Healthy Children, Healthy Families: Parents making a difference!

and

Adopting Healthy Habits

A program integrating parenting and nutrition behavioral education improves food, active play, and parenting practices in low-income families

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HCHF & AHH goal

To prevent unhealthy weight gain and to promote healthy eating and activity habits among low-income children, through dialogue and collaboration with parents and influential other adults who shape the environments where children live, learn, and play.
Formative research in a program setting

**The context**
- Expanded Food and Nutrition Education Program (EFNEP)
- national infrastructure
- usual participants (no incentives)
- usual staff

**The research**
- feasibility
- acceptability
- effectiveness (behavior change of participants)
- identify “best practices” to improve intervention and guide scale-up
Healthy Children, Healthy Families: Parents making a difference!

- Small groups of parents
- 90 min/session x 8 weeks
- Dialogue-based, participatory

- Nutrition: food activities, recipes
- Active play: ideas to try at home
- Parenting and shaping home environments
- Goal-setting and support
PATHS TO SUCCESS
healthy children, healthy families

- Drinking Water or Milk Instead of Sweetened Drinks
- Eating More Vegetables and Fruits
- Playing Actively
- Eating Fewer High-Fat and High-Sugar Foods
- Limiting TV and Computer Time
- Having Sensible Servings

I used to give my kids servings that were way too big. Now I let them serve themselves... They are happier at the table and seem to know when they are full.

I turned off the TV and my children didn’t care. They went off and played. I didn’t think it would be that easy!

I just don’t bring soda into our home anymore.

I keep cut-up veggies and fruit in the fridge — easy to grab when the kids need a snack.

Instead of just going for a walk, we walk to the playground, to school, or to the store. Now my kids are asking me to walk places.

The kids have fun helping, so it doesn’t take that long to make healthy family meals that taste better than fast food!
Teach by Example
- show your children the behaviors you want
- eat smart and play actively with your children

Help Children Feel Good About Themselves
- encourage your children when they do something you like
- respect your children’s feelings

Offer Choices within Limits
- let children decide how much to eat and how active to be
- tell children what they can do, not what they can’t do
- involve children in making decisions

Make Healthy Choices Easier
- change the environments where children live, learn, and play
- find solutions with others in your family and your community
- create family routines that build healthy habits
Behavior change results  (N=210)

- Adult low-fat dairy intake
- Adult fruit intake
- Child low-fat dairy intake
- Child decides how much to eat
- Adult vegetable intake
- Energy-dense snacks
- Eating fast food
- Adult soda intake
- Child soda intake
- Child active play
- Child vegetable intake
- Fruit availability at home
- Child fruit intake
- Child TV watching
- Eating meals together
- Adult physical activity

- 15 of 16 behaviors improved significantly
- Overall mean score improved (p<0.001)
Follow-up interviews on outcomes

Just listening to the sugar content in the sodas – that changed my outlook on everything, and how I buy things. Even going out to a restaurant – we almost always order water with lemon because I just know what’s in it now. That was probably the biggest thing I got out of the whole program.

I used to be a food rewarader, you know, on report card day. “All right, you did a great job! Let’s eat out – you pick.” And he would go to McDonald’s and pick a big Mac. And of course we learned [in CHANCE] that you don’t do things like that, and I’m thinking “What an awful thing we did!”
Participant response to workshops

I wish I had taken a picture of my pantry before this class and then after this class. The difference is amazing. I thought I was eating healthy before, but I didn’t realize how much better I could be doing.

My children are reading all the labels now and are figuring out the amount of sugar in all the foods they eat. They are really having a good time with this.

I go for a walk almost every night of the week and we’re trying to eat more meals together as a family.
• Assess the effects of adoption and implementation of PSEs

• Assess the effects of providing direct education + PSE changes

• Compare the effect of PSE only to the effect of PSE + direct education
PSEs: Agency level policy ad

- Worksite Wellness comprehensive policy
- Healthy meeting guidelines
- Healthy fundraising guidelines
- Healthy hosting guidelines
- Healthy vending guidelines
- Water promotion guidelines
- Breastfeeding support
Data Collection

Participant level

• Seven-item scale on vegetable and fruit consumption (Murphy, Townsend)
• 7–10 items from the HCHF checklist for all participants
• Questions on physical activity
• Demographic questions
• BMI
• (PSE related) Questions re: awareness and acceptability of PSEs adopted and implemented at the agency
• (HCHF graduates only) Standard 25 item EFNEP/HCHF checklist for participants in direct education

PSE assessments and process data

• Environmental assessment in October 2015 and May 2016
• Number of meetings with agency leadership to adopt policy changes
• Wellness Committee existence, membership, activities
• Dates of adoption of policies
• Content of policies
• Activities supported/participants attending
• Promotional messages supporting PSEs
• Wellness policies adopted by the end of the first year (rather than mid-year as planned)
  • real interest and support for idea but resistance to restrictions,
  • Limited time for committees to meet,
  • at CAPC did not include all the admin,
  • DC1 strong admin support and willingness to contribute additional resources
  • CCE staff struggle with how to nudge agencies to embrace more change + add restrictions
  • Policy + activities + messaging

• Challenges with recruitment/enrollment in education (HCHF)
  • New approach:
    • staff time for all staff attending HCHF,
    • offer ESBA in addition to HCHF,
    • increase incentives for clients,
    • provide childcare
<table>
<thead>
<tr>
<th>Wellness Policies</th>
<th>CAPC</th>
<th>Daycare 2</th>
<th>Daycare 1</th>
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<tbody>
<tr>
<td>Healthy Meetings</td>
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<td>Yes, HS policy + role modeling</td>
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<td>Yes, no restrictions, examples include PA</td>
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<td>Healthy Celebrations</td>
<td>Specific guidance on foods to serve</td>
<td>Healthy options only + non-food rewards</td>
<td>Healthy options + non-food rewards</td>
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<td>Breastfeeding</td>
<td>In bylaws</td>
<td>Thru HS policy</td>
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<td>Water availability</td>
<td>Must be available</td>
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<td>1 x year (clients)</td>
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<td>- PA during breaks</td>
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<td>- offer classes onsite</td>
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<tr>
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<td>1 x year (clients)</td>
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<td>(children only)</td>
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<td>One time on PA</td>
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<td>1 x year</td>
<td>1 x year</td>
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Acknowledgements

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