

School Counselors' Role in Students of Poverty in Relation to Health and Nutrition

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**Abstract**

The purpose of this study was to examine the research health and nutrition of children in poverty as well as to find out what school counselors in the United States are doing to promote good health and nutrition for students of poverty. The study sought to answer two research questions: How are schools collaborating with the community to raise awareness on the importance of health and nutrition of children? How are school counselors addressing student nutrition issues in the United States? A thorough literature review was performed in order to achieve the goals of this study.

Students of poverty have poor nutrition, which can lead to academic failure. Since inadequate nutrition is an issue for students of poverty, school counselors find it important to collaborate with school and community resources to assist these children. By collaborating with the community, schools get resources to apply to students of poverty who are nutritional concerns.

Information from a literature review found several suggestions for school counselors to help students with poor nutrition. However, little was found on what existing school counselors are doing in schools. Several sources felt it would be beneficial for school counselors to teach guidance on nutrition in order to inform students of healthier food choices and better lifestyle decisions. Finally, the gap between recommendations and studies of actual projects suggests school counselors should be more involved in advocating for nutrition in their schools.

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## Table of Contents

	Page
Abstract.....	2
Chapter I: Introduction.....	6
Statement of the Problem.....	8
Assumptions/Limitations.....	8
Research Questions.....	9
Definition of Terms.....	9
Chapter II: Literature Review.....	10
Chapter III: Critical Analysis.....	21
Summary.....	21
Critical Analysis.....	22
Conclusions/Recommendations.....	24
References.....	26

## **Chapter I: Introduction**

Scholastic failure among students from a low socioeconomic background persists as a significant problem in the United States. People who have investigated the educational state of America's population living in poverty have noticed a strong correlation between poverty and poor school performance (Chan & Rueda, 1979). Current income has a major effect on a child's math and reading achievement (Dahl & Lochner, 2008). Living in poverty can affect educational performance in several ways as well as impact the quality of education given by the schools in the vicinity (Thomas-Presswood & Presswood, 2008).

Children living in poverty experience higher incidences of adverse health, developmental, and other outcomes compared to non-poor children (Brooks-Gunn & Duncan, 1997). According to a study by Montgomery, Kiely, & Pappas (1996), children living below the poverty line were twice as likely to have fair or poor health as children in more prosperous families. Children who lived in families headed by a single mother, black children, and children living below 150% of the poverty index were all more prone to be in poor or fair health when compared to children in two-parent families, White children, and more affluent children.

Living in poverty has been shown to be the most significant impact on children's health (Montgomery, Kiely, & Pappas, 1996). Children who live in poverty in the United States experience reduced physical health as evaluated by a number of indicators of health status and outcomes. Having low birth weight, cytomegalic inclusion disease, iron deficiency anemia, lead poisoning, hearing disorders, functionally poor vision, and psychosocial and psychosomatic conditions have all been demonstrated as prevalent among children living below the poverty line (Starfield, 1982). Poor children were 75 percent more likely to be admitted to a hospital in a given year (Starfield, 1982).

Low birth weight and infant mortality are significant indicators of a child's long-term health. To estimate the effects of poverty single-handedly on birth outcomes is complex because of the fact that adverse birth outcomes are more common for women who are not married, those with low levels of education, and black mothers; all of these are groups of people with elevated poverty rates (Brooks-Gunn & Duncan, 1997).

Whether or not a child was born at a low birth rate, living in poverty can induce serious health risks including mortality (Aber, Bennett, Conley, & Li, 1997). Studies show that a child whose family was poor was drastically less likely to utilize specialist physician services and prescription medications compared with a child whose family income was above 200% of the federal poverty level (Porterfield & McBride, 2007). Parents living under the poverty level were also less likely to report that their child needed specialized health services. Access to health care appears to be motivated by the income and educational status of the parents and the severity of the special needs. Both income and education affect access to health services in some way, because less-educated and lower-income parents have a lower perceived need for specialized health care services (Porterfield & McBride, 2007).

Studies have connected long-term family income to cognitive ability and achievement measured during the school years. A study that used data from the 1986 *NLSY* (National Longitudinal Survey of Youth) found that for four to eight-year-old children living in poverty is significantly related to the presence of internalizing symptoms (Brooks-Gunn & Duncan, 1997). The second study that used *NLSY* data analyzed children living in long-term poverty. These children ranked three to seven percentile points higher on a behavior problem index than children with incomes above the poverty line (Brooks-Gunn & Duncan, 1997).

