densely packed event."

Of course what happens in many families falls short and has probably always fallen short of these potentials. In Western societies, shared mealtimes around a table is a relatively new "tradition" which began to arise among the middle class during the Victorian period. Like other Victorian practices it was formal, patriarchal, and not particularly child-friendly (Cinotto, 2006; Gillis, 1996). In our post-modern era, the practice of family mealtimes has become less formal and hierarchical. Children are more likely to be included in conversations. Thus family mealtimes may have become *more* suited to facilitating children's development (Blum-Kulka, 1997; Visser, 1991).

Societal changes, however, have created new obstacles to family meals, including more parents working non-standard hours, longer commutes, children's greater participation in extracurricular activities, and greater pressures created by declining wages for working class parents. Furthermore, increased rates of mothers' employment have not been matched by increases in fathers' ability and willingness to share in preparing family meals; plus more children are living with only one parent. In many families parents are too tired at the end of the day to take on the complex task of orchestrating all the elements of an optimal family meal enumerated above. Thus family meals either do not occur or can be a context in which underlying tensions are expressed.

What can be done to help more families realize the positive developmental potentials of family mealtimes? It requires societal will. It requires collective efforts of institutions (employers, schools, after-school programs) to respect families' schedules, as well as efforts by the public sector and non-profits to promote family mealtimes. It requires the willpower and creativity of parents to create conditions in which positive family mealtimes can occur (possibly later in the evening, as in Europe). Of course, given the conditions and stresses of modern existence, it may not be possible for all families to fit shared meals into the constraints of their lives. Creativity also is needed to reinforce alternate contexts of family interaction that replicate the diverse nutritional and psycho-social functions that family meals serve.

### References

- Blum-Kulka, S. (1997). *Dinner talk: Cultural patterns of sociability and socialization in family discourse*. Mahwah, NJ: Erlbaum.
- Cinotto, S. (2006). "Everyone would be around the table": American family mealtimes in historical perspective, 1850-1960. In *New Directions for Child and Adolescent Development: Family meals as contexts of development and socialization*. No. 111 (pp. 117-34). San Francisco: Jossey-Bass.
- Gillis, J.R. (1996). *A World of their own making: Myth, ritual, and the quest for family values*. Cambridge, MA: Harvard.
- Larson, R., Branscomb, K. & Wiley, A. (2006). Forms and functions of family mealtimes: multidisciplinary perspectives. In *New Directions for Child and Adolescent Development: Family meals as contexts of development and socialization*. No. 111 (pp. 1-15). San Francisco: Jossey-Bass.
- Snow, C. & Beals, D. (2006). Mealtime talk that supports literacy development. In *New Directions for Child and Adolescent Development: Family meals as contexts of development and socialization*. No. 111 (pp. 51-66). San Francisco: Jossey-Bass.
- Visser, M. (1991). *The rituals of dinner: The origins, evolutions, eccentricities, and meanings of table manners*. NY: Penguin Books.



messages about food. This has led to actionable policy steps which we outline in the final section. What needs to happen next for the family table is strategic research that examines how parents are gatekeepers of family food choice and when they feel empowered or disarmed to make decisions that are in the best interests of their children’s health. We know, however, that not all parents have equal access to foods to provide for their family meals and this can affect the health and wellbeing of their children. We now turn to concerns of food accessibility and its relation to family mealtimes.

### Food Accessibility and Family Mealtimes Food Insecurity

Not all neighborhoods are created equally in terms of types of foods that are easily available to the family kitchen. Sociologists and demographers have mapped the types of foods that are available in poorer neighborhoods and found that fresh fruits and vegetables are less likely to be available and that there is a higher prevalence of fast food restaurants in low income neighborhoods (Baker, Schootman, Barnridge, & Kelly, 2006). Frequently referred to as food deserts, it is more difficult

for families in low income neighborhoods to procure healthy foods, and the default is to purchase foods in convenience stores and fast food restaurants. We have scant data on direct effects of food choice and family mealtimes in lower income neighborhoods. Yet, national survey reports support lower frequencies overall of family mealtimes in lower income neighborhoods. Whether this is result of strains on family schedules due to work and transportation as previously mentioned or food accessibility has yet to be determined. A likely scenario is that pressed for time, families will choose to purchase foods that are near their home. The default becomes pre-prepared foods that may more may not be shared together as a family. What this portends for families in poor neighborhoods is extra time and effort to obtain food of comparable nutritional quality in comparison to their more advantaged community members.

