

# SPEAKING WITH ONE VOICE

Community-wide partnerships support  
Parents and organizations

Carol Danaher, MPH, RDN

Ellyn Satter Institute *and* Santa Clara County Public Health Department

Santa Clara County  
**PUBLIC  
HEALTH**



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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



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# CHILDHOOD FEEDING COLLABORATIVE

Division of Responsibility goes county-wide

# Santa Clara County, CA

- Population<sup>1</sup>: 1.78 million
- Poverty rate<sup>2</sup>:
  - Adults, 7%
  - Children, 8.8%
- Racially and ethnically diverse<sup>1</sup> (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



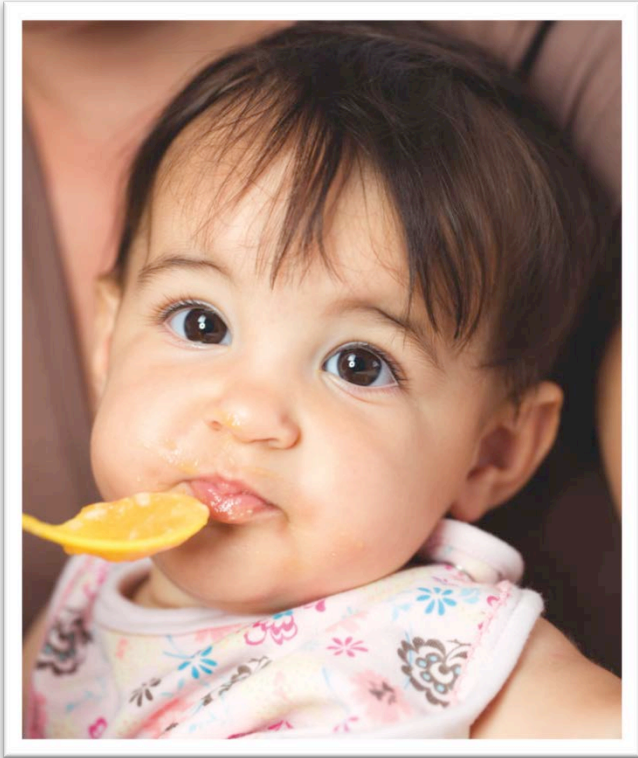
<sup>1</sup>U.S. Census Bureau, 2010 Census

<sup>2</sup>CFPA County Health Profile

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# Childhood Feeding Collaborative Santa Clara County, CA Public Health Dept

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All parents receive best practice child feeding guidance at the earliest opportunity to reduce known risk factors for obesity

# Early Prevention and Intervention

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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

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

1986, Ellyn Satter, MS, RD, LCSW.  
[www.ellynsatterinstitute.org](http://www.ellynsatterinstitute.org)





# The Intervention is Satter's Division of Responsibility

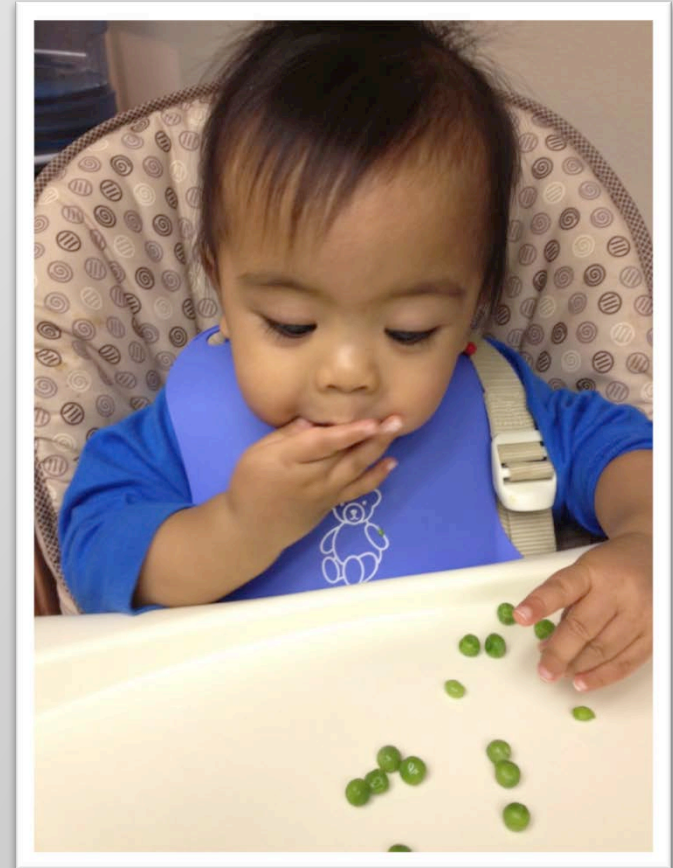
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## *Parents take leadership over:*

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

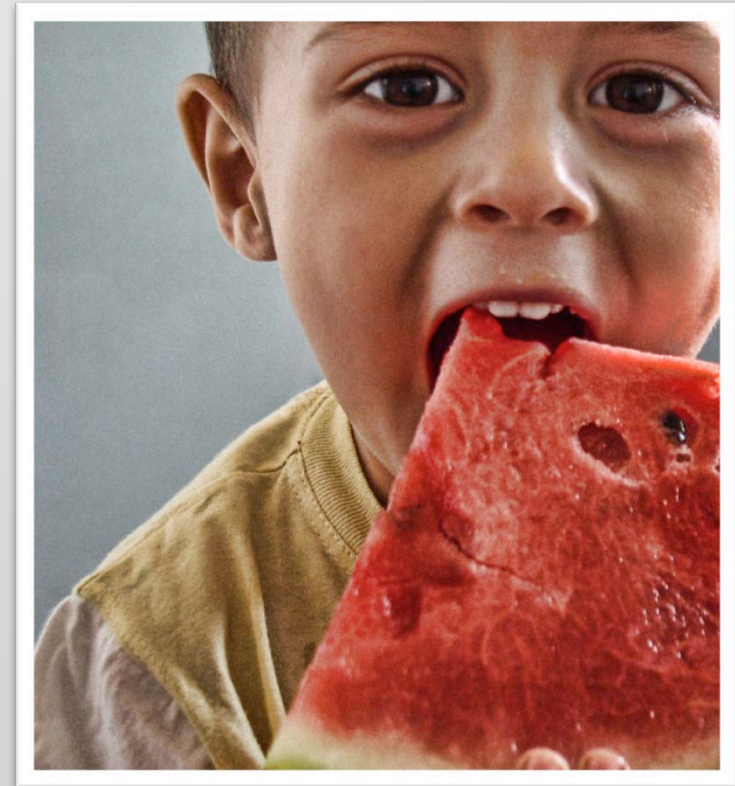


# Childhood Feeding Collaborative Strategy

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*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*