Malnutrition linked with poverty in infancy is strongly associated with poor academic growth later in life (Hertzog, Birch, Richardson, & Tizard, 1972). Research has found that children who have experienced malnutrition in early childhood will have lower levels of intelligence when they are school aged, compared to their classmates (Hertzog et al. 1972). During the past two decades there has been publicity regarding hunger, malnutrition, elevated low birth rate, and infant mortality as the result of poverty in the United States. Research states that for adolescent boys, median skin fold thickness was comparative to their family income level, but for females the comparison found the opposite. Adolescent females living in poverty are commonly overweight which is more prevalent to follow into adulthood (Graham, 1985). In today's schools, school counselors can bring many skills to the duty of working with children in high poverty schools (Amatea & West-Olatunji, 2007).

### **Statement of the Problem**

Children living in poverty present an extreme challenge to educators today. Present-day education is confronted by poor nutrition, which has an impact on the educational achievement of children (Walsh, Howard, & Buckley, 1999). School counselors need to contribute to the promotion of health and nutrition in order to prevent their students from unhealthy behaviors and increase academic achievement (Klingman, 1984). The role of school counselors in supporting nutrition appears to be unclear.

### **Assumptions/Limitations**

This study will review the published scholarly literature about nutrition and school counselors. It is presumed that the scholarly journals used have been peer reviewed and will have accurate and valid information related to this topic. Additional non-peer reviewed resources may be used to supplement the findings in this study.



This study will review existing literature only, which may limit the amount of information found about recent programs school counselors may be involved in. Schools in the United States were studied to explore what school counselors are doing to advocate for good nutrition in their schools; not all of the schools publicized their curriculum. Therefore, some relevant information may have been missed.

### **Research Questions**

1. How are schools collaborating with the community to raise awareness on the importance of health and nutrition of children?
2. How are school counselors addressing student nutrition issues in the United States?

### **Definition of Terms**

**Poverty threshold:** Dollar amounts the Census Bureau uses to determine poverty status. For a family of four, the poverty threshold level is \$22, 050 (United States Census Bureau, 2009).

**Free/reduced lunch program:** Federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day (United States Department of Agriculture, 2009).

**Low birth weight:** Defined by Brooks-Gunn & Duncan as 5 pounds 8 ounces or less at birth (Brooks-Gunn & Duncan, 1997).

## **Chapter II: Review of Literature**

In the following paragraphs this study will discuss the issues children have in relation to poverty, achievement, and nutrition. It will also discuss the ways schools and communities collaborate to advocate for health and nutrition, as well as the school counselor's role in promoting good nutrition for children living in poverty. The literature discussed in this review will inform the audience of the relationship of nutrition to school related issues of elementary children.

### **Poverty, Achievement, and Nutrition**

According to the National Center for Children in Poverty, in the United States nearly 13 million children live in families with an income below the federal poverty level (Fass & Cauthen, 2007). In more concrete terms, one of six children is poor, and one in three Black children is living in poverty (Cuthrell, Stapleton, & Ledford, 2010). Today, the poverty rate for young children is much higher than it is for any other age group. Research has found that extreme poverty in the early childhood years is associated with risk factors that can harm early brain development including malnutrition, exposure to toxins and violence, maternal depression, and very low-quality child care (Olson, 2000). Three factors that have a large influence on a family's economic prospects are having a single parent, low education levels, and part-time or no employment (Olson, 2000). Many, if not most educators interact with children and families living in poverty regularly (Thomas-Presswood & Presswood, 2008).

It is well established that poverty has upsetting affects on children in school (Krashen, 2005). The effects of poverty on educational achievement take many forms: negative environmental pressures can change brain structure at the prenatal level, insufficient nutrition

can influence cognitive development, education for parents can affect children's school performance, the mental health of parents can affect children's social adjustment, and inconsistent health care monitoring and services can affect overall health care of children and affect their school performance (Thomas-Presswood & Presswood, 2008). Living in poverty raises the exposure to environmental risk factors, which can start before a child is even born, and can interfere with brain development in a negative way. There is a risk for developmental problems, such as cognitive deficiencies, difficulties with attention, and difficulties with social responsiveness, which can all interfere with children's academics (Thomas-Presswood & Presswood, 2008).

