

Understanding the Parents' Role in Preventing and  
Managing Childhood Obesity



# Parents' Role In Childhood Obesity



**SELF-STUDY MODULE FOR WIC CPAS**

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# OBJECTIVES

After completing this module, the WIC CPA will be able to:

1. Cite appropriate feeding and activity development of infants, toddlers, and preschoolers.
2. List ways parents can help children develop and maintain healthful eating and physical activity habits.
3. Educate parents to interpret childrens' growth patterns using appropriate growth charts and understand recommendations for weight goals.
4. Cite the characteristics of a healthy role model and use effective communication in order to facilitate change.



## ORIENTATION/RATIONALE

Over the past 30 years, our nation has seen dramatic changes in the way we work, live and eat. Consequently, these changes in our environment are contributing to the obesity epidemic that is threatening the health and well-being of the young and old alike.

Obesity is typically the result of an upset in energy balance. In other words, eating too much (energy consumption) and exercising too little (energy expenditure) can lead to overweight and related health problems. The upset in energy balance is affected by many factors in our environment and therefore not one single cause can be blamed for the obesity problem.

Changes in technology and marketing have increased the availability and affordability of sugary, fat-laden, high-calorie convenience foods. Furthermore, the portion sizes of many convenience foods have increased dramatically over the years making it difficult to resist our natural tendency to eat more when more is available. The result is that we are eating more of certain foods and larger portions of them.

The demand for more convenience foods and food eaten away from home is driven in part by changes in the home environment. Since the 1970's, more and more families have both parents working or are headed by a single, working parent. The art of mothering often takes a back seat to

working outside the home whether it is by choice or economic necessity. Time is of the essence. Families value convenience more highly than the time and effort it takes to prepare fresh foods and home cooked meals. Unfortunately, convenience can come with a price – expanding waistlines.

Changes in family life have also resulted in decreased daily physical activity. Parents' lack of time and energy from busy work lives has made it difficult for children to enjoy active, safe, supervised play. Technological advances have made work more sedentary and enticed children and adults to engage in more "screen time." Screen time includes activities such as watching television, playing video games and using the computer. The decrease in energy expenditure that could help balance the increase in energy consumption contributes to the obesity dilemma.

Parents are instrumental in developing a home environment that models and encourages healthful eating and physical activity among children. Parents are critical in shaping their children's lifelong health habits which ultimately contribute to healthy weight or to obesity. Parents' ability to maintain a healthy feeding relationship with their children; to provide good nutrition; and to model healthful eating and physical activity are all influential in shaping lifelong health habits that support a child's normal growth and development.

# PRE-ASSESSMENT

Complete the following questions. Upon completion of the module, a post-assessment will be completed.

*Directions: Check the more appropriate response for each of the following items.*

1. T\_\_F\_\_ Infancy is not a time to begin trying to prevent obesity.
2. T\_\_F\_\_ Putting an infant on a strict feeding schedule creates in a growing child the desire to be a disciplined, healthy eater.
3. T\_\_F\_\_ Toddlers have a need to separate themselves from their parents. This often creates stress in the feeding relationship.
4. T\_\_F\_\_ Toddlers sometimes have to touch, smell, feel, and taste a food as many as 15 to 20 times before they accept the food.
5. T\_\_F\_\_ Hopping is a normal motor skill development of an 18 month old.
6. T\_\_F\_\_ Research shows that when parents are sedentary, that has no effect on the child's activity level.
7. T\_\_F\_\_ Healthy role models focus on keeping all high-fat and high-sugar foods out of the house.
8. T\_\_F\_\_ A parent who allows her child to over-eat at a meal keeps the child from learning how to self-regulate food intake.
9. T\_\_F\_\_ Portion sizes of popular restaurant and packaged foods have increased over the years.
10. T\_\_F\_\_ To increase a toddlers variety of foods eaten, parents need to encourage their toddler to go from one family member to another at meal-time and ask for food.

# INTRODUCTION

Parents are crucial and central to impacting the nation's childhood obesity epidemic for three reasons:

- 1.** Obesity runs in families. It is generally unrealistic to intervene with one member of a family while other family members are modeling and supporting behaviors that increase risk for obesity.
- 2.** Parents serve as role models and reinforce and support the initiation and maintenance of healthful eating and exercise behaviors.
- 3.** Parents are responsible for parenting and disciplining children. Children need boundaries in order to thrive, feel safe, and feel of value. Feeding children requires proper parenting and discipline. The result is a positive feeding relationship between parents and children.

WIC is one program that includes a component targeted at improving parenting behaviors. Because research shows how the parents' role in influencing the development of overweight and obesity differ at different stages of their children's development, these parenting components will be most effective if they are targeted at children in particular age groups. This training module will focus on understanding the role of parents in the prevention and management of childhood obesity during infancy and early childhood. It will address some of the contributing factors to the childhood obesity epidemic and explore strategies for assisting families with more healthful living.



# PARENTAL ROLES DURING A CHILD'S DEVELOPMENT

## Proper Feeding of Infants

“The social and environmental influences that place children at risk for later obesity may begin as early as the first few days of life.”  
(*Neumark-Sztainer, 2003*)

Feeding is crucial for developing a healthy relationship between parents and infants. A parent's responsiveness to an infant's cues of hunger and fullness and the close physical contact during feeding facilitate healthy social and emotional development. During the first year, being fed when hungry helps infants to trust that their needs will be met. For optimum development, newborns need to be fed as soon as possible when they express hunger. Parents need to learn to identify an infant's early hunger cues. As they grow older and become more secure in that trust, infants can wait longer for feeding. The trust also develops as infants are fed developmentally appropriate foods and are allowed to determine whether or how much they will eat.

## Breastfeeding

Breastfeeding is best for babies. The benefits of breastfeeding for both mother and child far outweigh the obstacles, if any. Breastfeeding takes some education on what to expect, practice for both mom and baby and support from family, friends and health professionals. Breastfeeding is the preferred feeding for all infants including premature and sick newborns with rare exceptions.

Health experts recommend exclusive breastfeeding for the first six months and that breastfeeding continue for at least 12 months and thereafter for as long as mom and baby mutually



desire. Most of the challenges of breastfeeding occur in the early days postpartum, and can be resolved quickly.

Breastfeeding is the ideal choice for infant feeding for many reasons:

**Nutritional benefits** – Breastmilk is a dynamic fluid, adapting daily to meet the baby's changing needs for growth and development. Unlike infant formula, the nutrients in breastmilk are easily digested and absorbed. Many of the nutrients in breastmilk are nonexistent in formula.

**Immunological protection** – More than 50 known immunological factors are found in breastmilk. They ward off a variety of bacterial and viral infections, including ear infections and diarrhea – the most common reasons for doctor visits among infants and young children.

**Psychological and cognitive benefits** – Oxytocin, the hormone that stimulates breastmilk secretion, induces strong feelings of nurturing and relaxation. In regard to impact on cognitive function, recent evidence has documented a three to eight point possible increase in IQ in toddler and school-aged children who were breastfed as infants.

**Economical benefits** – Breastfeeding leads to savings for mom and her family, the health care system and the mom’s employer.

**Protection from non-infectious illness** – Evidence is mounting that formula-fed infants, especially infants never breastfed, are at greater risk for Sudden Infant Death Syndrome (SIDS), allergies, childhood lymphoma, insulin dependent childhood onset diabetes and obesity.

**Reduced risk of obesity** – Potential explanations for an association between breastfeeding and reduced risk of obesity are:

- A mother who nurses depends on her infant’s satiety cues rather than an external gauge (ounce lines on a bottle) to indicate her baby has had enough to eat. The baby does not overeat so his/her natural satiety set point is maintained.
- Breastfed babies have lower levels of insulin, a hormone that promotes storage of fat.
- Breastfed infants have also been exposed to flavors of various foods in mother’s milk and may be more likely to readily accept a varied diet (hopefully more fruits and vegetables and less high calorie foods).