# Childhood Feeding Collaborative Strategy

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## *Coordinate communication among healthcare organizations*

- ❑ County and community pediatric clinics
- ❑ Managed care plans
- ❑ Pediatric Healthy Lifestyle Center - *for obesity treatment and prevention*



**5 KEYS TO RAISING A HEALTHY, HAPPY EATER**

**FREE PARENTING CLASS**

**FREE CHILD CARE PROVIDED**

**ASK QUESTIONS — GET ANSWERS**

- Should I make my child eat veggies?
- My child won't eat enough. What can I do to get him to eat?
- How can I get my child to sit and eat at the table?

**CALL 1-855-344-6347**  
to register for a class or for more information on an upcoming class.

Classes are located throughout Santa Clara County.  
Health insurance is not required.

**CLASSES SPONSORED BY**  
FIRST 5

**CLASSES ADMINISTERED BY**  
Healthier Kids Foundation  
Santa Clara County  
Choices for Children

**IN PARTNERSHIP WITH**  
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# Childhood Feeding Collaborative Strategy

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*Coordinate communication  
among public health  
organizations:*

- ❑ WIC Programs
- ❑ Public Health Nursing
- ❑ Maternal & Child Health programs

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# Childhood Feeding Collaborative Strategy

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*Coordinate communication  
among community  
organizations:*

- ❑ Community based organizations
- ❑ Childcare and preschool programs

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# Childhood Feeding Collaborative Strategy

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- 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 TO RAISING A HEALTHY, HAPPY EATER**

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NOVEMBER 2013

# Online Resources for Provider Education

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[www.sccphd.org/5keys](http://www.sccphd.org/5keys)

[Childhood Feeding Collaborative Online Trainings](#)

*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





# Feeding With Love and Good Sense

## Làm Gì Khi Con Bạn Kén Ăn

Tại sao bạn nói con bạn kén ăn?  
Con bạn ăn có gì khác với những đứa trẻ khác không?  
Con bạn có khó chịu khi nhìn thấy những món ăn mới?  
Làm sao bạn biết con bạn kén ăn hay bé vẫn ăn bình thường?

Trẻ con thường kén ăn. Một số trẻ rất e dè với những món ăn mới. Một số trẻ kén ăn vì cha mẹ hay ép chúng ăn.



### Thể nào gọi là ăn bình thường?

- Thích món ăn này hôm nay nhưng sang hôm sau lại không thích nữa
- Tinh thoàng ăn rất ít
- Nếm món ăn mới và nhả ra
- Mất nhiều lần mới chịu thử món ăn mới


### Thể nào gọi là kén ăn?

- Lúc nào cũng chỉ ăn món mà trẻ thích
- Trở nên khó chịu khi nhìn thấy món ăn mới
- La quấy và khóc lóc khi ngồi vào bàn ăn
- Lo lắng không biết trẻ có thể ăn ở những nơi khác mà không phải ở nhà

Bạn không thể bắt con bạn ăn nếu trẻ không muốn. Tuy nhiên, bạn có thể dạy cho con bạn biết cách cư xử ngoan ngoãn và lịch sự khi ngồi vào bàn ăn. Nếu con bạn cư xử tốt, không sớm thì muộn, con bạn sẽ tự học cách yêu thích những món ăn mới.

### Sau đây là một số cách để dạy con bạn có thái độ tốt khi ngồi vào bàn ăn:

- Hãy làm phần việc cho ăn của bạn và để cho con bạn làm phần việc của chúng  
Bạn quyết định cho bé ăn cái gì, ăn khi nào và ăn ở đâu  
Trẻ quyết định có ăn hay không và ăn bao nhiêu – với những món ăn bạn đã nấu
- Hãy thân thiện khi cho con ăn, nhưng đừng quá nuông chiều trẻ. Tạo một bữa ăn vui vẻ cho gia đình. Nói chuyện với trẻ trong bữa ăn gia đình
- Dạy con cách từ chối món ăn một cách lịch sự - dạy con nói “dạ có” hoặc “dạ không, cảm ơn bà/mẹ”
- Khuyến khích con: “Con có thể tự chọn thức ăn. Con không phải ăn nếu con không muốn.”

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## 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—of 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.”



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# On-going Challenges





# A Parent Receives Consistent Feeding Guidance



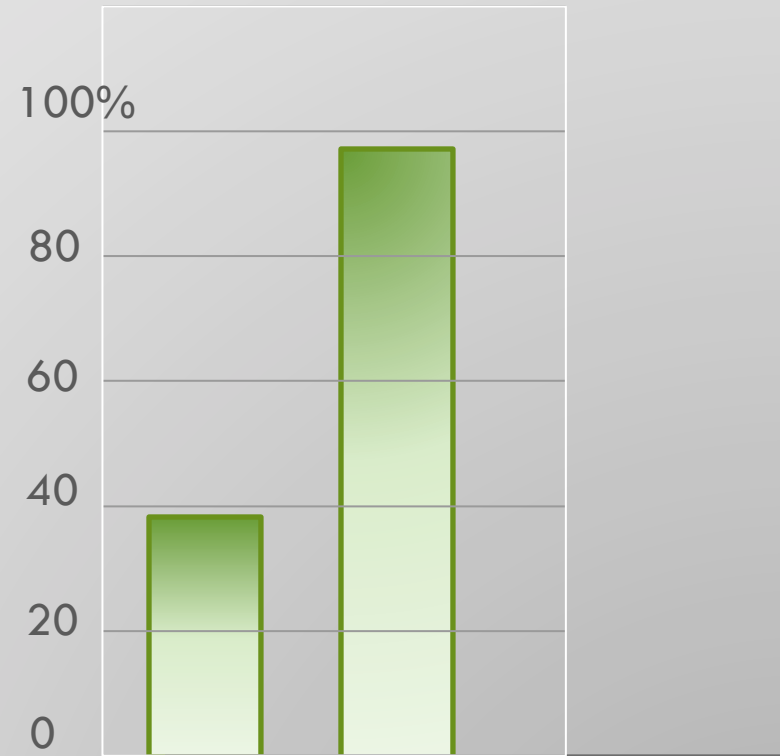
# CHILDHOOD FEEDING COLLABORATIVE ACCOMPLISHMENTS