Fewer children living in poverty means more students ready to learn (Olson, 2000). The mathematics achievement levels of students from the United States have fallen far behind those of other developed countries; within the United States alone, the majority of the students who are falling behind come for the most part from high-poverty areas (Balfanz & Byrnes, 2006). Students from impoverished families are more likely than other students to enter school linguistically challenged because they do not have experiences that support reading literacy (McGee, 2004). In 2001 third grade classes in Illinois was tested on their reading level by a test called the Illinois Standard Achievement Test (ISAT). The test showed that 40% of low-income third grade students met the states reading standards, compared to 75% of their peers. The reading results for fifth and sixth grade students are very similar (McGee, 2004). The average 11<sup>th</sup> grade ACT score of schools with most of their students from low-income households was 15.3, compared to 19.5 from those schools that have few students coming from low-income families (McGee, 2004).

Many studies have showed that being well nourished, healthy, and cared for in the early years of life are very important for a child's physical, mental, and social development (Kartal, 2007). During the past few decades there has been sporadic publicity concerning hunger, malnutrition, elevated low birth weight, and infant death rates as a result of poverty (Graham, 1985). The *Progress for Children* report recognized that 146 million children in the world under five years of age are underweight, which can lead to serious complications from common childhood illnesses ("Editorial: Global Childhood Malnutrition," 2006). The penalty of poverty, hunger, homelessness, and insufficient healthcare are reflected in the health of children (Ober, 1987).

It has been proposed that in the United States there is a lack of discretionary income, which affects food choices and ultimately nutritional status. The predominance of malnutrition in the United States is highly manipulated by both the level of income and support, and the availability of discretionary income (Karp, Cheng, & Meyers, 2005). Families who live in chronic poverty have a limited food selection which narrows the choices to items providing the most energy at the lowest cost; therefore there is an ironic association between poverty and obesity in childhood (Karp, Cheng & Meyers, 2005). Children in families with incomes under the poverty level have a higher chance for under-nutrition (Karp, Cheng & Meyers, 2005).

Living in poverty can cause many health risks for children, one being Anemia. The occurrence of Iron-Deficiency Anemia among low-income children in the United States is high (Pollitt, 1994). The regularity of general illnesses and the number of days poor children are ill might be larger than what is generally expected (Pollitt, 1994). The fact that poor children are more at risk with illnesses is linked with a low use of health services and low vaccination rates (Pollitt, 1994). Hunger and malnutrition are apparent by the increase of iron deficiency anemia,

weakness, fatigue, and growth failure as problems that pediatricians face while taking care of children from low-income families (Oberg, 1987).

It has been studied that nationwide low-income children are at risk of obesity regardless of ethnicity (Dalton, 2007). Some of the causes of childhood obesity are genetics, poverty, cheap, high calorie, low nutrient food, and sedentary activities such as video games and television (Dalton, 2007). A study comparing childhood obesity and poverty in Norway, Canada, and the United States found that the intensity of childhood poverty is highest in the United States. The study also displays that the prevalence of childhood obesity is greater for poor children compared to non-poor children (Phipps, Burton, Osberg & Lethbridge, 2006). Research reports that the highest obesity rates occur among people with the highest poverty rates and least education (Winterfeld, 2005). It is also said that lower calorie, high nutrient foods cost more money which affects many poor families. Several of these families may overeat to maximize caloric intake when food is accessible due to their limited monetary income, which often results in obesity (Winterfeld, 2005).

### **Advocating Nutrition: School and Community Collaboration**

In most schools there is an urgent need to address certain barriers to learning such as inadequate access to health care, homelessness, and nutrition, and it is important to realize that schools cannot do it alone (Walsh et al., 1999). Educators have called for a connection between community and school to provide resources to students and families in which the school alone cannot provide (Walsh et. al, 1999).

It is said that schools single-handedly lack the essential resources to address the large number of obstacles to learning that numerous poor students in urban schools deal with on a daily basis (Bryan, 2005). Over the years, schools have made considerable attempts to address a

variety of children's developmental, health, and nutritional needs (Walsh et. al, 1999). Schools and communities worked together to address and fund the needs of these children and it was the schools job to implement the services (Walsh et. al, 1999). School-family-community partnerships are mutual plans and goals among educators, parents and family members, community members, and representatives of community-based organizations such as businesses, churches, libraries, and social service agencies (Bryan, 2005).

