# The Relationship Between Middle-School Children's Body Mass Index,

School Lunch Participation and Consumption

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**P-value** 

Reference Group

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### BACKGROUND

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- One in five US school-aged children is obese.<sup>1</sup>
- The National School Lunch program accounts for about 1/3 of total daily calories for children.<sup>2</sup>
- Previous research on obesity and school-lunch consumption has not included middle school,<sup>3</sup>-<sup>5</sup>an important time to establish lifestyle habits that persist into adulthood.

To explore the relationship between schoollunch participation and consumption with child body mass index (BMI).

## METHODS

- Secondary analysis of data from middle-school students in Birmingham, AL.
- Child weight and height were measured to calculate BMI and categorized based on BMI-for-age percentiles.6
- School lunch participation was categorized as usual participant (UP, 3~5 days/ week) & non-usual participants (UNP, 0~2 days/ week)
- At pre- and post-lunch, researchers weighed and photographed schoollunch trays for 5 consecutive weekdays to capture amounts in grams.
  - "Offer-versus-serve" was available so students could refuse some meal components. County F: 7% (1 school)

Pre-lunch weighing



Post-lunch weighing



Free and Reduced Lunch Eligibility Percentages

County A: 33-94% (5 schools) County B: 58-92% (4 schools) County C: 15-73% (3 schools) County D: 54% (1 school) County E: 95% (1 school)

Variable

Table 1. Characteristics of participants (n=288)

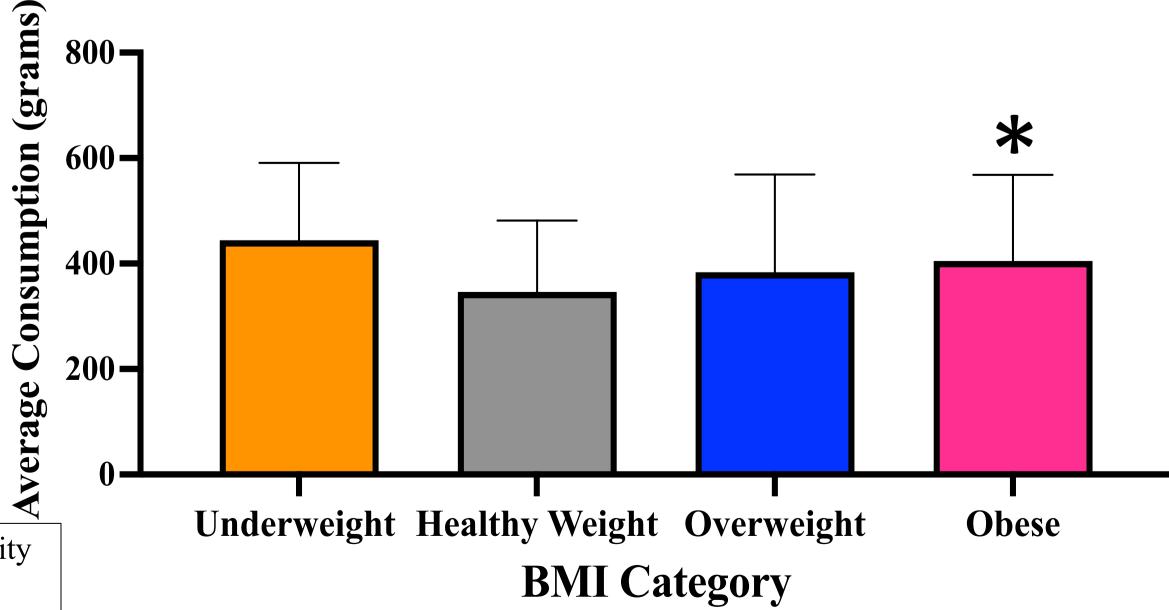
Table 2. Mixed-effects regression results with BMI as the dependent variable

Characteristic	Category	Value	
Child sex	Male	133 (46.2%)	
	Female	155 (53.8%)	
Child age	12.1 ±0.4 (range: 11.1-13.7) years		
Child race/ethnicity	White	104 (36.1%)	
	African American	134 (46.5%)	
	Hispanic/Latino	27 (9.4%)	
	Other	15 (5.2%)	
BMI Category <sup>6</sup>	Underweight (<5th percentile)	5 (1.7%)	
	Healthy Weight (≤5 <sup>th</sup> percentiles <85 <sup>th</sup> )	131 (45.7%)	
	Overweight (≥85th percentiles <95th)	55 (19.2%)	
	Obese (≥95th percentile)	96 (33.4%)	
Family income (\$/year)	<20,000	22.9%	
	20,000~40,000	22.9%	
	40,000~60,000	14.7%	
	60,000-90,000	13.9%	
1	>90,000	25.7%	

Average Consumption (grams)		0.0001*		
School Lunch Participation (Non-usual participation)		0.74	Usual Participation	
Age		0.37		
Gender (Male)		0.99	Female	
Afican American	1.05	0.36		
Hispanic/Latino	2.76	0.11	White	
Others	2.37	0.22		
<20,000	2.16	0.12		
20,000~40,000	3.76	0.01	>90,000	
40,000~60,000	1.12	0.45		
60,000-90,000	1.49	0.32		
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	Participation (Non- articipation)  Age  er (Male)  Afican American  Hispanic/Latino  Others  <20,000  20,000~40,000  40,000~60,000  amption (grams)=average	Participation (Non-articipation)       0.35         Age       -0.41         er (Male)       0.0004         Afican American       1.05         Hispanic/Latino       2.76         Others       2.37         <20,000	Participation (Non-articipation)       0.35       0.74         Age       -0.41       0.37         er (Male)       0.0004       0.99         Afican American       1.05       0.36         Hispanic/Latino       2.76       0.11         Others       2.37       0.22         <20,000	

participation and average consumption of school lunch as independent variables using standardized analysis. Age, gender, race/ethnicity, family income as fixed effects and school site as a random effect. (\*p-value<0.001)

### Fig. 1 Average Consumption (grams) by child BMI category



Bars show Mean  $\pm$  SD of average consumption of school lunch in grams. ANOVA with multiple comparisons using healthy weight group as reference. (\*p-value<0.05)

# CONCLUSIONS

- School-lunch consumption was positively related with BMI and obesity risk among middle school children. More grams of lunch were consumed as BMI increased.
- Future analyses will assess association of energy intake and food groups at school lunch with BMI and BMI category.

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<sup>1</sup>CDC. Morbidity and Mortality Weekly Report (MMWR). 2021 <sup>2</sup>Cullen & Chen. Preventive Medicine Reports. 2017

<sup>3</sup>Guinn et al. *J Sch Health* . 2013. <sup>4</sup>Baxter et al. *Int J Behav Nutr Phys Ac.* 2010

<sup>5</sup>Paxton et al. *J Acad Nutr Diet.* 2012 <sup>6</sup>CDC 2000 growth charts: United States. <a href="http://www.cdc.gov/growthcharts/">http://www.cdc.gov/growthcharts/</a>