

## Division of Responsibility as a County-wide Obesity Prevention Strategy

Carol Danaher, MPH, RD  
Ellyn Satter, MS, RD, LCSW, BCD

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## Division of Responsibility as a County-wide Obesity Prevention Strategy

1. Introduction to the Santa Clara County Public Health Department's Childhood Feeding Collaborative
2. Accomplishments
3. Strategy
4. Conceptual framework
5. Funding

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

		Age of Child					
		2 to <5 years (%)		5 to 8 years (%)		9 to 11 years (%)	
		Overweight	Obese	Overweight	Obese	Overweight	Obese
Santa Clara County		16.3	17.6	17.5	23.2	21.4	27.5
Race/Ethnicity	Latino/Hispanic	17.8	17.8	16.3	25.1	20.9	32.0
	White	17.5	16.1	--	--	--	--
	African American	--	--	--	--	--	--
	Asian	13.7	13.6	15.3	16.6	19.9	14.8

Note: Overweight is defined as BMI-for-age  $\geq 85^{\text{th}}$  to  $<95^{\text{th}}$  percentile and obesity is defined as  $\geq 95^{\text{th}}$  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

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## 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.



## 5 Keys to the Division of Responsibility

*Parents take leadership over:*

- Key 1) What is served
- Key 2) When eating is allowed
- Key 3) Where eating is allowed

*Children have autonomy over:*

- Key 4) How much to eat
- Key 5) Whether or not to eat

[www.ellynsatter.com](http://www.ellynsatter.com)  
Satter's Division of Responsibility  
Developmental Principles Guiding Feeding



## Division of Responsibility as a County-wide Obesity Prevention Strategy

### 1. Introduction to the Santa Clara County Public Health Department's Childhood Feeding Collaborative

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## 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

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## 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  
Breast feeding 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



## Division of Responsibility as a County-wide Obesity Prevention Strategy

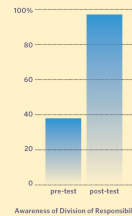
1. Introduction to CFC
2. Accomplishments

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## Health care provider outcomes

*Results at two month follow-up*



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

- 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.

2010 random sample of 12 county, community, and private practice pediatricians; one hour, in-person interviews.



## Health care provider outcomes

*Follow-up interviews at 6-12 months*



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

2010 random sample of 12 county, community, and private practice pediatricians; one hour, in-person interviews.



## Health care provider

*Barriers to success*



- Time constraints
- Competing priorities
- Ineffective communication style



## Reaching parents

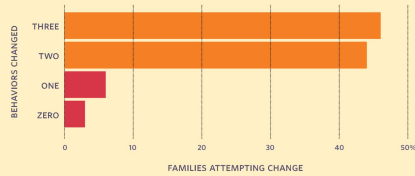


- Parenting class is two hours
- Learner-centered curriculum
- Free to all parents with a child under 6 years old
- Offered at health clinics, childcare centers, public libraries, First 5 Family Resource Centers



## Impact of 5Keys Classes

90% of families attempt to change two or more behaviors

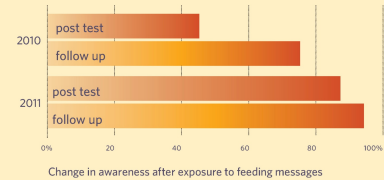


2010 comparison of post-test to follow-up interview; n = 95



## Impact of coordinated communication

Parents' awareness increases with exposure

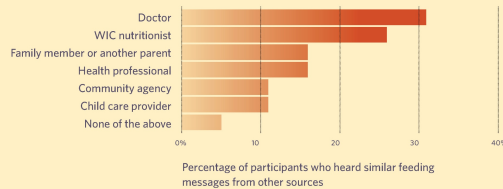


Change in awareness after exposure to feeding messages



## Impact of coordinated communication

Consistent, best practice feeding messages



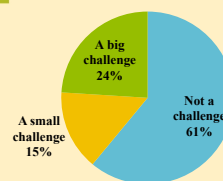
Percentage of participants who heard similar feeding messages from other sources