Communities benefit from understanding social and health conditions that impede children's learning, such as teen pregnancy, inadequate nutrition, and lack of health care (Cunningham, 2002). There are many community agencies willing and able to collaborate with educators in order to advocate for student wellness. According to Bruce Buchanan, A \$10 million dollar national program of the Robert Wood Johnson Foundation, Leadership for Healthy Communities, offers grants to national leadership organizations, such as the National School Boards Association, to support policymakers in their efforts to reduce childhood obesity by promoting physical activity, healthy eating, and healthy social environments (Buchanan, 2009). Another student wellness program called ReCharge! provides students lessons in fitness, nutrition, and wellness (Buchanan, 2009). Another school district in Delaware has collaborated with Nemours Prevention and Health Services. Nemours provides the school district with medical knowledge, staff training, and money to support wellness plans (Buchanan, 2009).

Coordinated School Health Programs bring together educational and community resources in the school environment with the rationale of creating a comprehensive network and environment of health education and healthy practice (Cornwell & Hawley, 2007). Some efforts in nutrition services in the Stafford School District, located in Kansas, have limited student access to unhealthy foods and increased access to healthy foods (Cornwell & Hawley, 2007).

Another program the Stafford School District offered to students was a summer nutrition program (Cornwell & Hawley, 2007). Coordinated school health programs have a powerful potential to support health lifestyle choices (Cornwell & Hawley, 2007).

The effort to connect school and community has produced the development of many models of school-community partnerships. A large variety of school-community partnership models exist and all of the partnerships are built upon a similar set of theories about the nature of child development (Walsh et. al, 1999).

### **The School Counselor's Role**

School counselors have unique skills in the effort of educating children from poverty. According to Amatea & West-Olatunji, some ways school counselors can aid students from poverty are by serving as a cultural adviser among students, families, and school staff and collaborating with teachers to create more culturally responsive instruction (Amatea & West-Olatunji, 2007). Nearly all school counselors have received preparation in multicultural counseling and have a knowledge base of the sociopolitical framework that influences low-income students. According to the authors, school counselors can help educate teachers and other educational professionals about children in poverty and give alternative perspectives. Most school counselors are knowledgeable about family life and parenting, this will help in order to problem solve and collaborate effectively with low-income parents in order to help their children succeed in school (Amatea & West-Olatunji, 2007).

Walsh et al. (1999) argued that there is an urgent need to address barriers to learning such as poor nutrition, as well as recognize that schools cannot do it alone (Walsh et al., 1999). Walsh (1999) stated that an increasing number of children are coming to school not ready to learn due to outside issues such as hunger, this hinders children's readiness to learn (Walsh et al., 1999).

Walsh et al. (1999) asserted that school-community partnerships and the profession of school counseling can each contribute in specific and significant ways to one another by providing leadership for schools and communities as they work more closely together. The author went on to say, school counselors are in a good position to inform both educators and community service providers that it is imperative to recognize ways in which children's strengths can support and assist their development (Walsh et al., 1999).

As reported by Keys & Bemak (1997), school counselors are partners in the planning and implementation of school-family-community prevention programs (Keys & Bemak, 1997). As stated by the authors, with this developing idea, school counselors and school counseling programs become an essential vision, connecting schools, families, and communities (Keys & Bemak, 1997). Keys & Bemak (1997) did not address information directly related to nutrition; however, they concluded that prevention programs develop more than one type of skill and problem behavior. Optimal programs should integrate teaching of life skills and prevention for specific health-related behaviors (Keys & Bemak, 1997).

Street (1994) recommended some possible topics for developmental guidance including health education, weight control, and decision-making skills. Street (1994) stated that wellness involves choosing a healthy lifestyle using accurate and up to date information and an intelligent decision making process. Developmental guidance, according to the author, specifically aims to provide students the information they need to make healthy decisions (Street, 1994). Street (1994) explained that some possible topics for developmental guidance in relation to wellness are Nutrition and Exercise and Workouts. The school counselor can collaborate with community resources to get handouts, films, and speakers as teaching aids (Street, 1994). The author supported providing a wellness activity during the student's lunchtime; a walking program,



aerobics, or yoga could include faculty as well as students (Street, 1994). Street (1994) concurred that while focusing on nutrition, students might work with the lunchroom staff to discuss food options in the cafeteria to incorporate healthier choices (Street, 1994). In addition, Street (1994) suggested the school counselor might teach a decision-making model for students to use by incorporating wellness into their decisions (Street, 1994). According to the author, school counselors believe that by implementing a wellness program students will become healthier and happier individuals (Street, 1994).