Food scarcity is associated with poorer health outcomes for children, particularly young children. Infants and young children who are raised in food insecure homes are at increased risk for obesity (Bronte-Tinkew, Zaslow, Capps, & Horwitz, 2007). For families with less access to food overall, and less quality food, mealtimes

Table 1: Examples of initiatives to promote family mealtime.

Campaign Name & Sponsor Organization	Premise & Primary Components	Details
<b>Family Day- A Day to Eat Dinner with Your Children</b> CASA- National Center for Addiction and Substance Abuse, Columbia University  <a href="http://www.casafamilyday.org">www.casafamilyday.org</a>	Drug-Prevention Effort: “A national initiative to remind parents that what your kids really want at the dinner table is you.”  1) Family Day - 9/22/08 2) Website 3) Pledge	Website with placemats, recipes, conversation starters, menu planners, and pledge: S- Spend time with your kids by having dinner together T- Talk to them about their friends, interests and the dangers of drugs and alcohol A- Answer their questions and listen to what they say R- Recognize that you have the power to help keep your kids substance-free!
<b>Make Mealtime Family Time</b>  Community Partnership of Southern Arizona  <a href="http://www.makemealtimefamilytime.com">www.makemealtimefamilytime.com</a>	Foster drug-free healthy kids: “Encourages families to make mealtime a family time priority whether at home or out for a meal.”  1) Website 2) Challenge	Website with background information and tips, info on how to talk with kids about drugs, and conversation cards. STRIVE FOR FIVE CHALLENGE which dares families with children living at home to eat five meals together a week for five weeks.
<b>Back to the Table</b>  Raising Kids (online resource for parents of all ages)  <a href="http://www.raisingkids.co.uk/bttt_2006/get_involved.asp">www.raisingkids.co.uk/bttt_2006/get_involved.asp</a>	UK campaign to encourage families to spend time together  1) Website 2) Pledge 3) Share Experiences	Website that includes pledge, family dinner invitation, reproducible poster, table talk ideas, places for families to share stories, poems, pictures, parent tips, research on family meals

are disrupted and irregular. Recent evidence from a national health survey suggests that for young children, the combination of food insecurity and maternal stress increases the risk for child overweight and obesity (Gundersen, Lohman, Garasky, Stewart, & Eisenmann, 2008). There is considerable concern about the effects of poor nutrition on early brain growth, and we also raise concern about lost opportunities for socialization and language development during these critical years.

One effort that has been created to address the problem of the “grocery gap” is the Pennsylvania Fresh Food Financing Initiative, which was launched by The Food Trust in Philadelphia ([www.thefoodtrust.org](http://www.thefoodtrust.org)). This group conducted an advocacy campaign based on evidence-based research and formed partnerships with key stakeholders in order to make real change in the availability of fresh food in low socioeconomic neighborhoods in Philadelphia (Giang, Karpyn, Laurison, Hillier, Perry, 2008).

