Studies have shown that parental feeding practice has an impact on the child’s dietary intake, food preference and weight status. Our study focused on teaching parents the division of responsibility in parent-child feeding relationship as well as benefits of eating meals together, since feeding practice takes place during the mealtime.

This study was conducted with Head Start parents at Oregon State University’s Child Development Center (Garfield School). Fifteen families participated in the nutrition education through home visits. Twelve home visits were conducted in English and three were conducted in Spanish. Parents were asked to answer a pre-survey at the beginning of in-home education conducted by the researcher and home visitors. Participants received a Happy Home Meal Kit which included a letter to the parent, a parent-child feeding handout, refrigerator chart, buttermilk biscuit mix and directions, a cookie cutter, two activities and two recipes. Two weeks after the home visit, a post-
survey was conducted by phone. In addition, the child’s 24-hour food intake record completed by parents, for Head Start, was analyzed.

Twelve mothers and three fathers representing fifteen households participated in the study. Their ages ranged from 23-43, with a mean age of 30.7± 4.0 years. Half of parents have some college education or a college degree while the other half only had high school or less education. Seventy-three percent of participants reported that the mother had the major responsibility for the feeding of Head Start child.

Parent-child feeding knowledge test scores in pre-test (mean = 2.3± 0.8 points out of 5 points) showed that parents were not aware of the role children play in the feeding relationship. The role of a child in the feeding relationship includes deciding how much a child should eat and whether or not a child should eat food that is served. This lack of awareness was confirmed in the results of the parental dietary feeding practice in pre-survey. Parents reported that they never let their children decide how much or how little to eat. Even though the children were not hungry, two thirds of parents tried to get them to eat.

After the nutrition education session, the results from the post-test showed that parents increased their scores on the parent-child feeding knowledge test (mean = 2.9 ± 0.9 points.) A majority of parents were aware of the parent’s role in the feeding relationship including deciding what, when, and where. In the post-test more parents reported that it was a child’s role to decide how much to eat and whether or not to eat than in the pre-test. However, the results were not statistically significant. Therefore, we cannot conclude that parents increased the awareness of the parent-child feeding relationship after the nutrition intervention.
Data from children's 24-hour food intake records showed that only one child consumed adequate servings for all five different food groups in the Food Guide Pyramid. The mean intake for each food group shows that the grain and vegetable groups are the two food groups that children tend to consume less than the required serving.

One third of parents (33.3%) reported that they prepared the recipes in the kit. Almost half of participants (46.7%) made the biscuits with their children. Many (86.7%) parents reported that their Head Start children colored the flash cards, and 53.3% of them said that they used the flash cards to teach the children about the names of fruits and vegetables. Sixty-six percent of families reported playing the conversational activity with their children.

Less than half of families (40.0%) reported their families always eat meals together at home; however, after our home education, more than half of the participants (53.3%) thought that the kit motivated their families to have a meal together.

Overall, two thirds of the parents responded positively to our parental education program. Seven of them said the program helped parents, and three parents liked the topic of the parent-child feeding relationship. One family liked the idea of parent-child cooking together through making biscuits.
Head Start Parent Education to Promote Positive Parent-child Feeding Relationships

by

Yu-Chi Huang

A THESIS

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Major Professor, representing Nutrition and Food Management

Head of Department of Nutrition and Food Management

Dean of Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Yu-Chi Huang, Author
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Head Start Parent Education to Promote Positive Parent-child Feeding Relationships

INTRODUCTION

Overweight has become a major public health problem among preschool children in the US low-income population (1). Research is needed to investigate the cause of the increasing overweight and to find effective strategies for overweight prevention beginning in the preschool years (1).

A few studies have examined the importance of positive parent child-feeding relationship including influence on preschoolers’ weight (2, 3) and grade school children’s health eating behaviors (4). Preschoolers’ total fat mass was influenced by mother’s concern about child’s weight and pressure in child feeding (2). Another study reported that maternal child-feeding practice was predicated by mothers’ dietary restraint and perceptions of their preschool aged daughters’ risk of overweight, which in turn predicted daughters’ eating and relative weight (3).

Researchers reported a successful intervention in a 10-week nutrition education program to enhance children’s knowledge, preference, and intake of whole fruit and to decrease parents’ use of controlling child-feeding behaviors (4). It found that parents of grade school children who participated in the program had reported using less control over child feeding and had promoted change in dietary behavior mainly fruit intake in children (4). Whether or not nutrition education on parent child-feeding relationship has potential for changing intake of other food groups shown to be inadequate in the American diet is unknown. It will be benefited if parent child-feeding relationship can
promote positive dietary behavior and use as a strategy on future prevention of overweight among preschoolers.