The link between breastfeeding and lower risk of overweight appears to be greatest after infancy. At the ages of nine to 14 years, which is a period of rapid growth and weight gain, children who are breastfed are less likely to be overweight than children who were formula fed. (*Gillman et al, 2001*)

Societal attitudes and norms greatly impact breastfeeding rates among various population groups. For example, many new moms, who financially support their families, may be overwhelmed with feelings of stress and fatigue; and breastfeeding may start to appear as an inconvenience and not worth the effort. These indecisive and negative attitudes toward breastfeeding are further exacerbated among low-income women by several common misconceptions and concerns:

- Embarrassment
- Lack of confidence
- Loss of freedom
- Lifestyle restrictions
- Lack of support from family and friends

The net effect of these barriers to breastfeeding is that most low-income moms choose formula. Even those who initiate breastfeeding switch to formula feeding within a few days or weeks after delivery. However, when given adequate support low-income women, regardless of their demographic profile, will choose to breastfeed, breastfeed longer and breastfeed exclusively.



## Formula Feeding (Bottle-fed)

Babies need close physical contact during feeding, regardless of whether they are fed at the breast or bottle-fed with formula or breastmilk. A bottle-fed baby also needs for the mom to learn and respect his cues of hunger and fullness. Mom needs to go by her baby's cues rather than ounces of formula or breastmilk consumed. The mom of a bottle-fed baby does well to offer the baby a bottle with at least one ounce more formula or breastmilk than what is usually taken to allow the baby to take as much or little nourishment as desired. It is wise not to force more food on a baby than what is naturally desired by the baby – overeating and excessive weight gain could occur.

For a bottle-fed baby to receive physical touch similar to a breastfed baby, the baby needs to be held while fed (never prop a bottle). Even as the baby gets older and can hold her own bottle, she still needs to be held during a feeding.

Mom is designed (think breast) to be the provider of food for an infant. Whether breastfeeding or bottle feeding, for optimum social and emotional development, the mom should be encouraged to be the primary feeder. It is a sacrifice that is well worth the benefits. Mom can gain confidence and purpose as she takes the time to feed her baby. The benefits of sitting to feed her baby include:

- being the provider of life-sustaining food;
- bonding and attachment between mother and child; and
- resting and enjoying the moment.

Proper feeding (breast or bottle) extends beyond the feeding experience by improving parenting skills, building self-esteem, and empowering women and their families to take more responsibility for their personal and family health.

## Trust in the Feeding Relationship

It is amazing how much development takes place the first year of life – physically, socially, and emotionally. The beginning of the feeding relationship begins between parent and baby. The premise of a good feeding relationship with an infant is summarized as:

*Parents are responsible for what food is offered and the baby is responsible for how much and when the food is eaten.*

Babies need to know that they can trust their parents. Their most basic need is to know that they will be fed when they are hungry and allowed to eat until they are satisfied. This is the most basic step of obesity prevention.

## Development of Trusting Behaviors

Parents:

- Set a comfortable mood and tone by securely holding and responding to the baby.
- Learn baby's signals for hunger, fullness, and other discomforts.
- Provide appropriate food for baby's age.
- Help baby to focus on eating.

## Development of Mistrusting Behaviors

Parents:

- Prop bottles.
- Delay feeding by using a strict schedule.
- Continue to feed when baby signals them to stop.
- Feed baby solid foods before the baby is ready.
- Interrupt feeding baby to clean baby up or to play with baby.

## Development of Infant and Proper Feeding

To illustrate infant development and proper feeding we will follow Tanisha and her Mom. Both participate in WIC. Tanisha's development was typical of most through the first year of life.

## Birth - One month (Newborn) Breastmilk or Formula Only



At one month old Tanisha was growing well. Her Mom was very attentive to her hunger cues. She learned that when Tanisha was hungry she would:

- Begin to move her mouth (even in her sleep).
- Rapidly move her eyes in her sleep.
- Try to suck on her hand or tongue, or anything available.
- Bob her head and "root" around.

If Mom happened to miss the early hunger cues, then Tanisha began to cry. Mom and Tanisha would get very frustrated because at this point the crying made it difficult for Mom to feed and for Tanisha to eat.

Mom knew when Tanisha was full. Tanisha would do one or more of the following:

- Fall asleep with a nipple in her mouth.
- Appear to smile.
- Relax hands and feet.
- Try to turn head away.
- Push the nipple out of her mouth.
- Arch her back.
- Close her lips tightly if you try to insert a nipple.
- Bite the nipple, purse lips.

From a WIC CPA, Tanisha's Mom learned a newborn could:

- Eat only small amounts at a time – a newborn's stomach is only the size of a marble.
- Not control her neck until two months of age.
- Suck and swallow liquids only. If a newborn is fed solid foods she will thrust it out with her tongue. Also, the newborn's digestive system is not designed to digest solid foods at this time.

### **One - Three Months (Heads Up) Breastmilk or Formula Only**

When Tanisha was around two months old, when she was hungry, she would:

- Send her Mom the same signals she did when she was a newborn.

When she was full she would show signs that were a little more developmentally advanced than a newborn. For example, she would:

- Push away the breast or bottle.
- Turn away.
- Put hands in front of her mouth.
- Cry and fuss.
- Forcefully move her entire body away from Mom.
- Smile.
- Fall asleep with the nipple in her mouth.

Tanisha began to control her neck and head muscles, but her tongue and lips were still not developed enough to be ready for solid foods. Also, her digestive system had not matured enough to allow the absorption of solid foods.

She could hold her head and chest up when she was on her tummy. Tanisha's Mom was diligent to make time for her to be on her tummy so that Tanisha could develop her muscles.

### **Four - Six months (Almost sitting)**

Tanisha's Mom had learned that nutritionally it is not necessary to give a baby any solid foods until six months of age unless the baby is showing developmental signs that she is ready. Once the baby is showing development signs of being able to handle solid foods, then the introduction of foods is fine. It is recommended for a breastfed baby to wait

as close to six months as possible before introduction of solids to reduce the risk of allergy development and early weaning.

Tanisha started being very interested in her Mom's food. She would try to grab it and would open her mouth if any appeared to be coming her way. She was sitting with support so she could sit in a highchair without any problems. She also had control of her head and upper body. At almost six months of age Tanisha's Mom introduced a small amount of cereal to her and saw that she was ready for solids because Tanisha would:

- Reach for the spoon.
- Lean forward for food.
- Open her mouth when she saw food coming.
- Close her lips over a spoon.
- Move thinly prepared baby cereal to the back of her mouth.

When Tanisha was full she would:

- Push the spoon away or play with it.
- Hold her mouth tightly shut.
- Turn her upper body away.
- Lose interest in the feeding.
- Make cooing noises.

Tanisha's Mom saw big changes occur during this time. Tanisha weighed twice as much as she did at birth and was sleeping regularly. Semi-solid foods to begin when baby is ready include:

- Iron-fortified rice baby cereal mixed with breastmilk or formula.
- Cereals fortified with vitamin C improve the absorption of iron.
- Juice is NOT recommended at this time.

## Six - Nine Months (Sitting)



Between six and nine months when Tanisha was hungry she would:

- Grab for food.
- Try to feed herself (she was quite messy and could not pick up small pieces yet).
- Pound on her feeding tray.

- Cry if her Mom stopped feeding her when she was still hungry.

