

Childhood Obesity: Feeding Practices and Eating Behaviors

A webinar for MiPCT Care Managers

May 16, 2014

Presenter: Peggy Crum, MA, RD



Years of Service

- Health4U Nutrition Consultant (8)
- Pediatric Nutritionist (22)
- Nutritionist in Private Practice (5)
- Mother (28)

- List examples of studies on children's eating behaviors that impact body weight regulation.
- Demonstrate an awareness of the association between food insecurity and high body weight.
- Describe Satter's trust model including eating competence and the division of responsibility in the feeding relationship.

OBJECTIVES

Review of Literature

Concern about weight and shape

- Body dissatisfaction
- Eating disordered behaviors
- Low self-esteem
- Restricting/dieting/weight control efforts → Weight *gain*
- Weight stigma

Davison & Birch (2001), Davison & Birch (2004), Dohnt & Tiggemann (2006), Neumark-Sztainer et al., (2006), Puhl & Heuer (2010), Puhl & Latner (2007), Smolak et al., (1999),

Review of Literature

Feeding practices → Maladaptive eating behaviors

- Pressure-to-eat → Eating more or less than desired
- Control → Erratic and inconsistent eating
- Restriction → Eating in absence of hunger
- Rewards → Increased affective value of food

Maternal eating habits

Review of Literature

Food Insecurity

“exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain.”

National Research Council, 2006

“household-level economic and social condition of limited access to food.”

USDA, Economic Research Service, 2009

Hunger

An individual's physical experience of pain and discomfort due to want of food.

“physiological condition that may result from food insecurity.”

USDA, Economic Research Service, 2009

Review of Literature

Food insecurity and obesity

- Reduced dietary quality—incomplete and unbalanced meals
- Modified eating patterns
 - Compensatory feeding practices
 - Cyclical overeating
 - Distorted sensitivity to internal regulators
- Psychological stress
- Impaired family functioning

Diaz (2013), Feeding America (2013), Feinberg, et al. (2008), Troy, et al. (2011)

Reading List

- Birch, L. L., & Fisher, J. O. (2000). Mothers' child-feeding practices influence daughters' eating and weight. *American Journal of Clinical Nutrition*, *71*, 1054-61.
- Birch, L. L., Fisher, J. O., & Davison, K. K. (2003). Learning to overeat: Maternal use of restrictive feeding practices promotes girls' eating in the absence of hunger. *American Journal of Clinical Nutrition*, *78*, 215-220.
- Cutting, T. M., Fisher, J. O., Grimm-Thomas, K., & Birch, L. L. (1999). Like mother, like daughter: Familial patterns of overweight are mediated by mothers' dietary disinhibition. *American Journal of Clinical Nutrition*, *69*, 608-613.
- Davison, K. K., & Birch, L. L. (2001). Weight status, parent reaction, and self-concept in five-year-old girls. *Pediatrics*, *107*, 46-53.
- Davison, K. K., & Birch, L. L. (2004). Predictors of fat stereotypes among 9-year old girls and their parents. *Obesity Research*, *12*, 86-94.
- Diaz, E. G. L. (2013). Food insecurity and childhood obesity: A novel approach to measuring and disentangling the relationship. *Unpublished dissertation*.
- Eneli, I. U., Tylka, T. L., Watowicz, R. P., & Lumeng, J. C. (2014). Maternal and child roles in the feeding relationship: What are mothers doing? *Clinical Pediatrics*.
- Fisher, J. O., & Birch, L. L. (2000). Eating in the absence of hunger and overweight in girls from 5 to 7 years of age. *American Journal of Clinical Nutrition*, *76*, 226-231.
- Fisher, J. O., & Birch, L. L. (1999). Restricting access to food and children's eating. *Appetite*, *32*, 405-419.
- Dohnt, H., & Tiggemann, M. (2006). The contribution of peer and media influences to the development of body dissatisfaction and self-esteem in young girls: A prospective study. *Developmental Psychology*, *42*, 929-936.
- Neumark-Sztainer, D., Wall, M., Guo, J., Story, M., Haines, J., & Eisenberg, M. (2006). Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: How do dieters fare five years later? *Journal of the American Dietetic Association*, *106*, 559-568.
- Puhl, R. M. & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, *100*, 1019-1028.
- Puhl, R. M. & Latner, J. D. (2007). Stigma, obesity, and the health of the nation's children. *Psychological Bulletin*, *133*, 557-580.
- Rollins, B. Y., Loken, E., Savage, J. S., & Birch, L. L. (2014). Maternal controlling feeding practices and girls' inhibitory control interact to predict changes in BMI and eating in the absence of hunger from 5 to 7 years. *American Journal of Clinical Nutrition*, *99*, 249-57.
- Smolak, L., Levine, M. P., & Schermer, F. (1999). Parental input and weight concerns among elementary school children. *International Journal of Eating Disorders*, *25*, 263-271.

