BEHAVIORAL NUTRITION & PHYSICAL ACTIVITY LABORATORY UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER



THE IMPACT OF HEALTHY FEEDING PRACTICE TRAINING ON PROVIDER FEEDING BEHAVIORS: THE FRESH STUDY

Childhood is a formative period when children learn weight related behaviors such as eating behaviors and food preferences.¹ Early childhood education providers can reduce lifetime disease burden by influencing these behaviors through their feeding practices, or behaviors used to influence children's consumption during meals.² However, most providers have not been trained on different feeding practices.³

A study involving nine early childhood education programs across four communities in Osage Nation was conducted to determine if there was a change in provider behaviors following a brief feeding behavior training. Providers in one classroom with children between the ages of 2-5 years were observed at each site during lunch before and after a brief feeding behavior training. The change in scores from the first to the second observations between two groups, one receiving provider feeding behavior training only (four sites) and one receiving provider feeding behavior training in addition to classroom curriculum (five sites), were compared.

Feeding Behaviors

- There are two major types of feeding behaviors which are healthy feeding practices and controlling feeding practices.
- Healthy feeding practices are behaviors that encourage children to develop healthy eating behaviors.⁴

Healthy
Feeding
Practices

Role Modeling
Self Regulation
Sensory Exploraton

Acceptance of new foods
Increased ability to self-regulate

Controlling Feeding Practices

Pressure Restriction Bribery Fussy or emotional eating Eating higher calorie foods

• Controlling feeding practices are behaviors that use pressure and coercion to control what a child eats.⁵



Provider Training on Healthy Feeding Practices

- The community identified provider behaviors to address and researchers created a 1.5-hour training covering topics such as role modeling, peer modeling, sensory exploration, supporting children's self-regulation, supporting children serving themselves, and rewards and praise.⁶
- Each topic was explained and provider behavior implementation strategies were given.
- Throughout the training reference handouts were given, example videos were shown, and group activities were used to practice implementation strategies and facilitate discussion.



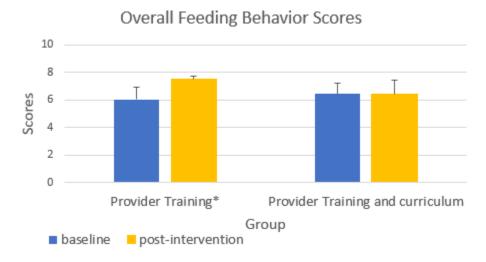
Measuring Providers Behaviors

- Mealtime observations were completed before and after a brief feeding behavior training and scores were compared between time points.
- The Mealtime Observation in Child Care tool was used to record observed behaviors, responses were converted to a numerical scaled score, and each section and total having a max possible score of 10.

Feeding Behavior Changes Between Groups

- The group that only received the feeding behavior training improved their feeding behaviors overall with greatest improvements including:
 - encouraging children to act as peer models for one another
 - o encouraging children to self-regulate their intake and decide when they were hungry and full
 - increasing their use of permissive feeding behaviors
- There were no major improvements in feeding behaviors for the group that received the feeding behavior training along with classroom curriculum.





Summary of Findings

The group that was trained only in the feeding practices improved their feeding behaviors while the group that received multiple trainings did not. This indicates that multiple trainings on different topics may reduce their application in a classroom. It may be more helpful for teachers, if training topics are spread out over time.

References

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