When she was full she would:

- Be easily distracted.
- Simply refuse to eat.
- Cry if Mom tried to force her to eat.
- Shake her head as if to say “No.”



She could grasp objects and wanted to feed herself. Tanisha’s Mom knew that it was important for Tanisha to be sitting in a high chair at the family table and eating her foods with the rest of the family.

She got her first tooth around six months of age. Teeth did not change how Tanisha processed

food, because she usually gummed her food even though she had teeth. Tanisha’s Mom did not stop breastfeeding when her tooth erupted because it was not necessary to stop.

Tanisha was excited to have the thicker, lumpier foods introduced during six - nine months of age. The brochure from the WIC office outlined the following for a six - nine month old:

- Continue with iron-fortified cereals mixed with breastmilk or formula – cereal may be made thicker as the child grows.
- Continue with breastmilk or formula feedings.
- Introduce one food at a time in order to identify if the new food causes an allergic reaction. Give the new food in addition to established foods for several days before introducing another new food. Start with pureed fruits and vegetables without added food ingredients.
- Begin to introduce single ingredient fruits and vegetables that have been fork-mashed or put through a baby food grinder.
- Offer single ingredient fruit juice from a cup. Limit juice to no more than three ounces a day.
- Offer wheat-free dry cereal such as Cheerios or Corn Chex.
- Unless there are people in the immediate family with wheat allergies, begin wheat and wheat products at about eight months. Crackers, bread, and pasta make good finger foods.

### **Nine - 12 Months (Crawling)**

Keeping up with Tanisha was now getting difficult. She was crawling and beginning to pull up and cruise around the furniture in preparation for walking. Mom had made the house safe for Tanisha to explore because she knew that was how Tanisha learned and developed her muscles.

Tanisha and her family were now in the habit of Tanisha sitting in a highchair at the family table and eating her foods with the family.

When Tanisha was hungry, she would:

- Happily recognize it was time to eat when she saw food.
- Grab for food to feed herself.
- Try to get the foods Mom was eating.

When she wanted no more, she would:

- Throw her food and utensils.
- Play with her food.
- Be easily distracted.

She:

- Started to drink from an uncovered cup if someone held it for her.
- Used a covered cup by herself.
- Began to handle a spoon.
- Fed herself.
- Sat without help.
- Used her whole hand and palm to bring food to her mouth.

The brochure from the WIC office outlined the following for a nine-12 month old:

- Introduce beverages in a cup and foods that are lumpy and soft, as well as finger foods and table foods.

- Offer all breads, cereal, and grains (no added salt or fat) from the family table.
- Continue to offer a variety of fruits and vegetables on her tray, but don't push that she eats them.
- Allow child to self-feed even if it means a mess. The positive experience with the food can go a long way in eventual food acceptance.
- Begin to offer pieces of soft cooked fruits and vegetables. Some babies need more time than others to transition to more texture. Keep offering, but don't force food.
- Begin protein sources gradually: meat, fish, poultry, dry beans, egg yolks. Meat needs to be moist and finely cut.

## Physical Activity for an Infant

Physical growth in the first year of life is marked by dramatic changes. Infants spend the first days of life sleeping and eating. However, one year later, they are usually crawling and may even be walking. Physical activity should be promoted from the time infants are born. Motor skills flourish when the infant is exposed to a stimulating environment. Physical activity opportunities and nurturing of motor skill development during the first year of life establish the foundation for physical activity behaviors. In addition to interaction during feeding times, infants need play time to explore objects, to engage in activities that stimulate their senses, and to experience movement and action. When babies are bound to strollers, "bouncy seats", and "exersaucers", they don't get the opportunity to move their whole bodies. (Patrick et al, 2001)

## Infant Summary

The following points summarize the critical recommendations the WIC CPA needs to promote that are basic to obesity prevention:

- Breastfeed long-term.
- Delay juice introduction until six months and use cup, not bottle.
- Introduce solid foods only when the child shows developmental signs of readiness.
- Develop a good feeding and trust relationship.
- Provide a safe environment for baby to explore and to play.

## Toddlers and Preschool Children

As toddlers and preschoolers develop habits related to eating and physical activity, parents can shape their early environments in ways that encourage them to be more healthful.

### Parents and Healthful Food Behaviors

Children are born with a set of taste preferences; they like sweet and salty tastes and energy-dense foods, and they dislike bitter and sour tastes. They develop most of their food habits through repeated exposure and experience. When children are offered nutritious foods, especially fruits and vegetables, children will eat and like more of them. Parents need to regularly offer healthful foods and allow the child to decide how much and if to eat the food. This is the core foundation of developing a healthy feeding relationship.

The feeding relationship between parents and children consists of choosing food, eating it, and deciding how much of it to eat. In each of these factors, the parent and the child have a responsibility. If one tries to gain control of the other's responsibility, the partnership begins to breakdown and feeding becomes unpleasant and frustrating. The poor feeding relationship may even lead to growth problems – either too much weight gain or not enough. A division of responsibility in relationship to eating is needed between the parents and the child in order to have a healthy feeding relationship.

### THE DIVISION OF RESPONSIBILITY:

- Parents are responsible for WHAT, WHEN, and WHERE food is presented.
- Children are responsible for WHETHER to eat and HOW MUCH to eat.

Parents who restrict or control their child's eating may believe they are doing what is best for their child. However, recent research has shown that not adhering to the division of responsibility and trying to make children "take three more bites", "eat all of your broccoli before you can have cake", or "eat all your food and you can have dessert", can actually increase preferences for high-fat, high-calorie foods. This may cause children's normal ability to self-regulate hunger and fullness to become unbalanced. Some children will take control and decide not to eat and may actually enjoy the frustration it produces for the parents.

## Development of Feeding and Activity of Toddlers

Feeding a toddler can be a great challenge. Toddlers want control over their own lives and worlds. They have a need to separate themselves from their parents, referred to as autonomy. It helps to know that toddlers struggle with their parents for a reason and that it is perfectly normal. What toddlers don't understand is that if they were left to control their own lives in every area, then destruction would be eminent. It is the honorable role of a parent to allow the toddler autonomy balanced with limits. The feeding of a toddler presents unique challenges that make a parent take notice of that honorable role.

Common challenges of feeding a toddler:

- They make a mess! They need and want to learn to feed themselves, but they cannot developmentally do it in a tidy way.
- They tend to be leery of new foods and may refuse to eat them.
- They are unpredictable – the foods they like one day may be different the next.
- They usually eat only one or two foods at a meal.
- They will test limits by asking for certain foods and perhaps throwing tantrums when refused.
- They get easily distracted.
- They make a mess!

Parents desire for their children to grow normally and to have pleasant, enjoyable meal times together. If parents persevere through the toddler years, applying some information that other parents have found critical in developing good eaters, then they will reap many years of benefits.

The following are some strategies for parents to meet the toddler's challenge:

- Be responsible for what the child is offered to eat. The child is responsible for how much or whether he eats it. Parents do not need to allow their toddlers to plan their own menu nor do they need to make them eat what is served.
- Provide safe, nutritious and tasty foods at meals and snacks.
- Do not give food handouts or allow the child to beg for food in between meals and scheduled snacks.
- Do not limit the offered foods to only favorite foods.
- Provide new foods with familiar foods.
- Allow toddlers to look at new foods and touch, smell, feel, and taste them – perhaps as many as 15 to 20 times before they accept them.
- Let toddlers eat what and as much as they want from what is on the table – leave the short-order cooking to the pancake house.