There is no study regarding the effect of parental awareness about division of responsibility on child-feeding practices. However, one study has discovered that feeding styles and practice are transmitted from one generation to the next generation (5). This study suggested that late adolescents' beliefs about control in their childhood feeding styles are similar to those beliefs about styles they anticipate using when they feed their children. How feeding practices are transmitted is unknown. It may be part of family beliefs about parent child control or may be family habits (5). However, it raised the importance for nutrition educators to share information about feeding relationship and to pay attention to beliefs about control in feeding, as well as feeding routines and practices.

Recruitment has become a major problem for educators while conducting nutrition education (6). Home based education may be an effective approach since it is the most convenient way for families to receive information, especially when parents do not have time to attend class because they are employed and also taking care of young children themselves (7, 8).

This study focused on effects of home-based parent education on parent child-feeding relationship as well as teaching parents the benefits of family meals since the feeding relationship takes place during the mealtime. Studies have shown that children tend to eat better when they eat meals with their family at home (9, 10).
Purpose

The purpose of this research was to develop and evaluate a parent education program to promote positive parent child feeding relationships and establish a happy home meal.

Research Question

The research questions were:

1. Can parent education promote parental awareness about division of responsibility in child feeding?
   - Children decide whether or not they want to eat and how much.
   - Parents decide what, when, and where children will eat.

2. Can a home study kit encourage families to eat one meal together at home?
LITERATURE REVIEW

Preschooler’s Nutrition Needs

Early childhood is an important period for developing children’s eating behavior. Preschooler’s dietary practices are influenced by their developmental stage. Children’s social, intellectual, and emotional aspects grow rapidly from age two to six (11). However, children’s physical growth slows down compared to that of their infancy. Height and weight are not increasing as rapidly as preschoolers did during the first year of life when a weight gain of 12-15 pounds or more is common (12). After reaching age 3 the children probably will not gain more than four pounds per year, and this will continue until they reach age five. Generally one third of a pound weight gain per month is seen during this period (12).

Children start to show a decrease in appetite and less interest in food as a result of slower physical growth rate. Parents begin to be concerned that their preschoolers are poor eaters due to lack of the knowledge on children’s development stage (12). Many parents worry that their preschoolers may not be eating enough.

Nutritional requirements for 3 to 5-year-old children based on Food Guide Pyramid are (13):

- Bread, cereal, rice and pasta group: 6 servings
- Fruit group: 2 servings
Vegetable group: 3 servings

Meat, poultry, fish, dry beans, eggs and nuts group: 2-3 servings or 5-7 ounces

Milk, yogurt, and cheese group: 2 to 3 servings

Preschool Children’s Nutritional Status

In the last three decades, the nutritional status of children from low-income families has been characterized as being less than satisfactory. Low-income black and Hispanic children tend to consume inadequate amounts of calcium, iron, vitamins A and C and over consume calories (14). The over consumption of calories has created a major concern in childhood obesity. The prevalence of overweight has increased among 4- and 5-year-old children in the last two decades (15), especially among low-income children. The prevalence of overweight among low-income preschool children increased from 18.6% in 1983 to 21.6% in 1995 (1). Studies have shown that the prevalence of overweight is higher for girls compared with boys and Hispanic children have a higher prevalence than other race or ethnic groups (1, 15).

Due to the increasing rate of obesity among preschoolers in the low-income families (1), some studies have been looking at the factors that may influence children’s weight. Children’s weight is influenced not only by parents’ weight, but also by parental feeding skills (16, 17).
adiposity and fat preferences, and fat consumption of 3- to 5-year-old children also confirmed that parental adiposity is associated with children’s weight (17). This study also found an association between parents’ and children’s weight, and fat preference and consumption (17). The result suggested that parents’ role as a model promotes their children’s fat consumption by their own fat intake, and this further influenced their children’s weight.

Some parents tend to use feeding as a way of controlling their children’s weight. (3, 16, 18). However, recent studies discovered that parents’ feeding skills had influenced their children’s weight (2, 3, 16). Mother’s concern about her child’s weight and her pressure in child feeding are directly related to the child’s total fat mass (2). Effects of feeding on body mass index have been confirmed in this study. Another study found that mothers’ dietary disinhibition significantly predicated mothers’ and daughters’ overweight (16). This study suggested that it is possible that daughters adopt similar eating behavior while observing their mothers’ disinhibited eating, which could strengthen the similarities in overweight between mothers and daughters (16).

Birch and Fisher reported that mothers’ child-feeding practices influence their 5-year-old daughters’ risk of becoming overweight (3). Their study shows the bidirectionality of influence between parents and children within families and suggested daughters’ weight status influenced mothers’ perceptions of daughters’ risk of overweight, which in turn influenced mothers’ child-feeding practices.
Parent Child-feeding Relationship: Division of Responsibility

Feeding relationship is an interaction that takes place between caregivers and children at meal and snacks. According to Ellyn Satter, a Registered Dietitian and family psychotherapist, “Successful feeding demands a caretaker who assesses, trusts, and responds to information coming from the child about timing, amount, preference, pacing, and eating capability”(19).