2010 comparison of pre-test and post-test; n = 220

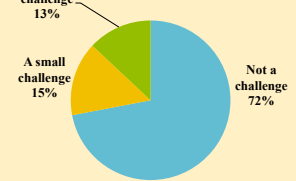


## Participants' Perceptions of Challenges in Changing Family Eating Behaviors (n=46)

Breaking habit of eating in front of TV



Lack of support from other family members

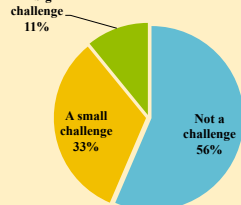


## Participants' Perceptions of Challenges in Changing Family Eating Behaviors (n=46)

Child's resistance to change

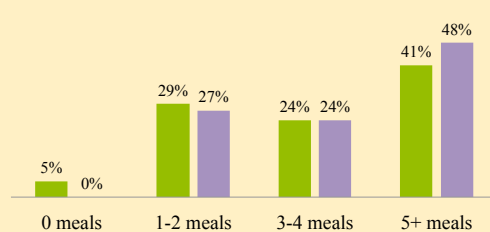


Breaking habit of child eating throughout the day



## 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

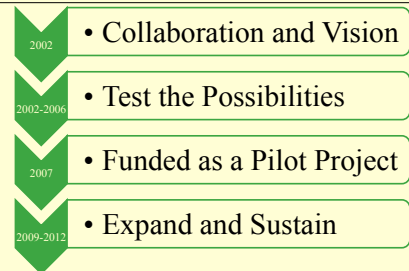




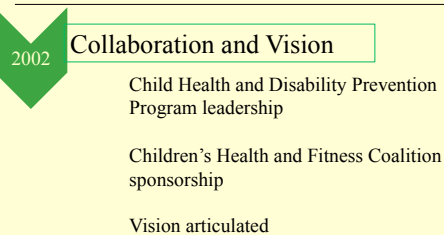
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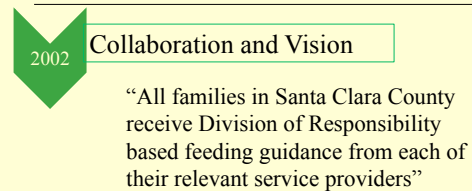
## Childhood Feeding Collaborative Strategy Timeline



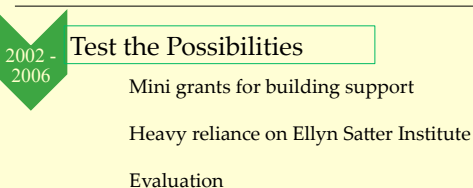
## Childhood Feeding Collaborative Strategy Timeline



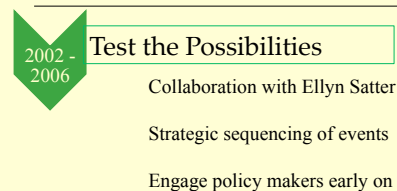
## Childhood Feeding Collaborative Strategy Timeline



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## Childhood Feeding Collaborative Strategy Timeline



## 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

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## Childhood Feeding Collaborative Strategy Timeline

2007

### CFC funded as Pilot

- Achievable
- Well targeted
- Evaluated

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## Childhood Feeding Collaborative Strategy Timeline

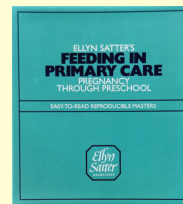
2007

### CFC funded as Pilot

- Grant funds go to PHD and Choices For Children
- Rely on Experts
- Partner with ESI
- Spend money on evaluation

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

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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?

- Taking 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 job 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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## Childhood Feeding Collaborative Strategy Timeline

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

2009 - 2012

### Expand and Sustain



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## A conceptual framework for effective prevention and improving collective impact

### Spectrum of Prevention

*Going beyond the dinner table to influence child feeding practices*

1. Strengthening Individual Knowledge and Skills
2. Promoting Community Education
3. Educating Providers
4. Fostering Coalitions and Networks
5. Changing Organizational Practices
6. Influencing Policy and Legislation

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## 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



## Products we purchased

[illegible]

## Closing Thoughts

DOR is the methodology underneath child feeding recommendations

Fidelity to the model is critical