

# PREVENTION OF CHILDHOOD OVERWEIGHT IN THE COMMUNITY

## Satter Feeding Dynamics Model

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### 1. Consider the broader context.

- a. The “crisis of child overweight” is actually a crisis of *feeding* and *parenting* in the broad sense, in that we are all responsible for our children. Child overweight is symptomatic of that crisis.
- b. From birth and throughout the growing-up years, child overweight can be prevented by providing a positive environment that supports normal growth and development in all children.
- c. That positive environment includes economic, food, and environmental security.

### 2. Emphasize the whole child.

- a. Get the emphasis *off* diagnosis and treatment and *on* to supporting normal growth and development.
- b. Seek community-based approaches and networks that emphasize raising happy, healthy, productive children, whatever their size.
- c. Emphasize programs that nurture children nutritionally, physically, and emotionally, and allow each child to grow in his or her constitutionally appropriate way.
- d. Avoid labeling, and avoid prioritizing weight-management programs. Children who are labeled overweight or obese feel flawed in every way—not smart, not physically capable, and not worthy.

### 3. Have teaching and supporting *eating competence* through *optimum feeding* be a shared understanding, value, and practice in *all agencies, both public and private*.

Children are born feeding *good* about eating, *wanting* to eat, knowing *how much* to eat, and inclined to *grow* in the way that nature intended. Good parenting with feeding preserves those qualities.

- a. Use *Satter’s Division of Responsibility in Feeding* (sDOR) as a basis for *all* child-feeding policies and practice. Properly executed, sDOR addresses concerns about optimum feeding, such as breastfeeding promotion and support, and concerns about food selection and the food supply, such as encouraging fruits and vegetables and responsible use of fat and sugar. It also addresses concerns about the larger food environment, such as too-ready access to soda, fast food, large portion sizes, and advertising directed at children.
- b. Follow sDOR at home and other child-feeding settings by providing food and eating with children at regular and predictable times and letting children eat as much or as little as they want.
- c. Follow sDOR by not letting children have free access to food or sweetened beverages between meal- and snack times.
- d. Incorporate sDOR-based messages and attitudes about feeding and parenting, such as USDA’s core messages, in all agencies that address feeding, parenting, health care, or parent education. These agencies include both outpatient and inpatient health care (medical, dental, prenatal, pediatric, family), public health (WIC and other programs), child care, education (Head Start, public schools, parent-teacher organizations) and faith-based organizations.

### 4. Give nutrition education and public services messages from the perspective of sDOR by emphasizing food *exposure*, not getting children to eat. Grownups include fruits and vegetables at *meals*, then let children decide whether or not to eat them.

5. **Emphasize *providing*, not *depriving* or *pressuring*.**
  - a. Emphasize the family meal in all nutrition and parenting education and intervention.
  - b. Support families in feeding their children by increasing minimum wage, addressing food security issues, supporting high-quality child care, supporting conveniently located grocery stores whose prices reflect current market prices, funding school breakfast and school lunch, and funding supplemental nutrition programs.
  - c. Avoid interventions and messages intended to get children to eat less or weigh less.
  - d. Avoid messages that complicate family meals and take away from the pleasure of eating, food selection, and food preparation. To consistently provide meals and snacks, parents must find the food richly rewarding to provide and eat.
6. **Protect family time, including family *mealtime*.**
  - a. Have preserving family mealtime be a shared value in all private and public agencies.
  - b. Make scheduling decisions that respect and defend family mealtime. Avoid practices and events at times that compete with family mealtime.
7. **Have teaching and supporting *optimum* activity be a shared understanding, value, and practice in all agencies, both public and private.** Children are born loving their bodies, curious about them, inclined to move, and driven to be as physically competent as they can possibly be. Good parenting with activity preserves those qualities throughout the growing-up years
  - a. Follow a division of responsibility with activity. Adults provide *structure, safety,* and *opportunities*. Children choose *how much* and *whether* to move and the *manner* of moving.
  - b. Do community planning to support children's natural activity, particularly for parents whose financial or personal circumstances limit their ability to provide structure, safety, or opportunities.
  - c. Provide safe play spaces.
  - d. Provide sidewalks and traffic patterns that allow children to walk, run, and ride bikes.
  - e. Provide school crossing guards.
  - f. Support the shared value of limiting children's access to television and videotapes.
8. **Use a consistent and empowering approach to child overweight identification and intervention among all relevant agencies.** Define child overweight as *growth acceleration*: Abnormal upward weight divergence for the *individual* child. This definition avoids diagnosing the child whose weight, weight-for-height, or BMI are above a certain percentile but who is growing consistently. It also allows identifying for early intervention the child whose measurements fall closer to the mean but is nonetheless diverging considerably from his or her previously established growth pattern.
  - a. In primary care and education, emphasize *supporting each child's normal growth and development* rather than *avoiding overweight*.
  - b. Help parents prevent child overweight *from birth* by teaching, supporting and emphasizing sDOR as it applied to developmentally appropriate feeding and parenting.
  - c. Help parents identify and enact solutions to their child's weight acceleration based on the division of responsibility in feeding and the division of responsibility in activity.
9. **In analyzing community-wide trends in the causes of child overweight, use the definition of child overweight as *weight acceleration*, not weight or BMI cutoffs.**
  - a. Consider the causes of weight acceleration from the perspective of the *whole child*: Misinterpretation of normal growth, restrained feeding, poor feeding practices and/or stress.
  - b. Consider the implications of those patterns on services and community supports for families and children.