Carlson (1999) also stated that school counselors can facilitate healthy habits by promoting practical exercise experiences by using them in their counseling programs (Carlson, 1999). According to the author, the improvement in children's health will influence other forms of functioning and help prevent other forms of health problems (Carlson, 1999). Carlson (1999) concluded that counselors are significant people in a child's life and they should create exercise experiences through cooperative games and sports (Carlson, 1999).

Several decades ago, Klingman (1984), wrote that health-related school guidance can be explained as detailed, educational, scientific, and professional contributions of psychology to the support and maintenance of health (Klingman, 1984). Klingman (1984) stated that initiating a guidance program on nutrition would operate as a fundamental part of the school curriculum and a primary level of prevention (Klingman, 1984). The author believed that by having nutrition guidance program students would learn prevention of habits that are risks to health (Klingman, 1984). According to Klingman (1984), counselors can serve as consultants to health educators, physical education teachers, nutritionists, school nurses, and others concerned with health-related issues (Klingman, 1984). The challenge for school counselors, as stated by the author, is presenting the school staff with a reason for the use of health-related education in hopes of their

collaboration (Klingman, 1984). Klingman (1984) considered that implementing a health-related guidance approach entails an understanding that changes in attitude and learned or modified behavior are linked to future positive adjustment, and the skills learned by the students and changes in their lifestyle decrease the chance for future health risks (Klingman, 1984).

Writing during the same time period, Miller (1980), said sufficient food, in the form of nutrients, provides fuel to the body. He also stated that if too much or too little food is eaten, certain activities such as learning and retaining information will be impaired (Miller, 1980). The author claimed that counselors from all work settings should have a good understanding of the basic facts about nutrition. Some of the facts, according to Miller (1980), are as follows: the basis of good nutrition is eating a variety of foods from different food groups: eat fruit and raw vegetables, poultry and fish with moderate intake of lean beef, a breakfast rich in protein with additional protein from milk (Miller, 1980). Miller (1980) expressed that counselors must be conscious of the numerous functions nutrition plays in the physical and mental development and in the achievement and productivity of their clients (Miller, 1980). According to Miller (1980), school counselors can be influential by integrating nutritional concepts into subject matter (Miller, 1980). Another idea Miller (1980) stated is that school counselors could suggest the hiring of a part-time nutrition education specialist in the school system (Miller, 1980). Lastly, Miller (1980) suggested that counselors should enroll in a basic nutrition course for credit, discuss ways to educate students on healthy eating practices, keep abreast on current research related to nutrition, and read the food guide. Miller (1980) felt all of the previous actions should be taken before they discuss diet and nutrition with their clients.

In a study about obesity, Shallcross (2009) spoke with a school counselor from Pennsylvania who discussed that if educators feel it is important to do away with childhood

obesity, educators need to implement a system-wide approach (Shallcross, 2009). The school counselor explained further that at his school numerous staff members were invested in the attempt to decrease obesity among students. Some of the educators involved were teachers, the school nurse, administration, and school counselors (Shallcross, 2009).

According to guidelines published in the *Journal of School Health* (1997), a comprehensive school health program will promote healthy eating (“Guidelines,” 1997). The article concluded that in a school setting there are skilled personnel including teachers, counselors, and other staff available to contribute their expertise to nutrition education programs (“Guidelines,” 1997). The article stated that children need nutrition education to help them develop lifelong eating patterns. The author believed that the school setting is ideal for nutrition education. According to the author, each element of the comprehensive school health program can contribute work that promotes healthy eating. The article stated that school counselors and school nurses could support nutrition by providing classroom guidance on nutrition and health (“Guidelines,” 1997).

Finally, a study from Henry, McNab & Coker (2005) found that it is common for the role of different educators on a comprehensive school health program (CSHP) team to overlap, which creates both challenges and opportunities. One particular overlap can arise between the major supporters who specialize in student health, specifically the school counselor, health educator, and school nurse (Henry et al., 2005). According to the authors, school counselors are critical in addressing student health needs. The authors stated that the comprehensive school health program should establish a structure where the school counselor and other educators collaborate to coordinate the delivery of proactive health education in the classroom (Henry et al., 2005).

