



## Mentoring Programs Help Caregivers “Weigh” in on Children’s Eating Behaviors

Richard Fiene, “Using Child-care as a Portal for Changing the Eating Behaviors of Young Children,” published in *Eating Behaviors of the Young Child: Prenatal and Postnatal Influences on Healthy Eating*, Birch, L., and Dietz, W. (Eds.), American Academy of Pediatrics: Elk Grove Village, IL, 2008.

Richard Fiene is an associate professor of human development and family studies at Penn State Harrisburg. He also is the director of the Capital Area Health and Human Development Institute within the Penn State College of Health and Human Development.

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**The Issue.** With the majority of preschool-aged children enrolled in some form of child care, those programs are a natural portal for interventions targeting positive behavioral change in both children and families. Such interventions are best conducted through one-on-one mentoring sessions in which caregivers, supervisors and families voluntarily meet with experienced early childhood professionals. Mentoring programs focused specifically on children’s eating behaviors offer an opportunity to address the national epidemic of childhood overweight and obesity.

This study by Penn State researcher Richard Fiene demonstrates that new policy initiatives are needed to institutionalize mentoring as a tool for improving nutrition-related activities in childcare centers. While in-service training typically results in more developmentally appropriate interactions between caregivers and children, research has shown workshops and seminars to be ineffective in developing intervention strategies. Mentoring has been demonstrated to be the most effective training method for producing behavioral changes in childcare settings.

**The Research Study.** To determine the need for nutrition-related training and the efficacy of mentoring as an intervention to address that need, Fiene drew upon randomized clinical trials of 40 caregivers from 20 childcare sites in south central Pennsylvania licensed by the Pennsylvania Department of Public Welfare. Staff in 10 of the sites received intensive mentoring from a seasoned early childhood professional during a four-month period. The other 10 received routine in-service training but no mentoring initially. They subsequently also had the mentoring sessions that involved early care and nutrition-education practices.

In both childcare centers and also in in-home childcare, nutrition-related activities were found wanting: food served was of questionable or unacceptable nutritional value, and meal/snack schedules were irregular or inappropriate. In addition, the social atmosphere around eating was often negative in childcare centers while infants and toddlers were put to bed with bottles in in-home childcare.

**Key Findings.** Caregivers who volunteered to participate in mentoring programs were more likely to make changes suggested by mentors than when directors mandated staff to take part. Similarly, childcare centers which emphasized shared decision making amongst staff and directors had higher scores on program quality as measured by developmentally appropriate interactions. However, mentoring did not lessen turnover among caregivers. The only factor that correlated with staff retention was the salary of the caregiver. Higher salaries also were associated with higher ratings of overall program quality.

**Policy Recommendations.** Because mentoring has been shown to be the most effective means of producing behavioral change in childcare settings, the aim of public policy programming should be to take advantage of these possibilities. Policies are needed to address childhood overweight and obesity through targeting behavior changes. These would:

- Strengthen state licensing requirements to include nutrition education for caregivers that utilizes the latest empirical evidence on childhood obesity.
- Support 70 to 80 hours of one-on-one mentoring sessions of staff, directors and parents focused specifically on children's eating behaviors with the sessions lasting a minimum of four months.
- Provide nutrition education to parents and children, so they also will learn to make healthy choices, serve age-adjusted portions and set regular snack and meal times.
- Encourage childcare programs to incorporate measurable best practices such as:
  - Providing nutritious meals and snacks based on the Food Guide Pyramid;
  - Limiting consumption of sugar-sweetened beverages including soft drinks;
  - Providing daily time for outdoor physical activities.

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2217 Earth-Engineering Sciences Building  
University Park, PA 16802  
<http://www.ssri.psu.edu/policy/>

**For more information, contact:**  
Dr. Amy Glasmeier, [akg1@ems.psu.edu](mailto:akg1@ems.psu.edu)  
or (814) 865-7323