### Time Scarcity and Scheduling

Time scarcity is a commonly-cited obstacle to having family meals. Many Americans feel that they simply don’t have the time needed to purchase the ingredients, prepare, and eat family meals (Jabs & Devine, 2006). The research on time use indicates that the amount of time people spend preparing meals has gone down over 38% since 1965 (Jabs & Devine, 2006). To promote family meals, it will be important to help parents reconceptualize the value of the time spent preparing and eating these meals. The fact that the food industry has created so many products that are designed to speed up or essentially eliminate meal preparation (e.g., pre-cut raw ingredients, frozen prepared meals, ready-to-heat entrees and side dishes) indicates that consumers do not want to spend time completing that preparation at home. If that time could be reframed, however, as a valuable opportunity to spend time with children doing something productive and developing

Table 2: ABC’s (Activities, Behaviors, Communication) Of Family Mealtimes Across Developmental Periods

Age	Activities	Behaviors	Communication
0-1 year	Introduce solid foods slowly- one at a time.	Short Meals of 10 to 15 Minutes.	Imitate Sounds that Child Makes. Introduce Names of Foods.
2-5 Years	Turn off the television during mealtimes. Early years introduce finger foods. Later years have children prepare food with adult supervision.	Set a regular mealtime. Expect good manners- say please and thank you. Mealtimes last around 15-20 minutes.	Talk about what happened in neighborhood. Talk about what happened when siblings were in school.
6-11 years	Turn off the television. Have child assist in preparing at least one meal per week.	“Strive for Five” regular meals together as a family. Assign a role for each child (setting the table, clearing the table, washing dishes).	Talk about what happened in school. Tell family stories. Plan for the weekend.
12-16 years	Turn off the television and cell phone. Have child assist in meal planning for the week.	Set aside one meal per week when everyone is expected to be home.	Talk about current events. Explore different careers. Talk about different countries. Talk about family history.

lifetime skills or as a way to save money and create a superior meal, perhaps families would reconsider the costs and benefits of making that choice. Similar to time constraints, conflicting schedules particularly for adolescents can make it difficult to attend a meal even when family mealtimes are highly valued (Fulkerson, Neumark-Sztainer, & Story, 2006). This has been addressed at the policy level by school districts by setting aside one night a week when school-related community and extra-curricular activities are not scheduled past 4:30 pm (e.g., Sidney, NY).

Washington State’s WIC program provides an excellent example of a social marketing campaign designed to promote family meals. A state-wide initiative was launched in 2000 that included a needs assessment, formative evaluation, the creation of materials, training WIC workers, and an empirical evaluation of intervention versus control agencies (Johnson, Birkett, Evens & Pickering, 2006). The seven key messages included in the materials were: (1) eating together strengthens the family, (2) eating together is part of parenting, (3) eating together helps children eat better, (4) children can help with family meals, (5) there are many benefits of eating together as a family, (6) it is

possible to work through barriers, such as demanding work schedules to eat together some time during the week, and (7) try eating together at unconventional times and places. These messages provide the foundation for a larger social marketing campaign that could be supported by both government and NGOs.

In sum, putting food on the table begins outside the home. For some families this is a struggle due either to economic constraints, poor urban planning, or time pressures. The direct relation of these macro effects on family process and child health and wellbeing deserve further investigation as well as community commitment. To further our understanding of these connections it will be imperative for developmental scientists, economists, urban planners, food scientists, community leaders, and policy decision makers to work together. We now turn our attention to policy recommendations that we believe are actionable at family, local, and federal level.

### Links to Policy-Reclaiming the Table

It is time for parents and communities to reclaim the grocery cart, the kitchen, the dining room table, and resume their role as gatekeepers for the health and wellbeing of children and youth. For most of human

Table 3: Common obstacles to family mealtime and suggested strategies

OBSTACLES	SUGGESTIONS
Parent schedules	Coordinating nights when parents work late so they can be home on the same nights for dinner
Child schedules	Limiting activities that interfere with dinner time; advocating for community and school based organizations to schedule around dinner
Preparation time	Re-frame this time as an investment in freshness and an opportunity to save money and teach cooking skills to children
Shopping time	Re-frame this time as an investment in freshness, learning what foods are in season in your region, trying new stores and farmers’ markets, allowing children to participate and teaching them how to be smart consumers
Knowledge and skills	Community and online resources can provide ideas on how to prepare meals that are wholesome, yet not too time consuming

history, when dinner was served there were not dozens of other options available within arms reach. It was time to gather together as a group—not group together all the available food resources. It is a consequence of modern food processing and marketing that today’s children can even conceive of getting up from the table and microwaving themselves something else for dinner if they don’t like what is being served. We outline several recommendations ranging from community standards to parenting practices that, taken as a whole, will aid families in creating successful strategies for these very important 20 minutes of the day.