Over the past decades, it has been found that school counselors need to be more involved in advocating for nutrition in their schools. The previous studies show that there are plenty of recommendations for school counselor's to advocate for nutrition; however, there are few programs in place that are facilitated by the school counselor in U.S. schools.

### Chapter III: Critical Analysis

Children living in poverty present an extreme challenge to educators today. Present-day education is confronted by poor nutrition, which has an impact on the educational achievement of children (Walsh et al., 1999). School counselors need to contribute to the promotion of health and nutrition in order to prevent their students from unhealthy behaviors and increase academic achievement (Klingman, 1984). The role of school counselors in supporting nutrition appears to be unclear. This chapter will include a summary of the findings, a critical analysis of the literature review, and will close with conclusions and recommendations.

#### Summary

According to the National Center for Children in Poverty, in the United States nearly 13 million children live in families with an income below the federal poverty level (Fass & Cauthen, 2007). Research has found that extreme poverty in the early childhood years is associated with risk factors that can harm early brain development including malnutrition, exposure to toxins and violence, maternal depression, and very low-quality child care (Olson, 2000). There is a risk for developmental problems, such as cognitive deficiencies, difficulties with attention, and difficulties with social responsiveness, which can all interfere with children's academics (Thomas-Presswood & Presswood, 2008).

Several studies discuss the importance of school-community partnerships and how working together enhances the learning of students (Walsh et al., 1999). Research shows that there are several wellness programs in schools promoting healthy eating and physical activity (Buchanan, 2009). *The Journal of School Health* (1997), stated that school counselors and school nurses can work together to support nutrition by providing classroom guidance on nutrition and health ("Guidelines," 1997). However, there are very few studies regarding school counselors

and their effort to work together with the community to promote the learning of good nutrition in their schools.

On behalf of school counselors, there is little being done to address student nutrition issues in United States' schools. Nearly all school counselors have received preparation in multicultural counseling and have a knowledge base of the sociopolitical framework that influences low-income students (Amatea & West-Olatunji, 2007). Street (1994) recommended some possible topics for developmental guidance are, health education, weight control, and decision-making skills (Street, 1994). Walsh et al. (1999) stated that an increasing number of children are coming to school not ready to learn due to outside issues such as hunger, this hinders children's readiness to learn (Walsh et al., 1999). Klingman (1984) stated that initiating a guidance program on nutrition operates as a fundamental part of the school curriculum and a primary level of prevention (Klingman, 1984). Miller (1980) stated that school counselors could be influential by integrating nutritional concepts into subject matter (Miller, 1980). Carlson (1999) stated that school counselors can facilitate healthy habits by promoting practical exercise experiences by using them in their counseling programs (Carlson, 1999). Several studies show recommendations for school counselors to get involved and educate children on healthy eating and nutrition. Nevertheless, there are not many studies showing ways school counselors are addressing nutritional needs in U.S. schools.

### **Critical Analysis**

This study was based on a review of literature. The information researched in this article was found from scholarly journal articles or books. All of the literature reviewed was written within the last 30 years. Because the topic of nutrition and school counselors has received limited attention some of the resources are dated. The information in many of the older articles is

relevant because it pertains to the effects of children living in poverty in relation to education and nutrition, which effects do not change over time. However, what school counselors are doing to advocate for nutrition is a topic that is continuously changing over time. Most information about the role of school counselors was retrieved from recent sources.

All of the articles were intended for educated people and for educators. The information was used to express concern for children living in poverty and the impacts it has on their education and health. There were several articles based on literature reviews, which were supportive to my topic. All of the articles were well researched and valid, all including supportive evidence of their investigation. Each piece of literature written was consistent with the others; however, very little empirical data supported the views.

It was challenging to find enough information regarding what school counselors are currently doing or have done in relation to advocating for nutrition. There is little information available in this regard. However, there is a great deal of information concerning children living in poverty and how poverty affects their lives nutritionally and academically. Within the information found, there was a variety of literature reviews and studies. Both were helpful in order to obtain different forms of information from first hand sources and secondary.

The lack of data suggested that school counselors are not actively involved in teaching about nutrition to children from poverty. The information found that some school counselors are teaching guidance on nutrition, or they are involved in the comprehensive school health program at their school. In general, however, there is minimal support coming from school counselors regarding nutritional issues in schools.