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



Awareness of Division of Responsibility

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

# Health Care Providers Barriers to Success

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- Time constraints
- Competing priorities
- Ineffective communication style



# Health Care Provider Outcomes

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## *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

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*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.”

# Parent Outcomes

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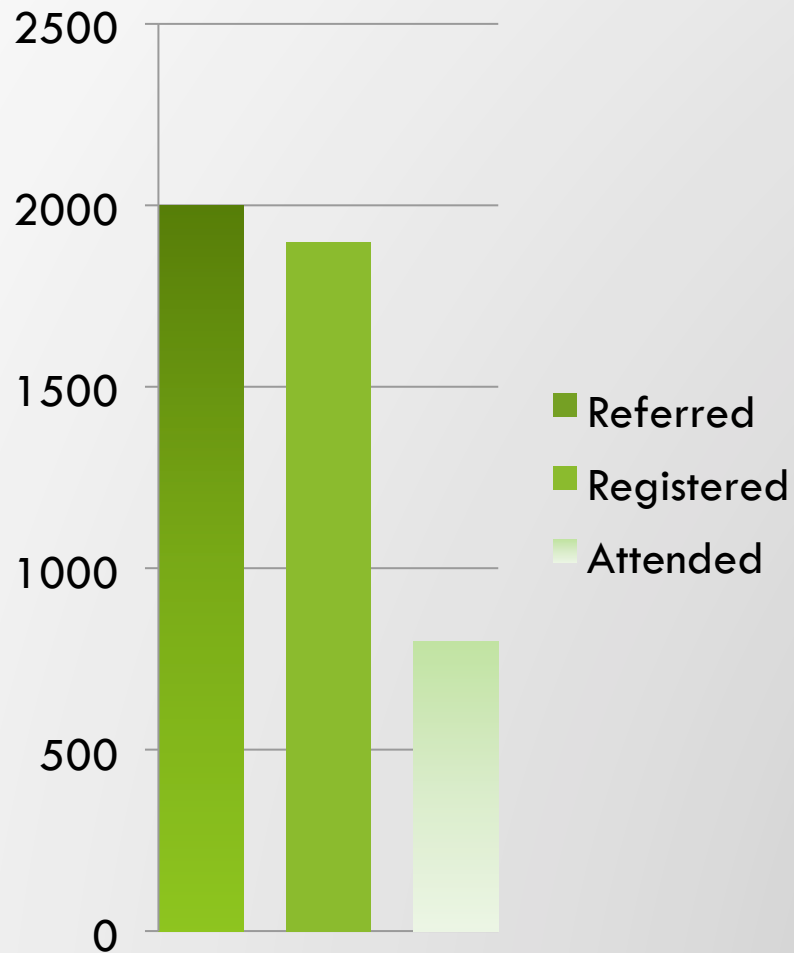
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# 5 Keys Class Challenge

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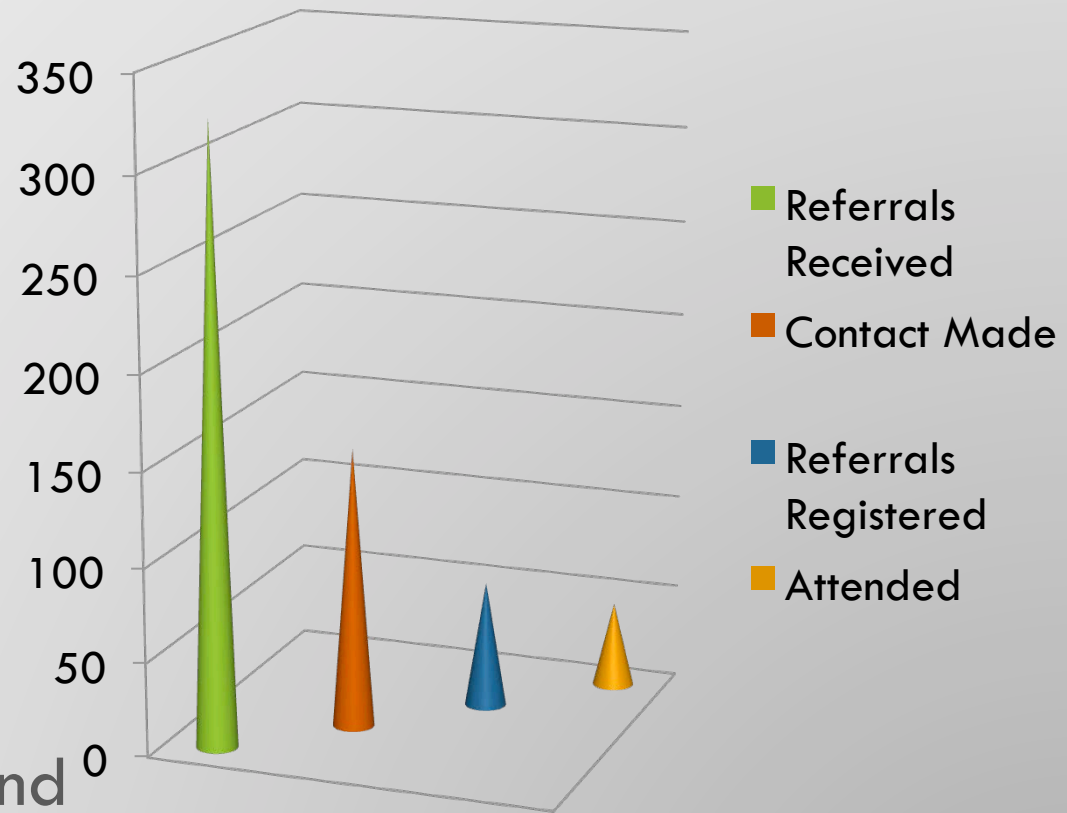