- Be familiar with age-appropriate serving sizes and start with that. The child can have repeats as needed. The child is not forced to clean his plate and overstuff himself.
- Include the toddler in regular family meals, talk with him, and model good eating.
- Turn off the TV and reduce any other distractions during family mealtime.
- Require child to sit down and eat at a table – preferably in a highchair of some sort. If there is no table, encourage parents to have a designated place to sit and eat together without distractions.
- Say, “A mess is good.” Parents need to allow a toddler to feed himself even though it is messy. Try newspapers or a vinyl table cloth under the toddler’s chair for easier cleanup.
- Do not offer food to toddlers to help solve their problems (quiet down the fit, comfort the fall, etc.) Later in life he may continue to eat when he is upset and have trouble eating only the amount his body needs.

### **Developmental Expectations: Feeding a Toddler**

At ages 12-18 months he will be able to:

- Grasp and release foods with his fingers.
- Hold a spoon but won’t be able to use it very well.
- Turn a spoon in his mouth.

- Use a cup but will have difficulty letting go of it.
- Want food that others are eating.

At ages 18-24 months she will:

- Eat less.
- Like to eat with her hands.
- Like trying foods of various textures.
- Like routine.
- Have favorite foods.
- Get distracted easily.

## **Feeding a Preschooler: Three - Five Years**

A preschooler is soaking up her environment and wanting to learn. She thinks her parents are very important and wants to please them. A preschooler is influenced by what she sees her parents doing or not doing. If her parents are eating a variety of healthy foods, then she is more likely to do the same. If her mom is drinking cola for supper every night, then she will think that is what she is supposed to have too (if not now, then in the future). A preschooler is also more purposeful about learning and improving and will apply this attitude at the table. When she is hungry, she will eat and work at eating well.

Preschoolers are increasingly aware of the environmental and social aspects of eating. They begin to learn that cookies are not eaten for breakfast but rather for a dessert or snack,

and cakes are synonymous with birthdays. Their intake patterns are influenced by a variety of environmental cues, including the time of day, portion size, controlling child feeding practices (restriction and pressure to eat), and the preferences and eating behaviors of significant others.

Children develop preferences for foods offered in positive contexts and, conversely, are more likely to dislike foods offered in negative contexts. Offering healthful foods in positive contexts will encourage children to enjoy and eat such foods.

Another important influence on the types of food young children consume is a household's food choices. At an early age children will eat what their parents, especially their mothers, eat. And if parents overeat, their children may too. Parents' eating behaviors may contribute to the development of overweight in their children. The types of food available and accessible in the home are also linked with the weight status of preschool children. For example, research suggests that increased consumption of sugary-sweetened drinks, like fruit juice, might increase the risk of overweight among preschool children.

The preschool period is also a key time for promoting physical activity. Motor skills (walking, running, galloping, jumping, hopping, skipping, throwing, catching, kicking, and balancing) begin to develop during this time. Physical activity in early childhood helps ensure that children will have the motor skills they need throughout life.

### Preschoolers:

- Are curious about food, but sometimes may be reluctant to try new foods.
- Can follow instructions.
- Can stay calm when they are hungry.
- Are able to join in conversation during mealtimes.
- Serve themselves at the family table.
- Pass food to others.
- Are more comfortable in unfamiliar eating places than when they were toddlers.
- Need to play and explore (run, jump, climb, etc.)
- Are not ready for organized, competitive sports until at least six-years-old. A preschooler is too young to understand rules and strategies and to handle the emotional and social stress sometimes associated with organized sports.
- Need limits on the amount of time spent watching television and playing video or computer games.

Parents of preschoolers are most effective in the area of feeding and activity when they:

- Set limits and enforce rules with love and patience.
- Respect their child's feelings and stage of development.

- Are responsible for what, when, and where their child is offered food.
- Give the child autonomy within limits to decide how much or if she eats.
- Keep control of the menu and the structure of meals and snacks.
- Don't force their child to eat.
- Eat with their child at a family meal.
- Offer liked, disliked, and unfamiliar foods so that the child will learn to eat new foods.
- Expect their child to be polite when refusing food.
- Expect and reinforce appropriate mealtime behavior (consider age).
- Don't allow child to beg for food or eat when it is not a planned meal or snack time.
- Refrain from using food as a reward.
- Have realistic expectations on portion sizes and do not force him to eat everything on his plate.
- Are careful not to use dessert as a reward for eating other foods (elevates desserts as the desirable food).
- Give milk and juice only at meals and snacks and water in between.

## Recommended Serving Sizes for a Preschooler

At mealtime it is best for the parent or child to start with a suggested serving size appropriate for the child's age. The child should be told that if she wants another serving she may have more as long as there is enough for all family members to have an appropriate serving. Remember, the child should not be made to eat all of one food (spinach) before you give her a second helping of another food (spaghetti).

## Physical Activity of Toddlers and Preschoolers

Physical activity is an essential part of preventing childhood obesity. Research has found that physical activity is associated with lower risks of accelerated weight gain and excess fat among preschool children.

Parents should be physically active role models. Research shows that when parents are sedentary, their children are more likely to be sedentary as well.

Concerns of safety and accessibility may lead parents to restrict their children's outdoor activities and replace them with TV and snack foods. Also, family work schedules, money, and lack of transportation may make it hard to transport children to sport and recreational activities.

Knowing what a child of a certain age should be capable of doing physically helps the parent to know what to encourage the child to do. The following is a simple chart of motor skill development.



## Motor Skill Development During Early Childhood

Motor Skill	Age Range
Running	1 ½ to 2 years
Galloping	2 to 2 ½ years
Jumping	2 ½ to 3 years
Hopping	3 to 4 years
Skipping	4 to 5 years

To encourage physical activity, parents may:

- Play actively with their child – dance, throw, catch, and kick a ball; a game such as “Simon Says”; etc.
- Allow their children to do things for themselves – get dressed, serve food on their plates, climb into their child safety seat, etc.
- Act out books that are being read. If a child is riding a bicycle in the book, have the child make motions as if riding a bike.
- When watching television, make commercial time a time to do a fun physical activity.

## Summary of Recommendations for the WIC Family

- Avoid or limit sweetened beverages to no more than six ounces a day. Sweet beverages such as fruit juice, soft drinks and fruit-flavored drinks are not detrimental to health if consumed occasionally. However, when consumed regularly, they can contribute to overweight. Studies show that children who consume sweet beverages have small

increases in BMI over the years. The soft drink industry spends approximately \$900 million a year on advertising, up almost 50% from 1995.

- Offer healthy snacks. Snacks are an important source of calories and nutrients for a growing child. Limit starchy snacks such as chips, cookies and granola bars; and offer fruit, vegetable and protein snacks such as tuna fish, turkey slices, and low-fat cheese.
- Limit screen time. Children over two years of age should spend no more than two hours a day watching TV, videos, and playing computer games. TV viewing may increase overweight both by reducing children's physical activity and by encouraging poor eating habits in children by exposing them to commercials for unhealthy foods.
- Be active as a family. Walk the dog, ride bikes, swim, dance and do housework together. Keep it fun, move more, and sit less.
- Allow children to eat until full; avoid forcing them to finish all the food on their plate. Serve smaller portion sizes for the first serving. Except for the very young, children will eat more when offered bigger serving sizes. They can always have another small serving if needed.
- Try to increase the number of meals eaten together at home as a family.

## OBSTACLES TO MAKING HEALTHFUL FOOD CHOICES

Changes in technology and marketing have increased the availability, affordability and convenience of sugary, fat-laden, high-calorie foods. It is now possible to enjoy an abundance of tasty food and soft drinks that are cheap and ready to eat at any time. The explosion of fast-food restaurants is also part of the problem – particularly in terms of contributing to the increase in soft drink consumption and portion size. Furthermore, the portion sizes of many convenience foods have increased dramatically over the years making it difficult to resist our natural tendency to eat more when more is available. Greater reliance on convenience foods and fast foods, a lack of access to fresh fruits and vegetables, and expanding portion sizes are obstacles to healthful eating and are contributing to the childhood obesity epidemic.

