

## **About Feeding Children: Factors Influencing Child Care Providers' Feeding Practices**

University of Nevada, University of Idaho, UCDHSC

Susan Johnson, PhD

Laurel Branen, PhD, RD

Janice Fletcher, EdD

Madeleine Sigman-Grant, PhD, RD

### **What do we know about mealtimes in childcare?**

- Not much—a little more about CACFP meals
- Foods are studied, but not *feeding*
- Not much about the mealtime practices

### **Factors Influencing Child Care Providers' Feeding Practices**

Objective: To acquire a realistic and accurate understanding regarding feeding behaviors, attitudes & beliefs, practices, and demographic descriptions of childcare providers (including BMI).

### **Research Goals of About Feeding Children**

- Develop, implement and evaluate innovative programs
- Multi-state study of child care center programs on dietary quality of meals & snacks
- Conduct descriptive environmental studies
- Evaluate methods to increase parental involvement, to change parental behavior, and to change the home environment

### **Study Design**

- Literature review, stakeholder input, expert panel
- Formative research: Interviews with providers
- Observational data—content validity for Building Mealtime Environments and Relations
- Pilot surveys
- Cognitive Interviewing

### **Formative Research**

- Interviews with providers
  - How providers view mealtime
  - Concerns about children's weight and eating
  - Concerns about overweight children
  - The extent to which they follow current guidelines

### **Providers' Views on the Purpose of Mealtime**

- Nutrition first!
- Learning to eat—mastering eating skills
- Learning social skills like conversation, sharing, etiquette
- Snacks are only about getting enough to eat

### **Other Themes from Interviews**

- Need for it to be clean, safe and low noise level and for children to be satisfied
- Desire for more variety and more food
- Bad days are when children are still hungry, when they don't like the food or they don't have enough space
- Encouragement blurs into pressure

### **More findings...**

- Providers' responsibilities are many and complex—and they view their role in children's eating and growth as being very important
- Don't see a big role for themselves with overweight children although all could identify children in their care who are overweight
- Larger role for hungry children and thin children
- Providers generally support children's abilities
- Parents have low expectations & knowledge
- Providers are a little stuck because of what parents provide in lunch boxes
- Providers are unclear about their role in children's weight

### **Guidelines We Inquired About in Provider Interviews**

*(Bolded guidelines are those that aren't followed or that are hard to follow)*

- **Children are allowed to serve themselves.**
- **Adults sit at the table while children are eating.**
- **Adults eat the same food as children.**
- Adults engage in pleasant conversations with children.
- Children are allowed adequate time to eat.
- Portions for children are child-sized.
- **Children are given child-sized equipment & utensils.**
- **Children are allowed to decide the amount of foods they eat.**
- **Children are encouraged to taste all foods.**
- Children are not forced to eat.
- **Food is carefully chosen, prepared and served to prevent choking.**
- **Adults teach children about nutrition at mealtime.**
- **Children are encouraged to participate in all aspects of mealtime (preparing, serving & cleaning up).**
- **A variety of foods are served that broaden children's food experiences.**
- Provide a pleasant environment.
- Maintain a safe and sanitary environment.
- Children in care for at least 9 hours a day are served 2 meals and snacks.
- Children are served food not <2 hours or >3 hours apart.
- Food is never used as a reward, punishment, or pacifier such as eating vegetables before dessert; promising fruit if they complete a task; giving a cookie if they get hurt.

### **Reasons guidelines are too hard or not followed:**

- Having them prepare is too time consuming, they don't have enough room, they can't have young ones using prep utensils
- Teaching about nutrition: not enough education and it would get boring to talk about it all the time

### **Reasons guidelines are too hard or not followed (cont):**

- Younger children can't serve themselves—too hard and messy; food is pre-portioned; must serve USDA approved amounts
- Adults bring lunch or children do or adults don't like their food "it's nasty"
- Too busy to sit at mealtime
- Menus are set or parents don't pack variety
- No money (to replace) child-sized equipment
- Don't feel comfortable with the child who refuses to eat; must eat something
- Foods from home aren't prepared carefully and select foods from centers, like apples, are prepared correctly

### **Why it's hard to follow guidelines...Quotes from Providers**

- *Children are encouraged to participate in all aspects of mealtime (preparing & cleaning up).*

—Letting children help prepare food all the time is hard—it's too much effort to have them do it at every meal. It would be a health hazard to have them in the kitchen. "I can do it but it's too hard to train the other teachers." And if children don't like to clean up what can you do?

- *Adults teach children about nutrition at mealtime.*

—It's hard to teach children about nutrition. I say that "vegetables are good for you." But I get kids who say "I don't eat that at home so why should I have to eat it here." There should be more training on that because there's not a whole lot of stuff about it."

- *Children are allowed to serve themselves.*

—It's a lot of extra work to help them learn—a lot more attention. They serve themselves too much and then don't eat it. When it takes more time, other children who are waiting get anxious. If the kids are acting up it's just better to do it yourself. The children don't have a choice—it's defined by how much we have. If you give them more they're happy, you know? They have too much fun serving and don't want to quit.