## **Conclusions/Recommendations**

Overall, it is recognized that poverty has distressing affects on children in school. The negative effects of poverty on children's educational achievement are great. Health and nutrition can affect children's school performance and their overall well-being. It is vital that schools collaborate with community resources to obtain resources to teach their students about health and nutrition in order for students to make the proper decisions for a healthy lifestyle. School counselors can practice wellness by collaborating with community resources as well as teaching developmental guidance on topics such as nutrition, exercise, and healthy decision-making.

Due to the significant effects poverty has on children academically and nutritionally, the following research recommendations are made:

Given that poverty causes negative effects on student's academics more research should be done to provide school counselors with new nutrition-related techniques on ways to facilitate learning and retention. Some techniques that would benefit school counselors if researched would be a guidance unit on nutrition, different topics for the school counselor to facilitate small groups on nutrition, and names of outside therapists who specialize in child nutrition so the school counselor can make a referral if necessary.

Because lack of nutrition is a significant problem occurring with students living in poverty, research needs to be done to find resources for families in order to educate them on economical ways to provide nutritious meals to their children. School counselors should have access to adequate information to give to families to help them with nutritional issues. School counselors also need to know outside resources to refer families so they can receive further nutritional help.



Practitioners also can benefit from the information analyzed in this study. Nutrition is a cause for students of poverty to have a poorer school performance. School counselors need to collaborate with community agencies to provide students with nutritious meals. If school counselors collaborated with nurses and other nutritional programs, they would have more resources and ways to help their students who are struggling with nutrition.

Given that students living in poverty are lacking education on nutrition, school counselors need to teach guidance and facilitate small groups on the subject. In addition to classroom guidance, school counselors should educate families on good nutrition as well as cost effective ways to eat healthfully. The school counselor could also collaborate with the school nurse or health teacher to educate students on what good nutrition is and how to stay healthy.

School counselors need to get additional training on nutrition in order to properly guide students. School counselors should be trained on basic nutrition, healthy eating habits, and exercise, as well ways to teach guidance lessons on nutrition in school.

Overall, there are several different areas in which school counselors could improve in relation to educating students and families on nutrition. If school counselors get additional training, they would have more knowledge about nutrition on top of ample resources for students and families. School counselors should incorporate nutrition into their guidance curriculum in order to help students stay healthy in addition to improving academically.

## References

- Aber, L.J., Bennett, N.G., Conley, D.C., & Li, J. (1997). The effects of poverty on child health and development. [Electronic version]. *Public Health, 18*, 463-483.
- Amatea, E. S. & West-Olatunji, C. A. (2007). Joining the conversation about educating our poorest children: Emerging leadership roles for school counselors in high-poverty schools. *Professional School Counseling, 11*, 81-87.
- Balfanz, R. & Byrnes, V. (2006). Closing the mathematics achievement gap in high-poverty middle schools: Enablers and Constraints. *Journal of Education for Students Placed at Risk, 11*, 143-159.
- Brooks-Gunn, J. & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children, 7*, 1-17. Retrieved from [https://www.princeton.edu/futureofchildren/publications/docs/07\\_02\\_03.pdf](https://www.princeton.edu/futureofchildren/publications/docs/07_02_03.pdf)
- Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling, 8*, 219-227.
- Buchanan, B. (2009). Building community partnerships. *American School Board Journal, 196*, 38-40.
- Carlson, M. (1999). Cooperative games: A pathway to improving health. *Professional School Counseling, 11*, 230-237.
- Chan, K. S., & Rueda, R. (1979). Poverty and culture in education: Separate but equal. *Exceptional Children, 45*, 422-424.
- Cornwell, L., & Hawley, S. (2007). Implementation of a coordinated school health program in rural, low-income community. *Journal of School Health, 77*, 601-606.