The research shows that minority and low-income families' challenge with obesity is compounded by:

- Economic stresses;
- Reduced access to affordable, healthful foods;
- Decreased opportunities for physical activity; and
- Overexposure to targeted advertising and marketing of high-calorie foods.

The accessibility of stores and restaurants may help explain the increasing prevalence

of overweight, especially in low-income children. For example, supermarkets are less common in lower income and minority neighborhoods and fast-food restaurants are more prevalent. The availability of healthful foods is also a factor. Healthful foods, such as low-fat dairy products and fruits and vegetables, are less available and of poorer quality in minority and low-income neighborhoods. They are often a greater cost than less healthful options.

The WIC CPA needs to be able to help guide families to more economical sources of nutrient-rich foods and help them to recognize that the media may be affecting their attitudes toward food buying. Having the local grocery's sale advertisements available and helping families plan a grocery list from the foods that are on sale may be a way to assist them with making healthier choices. This also helps them plan to purchase more food at the grocery store rather than at the local convenience store. The WIC CPA can also be an advocate for increasing the presence of supermarkets and farmers' markets in disadvantaged areas in the community. Referring families to sources of available transportation can help families without access to cars to get to the market. Providing easy recipes that use WIC foods may also be accepted by WIC families if it is culturally appropriate. Encouraging limited TV viewing may help WIC families reduce their exposure to fast-food restaurant and convenience food advertisements.

## Activity

1. What are some ideas that your Health Unit could do to educate WIC families to distinguish between messages the media sends versus health messages that you are trying to send?
2. In rural areas and in low-income neighborhoods where grocery stores are not easily accessible, what are some ideas and ways you can educate WIC families to access lower cost, nutritious foods?

## PROPER GROWTH

The WIC CPA has the critical role of supporting the parents in healthy feeding and physical activity relationships in order to assure proper growth.

Positive child feeding and physical activity practices by parents and other caregivers are of vital importance in aiding the prevention of childhood obesity.

Babies are born with the ability to regulate their food intake to correctly match that of their energy (calorie) needs and grow in accordance with their genetics. Since each child has a unique set of genes, they will also have a unique pattern of growth. As we have seen from the current childhood obesity epidemic, there is an interruption in food regulation and energy balance, resulting in improper growth patterns.

Growth patterns can be interrupted in a variety of circumstances when:

- Parents and children do not have a healthy feeding relationship.
- Children are not stimulated and encouraged to be physically active.
- Excessive amounts of food and beverages are offered that are not supportive for healthy growth.
- A medical condition exists. Fortunately, this is quite rare.



Keeping up with a child's rate of growth can be fun and interesting. Each child will have a unique pattern of growth due in large part to a unique set of family genes. If children are allowed to regulate their own eating, they tend to grow in accordance to the genes they have been given in a predictable pattern. To record the pattern, reference growth curves (charts), showing typical patterns of growth of children throughout the country, are used.

The goal of growth assessment – taking accurate measurements and plotting them accurately on growth charts – is to determine whether a child's pattern of growth is healthy and normal for that child. When a child's growth seems to divert from the current pattern, the goal is to determine whether the divergence is normal, healthy growth or whether there is a problem that requires some level of intervention.

Effort needs to be made to help the parent understand their child's growth pattern. If they understand that the growth charts are a helpful tool to assess a child's growth pattern over time in order to verify healthy growth or to flag a potential problem, then they will appreciate them more. A discussion of a child's growth using the growth chart should not be a dreaded, but understood and welcomed by the parent.

In minority and low-income communities there may be both positive and negative attitudes about being overweight. When there is an element of food insecurity, being thin could be viewed as a negative consequence with the belief that "a fat child is a healthy child." There are also families that accept overweight as normal for them and/or the overweight female (by BMI standards) to be attractive and nurturing. Being sensitive of these attitudes can help the CPA to know when to focus on certain behaviors that the WIC family may be motivated to improve rather than on the issue if a child is overweight or not.

## PARENTS AS ROLE MODELS

*“To understand the obese child, one needs to remember that he accumulated his extra weight while living in a family that, wittingly or unwittingly, encouraged overeating and inactivity.” (Bruch, 1975)*

**P**arents are their children’s most important role models. If parents model a healthy lifestyle, then the children will follow those patterns. Parents have to value taking care of their own eating before their children can adopt the same value. Children rely on parents to make good food available in appropriate amounts, at the appropriate time, and to respect hunger and satiety. Children also rely on their



parents to make sure they are given plenty of opportunity for safe play and physical activity.

The previous sections gave the WIC CPA the knowledge of what WIC parents should be doing in the feeding and activity development of their children. Unfortunately it is not as simple as providing the information and the family changes. Buddy Lyle writes in the Change Process module, “Few adults like to be told what to do.”

Using the knowledge of what adults and children should be doing in the early years to develop a healthy lifestyle, the following case scenarios put this information in categories and highlight parents as the role models.

Some questions presented are helpful in assessing how well the parents are doing in being healthy role models. The information after the questions highlights where the discussion may lead if appropriate. Some case scenarios are presented to show how a simple question may unfold into a life change.

### Healthy Role Models Eat At Reliable Times

A way to ask: “Tell me what your family’s normal eating routine is like. For example, where and when is the first meal of the day eaten by you and your children?” Where – not just “at home” but where at home, in front of the T.V., at the table, etc.? Praise for consistency in eating meals together at a table and for not skipping meals.

### Talking Points:

Have meals together at regular times, and plan snacks to prevent hunger until the next mealtime. Skipping meals, either out of time constraints or to lose weight, sends a message to children that it is fine not to eat consistently. Meals aren't as desirable if one has eaten snacks all day. Conversely, overeating can occur if food has been deprived for too long throughout the day.

Some families with erratic work schedules, economic uncertainty, and high stress levels may feel overwhelmed with this standard of reliable eating times. Help them to come up with achievable goals, that move them towards reliable, consistent eating times.

Eating while viewing TV cuts down on the interaction families could have together. Uninterrupted family meals are important both in family relationships and in good eating.

### Case Scenario

**CPA:** "Would you mind telling me what your family's normal eating routine is like? Start with the first time of day someone eats."

**Parent:** "Whenever my three-year-old girl gets up she usually goes to the kitchen and gets whatever she can find. I usually skip breakfast. She has lunch at daycare and I eat a fast food lunch. For supper I usually cook us spaghetti or something like that."

**CPA:** "So do you eat supper together?"

**Parent:** "We usually sit together and eat while watching TV."

**CPA:** "So she eats alone in the morning and watches TV at supper?"

**Parent:** "Yes."

**CPA:** "You're doing a great job with cooking supper. You're teaching her that providing a nourishing meal is important. Mealtimes are a great time for teaching children manners and for talking about your day. Three year olds think the world of their parents and are like little sponges soaking in everything they are exposed to. What are some ways you can use this supper time to connect with her and to teach her appropriate manners?"

**Parent:** "I could talk with her more."

**CPA:** "Is this difficult while watching TV?"

**Parent:** "Yes, she gets so into the shows she watches."

**CPA:** "Is there a different place you could eat that the TV won't be in the room?"

**Parent:** "We have a table in the kitchen."

**CPA:** "Is that a place you would feel comfortable eating and talking with her?"

**Parent:** "Yes."

**CPA:** "I think that is a great idea! You are such a great Mom!"

Note: If time allowed, the breakfast issue would have been addressed; however, this session was a tremendous success.

## Healthy Role Models Have Pleasant Mealtimes



A way to ask: “How would you describe mealtimes with your child?”

