Obesity Prevention during the Well Child Visit:
Quick best practices you can implement now

Carol Densler, MPH, RD
Public Health Nutritionist
Public Health Department, Santa Clara County
Chronic Disease and Injury Prevention

AGENDA
Childhood Feeding Collaborative
The Division of Responsibility in feeding young children
Review of research: Feeding practices
The Well Child Exam, 2–6 months
The Well Child Exam, 9–18 months
Review of research: Obesity and feeding practices
The Well Child Exam, 2–5 years
Childhood Feeding Collaborative

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

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.

Common behaviors
- Child is a picky eater
- Mealtime battles
- Child eats too little or eats too much
- Child is a “grazer”
- Over-use of bottle or breast

Can lead to health problems
- Obesity
- Failure to thrive
- Early childhood caries
- Anemia
- Inconsistent growth

Parents receive consistent messages on child feeding from the following Santa Clara County families served:
- Pediatric Health Care Providers: 30,000
- 5 Keys Class: 2,000
- Pediatric Healthy Lifestyle center: 200
- Managed Care Plans: 33,000
- WIC Programs: 250,000
- Specialty Referral Resources: 1,000
- Community Based Organizations: 1,800
- Child Care providers: 300
Pediatric Healthy Lifestyle Center
Santa Clara County's child obesity treatment program for children 12 months through 18 years of age
Family lifestyle change approach based on:
  2007 expert committee report
  Stage One (prevention); Stage Two (prevention plus)
Located at VHC Milpitas, Gilroy, EVC, Sunnyvale, Tully
Consistent with Childhood Feeding Collaborative

Pediatric Healthy Lifestyle Center
Referral Criteria: Children 12 months–18 years
Overweight (BMI > 85%), obese (BMI ≥ 95%), or elevated weight-for-height in children under two
Family history of diabetes
Insulin resistance or pre-diabetes
Abnormal cholesterol or lipid values
Nonalcoholic fatty liver disease
Hypertension

Pediatric Healthy Lifestyle Center
Prevent and treat early
Elevated weight-for-height in children under two
Rapid weight gain
Family that needs help in adopting healthier lifestyle habits

5 Keys to Raising a Healthy, Happy Eater
SELLING POINTS:
  Parenting class—
  not a nutrition class
  Keep feeding problems from becoming health problems
  Parents' concerns addressed
  Parents connect with the content
What worries parents?

Picky eating
- Child won’t sit at the table
- Child asks for juice or milk all day
- Dad offers fast food
- Grandparents offer food out of routine
- Child won’t eat unless parent puts food in his mouth
- Child is eating too much or not enough

“My two year old had a check up and my child is not eating any fruits.

The doctor asked me to keep pushing fruits and to not offer him anything to eat until he eats his fruits.

After attending the class I am confused.”
AGENDA

Childhood Feeding Collaborative

The Division of Responsibility in feeding young children

Review of research: Feeding practices

The Well Child Exam, 2–6 months

The Well Child Exam, 9–18 months

Review of research: Obesity and feeding practices

The Well Child Exam, 2–5 years

Wrap up

The Division of Responsibility

The focus for change is on parenting & family practices instead of fixing the child

Developed over 30 years ago by Ellyn Satter, M.S., R.D.

Sitter and supported by peer-reviewed research

The Division of Responsibility

Considered best practice by policy making organizations and expert committee reports on child obesity

American Academy of Pediatrics
American Dietetic Association
Head Start Program
WIC
Bright Futures

1998, 2005 AAP Obesity Publication and Treatment: Expert Committee Recommendations
2007 AHA Recommendation for the Assessment, Prevention and Treatment of Childhood Obesity

The Division of Responsibility

At infancy:
Parents take leadership over what is served;
Infants have autonomy over everything else: how much, how often, how fast.
The Division of Responsibility

How does it apply to feeding children?

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

Key 1: What is served

Parents:
Offer the child foods from the family meal;
Let the child pick and choose from what is served;
Trust the child to learn to eat the family foods.

Key 2 When eating is allowed

Parents:
Schedule meals and snacks;
Provide water but not caloric beverages in between meals and snacks;
Take the lead.
Key 3: Where eating is allowed

Parents:
Include child at family meals beginning at eight months of age;
Always turn TV off during meals and snacks;
Serve food only in designated location.

Keys 4 & 5: How much and whether to eat

Children:
Choose how much to eat without force or encouragement;
Eat more or less than the parents want, meal-to-meal, day-to-day;
Choose to eat a lot of one item and none of another.