- High level of referral from pediatricians
- Almost all referred parents register for a 5 Keys class
- Only 25 % of referred parents attend the 5 Keys class

# 5 Keys Class Challenge

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- ❑ 45% of referrals lost because of inaccurate phone number/can't be reached
- ❑ 42% of referrals contacted register
- ❑ 67% of registered attend

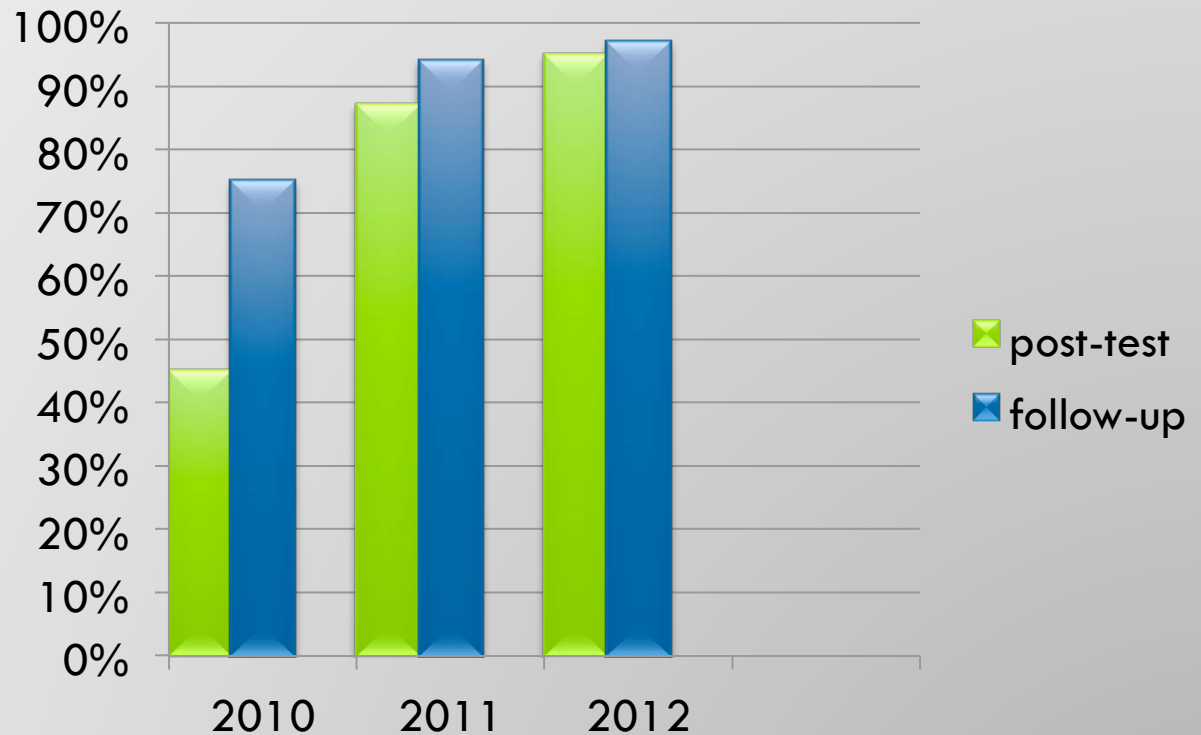


*Referral experience of one class provider Organization, 2010/2011*

# Impact of Coordinated Communication

Changes in the exposure to feeding messages:

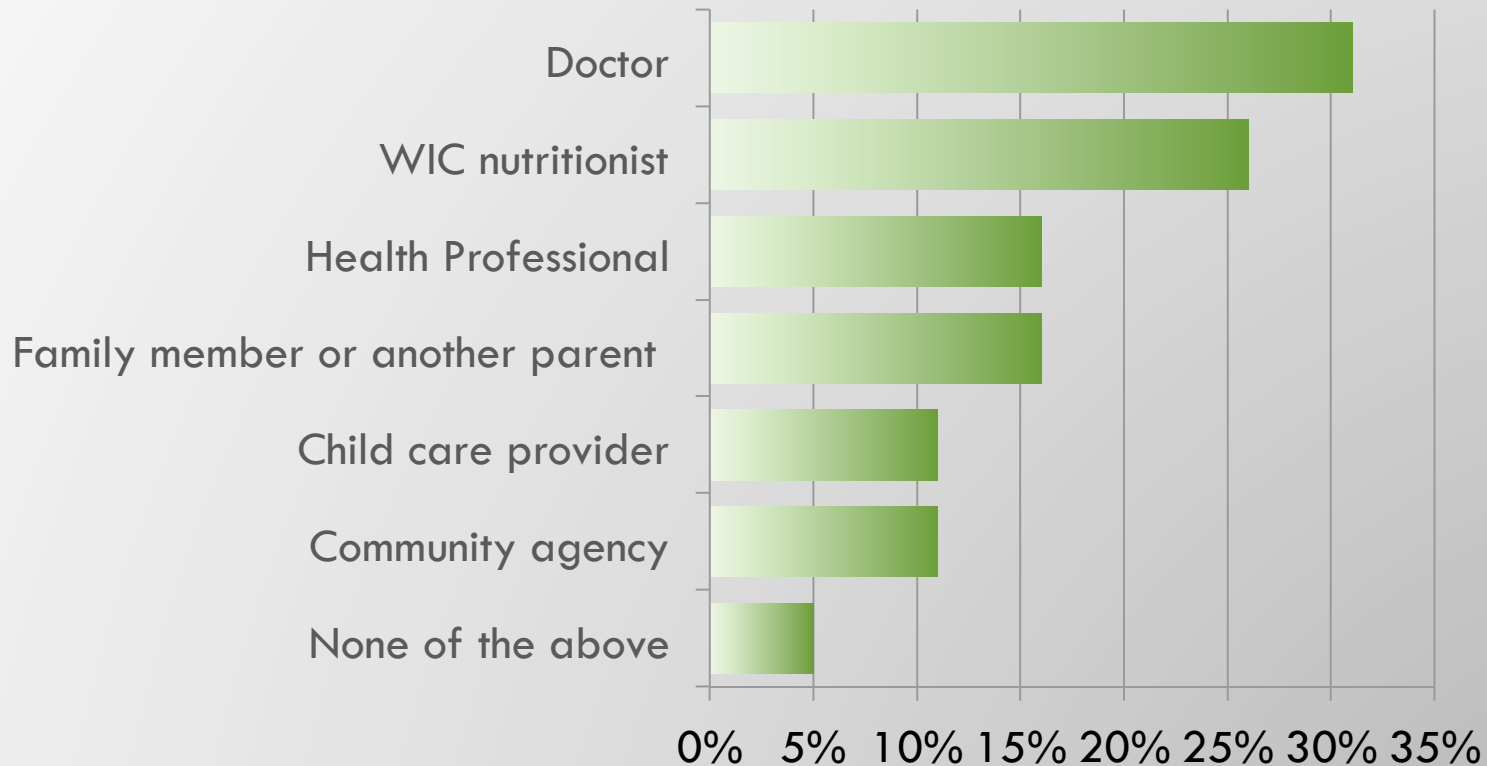
Post-test to Follow-up



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# Every Service Provider Counts!

Percent of parents who have heard similar messages from other sources



2010, post-test , n=220

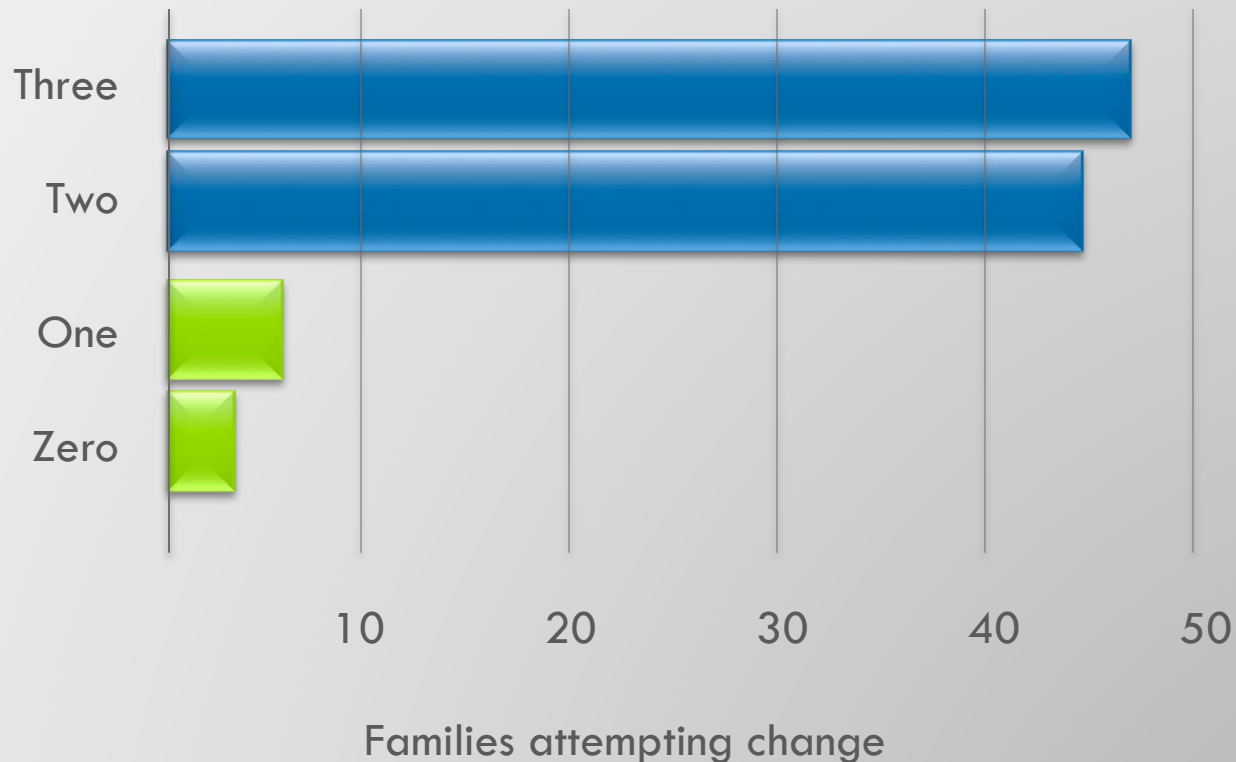


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# Impact of the 5 Keys Parenting Class