- Always pleasant
- Usually pleasant
- Sometimes pleasant
- Never pleasant

Or, “Is there anything about mealtimes that you would like to be different?” If yes, ask, “Would you mind sharing that with me?”

Or, “How do mealtimes usually ‘feel’ in your house? Calm and relaxed? Stressful and hectic?”

### Talking Points:

Children need to have boundaries in order to thrive. Children need expectations that are lovingly enforced. If they know they are expected to sit at the table during mealtimes, to have pleasant conversation (no fighting), to select food to be eaten from what is

prepared, and to have table manners, then they will learn to eat well and enjoy the family time together. The time to begin to set and enforce age appropriate expectations begins with an older baby who has begun to eat solid foods. Pleasant behavior needs to be modeled by the adults at the table.

See Parental Roles During a Child’s Development section beginning on page 8 of this module.

**CPA:** “How would you describe mealtimes in your house...?”

**Parent:** “Sometimes pleasant”

**CPA:** “Would you mind sharing why you didn’t say, “Always or usually pleasant?”

**Parent:** “The 11-month-old is usually walking around begging for food, and the other two never like what I prepare. They scream until I prepare them something else.”

**CPA:** “I can see where that makes for an unpleasant experience. Do you feel tired of preparing two or three different meals?”

**Parent:** “I do, but I don’t want to listen to their screaming.”

**CPA:** “How do you usually handle a situation when they are acting inappropriately?”

**Parent:** “I usually send them to their rooms or take something away.”

**CPA:** “How would it look for you to do the same thing at the supper if they begin to scream?”

**Parent:** “Then they wouldn’t get anything to eat and I would have to make something another time.”

**CPA:** “Do you have a snack for them before they go to bed?”

**Parent:** “Sometimes.”

**CPA:** “How do you feel about planning to have a snack every night before they go to bed? If they have to be sent to their rooms during mealtime, then they would have the opportunity to eat the snack choices that you present to them.”

**Parent:** “I could do that. Maybe I need to just start making one meal and if they scream they will just go to their rooms. I know they won’t go hungry because I will offer them a snack later.”

**CPA:** “That’s a great idea. That will be less work for you and they will learn to eat a wider variety of foods. They will also learn how to turn down foods they don’t like without making a big deal about it. Would you mind chatting a few minutes about your 10 month old’s begging?”

**Parent:** “I feed him before I feed the others and then he still begs.”

**CPA:** “Where do you feed him?”

**Parent:** “In his high-chair.”

**CPA:** “Does he feed himself?”

**Parent:** “No, the mess is awful. I feed him with a spoon.”

**CPA:** “You are such a good Mom to want to make sure your child is fed well. The high-chair is wonderful to feed him in. Would you be open to letting him feed himself some finger foods from his tray during supper? That way he will feel connected to the family at mealtime.”

**Parent:** “I’ve never thought about it. I guess that would be a good idea.”

**CPA:** “You have done some good work today thinking through how you can make mealtimes more pleasurable for you and your family. Stick with it and the reward will be wonderful.”

## Healthy Role Models Plan Meals

A way to ask: “Tell me how you decide what to prepare for your family and what to buy for them.”

### Talking Points:

If you wait until everyone is hungry and grumpy before you decide what to prepare to eat, then you’ll probably settle with a meal that falls short of variety, taste and nutrition. If you plan ahead, you’ll have the chance to provide both good and good-for-you food.



If planning seems to be overwhelming to the WIC family, here are some possible reasons:

- She may have previous dieting experience that led to buying and preparing certain foods that got to be a burden.
- She may feel she has to prepare food a certain way (low-fat or low carbohydrate), and now, overwhelmed, she just avoids planning.
- She may lack the skills. She may simply not know how to plan a menu, buy, and prepare tasty, balanced meals.
- She may feel that she does not have the time or energy to prepare a family meal.
- She may not have the finances to keep an adequate amount of food consistently in the house.

### Healthy Role Models Embrace Food's Rightful, Balanced Place in Life

A way to ask: "How would you describe your thoughts about food during most days?" Probe by asking how much food is thought of during a day, if they feel deprived of food (dieting, time constraints, or financial reasons), if eating is viewed as a time to fuel the body or a time to indulge, and is eating and thoughts of food stressful?

"Do you find yourself overeating always, sometimes, or never?"

### Talking Points:

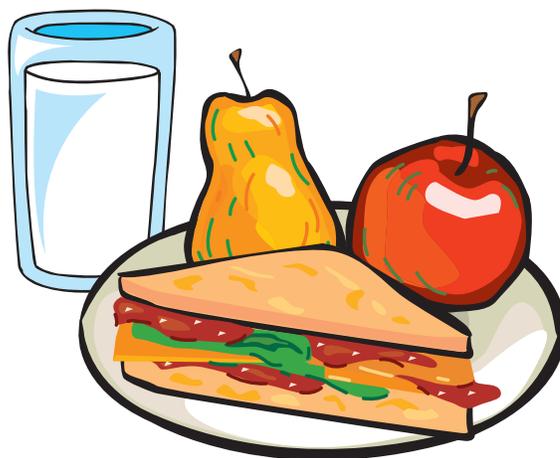
Tune into eating. You will need to eat in a place where you can enjoy your food and be in tune to your food (not in front of the T.V.). When you are comfortably full, you can trust yourself to stop. This also goes for the rest of the family. Allow your kids to trust themselves to stop when they are full, not when you think they are full. Planning and preparing good meals and regular eating times can decrease preoccupation with food.

If the WIC family indicates that food is hardly thought of until they are hungry, then address the need to plan so that healthier options are on hand.

If there is a lack of food due to finances, or poor use of finances, the CPA may need to refer to a community resource that could aid the family in this respect.

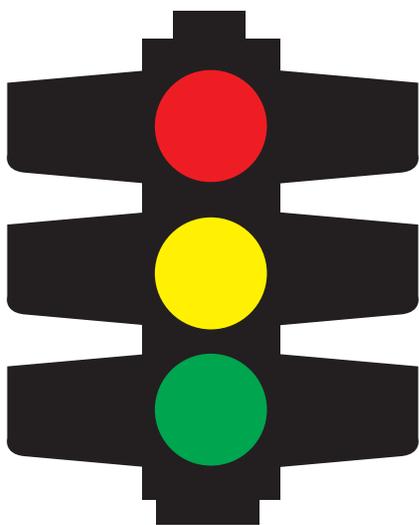
### Healthy Role Models Have Satisfying and Worthwhile Meals

A way to ask: "How do you feel about what and how much you and your children eat?"



### Talking Points:

Eating is one of life's greatest pleasures. If we are focused on providing food for only health reasons, we will eventually become dissatisfied and begin sneaking "forbidden" foods just to get some fat, carbohydrate or salt, or whatever the forbidden food. Provide a variety of all types of foods on a regular basis to decrease the chances of esteeming a "forbidden" food. If there is a food that you or your child absolutely loves, and it is not a good-for-you food, then plan to have it on occasion and trust yourself and your child to get your fill of the food so that you or your child will not be tempted to "sneak" the food when given a chance.



For example, most children enjoy eating candy, chips, fried foods, etc. These foods tend to be high in calories and fat, and low in other nutrients. However, if children are never allowed to have these foods, then they are likely to sneak and overeat them when given the chance. These types of foods also increase the acceptability of meals if used

wisely. A suggested approach is to include these foods in the meal and snack planning. A turkey sandwich, chips, orange, and milk may be more accepted by a child than if the chips were replaced by raw broccoli. The meal is still very nutrient-rich as well as tasty. A little butter or cheese added to cooked vegetables may increase the desirability of the food making it more likely that a child will enjoy a wider variety of foods.