There are several take home messages for policy makers. We advocate that healthy and regular family mealtimes can be the default for communities when supported through public information campaigns, supportive partnerships with schools, and reinforced in the public health community. We

believe that the food advertising and marketing industry has an opportunity to heed the call of the Federal Trade Commission to embrace new standards for advertising and marketing to children, youth, and families. We believe that families not only deserve, but are eager for, new ways to reclaim their table for the health and well-being of their children. We believe that families have an opportunity to actively advocate successfully for healthy content of messages aimed at promoting mealtimes and the food that is brought to the table (Brooks-Gunn & Donahue, 2008). We outline specific points for each one of these recommendations.

We start with healthy communities. Families need support from their communities to make healthy choices as the default, not an added effort. As we have demonstrated, family life is busy juggling the needs of work, school, physical exercise, and after school activities. All of these are important. So are family mealtimes. When the physical environment is built in such a way that families expend added energy and strain to find ways to create a healthy table for their family, then the default becomes convenience (often less healthy) which works against optimal outcomes for their children. Our first recommendation is for communities to support zoning laws, low interest loan programs, and food labeling programs that allow for healthy food choices in all neighborhoods.

Second, families need help in setting aside time four or five times a week to gather as a group around the table. We recommend that communities and schools work together to reserve one night a week as family mealtime night. A commitment by communities and schools sends a message that the health and wellbeing of children and families is a valuable asset. This commitment may include work-supported events on time-saving tips for meal preparation or healthy recipes on the company website. For schools, this may mean sharing family food favorites during a school event and learning about different family traditions as part of the curriculum. Several communities have risen to this challenge, and we list a few of them in Table 1.

Third, families may need assistance in conducting healthy family mealtimes. Primary care providers have an excellent opportunity to promote healthy behaviors

at the table that will make for a more enjoyable meal as well as capitalize on the positive aspects of regular mealtimes we have discussed. We have outlined the ABC’s of family mealtimes in Table 2 across four different age periods that can be used as a rough guide. We encourage providers to talk with parents about the importance of turning off the television and cell phones during meals, having expectations for good behavior, and encouraging conversations about topics that are important to children and youth.

Families are also faced with obstacles in setting aside time and controlling their table. Research on parenting practices suggest that the most productive parenting strategy is to set limits but also communicate clearly about what the limits are and why they are in place. These strategies are appropriate at mealtime as well. We offer some guidelines for parents for facing common obstacles to setting aside time for the family meal and how to incorporate this routine into their weekly schedule in Table 3.

Fourth, we call upon the advertising and marketing industry to embrace the recommendations of the Federal Trade Commission to measure and make publicly available the consumption of “better-for-you” and more nutritious foods by children and adolescents. Further, we call upon the advertising and marketing industry to partner with communities to develop effective public

...families may need assistance in conducting healthy family mealtimes.



service announcements promoting the benefits of shared family mealtimes and to commit to measuring the effects of the public service announcements on the health and wellbeing of children and youth.

Fifth, we call upon state and local governments to work with their health departments to develop action plans to reduce food insecurity in their communities and to promote healthy mealtimes in under-served families.

Sixth, we call upon the federal government to include healthy family mealtimes as an initiative in its reauthorization of the Child Nutrition Act, recognizing its central role in the health and wellbeing of the nation's children. This could build upon local WIC initiatives, such as the one in Washington State that documented significant increases in reported family meals after a social marketing campaign was launched.