Mealtime—rules of the game

Parents teach children behaviors that:
Are developmentally appropriate;
Reinforce the family meal;
Make eating together enjoyable;
Allow them to refuse food politely.

The pushy two-year-old—

“My two-year-old has started climbing onto the table, grabbing food and running away. She has a tantrum if I try to make her sit. This upsets me and my preschooler.”
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
AGENDA

Childhood Feeding Collaborative
The Division of Responsibility in feeding young children
Review of research: Feeding practices
The Well Child Exam, 2–6 months
The Well Child Exam, 9–13 months
Review of research: Obesity and feeding practices
The Well Child Exam, 2–5 years
Wrap up

Parenting style influences eating behavior
Prevalence of overweight according to parenting style

Adjusted for income, needs, costs, and race
Deo et al. Pediatrics 112, no. 6, June 2006

Picky eating is universal
Percentage of caregivers who perceived their infant or toddler as being a picky eater

Carmeli et al., AIN, January 2004 Supplement
New foods take time to accept

Percentage of mothers offering a new food a specified number of times before deciding their child disliked it

- **Tires**
- **Three to five**
- **Six to ten**
- **More than ten**

Leadership and autonomy

- **85%** of parents encourage a child to eat more than they want.
- **45%** of children in lower quintiles of SES are allowed to walk or move about play when eating.
- Lower SES quintiles have more TV viewing and fewer family meals.

Learning to like fruits and veggies

- **Parents are role models.**
- **When pressure is applied less is eaten.**
- **Parental pressure accounted for 50% of variance.**

Self-regulation capability in preschool aged children

- **Younger children**
  - Mean age: 3-6 yrs.
  - Portion size
- **Older children**
  - Mean age: 5 yrs.
  - Portion size
AGENDA

Childhood Feeding Collaborative
The Division of Responsibility in feeding young children
Review of research : Feeding practices

The Well Child Exam, 2–6 months
The Well Child Exam, 6–12 months
Review of research : Obesity and feeding practices
The Well Child Exam, 2–5 years
Wrap up

Well Child Exam : The older baby

Introduction
to solid foods

The older baby, 2–6 months
Beginning to experience self as separate

Parents’ care task:
Support the child’s interest in what lies beyond the parent;
Understand baby’s development, eating skills, and body control.

Well Child Exam 2–6 months
Assess key parenting behaviors

“How does your baby tell you he is hungry?”
Recognizes child’s satiety cues
“How is feeding going?”
Understands normal eating behavior
“What and how are you feeding your baby?”
Provides leadership and structure; gives child autonomy
Introducing solid food

Parents’ behavior creates problems when:

The child’s cues are ignored;
Parents resist and fight the child’s temperament;
They insist on feeding the amount they want the child to eat;

They insist on feeding at the speed they feel is right;
They stop providing opportunities to learn to like a new food.

Early flags

Behaviors that signal a referral to 5 Keys classes

Picky eater
Doesn’t eat enough
Won’t take solids
Requires bottle in bed to sleep
Too fat/too thin
NEEDS PediaSure
Divergence of any amount from a consistent pattern of growth
AGENDA

Childhood Feeding Collaborative
The Division of Responsibility in feeding young children
Review of research: Feeding practices
The Well Child Exam, 2–6 months

The Well Child Exam, 9–18 months
Review of research: Obesity and feeding practices
The Well Child Exam, 2–5 years
Wrap up

Well Child Exam: Almost toddler

Almost toddler, 9–12 months
Cares deeply about doing it himself or herself

Parents’ core task:
Support the child’s need to do things themselves;
Choose safe food for the child to pick up, chew and swallow;
Give many chances to experiment with new food.
Well Child Exam 9–12-months

Assess key parenting behaviors

Parents provide
structured meals
and snacks.
Parents include child
at family meal.
Parents follow a division
of responsibility.

Respect
a child’s
internal
regulators
from the
start

Offer serving sizes that are
age appropriate.

Parental concerns that signal
a referral to 5 Keys classes

Child is picky
Doesn’t eat enough
Doesn’t eat with family
Is still spoon fed
Is too fat/too thin
Needs Pediasure

Growth divergence
of any size
Improper use of bottle

Refer to 5 Keys Class
when growth diverges
downward.

Refer to Pediatric
Nutrition Specialty
Clinic if downward
trend continues.
Refer to 5 Keya Class when growth diverges up one percentile line at 12-month exam.