Can we intervene safely?

- Physical activity & play
- Self-efficacy
- Body self-esteem
- Eating competence

Intervention Reading List

Daniels, L. A. et al. (2014). Child eating behavior outcomes of an early feeding intervention to reduce risk indicators for child obesity: The NOURISH RCT. *Pediatric Obesity*.

Danielsdottir, S., Burgard, D., & Oliver-Pyatt, W. (2009). AED guidelines for childhood obesity prevention programs. *The Academy of Eating Disorders*.

Eneli, I. U., Crum, P. A., & Tylka, T. L. (2008). The trust model: A different feeding paradigm for managing childhood obesity. *Obesity*, *16*, 2197-2204.

Mann, T., Tomiyana, J., Westling, E., Lew, A., Samuels, B., & Chatman, J. (2007). Medicare's search for effective obesity treatments: Diets are not the answer. *American Psychologist*, *62*, 220-233.

Mitchell, G. L., Farrow, C., Haycraft, E., Meyer, C.

Puhl, R. M., Peterson, J. L., & Luedicke, J. (2012). Strategies to address weight-based victimization: youths' preferred support interventions from classmates, teachers, and parents. *Journal of Youth and Adolescence*, *42*, 315-327.

Satter, E. (2005). *Your Child's Weight: Helping Without Harming*. *Kelcy Press*, Madison, Wisconsin

Eating Competence

Preserve positive eating attitude.

Eat familiar foods.

Experiment with unfamiliar foods.

Eat as much as needed for growth.

Develop positive mealtime behaviors.

short-order cooking, kid-friendly menus, encouraging your child to eat, bribing or pressuring your child to eat, not believing them when they say they're done, not believing them when they say they need more, jumping up and getting what they want, eating on the run, rewarding with foods, withholding food as punishment, serving for a snack what he wouldn't eat at the meal, playing games, bite rules, getting pushy, "no thank you" helpings, giving up on new foods, giving "the eye," allowing grazing, juice in sipper cups, too-busy schedule, nutritional righteousness, making special foods, making her sit at the table until she eats her peas...

WHAT COULD GO WRONG?

Sherry, B., et al. (2004). Attitudes, practices, and concerns about child feeding and weight status among socioeconomically diverse mothers. *Journal of the American Dietetic Association*, 104, 215-221.

The way feeding is conducted can support your child's being competent with eating, growing appropriately and participating in mealtime harmony—or it can do the opposite.

