

### Nutrition Concerns in a Sample of Northern Ontario Toddlers





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- NutriSTEP<sup>®</sup> name and logo are owned by the Sudbury & District Health Unit.





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### **Presentation Outline**

- Background
- Study Objectives
- Methodology
- Key Results
- Conclusions
- Questions





- Physical growth
  - Weight and height; parent's comfort level
- Food and nutrient intake
  - Types and amounts of foods eaten and how often
- Developmental and physical capabilities
  - Food allergies; oral motor skills; emotional maturity
- Physical activity
  - Indoors and outdoors; screen time
- Factors affecting intake and eating behaviour
  - Feeding environment; food security



- Eating Behaviours (TBDHU, 2009)
  - No servings of fruit (11 %), vegetables
    (28%), milk (20%), meat (16 %)
  - 21% "fast food" ≥ once/week
  - 18% not hungry at meals due to drinking too much between meals
- Physical Growth
  - 21% of Canadian children aged 2-17 are overweight or obese (CCHS)
  - 21% preschoolers (3-5 yrs) (NutriSTEP, 2008)



- Feeding Environment
  - Eating in front of TV- almost 50% some/most of the time (TBDHU, 2009)
- Physical Activity
  - Screen time: 30% ≥ 3 hrs/day, 40% at least
    2 hours (TBDHU,2009)
  - Stroller use- ↓1 day/wk of unstructured PA (HSC, 2011)





- Food Security
  - 19-21% sometimes/always had difficulty feeding their child because food is expensive (4% reported most of the time/always) (NutriSTEP, 2003, 2005)
  - 7% had difficulty most of the time/alwaysthis increased to 35% if child was high nutrition risk (TBDHU, 2009)
  - Associated with depression in adults and children
  - Associated with behaviour problems in children



# **NutriSTEP®**

- Parent-focused nutrition education and skill building program
- Nutrition risk screening index for preschoolers (3-5 years)
  - Multi-ethnic
  - 8 languages
  - Parent-administered (5 minutes)



- On-going collaborative practice-based research with University of Guelph and others
- Identified need for a toddler version (18-35 mo)

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# **Study Objectives**

- 1. To describe the potential nutrition concerns in a Northern Ontario sample of toddlers.
- 2. To inform screening tool refinement and local public health nutrition programs.





# **Study Phases**

- Content Validity (May-October 2010)
  - Parent focus groups; expert consultations
- Refinement (Nov 2010-Feb 2011)
  - Key informant interviews with parents
  - Understanding of questions; clarity of language; accuracy of answers
- Criterion Validity and Retest Reliability (May-Nov 2011)
  - 350 parents of toddlers across Ontario
- Valid and reliable questionnaire in English and French late 2011



# Methodology

- Secondary data analysis from Provincial Tool Refinement Phase (n=107)
- Sample: 70 toddlers (18-35 months) from Northern Ontario communities:
  - Greater Sudbury
  - Thunder Bay
- Child nutrition concerns: parent responses to the 19 item draft questionnaire
- Demographic characteristics: an 8-item standardized questionnaire from Stats CAN
- Descriptive statistics (SPSS Version 18)



## **Question Stems**

- 1. My child usually eats grain products:
- 2. My child usually has milk products:
- 3. My child usually eats vegetables and / or fruit:
- 4. My child usually eats meat, fish, poultry, or alternatives:
- 5. My child usually eats restaurant or take-out "fast food":
- 6. My child usually drinks juice or flavoured beverages:
- 7. I have difficulty buying food to feed my child because food is expensive:
- 8. My child has problems chewing, swallowing, gagging, or choking when eating:
- 9. My child feeds his/her self:
- 10. My child drinks from a baby bottle:
- 11. My child eats pureed foods:
- 12. My child is not hungry at mealtimes:
- 13. My child usually eats: (number of times per day)
- 14: I let my child decide how much to eat:
- 15. My child eats meals while watching TV, or being read to, or playing with toys:
- 16. My child usually takes supplements:
- 17. My child usually watches TV, or uses the computer, or plays video games:
- 18. I am comfortable with how my child is growing:
- 19. I think my child: (weighs too little / too much)



### **Results-Demographics**

Child's Age		Household Income	
18-24 mo	43%	Over \$90,000	36%
25-36 mo	57%	\$60,000-\$89,999	16%
Mother's Age		\$30,000-\$59,999	13%
20-29 yrs	34%	Less than \$30,000	23%
30-39 yrs	60%	No response	13%
40-49 yrs	6%	Maternal Education	
Maternal language		Graduated college / university	64%
French	24%	Some college / university	11%
English	64%	Graduated high school	25%



### **Results- Food Intake**

- Foods of concern:
  - Vegetables and fruit  $27\% \leq 2$  times/day
  - Meat  $31\% \le a$  few times/week
  - Juice/beverages 37% ≥ 2 times/day; 30% none
  - Fast food-19% ≥ once/week; 33% ≤ once/month
- Other intake issues:

Question Stem	Sometimes/ Most of the time	Never
Supplement Use	27%	43%
Baby Bottles	19%	77%
Pureed Baby Food	11%	69%



### **Results-Other Factors**

- Child decides amount of food eaten
  - 23% sometimes/rarely/never
- Distractions used
  - 36% sometimes/most of the time
- Food insecurity
  - 14% sometimes/most of the time
- Daily screen time
  - 33% ≥ 2 hours
- Growth and weight concerns
  - 10% feel child should weigh more



### Conclusions

- Some positive findings:
  - No supplements
  - No juice/sweetened beverages
  - No baby bottles
  - Limited fast food consumption
  - Increased child self-feeding
  - Low parental growth and weight concerns
- Limitations: small sample size; higher parent education and income - limits generalizablility
- Further research warranted



### Conclusions

- Sufficient concerns to support nutrition risk screening with toddlers
  - Targeted approach
  - Universal screening
- Increase parent knowledge
- Change parent and child behaviours
- Support optimal growth & development
- Reduce/prevent nutrition related chronic diseases



### Conclusions

- Promote inter-professional collaboration
- Integrate with:
  - Existing provincial programs e.g. HBHC
  - The Enhanced 18 Month Screening Program and Rourke Baby Record
  - The Early Child Development and Parenting Resource System in Ontario
  - The nutrition priorities in the emerging Governance Model for a Child and Family Service System in Ontario



### **Questions?**

