Community-wide partnerships support
Parents and organizations

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Division of Responsibility as a Community-wide Obesity Prevention Strategy

1. Introduction to the Childhood Feeding Collaborative of the Santa Clara County Public Health Department
2. Accomplishments
3. How we did it
4. Speaking with One Voice
Division of Responsibility goes county-wide
Santa Clara County, CA

- Population¹: 1.78 million
- Poverty rate²:
  - Adults, 7%
  - Children, 8.8%
- Racially and ethnically diverse¹ (27% Hispanic/Latino, 35% White, 32% Asian, 2% African American, 4% Other)
- At the heart of Silicon Valley
  - Home to Google, HP, Facebook, and Apple

¹U.S. Census Bureau, 2010 Census
²CFPA County Health Profile
All parents receive best practice child feeding guidance at the earliest opportunity to reduce known risk factors for obesity.
Feeding transitions are high risk for poor parenting practices

- Intro to solids: too early introduction gives impression child does not like solids

- Transition to self feeding: refusing a spoon leads to parents forcing and exacerbating refusal

- Toddler drive for independence upsets family mealtime; labeling child picky eater
The Intervention is Satter’s Division of Responsibility

The focus for change is *parenting and family practices* instead of fixing the child

1986, Ellyn Satter, MS, RD, LCSW.
www.ellynsatterinstitute.org
The Intervention is Satter’s Division of Responsibility

Parents take leadership over:
1. What is served
2. When eating is allowed
3. Where eating is allowed

Children have autonomy over:
4. How much to eat
5. Whether or not to eat
Coordinate Communication among service providers so that:

Santa Clara County parents receive best practice child feeding guidance from each of their service providers.

Helping parents and caregivers to feed well so children can eat well.
Coordinate communication among healthcare organizations

- County and community pediatric clinics
- Managed care plans
- Pediatric Healthy Lifestyle Center - for obesity treatment and prevention
Coordinate communication among public health organizations:

- WIC Programs
- Public Health Nursing
- Maternal & Child Health programs
Coordinate communication among community organizations:

- Community based organizations
- Childcare and preschool programs
Childhood Feeding Collaborative Strategy

- Free, 2-hour parenting class for parents with young children
- Childcare provided
- Offered in English, Spanish and Vietnamese
- Located at throughout the county
- No proof of health insurance required
Online Resources for Provider Education

For pediatric healthcare providers:
- Obesity Prevention During the Well Child Visit
- Child Feeding Skills Update

For parent educators:
- Helping Parents to Feed Well so Children Can Eat Well

For childcare providers:
- 5 Keys to Raising a Healthy, Happy Eater in Childcare
Bi-lingual materials support the message
Vietnamese FWLGS

Feeding With Love and Good Sense

Làm Gi Khi Con Bạn Kén Ăn

Tai sao bạn nói con bạn kén ăn?
Con bạn có gì khác với những đứa trẻ khác không?
Con bạn có khiếm khuyết như những món ăn nào?
Làm sao bạn biết con bạn kén ăn hay bởi vì ăn anh bình thường?

Thế nào gọi là ăn bình thường?
• Thích mê ăn những món ngon nhưng số lượng không thay đổi
• Thực phẩm ăn vào đều
• Thiếu ăn một loại nguyên liệu
• Mất nhiều lần mới chịu thưởng thức

Bàn không thể nên con bạn ăn như thế không được. Tuy nhiên, bạn có thể dạy cho con bạn biết cách tự chăm sóc bản thân và lựa chọn những món ăn mình thích.

Sẽ dạy là cách để dạy con bạn có thể tự phục vụ khỏi nắm vào bàn ăn:
• Hãy làm pha chế cho ăn cùng bạn và để cho con bạn làm phần việc của chúng
• Bàn sẽ cho biết con bạn cái gì ăn, cái gì ăn và ăn ở đâu
• Trí quế dinh dưỡng dinh dưỡng và ăn nhanh – với những món ăn bạn đã nấu
• Hãy thienen khi chọn món ăn, nhưng đừng ngừa những chiến
• Tạo một bàn ăn vui vẻ cho gia đình. Nó giúp con bạn dễ ăn
• Đặt con bạn cách ăn một cách lịch sự – dạy con nói “đưa tôi” hoặc “đưa ơn cảm ơn bạn”
• Khuyến khích con: “Con có thể tự chọn thức ăn. Con không phải ăn như con khác.

How to handle the picky eater

Why do you say your child is picky?
Does she eat differently from other children?
Does she get upset around new food?
How can you tell if she is really picky or just normal?

Children are naturally picky. Some are extra cautious about new food. Some are picky because parents get pushy with feeding.

What is normal?
• Liking a food one day but not the next.
• Not eating much at times.
• Tasting a new food and taking it out.
• Seeing a new food many times before trying it.

What is picky eating?
• Only eating her favorite foods—ever.
• Getting upset when she sees new food.
• Whining or crying at the table.
• Worrying whether she will be able to eat away from home.

You can’t make your child eat if she doesn’t want to. You can, however, teach her to behave nicely at the table. If she behaves nicely, sooner or later she will push herself along to learn to like new food.