One serving of "sweets" may be included with a meal rather than having access to "sweets" routinely for snacks. If a "sweet" food is planned for a snack, allow the child to eat until satisfied so he will not feel deprived.

## Healthy Role Models Treat High-fat, High-sugar Foods with Respect

A way to ask: "What are your thoughts on the amount of high-fat, high-sugar foods you and your child eat?" Watch for signals of over-restriction or lack of boundaries with these foods.

"What snack foods do your kids enjoy?"

"When you and your children eat out, what do you usually get?"

### Talking Points:

It is okay to include fat and sugar foods in your eating. As with all variety of foods, focus on the food that is being eaten – don't mindlessly eat in front of the TV or while working or playing. Remember to eat until you are satisfied so you won't be tempted to

sneak food and overeat some other time. Don't settle for just high-fat, high-sugar foods for snacks. There are other foods for snacks that can make a great contribution to your nutritional needs. You don't have to be on a "diet" to truly enjoy an orange for a snack.

Foods eaten out tend to be high in fat. A rule to consider when eating out is to only allow one "sweet" food and one fried food. For example, if your child wants chicken nuggets, then she needs to choose between a salad or fruit that is available (most fast-food restaurants are providing this option now), instead of French fries. Your child also would need to choose between a soda or a dessert – not both. This provides freedom within boundaries and teaches them how to balance meals away from home.

For example, this meal may look like:

Chicken nuggets, mandarin oranges, milk, and a small ice cream cone.

**OR**

Hamburger, French fries, and a soda (even though this doesn't appear to be overly healthy, think of what it could look like if the rules were not enforced).

Of course, it is best to begin to enforce this rule the first time a child eats out. Older children may not be happy with the rule change, but they will accept the boundaries if continually and lovingly enforced. One caution with this rule is to make sure the

child is not hungry after having eaten the meal. They need to know that eating healthy is just as satisfying as the alternative.

## Healthy Role Models Trust Themselves and Their Kids to Eat Well and Stop Well

A way to ask: "How do you decide when you or your child has had enough to eat?"

### Talking Points:

You were born with an ability to feel hunger and satiety. You have to trust yourself to go to the table hungry and stop when you are full. You can quit eating and trust that you will provide yourself with food again through a meal or snack until you are once again satisfied. Help your children to maintain their ability to feel hunger and satiety by trying not to be their regulator for them. Let them determine how much to eat so they can learn when they have truly had enough food. They may make mistakes and eat too little or too much, but they will learn from their mistakes. It is important for your children to see you eating appropriate serving sizes and tuning into your satiety cues.

Regardless of her size, if a mother has personal issues and struggles with her own weight and eating patterns, then she may overly restrict food from her child in an attempt to control her child's future weight status. The mother and daughter duo is very susceptible to this problem. (*Stang et al, 2004*)

## Healthy Role Models Consider the Likes and Dislikes of Their Family Without Catering to Them

A way to ask: “How do you feel about your family’s likes and dislikes about certain foods in regards to grocery shopping and preparing meals?”

Or “Tell me what happens when your child is served a food he has never had before? Is she/he ever picky about eating certain things?”

“How would you describe your acceptance of a lot of different types of foods?”

“I eat anything.”

“I eat a lot of foods, but I don’t like \_\_\_\_\_.”

“I eat basically the same foods all the time and do not like to try new ones.”

### Talking Points:

When you plan your meals, offer foods from each food group even if someone in the family doesn’t eat it. The more we are exposed to a certain food, the more likely we will try it, accept it, and enjoy it. Your children will model you. If you are a picky eater, then they will more likely be one too. If you don’t expose them to a variety of foods because you don’t eat them, then they will not have the opportunity to try.

Offer lean protein foods, fruits, vegetables, dairy products (preferably low fat), grains (at least half as whole grains) and some fat with each meal.

**Protein:** All foods made from meat, poultry, seafood, beans and peas, eggs, processed

soy products, nuts, and seeds are considered part of the Protein Foods Group. Be sure to try lean cuts of meat and poultry.

**Dairy:** All fluid milk products and many foods made from milk are considered part of this group. Most Dairy Group choices should be fat-free or low-fat. Foods made from milk that retain their calcium content are part of the group. Foods made from milk that have little to no calcium (cream cheese, cream, butter) are not. Calcium-fortified soymilk (soy beverage) is also part of the Dairy Group.

**Fruit:** Fruits offer carbohydrates, fiber, vitamins and minerals, and antioxidants. The different colors of fruits offer different nutrients. Eat a variety of them – fresh, canned, frozen or dried.

**Vegetables:** Vegetables, like fruits, offer fiber, vitamins and minerals, and antioxidants. Some vegetables are high in carbohydrates and some are not. The different colors of vegetables offer different nutrients. Eat a variety of them – fresh, canned, frozen or dried/dehydrated.

**Grains:** Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. (Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples.) Make at least half of your grains whole grains (examples include whole wheat flour, bulgur, oatmeal, whole cornmeal, brown rice).

**Fats:** Fats (oils and solid fats) add flavor to foods. Use sparingly. Most of the fats you eat should be polyunsaturated (PUFA) or monounsaturated (MUFA) fats. Oils are the major source of MUFAs and PUFAs in the diet. Canola and olive oil are the most common oils people consume.

Meal Sample: A turkey sandwich with low-fat mayonnaise, carrot sticks with vegetable dip, apple slices, and a glass of 1% milk.

A child who does not accept a variety of foods should be able to allow a disliked food on the plate but politely refuse to eat it. If offered a particular disliked food by others, they need to simply learn to say, “No thank you,” rather than, “I hate that food. It’s disgusting. Yuk!”

## Healthy Role Models Are Careful with Diets and Weight Loss Attempts

A way to ask: “How is your family affected by any attempts of yours to lose weight?”

Or, “Kids tend to imitate adults, so we can have a big impact on their eating. In what ways does your child seem to imitate your eating habits when you are on a diet?”

### Talking Points:

When you restrict your food to lose weight, you can become preoccupied with food. This usually leads to overeating. Your eating patterns can become chaotic and weight loss attempts fail. Your child may adopt this pattern as well.

## Healthy Role Models Start with an Appropriate Serving Size

A way to ask: “How do you feel about what and how much you and your children eat?”

### Talking Points:

Portion sizes of popular packaged and restaurant foods have increased over the years.



When a Hershey’s chocolate bar was introduced in 1908, the portion size was 0.6 ounces, now a 1.6 ounce bar would be considered small.

In 1954 when Burger King introduced the regular size French fries the size was 2.6 ounces. Now 2.6 ounces is the value size going all the way up to 6.9 ounces being the “King.”

And of course, from 1916 when Coca Cola was introduced, the available sizes have gone up, up, and up.

The larger sizes are usually a better monetary value, but that doesn’t mean we need the extra calories, fat, sugar, or whatever the “value” may bring. As one man who recently passed up a great value of \$2 for a dozen of hot, fresh doughnuts said, “Two dollars today, \$200,000 dollars for the heart by-pass surgery later.” What may look like a value now may not be later.

Before ordering “super-duper, biggie value meals” (unless you are splitting them with the entire family) think about what you are teaching your children.

### Case Scenario

**CPA:** “How do you feel about what and how much you and your children eat?”

**Parent:** “Fine.”

**CPA:** “Tell me what you all usually eat first in the day?”

**Parent:** “We usually eat a bowl of cereal.”

**CPA:** “When do you all eat again?”

**Parent:** “I give them a snack in the middle of the morning.”

**CPA:** “That’s great. They get breakfast and a snack. What is their snack usually?”

**Parent:** “A snack cake or cookies.”

**CPA:** “When do you all eat again?”

**Parent:** “I give them a snack when they wake up from their nap, and then about 6:00 we eat supper.”

**CPA:** “What do you usually serve for this snack and for supper?”

**Parent:** “We usually have peanut butter and crackers and milk or an apple. For supper I cook some kind of meat, potatoes, green beans; or we have spaghetti with a salad; something like that.”

