Division of Responsibility as a County-wide Obesity Prevention Strategy

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Santa Clara County, CA

• Population: 1.78 million
• Poverty rate:
  – Adults, 7%
  – Children, 8.8%
• Racially and ethnically diverse (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

Overweight and Obesity Among Low-Income Children Participating in the Child Health and Disability Prevention (CHDP) Program by Race/Ethnicity

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>2 to &lt;5 years (%)</th>
<th>5 to 8 years (%)</th>
<th>9 to 11 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County</td>
<td>16.3 17.6 17.5</td>
<td>20.2 21.4 21.5</td>
<td>27.5 27.5</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>LaKno/Hispanic</td>
<td>White</td>
<td>African American</td>
</tr>
<tr>
<td></td>
<td>17.8 17.8 16.9</td>
<td>16.1 –</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>16.9 15.1 16.6</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>25.1 20.9 20.0</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: Overweight is defined as BMI-for-age ≥85th to <95th percentile and obesity is defined as ≥95th percentile. Results for African Americans and Whites (for some ages) for overweight and obesity not reported due to small sample size. White, African American and Asian categories do not include Latinos/Hispanics.

Source: 2010 Pediatric Nutrition Surveillance (PedNSS), Table 16B

Early intervention is critical

Allowing children as early as six-months through five-years-old, to participate in feeding decisions can impact life-long health.
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1. Introduction to the Santa Clara County Public Health Department’s Childhood Feeding Collaborative

Childhood Feeding Collaborative
Santa Clara County, CA Public Health Dept

Improve parenting skills around feeding at the earliest opportunity to reduce known risk factors for obesity

Childhood Feeding Collaborative
supports coordinated communication
by health care providers

- County and community pediatric clinics
- County and community obstetric providers
- Managed care plans network providers
- Pediatric Healthy Lifestyle Center
- 5Keys Class

Childhood Feeding Collaborative
supports coordinated communications
by public health and nutrition programs

- WIC programs
- Public health nurses
- Adolescent Family Life program
- Black Infant Health
- Breastfeeding promotion project
- Mental health providers
- Comprehensive Perinatal Services program
- 5Keys Class

Childhood Feeding Collaborative
supports coordinated communications
by child development providers

- Community based organizations
- Child care providers
- Family wellness court home visitors
- 5Keys Class

Reaching parents

Parenting class is two hours
Learner-centered curriculum
Free to all parents with a child under 6 years old
Offered at health clinics, childcare centers, public libraries, First 5 Family Resource Centers
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1. Introduction to CFC
2. Accomplishments

Health care provider outcomes

Results at two month follow-up

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

Health care provider outcomes

Follow-up interviews at 6-12 months

- 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.

Health care provider

Barriers to success

- Time constraints
- Competing priorities
- Ineffective communication style

Reaching parents

- Parenting class is two hours
- Learner-centered curriculum
- Free to all parents with a child under 6 years old
- Offered at health clinics, childcare centers, public libraries, First 5 Family Resource Centers
Participants’ Perceptions of Challenges in Changing Family Eating Behaviors (n=46)

- Breaking habit of child eating throughout the day
  - A big challenge: 36%
  - A small challenge: 33%
  - Not a challenge: 31%

- Lack of support from other family members
  - A big challenge: 19%
  - A small challenge: 15%
  - Not a challenge: 72%

- Child’s resistance to change
  - A big challenge: 36%
  - A small challenge: 33%
  - Not a challenge: 31%

Impact of coordinated communication

- Consistent, best practice feeding messages

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

- At time of class
- At follow up, several months after class

<table>
<thead>
<tr>
<th>Meals</th>
<th>At time of class</th>
<th>At follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 meals</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>1-2 meals</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>3-4 meals</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>5+ meals</td>
<td>41%</td>
<td>48%</td>
</tr>
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</table>
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1. Introduction to CFC
2. Accomplishments
3. Strategy

Childhood Feeding Collaborative Strategy Timeline

- Collaboration and Vision
- Test the Possibilities
- Funded as a Pilot Project
- Expand and Sustain

Childhood Feeding Collaborative Strategy Timeline

Child Health and Disability Prevention Program leadership
Children’s Health and Fitness Coalition sponsorship
Vision articulated

Childhood Feeding Collaborative Strategy Timeline

Mini grants for building support
Heavy reliance on Ellyn Satter Institute Evaluation

Childhood Feeding Collaborative Strategy Timeline

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

Childhood Feeding Collaborative Strategy Timeline

Collaboration with Ellyn Satter
Strategic sequencing of events
Engage policy makers early on
### Childhood Feeding Collaborative Strategy Timeline

**2002 - 2006**

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

**2007**

- **CFC funded as Pilot**
  
  Grant funds go to PHD and Choices For Children
  
  - Rely on Experts
  - Partner with ESI
  - Spend money on evaluation

**2009 - 2012**

- **Expand and Sustain**
  
  - Add partners
  - Train, support, and sustain
  - Stay in the limelight
  - Evaluate

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### Childhood Feeding Collaborative Strategy Timeline

**2007**

- **CFC funded as Pilot**

- Achievable
- Well targeted
- Evaluated

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**2009 - 2012**

- **Expand and Sustain**

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**How to handle the picky eater**

- **DOR consistent, low literacy handouts in English, Spanish and Vietnamese**

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**How to handle the picky eater**

- When phallicating?
  
  - For kids who love your food
  - For kids who don't
  
  - Aiming for flavor
  - Aiming for nutrition
  
  - Utilizing food-specific
  
  - Getting more food every time

- When in trouble?

  - Get more food, or your child won't eat.
  - Get less food, or your child will refuse to eat.
  - Get the same food, or your child will get bored.
  - Get different food, or your child will get angry.

- When not to panic?

  - When your child won't eat
  - When your child won't eat any more
  - When your child won't eat anything
  - When your child won't eat anything else

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**Choose your battles and enjoy the journey**

- You can't expect your child to eat the food they don't like.
  
  - You can expect your child to eat something they like.
  - You can't expect your child to eat the food you like.
  - You can expect your child to eat something they like.

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**When your child won't eat**

- It's not about the food
  
  - It's about the feeding
  - It's about the relationship

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**When your child won't eat**

- You can't expect your child to eat
  
  - You can expect your child to eat something
  - You can't expect your child to eat anything
  - You can't expect your child to eat anything else

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  - It's about the feeding
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1. Introduction to CFC
2. Accomplishments
3. Strategy
4. Conceptual framework

A conceptual framework for effective prevention and improving collective impact

Spectrum of Prevention
Going beyond the dinner table to influence child feeding practices

Getting Childhood Feeding Collaborative funded

Advantage of local funders:
Flexible
Ability to leverage funds locally
Relationships are welcomed

Getting Childhood Feeding Collaborative funded

Educate the funders on:
DOR as best practice
The evidence base

Products we developed

Childhood Feeding Collaborative
Closing Thoughts

DOR is the methodology underneath child feeding recommendations

Fidelity to the model is critical