Here’s how to teach your child to behave well at the table:
• Do your jobs with feeding and let your child do hers.
  You decide what, when and where your child gets to eat.
• She decides how much and whether she eats or what you make.
• Be child-friendly with feeding, but don’t cater to her.
• Have the table be pleasant. Include her in conversation.
• Teach her to turn down food politely—to say “yes, please” and “no, thank you.”
• Give her encouragement: “You can find something to eat. You don’t have to eat if you don’t want to.”
On-going Challenges

- Retirement
- Entropy
- Staff turnover
- Shifting priorities
- The Economy
A Parent Receives Consistent Feeding Guidance
CHILDHOOD FEEDING COLLABORATIVE ACCOMPLISHMENTS

2007 - 2012
Healthcare Provider Outcomes, 2008

Results at 2 month follow-up

- Significant increases in confidence
- Fewer perceived barriers to addressing feeding and weight issues
- Greater perception of having an effective intervention

2008 pilot of County pediatricians; pre-test n=50 post-test n= 29

Health Care Providers Barriers to Success

- Time constraints
- Competing priorities
- Ineffective communication style
Health Care Provider Outcomes

Interviews with pediatricians at 6 – 12 months follow-up:

- 10 of 12 feel their guidance is highly consistent with parents’ responsibilities
- 8 of 12 feel their guidance is highly consistent with child’s responsibilities
- 11 of 12 feel their guidance is highly consistent with supporting family mealtimes

2010 random sample of 12 county, community, and private practice pediatricians; one-hour, in-person interviews
Health Care Provider Outcomes

Interviews with pediatricians at 6 – 12 months follow-up:

“The Division of Responsibility gives providers an easy-to-understand way to discuss feeding and improve the consistency and effectiveness of their message.”

2010 Applied Survey Research
Parent Outcomes

- Free, 2-hour parenting class for parents with young children
- Childcare provided
- Offered in English, Spanish and Vietnamese
- Located at throughout the county
- No proof of health insurance required
5 Keys Class Challenge

- High level of referral from pediatricians
- Almost all referred parents register for a 5 Keys class
- Only 25% of referred parents attend the 5 Keys class

2011/2012 Referrals, Santa Clara Family Health Plan
45% of referrals lost because of inaccurate phone number/can’t be reached

42% of referrals contacted register

67% of registered attend
Impact of Coordinated Communication

Changes in the exposure to feeding messages:

Post-test to Follow-up

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Every Service Provider Counts!

Percent of parents who have heard similar messages from other sources

- Doctor
- WIC nutritionist
- Health Professional
- Family member or another parent
- Child care provider
- Community agency
- None of the above

2010, post-test, n=220

0%  5%  10%  15%  20%  25%  30%  35%
Impact of the 5 Keys Parenting Class

90% of families attempt to change 2 or more behaviors

2010 comparison of post-test to follow-up interview, n=95

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Participant Challenges in Changing Family Eating Behavior

Breaking habit of eating in front of the Television

- Not a challenge: 61%
- A small challenge: 15%
- A big challenge: 24%
Participant Challenges in Changing Family Eating Behavior

Lack of support from other family members
n=46

- A big challenge: 13%
- A small challenge: 15%
- Not a challenge: 72%
Participant Challenges in Changing Family Eating Behavior

Child’s resistance to change
n=46

- A big challenge: 33%
- A small challenge: 15%
- Not a challenge: 30%

Child’s resistance to change
n=46
Participant Challenges in Changing Family Eating Behavior

Breaking habit of child eating throughout the day
n=46

- Not a challenge: 56%
- A small challenge: 33%
- A big challenge: 11%
Frequency of Family Meals in the Last Week: Change at Follow-up (n=41)

At time of class
At follow-up

- 0 meals
- 1-2 meals
- 3-4 meals
- 5+ meals
“The class has made meal times less of a struggle.”

“Not forcing my child to eat has made meal times more pleasant. I would like to have more classes.”

“We now sit and eat our meals as a family. I have seen a big difference in my child’s eating habits.”

“My kids now like to eat at the table with the family and enjoy eating.”

“My kids eat healthy foods and same foods as rest of the family.”
HOW WE DID IT

Test the message, evaluate and get funds
“All families in Santa Clara County receive Division of Responsibility based feeding guidance from each of their relevant service providers”
Evaluation of an all-day training with Ellyn Satter by pediatricians; WIC nutritionists; mental health, nutrition, nursing, social services professionals:

- 96% want more training on DOR
- 88% will change their practice as a result of information
- 58% want peers and parents to receive information
Small project focused grants, built relationship with target organizations, and provided evidence to support creation of Childhood Feeding Collaborative.
Continuing Priorities – 2009-2014

Sustain through policy and systems change

Expand and support partnerships

Stay in the limelight

Evaluate
Support for Positive Feeding Dynamics are Public Health Department Policy

- Santa Clara County Obesity Plan
- Maternal, Child, and Adolescent Health Integration Plan
Childhood Feeding Collaborative is
SPEAKING WITH ONE VOICE

WIC as a Collaborative Partner
Help Parent Educators Learn Best Practices for How to Feed Children

Helping Parents to Feed Well so Children Can Eat Well

www.sccphd.org/5keys

Click on: Childhood Feeding Collaborative Online Trainings

- Free
- Four, 30-minute long modules
- Interactive, with videos
- Certificate of Completion
Speaking with One Voice

- Childhood Feeding Collaborative trainings build WIC staff skills
- WIC parent education handouts influence content of Childhood Feeding Collaborative products
- Policy supports one voice
- Make meals family time
- Be a role model
- Children choose how much and whether to eat
- Children eat different amounts meal to meal day to day
- Children need practice in learning to accept new foods
Join Us

Associate, Affiliate, Friend Programs

Mentoring and Coaching

Self Study

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