**CPA:** “So, they get three meals and two snacks a day. That’s great. Your children trust you in that they know food is always coming. Do you feel that the portion sizes they are eating are too little, just right, or too much?”

**Parent:** “My four year old seems to always want a lot of potatoes; I put a lot on his plate so he doesn’t keep asking for more.”

**CPA:** “By looking at this food model of potatoes, do you put more or less on his plate?”

**Parent:** “More. About two of those.”

**CPA:** “This amount is equal to ½ cup. Some people have done a study showing that children will eat more if more is placed on their plate. While it is perfectly fine to allow him to eat as much as he wants, it would be good to start with smaller serving sizes so that he doesn’t learn to overeat. How do you feel about starting with a portion this size (show model) and then giving him a little more each time he asks?”

**Parent:** “That’s fine. I need to do that with all of us. We tend to eat all of what is on our plate.”

**CPA:** “And you may have more left-overs so you don’t have to cook as often! It really is a good thing to not overeat. The extra weight can really keep us from being as healthy and as active as we could be otherwise. You are doing a great job with your children.”

Note: If time allows you could address the quality of the morning snack. Even if you don’t get around to it, this session was a tremendous success!

## Healthy Role Models Are Physically Active



A way to ask: “What are some ideas you have come up with to help stay active?”

Or, “What does your family do together that keeps you all physically active?”

Or, “How do you feel about the American Academy of Pediatrics’ recommendation to limit screen time to no more than two hours a day? (or no screen time for less than two years of age).”

Too much screen time (> two hours a day), especially if food is eaten while viewing, greatly contributes to excess weight gain.

Some strategies to increase children’s physical activity include:

- Make sure that infants spend plenty of time on their tummy to develop coordination between upper and lower body.
- Dance together to the beat of the music.
- Limit the use of strollers, “bouncy seats”, and “exersaucers;” and discourage the use of television or videos.
- Set up obstacle courses using boxes or pillows for your toddler to climb through, over, and under.
- As your toddler grows, play with balls of all sizes and kick, throw, and roll.
- Act out stories, books, and songs with your fingers or whole body.

Families need to be active together. Play, Play, Play.

### Case Scenario

**CPA:** “What does your family do together that keeps you all physically active?”

**Parent:** “We don’t run or anything. I don’t know.”

**CPA:** “How do you get around to different places?”

**Parent:** “We walk if it is close or we catch a ride with someone.”

**CPA:** “So you walk to different places together. That’s a great way to be physically active. Can you think of anything else?”

**Parent:** “No.”

**CPA:** “What do you do when you spend time together at home?”

**Parent:** “We usually watch a movie together or I read to them.”

**CPA:** “It is so important to read to them. That is wonderful! Is there something you all can do as a family that gets them moving?”

**Parent:** “We play ball outside sometimes.”

**CPA:** “That’s a great activity. It helps them to develop their motor skills. Can you think of some other things you all could do that works for your family? What are some places nearby that have play equipment?”

**Parent:** “There is a church with a playground down the street from us, but I don’t know if they would allow us to play.”

**CPA:** “What would it take for you to find out?”

**Parent:** “We could walk up there in the morning and ask.”

**CPA:** “That is great. The kids would love it and you are taking an initiative to keep your children active. Can you think of some things you could do inside that would keep them more active?”

**Parent:** “They watch a lot of TV, but they drive me crazy if they aren’t watching TV.”

**CPA:** “They want your attention and it is stressful for you?”

**Parent:** “Yes.”

**CPA:** “Experts recommend that children under the age of two don’t watch TV and children over two limit TV to no more than two hours a day in order to keep their bodies and minds active. Are your children interested in playing dress-up, coloring, playing with dolls or toys?”

**Parent:** “They do like to do that, but they usually make such a mess.”

**CPA:** “The mess must bother you.”

**Parent:** “I get so tired of picking up after them.”

**CPA:** “What would it be like for them to have a schedule of when they can play, watch TV, and help pick-up?”

**Parent:** “I could have them play and pick-up before they can watch their favorite TV shows.”

**CPA:** “That sounds great. You are such a good Mom to teach such important skills to your children. They will use their mind and bodies in play, learn to clean up after themselves, and have less TV time.”

## Activity

Choose one of the points that describes a healthy role model and write a case scenario.

## CONCLUSION

**T**he WIC CPA is in a perfect position to make a real impact in the prevention of childhood obesity. WIC CPAs are able to help parents to see that they play a key role in the prevention of childhood obesity. Guiding parents to feed their children in developmentally appropriate ways, to incorporate physical activity into their days, to offer their children healthy foods in appropriate serving sizes, and to be better role models for their children all may contribute to curbing the childhood obesity epidemic.



## POST-ASSESSMENT

**The post-assessment questions which follow are intended to assist you in determining whether you have achieved the objectives of this module.**

*Instructions: Read the questions which follow and respond to each on a separate sheet of paper.*

- 1.** What are some of the changes that have taken place in the last 30 years that have contributed to the obesity epidemic?
- 2.** Which characteristic of a healthy role model do you see as the biggest challenge for the WIC families? Write some questions that may help you to approach this issue with WIC families.
- 3.** Explain why it is important for a parent to respect a child's hunger and fullness cues.
- 4.** List five strategies parents can use to address the challenges of feeding a toddler.
- 5.** List some strategies parents can use to ensure their children stay active.

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## PRE-ASSESSMENT ANSWER KEY

1. T\_\_F\_\_ Infancy is not a time to begin trying to prevent obesity.  
**False. Early optimal feeding practices play a role in the prevention of obesity.**
2. T\_\_F\_\_ Putting an infant on a strict feeding schedule creates in a growing child the desire to be a disciplined, healthy eater.  
**False. A parent controlled infant feeding schedule can cause a baby to not trust that he will be fed when he is hungry. He then may over-eat when given the chance.**
3. T\_\_F\_\_ Toddlers have a need to separate themselves from their parents. This often creates stress in the feeding relationship.  
**True. This is known as autonomy.**
4. T\_\_F\_\_ Toddlers sometimes have to touch, smell, feel, and taste a food as many as 15 to 20 times before they accept the food.  
**True. Sometimes “playing” with food can be a good thing.**
5. T\_\_F\_\_ Hopping is a normal motor skill development of an 18 month old.  
**False. Hopping is a normal motor skill development of a three to four-year-old.**
6. T\_\_F\_\_ Research shows that a child’s activity level is not affected by the parent’s activity level.  
**False. Research shows that when parents are sedentary, their children are more likely to be sedentary as well.**
7. T\_\_F\_\_ Healthy role models focus on keeping all high-fat and high-sugar foods out of the house.  
**False. While it is important to have limits and boundaries on these foods, they can enhance a meal and make it more acceptable.**
8. T\_\_F\_\_ A parent who allows her child to over-eat at a meal keeps the child from learning how to self-regulate food intake.  
**False. Children who make a mistake and over-eat or under-eat learn the consequences and have more of a desire to do better at regulating their intake.**
9. T\_\_F\_\_ Portion sizes of popular restaurant and packaged foods have increased over the years.  
**True.**
10. T\_\_F\_\_ To increase a toddlers variety of foods eaten, parents need to encourage their toddler to go from one family member to another at meal-time and ask for food.  
**False. Toddlers need to be eating at their own place at the table and not begging for food.**