*90% of families attempt to change 2 or more behaviors*



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

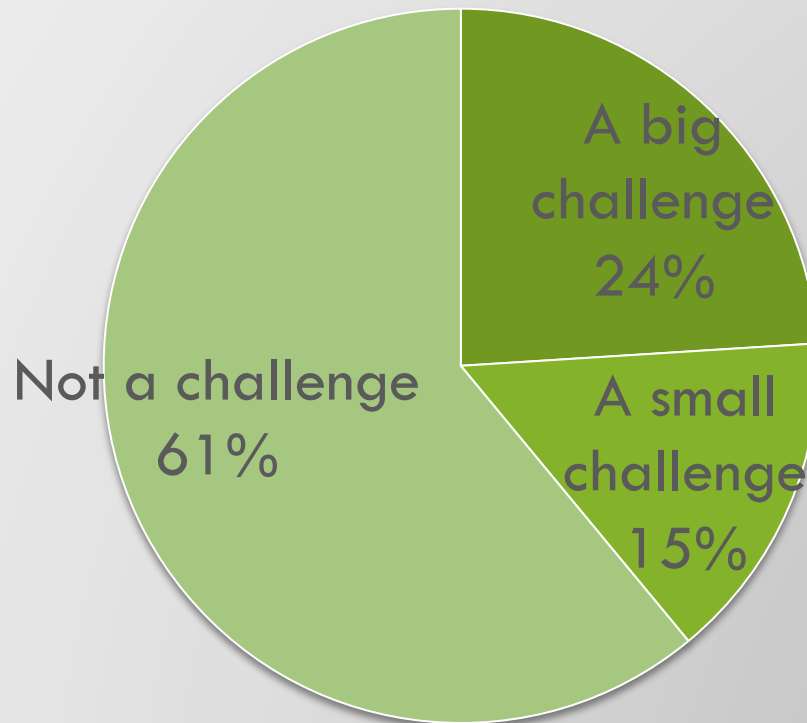
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# Participant Challenges in Changing Family Eating Behavior

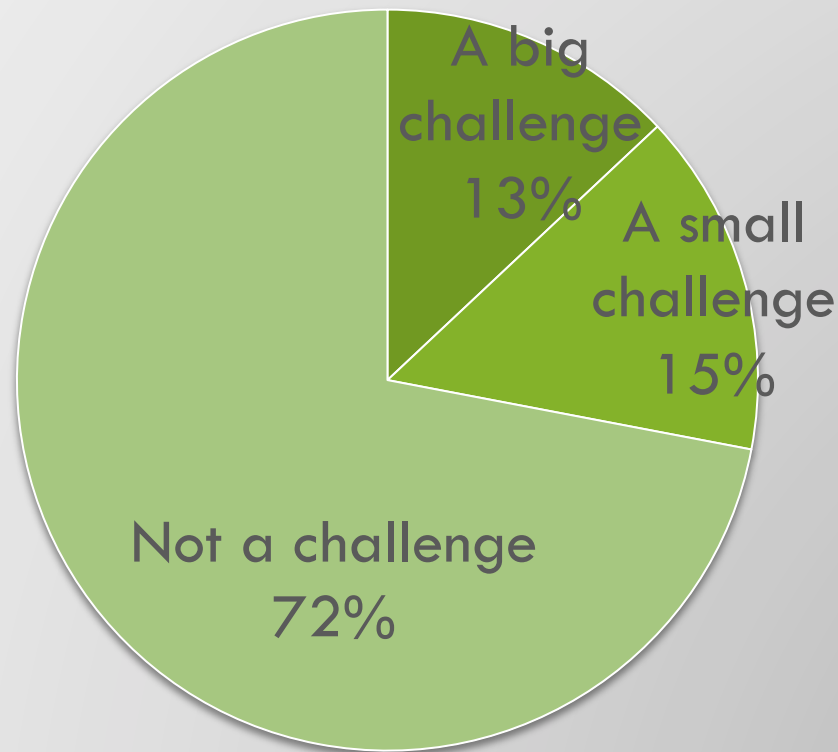
Breaking habit of eating in front of the Television



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# Participant Challenges in Changing Family Eating Behavior

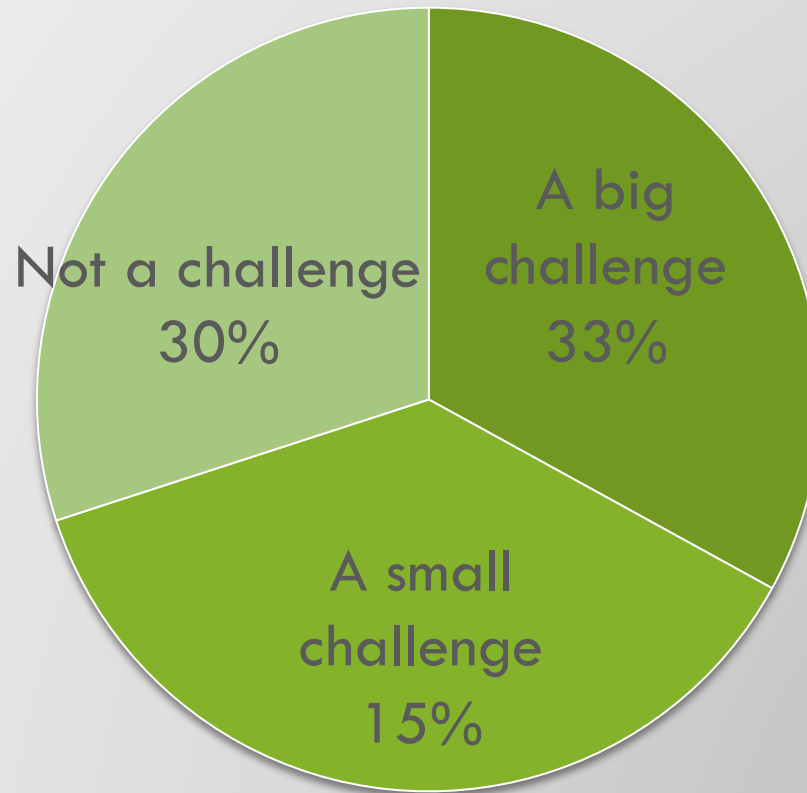
Lack of support from other family members  
n=46



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# Participant Challenges in Changing Family Eating Behavior