While it is important to gather everyone around the table, it is essential to provide families with the ingredients for a successful meal. Lack of previous experience, being emotionally drained from long work hours, or feeling pressed for time can all contribute to conflictual and unsatisfactory mealtimes. Just as local and national efforts have been mounted to remind individuals to quit smoking and breastfeed their infants, these efforts required the development of effective forms of support. This support can range from national campaigns to raise awareness to tailor made toolkits to promote healthy communication at the table. We offer this *Social Policy Report* as a beginning dialogue among families, communities, policy makers, and providers to make family mealtimes a priority for the health and wellbeing of the nation's children.

## References

- Adam, E. K., Snell, E. K., & Pendry, P. (2007). Sleep timing and quantity in ecological and family context: A nationally representative time-diary study. *Journal of Family Psychology, 21*, 4-19.
- Beals, D. E. (2001). Eating and reading: Links between family conversations with preschoolers and later language and literacy. In D. K. Dickinson & P. O. Tabors (Eds.), *Beginning literacy with language: Young children at home and school*. (pp. 75-92). Baltimore, MD: Paul H. Brookes Publishing.
- Beals, D. E., & Snow, C. E. (1994). Thunder is when the angels are upstairs bowling: Narratives and explanations at the dinner table. *Journal of Narrative and Life History, 4*, 331-352.
- Bradley, R. H., Corwyn, R. F., Burchinal, M., McAdoo, H. P., & Coll, C. G. (2001). The home environments of children in the United States Part II: Relations with behavioral development through age thirteen. *Child Development 72*, 1868-1886.
- Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & Coll, C. G. (2001). The home environments of children in the United States Part I: Variations by age, ethnicity, and poverty status. *Child Development, 72*, 1844-1867.
- Brooks-Gunn, J. & Donahue, E. H. (2008). Children and electronic media. *The Future of Children*. Vol 18. No 1. Princeton NJ: The Brookings Institute. Available online at [http://www.futureofchildren.org/pubs-info2825/pubs-info\\_show.htm?doc\\_id=674322](http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=674322).
- Brownell, K. D. (2004). *The LEARN Program for Weight Management* (10th ed ed.). Dallas, TX: The American Health Publishing Co.
- Brunstrom, J. M., & Mitchell, G. M. (2006). Effects of distraction on the development of satiety. *British Journal of Nutrition, 96*, 761-769.
- CASA. (2007). *The importance of family dinners III*. New York: Columbia University.
- Eisenberg, M. E., Neumark-Sztainer, D., Fulkerson, J. A., & Story, M. (2008). Family meals and substance use: Is there a long-term protective association? *Journal of Adolescent Health, 43*, 151-156.
- Faith, M. S., Scanlon, K. S., Birch, L. L., Francis, L. S., & Sherry, B. (2004). Parent-child feeding strategies and their relationships to child eating and weight status. *Obesity Research, 12*, 1711-1722.
- Fiese, B. H., Foley, K. P., & Spagnola, M. (2006). Routine and ritual elements in family mealtimes: Contexts for child wellbeing and family identity. *New*

