



what does

healthy really mean?

from the **research**



Many health indicators of risks associated with high BMI, such as blood pressure, blood lipids, and insulin, can be **improved by changing health behaviors** with **no change in weight**¹



Competent eaters have **positive attitudes** about eating and food, consume a **wide variety of foods**, are able to **internally regulate** how much food to eat, and are able to **plan and prepare meals** so they get enough to eat. The four components of the competent eating model are supported by ample evidence²



Competent eaters have better diets, are more **joyful and positive** about eating, are more **active, sleep better and longer**, have **better medical profiles and lab tests**, and have **better physical self-acceptance** than controls³



Family meals are associated with a range of positive outcomes for children's health and wellbeing, including **better academic performance** and **lower rates of depression, eating disorders, and substance use**⁴

1. Bacon, L., & Aphramor, L. (2011). Weight science: evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(1), 9. 2. Satter, E. (2007). Eating competence: definition and evidence for the Satter Eating Competence model. *Journal of Nutrition Education and Behavior*, 39(5), S142-S153. 3. Lohse B, Satter E, Horacek T, Gebreselassie T, Oakland MJ. Measuring eating competence: psychometric properties and validity of the ecSatter Inventory. *J Nutr Educ Behav*. 2007;39(5 Suppl):S154-166. | Lohse B, Bailey RL, Krall JS, Wall DE, Mitchell DC. Diet quality is related to eating competence in cross-sectional sample of low-income females surveyed in Pennsylvania. *Appetite*. 2012;58:645-650. | Krall JS, Lohse B. Cognitive testing with female nutrition and education assistance program participants informs validity of the Satter eating competence inventory. *J Nutr Educ Behav*. 2010;42(4):277-283. | Greene GW, Schembre SM, White AA, et al. Identifying clusters of college students at elevated health risk based on eating and exercise behaviors and psychosocial determinants of body weight. *J Am Diet Assoc*. 2011;111(3):394-400. 4. 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 & adolescent medicine*, 158(8), 792-796. | Fiese, B. H., & Schwartz, M. (2008). Reclaiming the Family Table: Mealtimes and Child Health and Wellbeing. Social Policy Report. Volume 22, Number 4. *Society for Research in child development*.

health·y

/ 'heITHē/
adjective

how we eat and relate to food is more important for health than *what* we eat or its nutritional content

to help your child

fully bloom

try these body-positive parenting practices

-  Focus on how you're feeding and eating with your family instead of creating the perfect meal - true health is in positive eating behaviors, not the nutritional content of the food
-  Take responsibility for what, when, and where to feed your child, and let your child take responsibility for how much and whether to eat. Trust in this process.
-  Create a regular, structured routine of meals to allow children to learn competent eating - even on weekends and days off.
-  Serve family meals - the benefits of gathering and sharing food together are enormous.



If you would like more support, visit www.fullbloomproject.com

resources

-  Secrets of Feeding a Healthy Family: How to Eat, How to Raise Good Eaters, How to Cook (Ellyn Satter)
-  The Ellyn Satter Institute
-  Division of Responsibility in Feeding (The Ellyn Satter Institute)
-  Eat and feed with joy (The Ellyn Satter Institute)



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