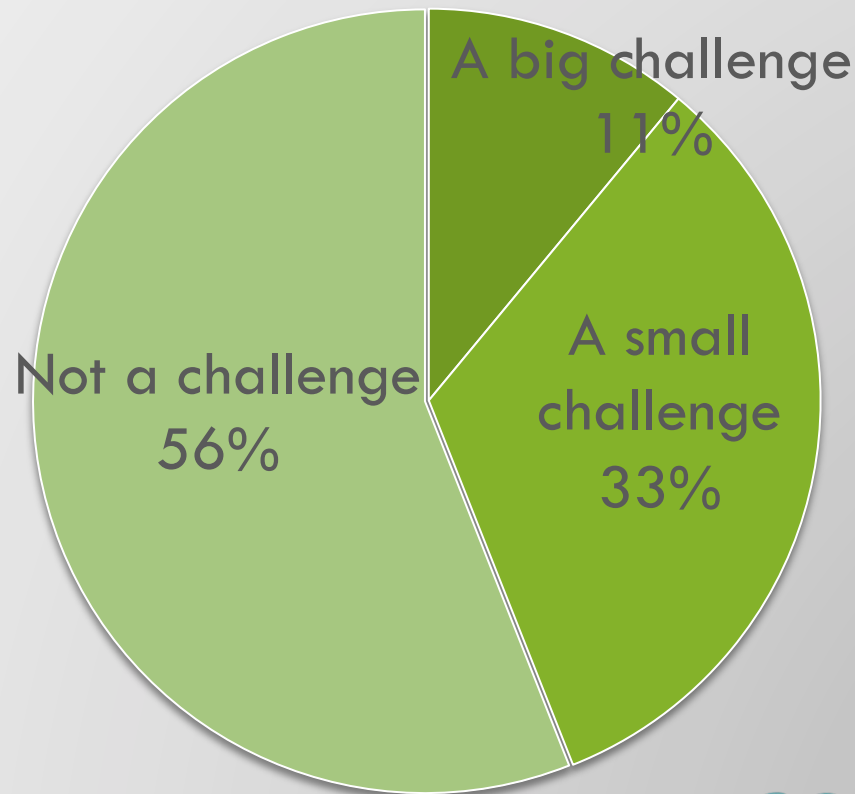
Child's resistance to change  
n=46



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# Participant Challenges in Changing Family Eating Behavior

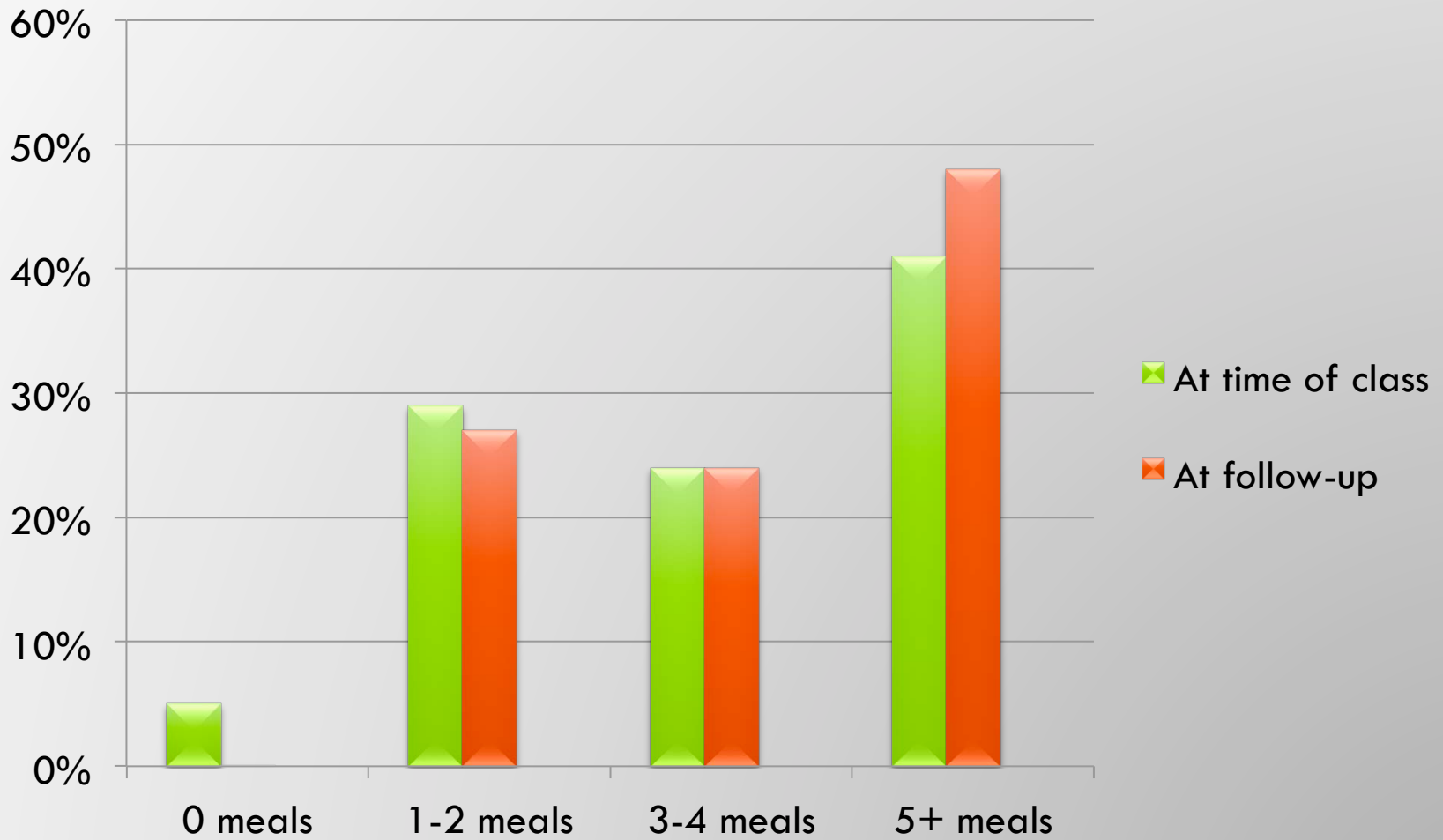
Breaking habit of child eating throughout the day  
n=46



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# Frequency of Family Meals in the Last Week: Change at Follow-up (n=41)

35



# Parent Quotes at 2 Month Follow-up

- “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.”