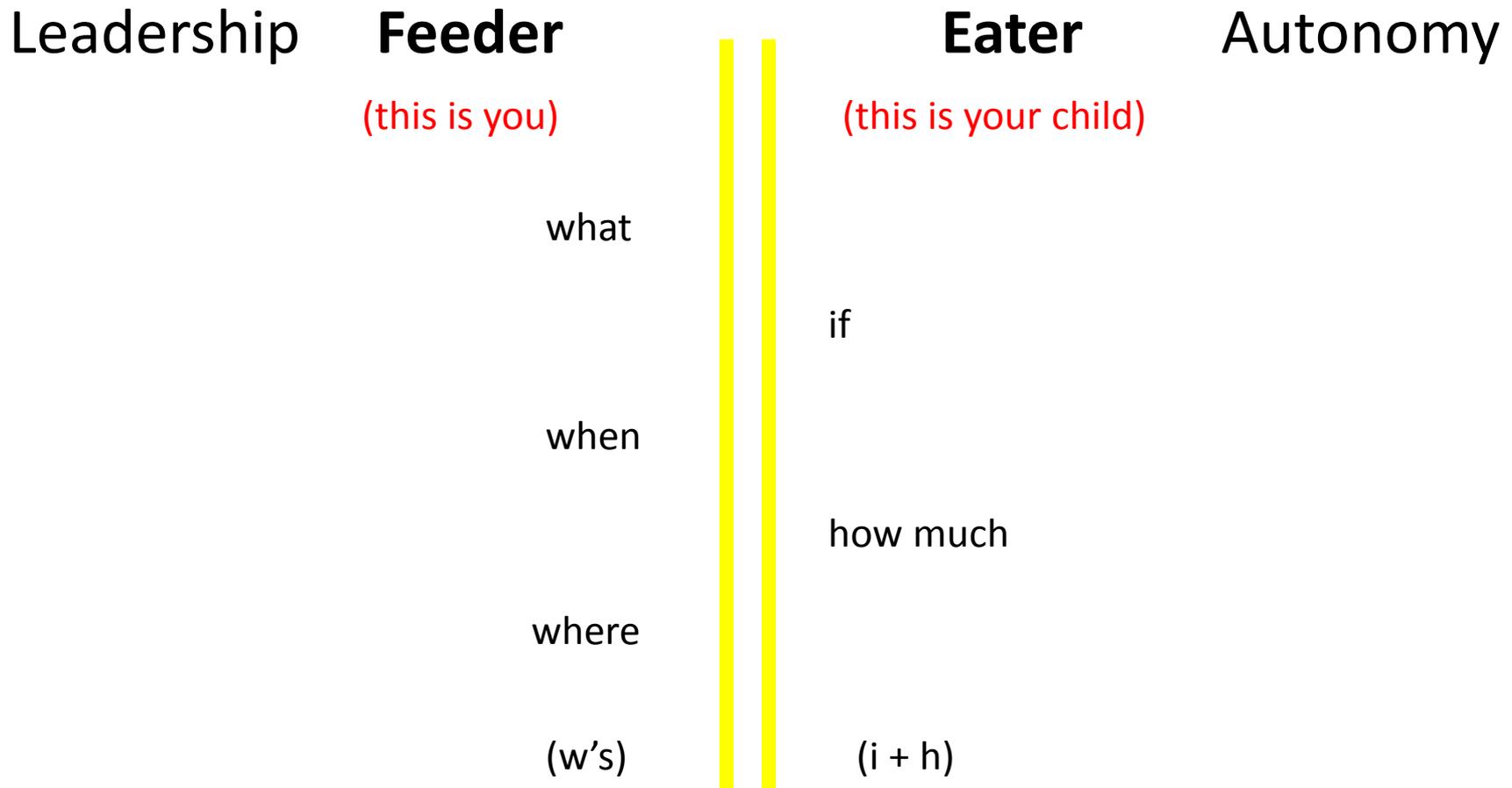
--Ellyn Satter, *Secrets of Feeding a Healthy Family* (2008)

THE FEEDING RELATIONSHIP

It's not a secret. Leadership and autonomy are the basic principles of positive feeding dynamics.

HOW DO I MAKE IT POSITIVE?

Division of Responsibility in Feeding



- Choose, prepare and serve the food.
- Provide meals and planned snacks.
- Make eating times pleasant.
- Support your child in learning.
- Maintain structure. Disallow grazing.
- Let your child grow in his or her own way.

YOUR FEEDING RESPONSIBILITIES

- Your child wants to eat.
- Your child knows how much to eat.
- Your child will learn to eat the foods you eat.
- Your child will behave well at the table (developmentally appropriate).
- Your child will grow predictably.

YOUR CHILD'S EATING CAPABILITIES

Feeding goes best when you do your jobs with feeding and trust your child to do hers. –Ellyn Satter

You get to enjoy your meal, too!

TRUST MODEL

Include something from each food group.

Include bread.

Pair familiar with unfamiliar, favorite with not-so-favorite.

Include fat.

Put it on the table and gather everyone around.

MEALS (AND SNACKS) PROVIDE STRUCTURE



AUTONOMY

The key to nutritional excellence is variety growing out of genuine food enjoyment.
—*Ellyn Satter*

Peggy Crum, MA, RD

Nutritionist

MSU Health4U Program

517.353.2596

peggy.crum@hc.msu.edu