- Directions for Child and Adolescent Development*, 111, 67-90.
- Fiese, B. H. (2006). Family Routines and Rituals. New Haven: Yale University Press.
- Fisher, J. O., & Birch, L. L. (1999). Restricting access to foods and children's eating. *Appetite*, 32, 405-419.
- Fivush, R., Bohanke, J., Robertson, R., & Duke, M. (2004). Family narratives and the development of children's emotional well-being. In M. W. Pratt & B. H. Fiese (Eds.), *Family narratives across time and generations* (pp. 55-76). Mahwah, NJ: Erlbaum.
- Fulkerson, J. A., Neumark-Sztainer, D., & Story, M. (2006). Adolescent and parent views of family meals. *Journal of American Dietetic Association*, 106, 526-532.
- Gable, S., Chang, Y., & Krull, J. L. (2007). Television watching and frequency of family meals are predictive of overweight onset and persistence in a national sample of school-age children. *Journal of the American Dietetic Association*, 107, 53-61.
- Gundersen, C., Lohman, B. J., Garasky, S., Stewart, S., & Eisenmann, J. (2008). Food security, maternal stressors, and overweight among low-income US Children: Results from the National Health and Nutrition Examination Survey (1999-2002). *Pediatrics*, 122, e529-e540.
- Halford, J. C. G., Boyland, E. J., Hughes, G., Oliveira, L. P., & Dovey, T. M. (2007). Beyond-brand effect of television (TV) food advertisements/commercials on caloric intake and food choice of 5-7-year-old children. *Appetite*, 49, 263-267.
- Hofferth, S. L., & Sandberg, J. F. (2001). How American children spend their time. *Journal of Marriage and Family*, 63, 295-308.
- Jabs, J., & Devine, C. M. (2006). Time scarcity and food choice: An overview. *Appetite*, 47, 196-2004.
- Jacobs, M. P., & Fiese, B. H. (2007). Family mealtime interactions and overweight children with asthma: Potential for compounded risks? *Journal of Pediatric Psychology*, 32, 64-68.
- Jansen, E., Mulkens, S., & Jansen, A. (2007). Do not eat the red food!: Prohibition of snacks leads to their relatively higher consumption in children. *Appetite*, 49, 572-577.
- Neumark-Sztainer, D., Wall, M., Guo, J., Story, M., Haines, J., & Eisenberg, M. (2006). Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: How do dieters fare 5 years later? *Journal of the American Dietetic Association*, 106, 559-568.
- Neumark-Sztainer, D., Wall, M., Haines, J., Story, M., Sherwood, N. E., & van den Berg, P. A. (2007). Shared risk and protective factors for overweight and disordered eating in adolescents. *American Journal of Preventive Medicine*, 33, 359-369.
- Neumark-Sztainer, D., Eisenberg, M., Fulkerson, J. A., Story, M., & Larson, N. I. (2008). Family meals and disordered eating in adolescents. *Archives Pediatric and Adolescent Medicine*, 162, 17-22.
- Neumark-Sztainer, D., Hannan, P. J., Story, M., Croll, J., & Perry, C. (2003). Family meal patterns: Associations with sociodemographic characteristics and improved dietary intake among adolescents. *Journal of the American Dietetic Association*, 103, 317-322.
- Neumark-Sztainer, D., Wall, M., Story, M., & Fulkerson, J. A. (2004). Are family meal patterns associated with disordered eating behaviors among adolescents? *Journal of Adolescent Health*, 35, 350-359.
- Schwartz, M. B., & Puhl, R. M. (2003). Childhood obesity: A societal problem to solve. *Obesity Reviews*, 4, 57-72.
- Sloan, A. E. (2006). What, when, and where America eats. *Food Technology*, 60(1), 19-27.
- Snow, C. E., & Beals, D. E. (2006). Mealtime talk that supports literacy development. In R. W. Larson, A. R. Wiley & K. R. Branscomb (Eds.), *Family mealtime as a context of development and socialization*. No. 111 (pp. 51-66). San Francisco: Jossey-Bass.
- Zoumas-Morse, C., Rock, C. L., Sobo, E. L., Marian L., & Neuhouser, M. L. (2001). Children's patterns of macronutrient intake and associations with restaurant and home eating. *Journal of the American Dietetic Association*, 101, 923-925.
- Videon, T. M., & Manning, C. K. (2003). Influences on adolescent eating patterns: The importance of family meals. *Journal of Adolescent Health*, 32, 365-373.
- Wansink, B. (2004). Environmental factors that increase the food intake and consumption volume of unknowing customers. *Annual Review of Nutrition*, 24, 455-479.
- Wootan M., Batada A., Marchlewicz, E. Kid's meals: Obesity on the menu. Center for Science in the Public Interest. Washington, D.C. August 2008. Available online at [www.cspinet.org/kidsmeals](http://www.cspinet.org/kidsmeals).

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