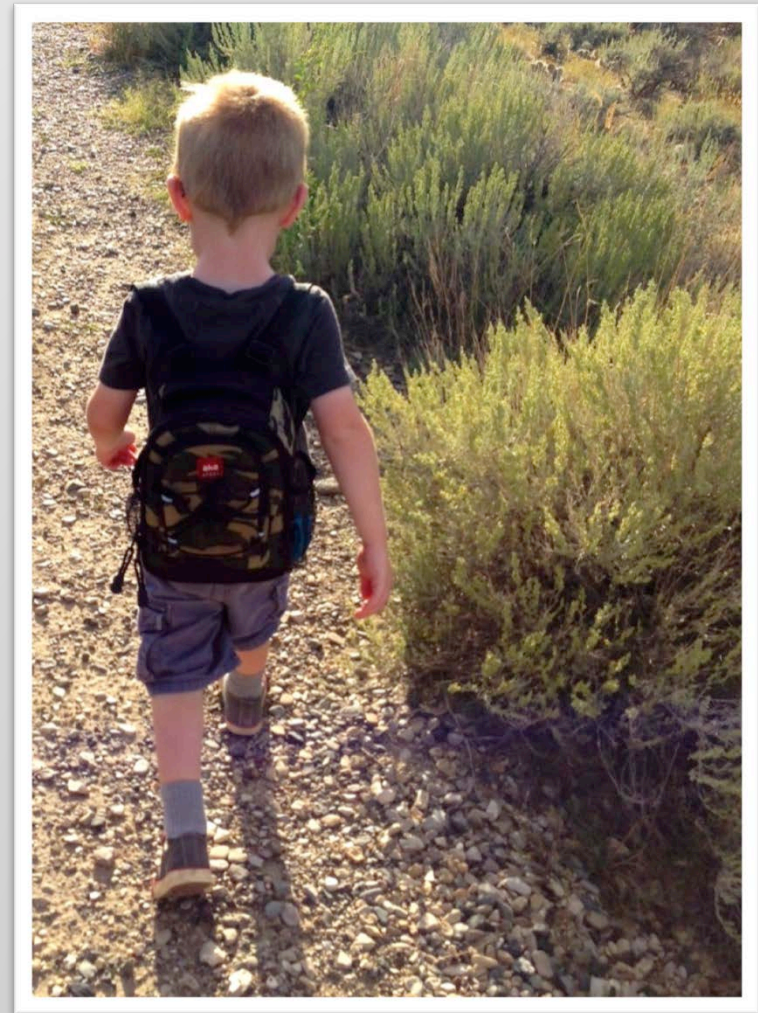


# HOW WE DID IT

Test the message, evaluate and get funds

# Collaborative Vision - 2003

“All families in Santa Clara County receive Division of Responsibility based feeding guidance from each of their relevant service providers”



# Test the Vision with the Target Group - 2004

39

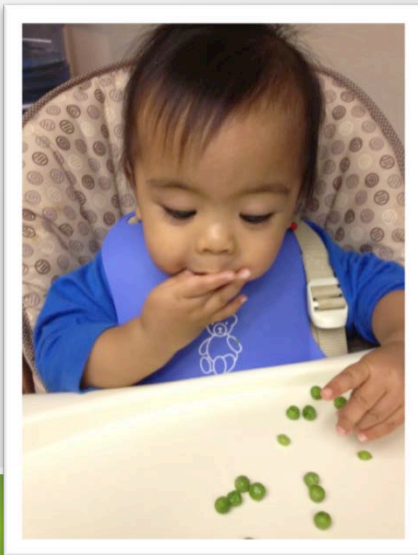
*Evaluation of an all-day training with Ellyn Satter by pediatricians; WIC nutritionists; mental health, nutrition, nursing, social services professionals:*

- 96% want more training on DOR
- 88% will change their practice as a result of information
- 58% want peers and parents to receive information

# Support from Local Funders... 2005-2007

40

Small project focused grants,  
Built relationship with target organizations,  
*and*  
Provided evidence to support creation of  
Childhood Feeding Collaborative



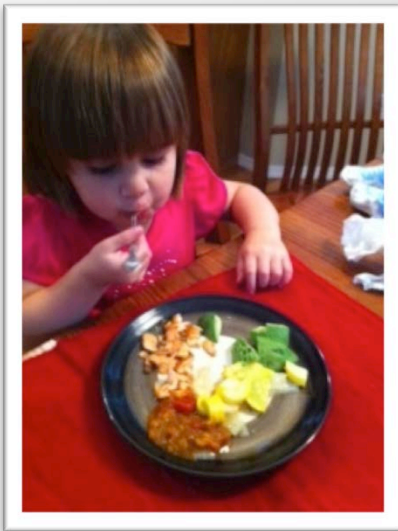
# Continuing Priorities – 2009-2014

Sustain through policy and systems change

Expand and support partnerships

Stay in the limelight

Evaluate



# Where We Are Today....

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## *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](http://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



## New Online Training for Parent Educators: Helping Parents to Feed Well so Children Can Eat Well

To access this free training:  
[www.sccphd.org/5keys](http://www.sccphd.org/5keys)

- ✓ Learn best practices for feeding young children
- ✓ Improve your effectiveness educating parents

For more information:  
[Carol.Danaher@phd.sccgov.org](mailto:Carol.Danaher@phd.sccgov.org)

### Four 30-minute Modules:

**Module 1:** Eating is a skill children learn from their parents

**Module 2:** Feeding the infant and transitional child

**Module 3:** Feeding the toddler and preschooler; mastering family meals

**Module 4:** Mastering family meals; nutrition education strategies

This project is funded by the Health Trust in partnership with the Santa Clara County Public Health Department



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- Childhood Feeding Collaborative trainings build WIC staff skills
- WIC parent education handouts influence content of Childhood Feeding Collaborative products
- Policy supports one voice

# California WIC Parent Education



*Tips for Happy*  
**Mealtimes**

**Make meals family time**  
Slow down, relax, and enjoy each other's company—no TV or phones.

**Get the kids to help**  
Let them pick out fruits and veggies at the store and do small jobs depending on their age.

**Set an example**  
Eat healthy foods yourself!

**Let the kids make choices**  
From the healthy foods you serve, let them choose which to eat and how much.

- ❑ 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

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[Mentoring and Coaching](#)

[Self Study](#)



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