- *Adults eat the same food as children.*

—It's hard to eat the same food as children when the food it isn't presentable. It's hard for me because of my tastes.

- *Adults sit at the table while children are eating.*

—Adults sitting at the table—sometimes you have to get up. For breakfast, since kids come in at all different times, this is hard. Tables are too crowded. We can't just sit down and relax, we're busy.

- *A variety of foods are served that broaden children's food experiences.*

—Variety of food is limited by cost and availability. It's hard to justify spending the money if they aren't going to eat it. Sometimes, families' beliefs impede a child's opportunities to taste

foods—whether or not he/she wants to isn't the issue. If they don't eat what's offered you have to find something they *will* eat. We have 6 week food menus.

- *Children are allowed to decide the amount of foods they eat.*

–It's hard to let children control how much they eat when they only want to eat bread. It's hard to let a child decide not to eat. Their parents will blame you if they don't eat.

- *Children are encouraged to taste all foods*

–“Children just don't like vegetables. They say ‘*teacher, you eat it*’ and that's really hard.” I'll just say “why don't you take a rat-bite?” I'm sure I don't force but do I encourage enough? It's especially hard with the babies: if they don't like it they just spit it out. The children are spoiled and they will cry until they're done and then they'll taste it.

### **Quotes from Providers: What do parents think providers should do?**

-Parents... I like to be very open as far as letting the parents come in...have lunch with us. I want them just to kind of feel like it's an extra room in their house...they can come in anytime. And I tell them, “Some days it will be chaotic, some days it will be perfect.”

-I think, you know, some are pretty adamant that we make sure that they don't have their treat before they've eaten their other stuff and then some are more lackadaisical about it...they could care less... Obviously, that's up to them. At least we tried, so...

### **Developing the About Feeding Children Survey**

- Provider Survey consisted of 34 items and 137 responses. Average completion time 20 minutes.
- Mailed to 1600 randomly selected licensed centers in CO, ID, NV, CA
- 8000 staff, 1600 directors
- Roll out July 2004

### **Who responded to the survey?**

- 40% response rate
- (1190 staff; 464 directors)
- 98% females
- <25 to >200 children per center (50-100)
- 26% NAEYC accredited
- 5 days per week
- \$2-\$3.50/hr per child (4 y)

### **Ethnicity of Respondents**

- 58% NHW
- 27% Hispanic (90% English as 1<sup>st</sup> language)
- 5% Black
- 3% Asian
- American Indian or Alaska Native

### **Education Level**

- 21% high school or less.
- 40% some college to CDA
- 16% Associates Degree
- 22% BS or higher

**Age (y)**                      39 ± 0.6

<b>BMI</b>	<b>%</b>
-<18.5	2.6
-18.5-24.9	46.5
-25-29.9	27.0
->30	23.8

### **Mealtime Practices That Providers Do NOT Endorse**

- Emotional uses of foods
- Coercion & Bribes
- Forcing—trying, finishing, how much
- Denying foods
- Punishment

### **Practices Reported By Providers to Be Effective In Getting Children To Try New Foods**

The line between encouragement and pressure is very context dependent. While providers don't endorse coercion, they do report having a "one bite" rule, keeping children from having sweet foods until they try new foods, denying seconds of other foods until they try new foods.

### **Providers Encounter Food Insecurity and It Complicates Feeding Children**

	<b>%</b>
Every day	7
A few times a week	10
Each week	5
2-3 times per month	5
1-2 times per month	11

### **When a child is from a family that doesn't always have enough food...**

- 72% of providers make sure the child gets "all the food they want" at the center
- 97% try to make sure the child gets enough "healthy food" during the day

This may have implications for childhood obesity development and for how policies and trainings for child care staff are designed.

### **Factor Analysis of AFC Survey**

- 50 items on feeding practices
- 3 factors extracted
- Factor I: *Getting Children To Eat Properly*
  - Controlling amounts, order, sweet foods, emotional
- Factor II: *Getting Children to Stop Eating*
  - Methods to get the normal and overweight child to stop

–Factor III: *Promoting Children’s Self-regulation*

–Asking normal and overweight children about internal cues

### **Provider Characteristics & Factor Scores**

- Age: The older providers were, the lower their factor scores
- Years of experience: The more years of experience, the lower their factor scores
- Weight: Obese providers scored lower
- No relation to race/ethnicity

### **Training and Education Make a Difference**

- Higher education = lower scores, lower control
- More training (in child development, nutrition, or feeding children) = lower scores, lower control
- Hours for Licensure did not relate to factor scores

%

### **Conclusions**

- Personal experience and characteristics relate to feeding practices
- Center policies that relate to feeding practices
- Not much differentiation in feeding practices for normal and overweight children
- Stricter standards related to the foods offered in child care are suggested
- However, little notice from a policy standpoint is being suggested regarding feeding practices and training for staff
- Education and training appear to have a positive impact on feeding practices
- Child care staff report interest in playing a role in preventing childhood obesity