Refer to PHLC when growth diverges up two percentile lines at 24-month exam.

Toddler, 15–18 months

Separation

Parents’ core task:
Family eats together;
Schedule meals and snacks;
Limit misbehavior at meals;
Don’t short-order cook.
Learning to *like* a new food

Look not taste
Taste but not swallow
Swallow but not eat more

Ellen Satter, 2005

Tantrum management

Tantrums are normal
Avoiding tantrums by giving in makes them more likely to reoccur.
Time outs, in a safe, quiet place, are the best way to handle tantrums.

W. Stewart Agap, MD, 2007

Tantrums, an opportunity for parents

“*In order for a child to feel loved, and secure, he needs, and even wants to know, what the adult dislikes in his behavior. That knowledge creates certainty and security about how to be in the world.*”

Personal communication: G. Goldin, PhD, Paoli Alto, 2007
Einsweeht's Through Pediatrics to Psycho-Analysis, New York, Basic Books, 1975

AGENDA

Childhood Feeding Collaborative
The Division of Responsibility in feeding young children
Review of research: Feeding practices
The Well Child Exam, 2–6 months
The Well Child Exam, 9–12 months
Review of research: Obesity and feeding practices
Prevention & treatment of obesity

Efficacy of the Division of Responsibility

Consistent support for the model in a large number of studies
Model reduces obesity risk factors in randomized controlled trial
Largely consistent research that food restriction harms children

Enel et al. Obesity Vol 15, No 10, October 2008

Routines & obesity prevention

Family routines reduce the risk of obesity in preschoolers

- Eating dinner as a family more than five times a week
- Sleeping at least 10.5 hours per weekday
- Limiting screen viewing time to 2 hours or less per weekday

Frequencies of obesity, %

Routine | No routine
--- | ---
Eating dinner as a family more than five times a week: 5% | 10%
Sleeping at least 10.5 hours per weekday: 3% | 10%
Limiting screen viewing time to 2 hours or less per weekday: 2% | 10%

Andersen and Whalen, Pediatrics 2010

Eating competence improves health

Overweight adults who are competent eaters show:
Better weight maintenance
Better insulin sensitivity
Improved metabolic fitness
Improved eating behavior
Reduced cardiovascular risk factors

Division of Responsibility lowers obesity risk factors in high-risk toddlers

HYPOTHESIS DOR will decrease parental pressure to eat and food restriction

FINDINGS DOR significantly reduced parental pressure on child to eat and for girls food restriction

RECOMMENDATIONS Physician counseling can be based on DOR; caution against recommendations based on healthy eating only

The downside of food restriction

Increases food intake (calories or quantity)

Increases child’s BMI or weight

Exaggerates effect on an overweight child

Restriction used more often with overweight children

Practice guidelines

“Discourage restrictive parenting style regarding child eating;
Encourage authoritative parenting style.”

Incompatible Practice Guidelines

“Limit portion sizes”

“Eat at least five servings of fruits and vegetables daily”

“Discourage restrictive parenting style regarding child eating; encourage authoritative parenting style”
Mounting pressure to fix the infant

The overweight toddler
3 year-old boy, 45-50 lbs; BMI well over the 97thtile

Extended family lives in the home and someone is always eating. The toddler wants to eat when others do. He gets upset and cries non-stop if mom tells them not to give him any food. Mom is frustrated and feels the situation is hopeless. He keeps gaining weight because family members feel sorry for him, so they feed him. Child has started to sneak sweets. Father is not supportive of mom’s efforts.

Review of research: feeding practices
The Well Child Exam, 2–6 months
The Well Child Exam, 9–12 months
Review of research: Obesity and feeding practices
The Well Child Exam, 2–5 years
Wrap up

Well Child Exam: Pre-schooler
Working toward mastery
Pre-schooler, 2–5 years
Develops concept of control

Parents’ core task:
- Provide mastery opportunities;
- Don’t force, reward or shame;
- Eat with child, don’t just feed.

Well Child Exam, 2–5 years
Assess key parenting behaviors

Family eats together and the TV is off during meals and snacks
Parents provide leadership—the child has autonomy and behaves at the table

What if parents eat only pizza, hamburgers, tacos and French fries?
The Division of Responsibility depends on trust

- No portion sizes
- No serving numbers
- No limit on fat intake
- No urging fruits, whole grains
- No deals for eating
  (bites-for-me or clean-plate before dessert)

For more information please contact:

Carol Danaher, MPH, RD

carol.danaher@phd.sccgov.org

408-793-2708