- Cunningham, C. (2002). Engaging the community to support student achievement. *Eric Digest*, 1-7.
- Cuthrell, K., Stapleton, J., & Ledford, C. (2010) Examining the culture of poverty: Promising Practice. *Preventing School Failure*, 54, 104-110.
- Dahl, G. & Lochner, L. (2008). The impact of family income on child achievement: Evidence from the earned income tax credit. Retrieved from <http://dss.ucsd.edu/~gdahl/children-and-EITC.pdf>
- Dalton, S. (2007). Our vulnerable children: Poor and overweight. *Southern Medical Journal*, 100, 1-2.
- “Editorial: Global Childhood Malnutrition.” (2006). *The Lancet*, 367, 1459-1459. Retrieved from <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2806%2968620-0/fulltext>
- Fass, S. & Cauthen, N. (2007). National center for children in poverty. Retrieved from [http://www.nccp.org/publications/pub\\_787.html](http://www.nccp.org/publications/pub_787.html)
- Graham, G. G. (1985). Poverty, hunger, malnutrition, prematurity, and infant mortality in the united states. *Pediatrics*, 75, 117-125.
- “Guidelines.” (1997). Guidelines for school health programs to promote lifelong healthy eating. *Journal of School Health*, 67, 9-26 .
- Henry, J., McNab, W. , & Coker, K. (2005). The school counselor: An essential partner in today’s coordinate school health climate. *Guidance & Counseling*, 20, 102-108.
- Hertzig, M. E., Birch, H. G., Richardson, S. A., & Tizard, J. (1972). Intellectual levels of school children severely malnourished during the first two years of life. *Pediatrics*, 49, 821-824.

- Karp, R. J., Cheng, C., & Meyers, A. F. (2005). The appearance of discretionary income: Influence on the prevalence of under- and over-nutrition. *International Journal for Equity in Health, 4*, 10-7.
- Kartal, H. (2007). Investments for future: Early childhood development and education. *Educational Sciences: Theory & Practice, 7*, 543-554.
- Keys, S., & Bemak, F. (1997). School-family-community linked services: A school counseling role for changing times. *School Counselor, 44*, 255-259.
- Klingman, A. (1984). Health-related school guidance: Practical applications in primary prevention. *The Personnel and Guidance Journal, 62*, 576-579.
- Krashen, S. (2005). The hard work hypothesis: Is doing your homework enough to overcome the effects of poverty? *Multicultural Education, 12*, 16-19.
- McGee, G. (2004). Closing the achievement gap: Lessons from illinois' golden spike high-poverty high-performing schools. *Journal of Education for Students Placed at Risk, 9*, 97-125
- Miller, M. (1980). Cantaloupes, carrots, and counseling: Implications of dietary interventions for counselors. *Personnel and Guidance Journal, 58*, 421-424.
- Montgomery, L. E., Kiely, J. L., & Pappas, G. (1996). The effects of poverty, race, and family structure on US children's health: Data from the NHIS, 1978 through 1980 and 1989 through 1991. *American Journal of Public Health, 86*, 1401-1405.
- Oberg, C. (1987). Pediatrics and poverty. *Pediatrics, 79*, 567-570.
- Olson, L. (2000). High poverty among young makes schools' job harder. *Education Week, 20*, 40-42.

- Phipps, S.A., Burton, P.S., Osberg, L.S., & Lethbridge, L.N. (2006). Poverty and the extent of child obesity in Canada, Norway and the United States. *Obesity Reviews*, 7, 5-12.
- Pollitt, E. (1994). Poverty and child development: Relevance of research in developing countries to the United States. *Child Development*, 65, 283-295.
- Porterfield, S. L. & McBride, T. D. (2007). The effect of poverty and caregiver education on perceived need and access to health services among children with special health care needs. *American Journal of Public Health*, 97, 323- 329.
- Shallcross, L. (2009). More than meets the eye. *Counseling Today Online*, Retrieved from <http://www.counseling.org/Publications/CounselingTodayArticles.aspx?AGuid=c56e98f5-bcb6-4bd0-9197-6b01a48db587>
- Starfield, B. H. (1982). Child health and socioeconomic status. *American Journal of Public Health*, 72, 532-534.
- Street, S. (1994). The school counselor practices wellness. *School Counselor*, 41, 171-179.
- Thomas-Presswood, T. N. & Presswood, D. (2008). *Meeting the needs of students and families from poverty*. Baltimore, MD: Paul H. Brookes.
- United States Census Bureau. (2009). *How the census bureau measures poverty*. Retrieved from: <http://www.census.gov/hhes/www/poverty/definitions.html>
- United States Department of Agriculture. (2009). *National school lunch program*. Retrieved from <http://www.fns.usda.gov/cnd/Lunch/>
- Walsh, M. Howard, K., & Buckley, M. (1999). School counselors in school-community partnerships: Opportunities and challenges. *Professional School Counseling*, 2, 349-358.
- Winterfeld, A. (2005). Overfed but undernourished. *State Legislatures*, 31, 34-36.