The goals regarding eating habits for preschoolers are to help children increase food acceptance and to learn appropriately behavior themselves, while eating in a variety of social situations. Preschoolers need to learn to sit at the table with the rest of the family, to be pleasant, and to be able to handle utensils and a cup reasonably well. Slowly, children’s experiences allow them to accept most foods, try others, and politely refuse still others with the assumption that at some time they will want to eat what ever it is they have refused. Parents’ job is to help their children eat in a way that allows them to grow up with the body needs and feel good about it (20).

How much children will eat is unpredictable. Children know better than their parents how much they need to eat (20). A parents’ job is to provide a variety of foods to their children and then learns to trust their children’s ability to judge how much to eat (20). Also parents need to be aware of child-size portions. Too often parents judge what children should be eating by the quantities they themselves eat. Parents may put too much food on the plate and make the children feel overwhelmed by the amounts. This may cause the negative effect that sometimes children will not even try to eat (21).
Many parents think that they play the major role in the feeding relationship. However, both parents and children play an important role in the feeding relationship. Feeding requires a division of responsibility between parents and their children. Parents are responsible for what, when, and where, and children are responsible for whether or not to eat and how much to eat (22).

The Role of Parents

What food is offered to children

A parents’ job is to provide a variety of healthy food for their children’s meals and snacks. Parents need to know children’s ability to eat and their nutrition requirement and to offer children food that is both developmentally and nutritionally appropriate. For example, food has to be the right texture and consistency to match the child’s mouth and hand skills, also a variety of foods that combine to give a well-balanced diet (22).

Parents need to encourage children to try the new foods; however, it is too challenging to have all the new foods together in a meal. At least one food your child like in the meals should be offered. Naturally children will not like a new food. When children see a new food, they may not even allow it on their plate. They will learn to like it when they become more familiar with a food by seeing it on the table and seeing parents eat it (22). Repeated exposure and introduction to the new food will increase child’s acceptability.
When food is offered to children

It is important to schedule meals and snacks at a regular time every day. It helps your child decide how much to eat. Structure lets your children trust that somebody will take care of feeding them, and they do not have to worry about acquisition of food themselves. Three meals and enough snacks should be offered at a scheduled time. This gives children the opportunity to eat every two and half or three hours and prevent onset of hungry (22).

Where food is offered to the child

Children need a positive emotional climate and environment to do the best job with eating (22). A place where all the family members can sit together for a meal is essential. It is necessary to turn off the television so family members can talk to each other. Parents’ job is to provide a comfortable environment and avoid disruptions so family can enjoy the meals together.

The Role of Children

Whether or not to eat, and how much to eat

Children have an internal metabolic regulator adapted to their own physical requirements after birth (22). Sometime during the day they will be hungry, eat, get filled up, and stop eating. It is assumed that children will automatically eat the right amount of the food to grow and maintain their activity level. Parents need to learn to trust their children’s judgment and should not try to control their children’s eating, especially
quantity. Children can make mistakes in eating and then make it up themselves. For example, they can eat a lot one day and make up for it by eating less the next day.

**Parental Influences**

In early childhood, children are learning to accept new things, including foods (23). The family has been identified as having an important influence on dietary behavior (24) since most of the 3- to 5-year-old children spend two thirds of their time with their parents. Children are observing their parents’ behavior especially in regards to food from day-to-day.

Studies have confirmed that parents’ eating habits have an impact on the nutrient intake of their preschool children (24). The role of parents includes helping children develop healthful food-related behaviors (11). Many parents do not recognize how they can influence their children. Specific parent influences on feeding relationships that have been identified include adult role modeling, monitoring, self-regulation, food preference and restriction.

**Modeling**

The role of parents includes modeling for their children’s eating habits (24). Studies have shown a significant correlation between parents’ intakes and children’s intakes (24). A Framingham study on the parent-child relationship and nutrient intake found a statistically significant positive correlation between parents’ and preschool
children’s intakes for most nutrients (24). The same study reported that all nutrient intakes were moderately correlated between mothers and fathers (except sodium and potassium), after adjustment for total energy intake and age. One study, on factors affecting consumption of fruits and vegetables by low-income families, found that modeling of behavior by the adult male presence in the home is an important factor in encouraging vegetable consumption in children (25).

Another study found that parents who consumed fewer fruits and vegetables tended to report having 5-year-old daughters who consumed fewer fruits and vegetables (26). The same parents also reported greater pressure in child feeding regarding children’s fruit and vegetable consumption. Parents did not recognize their own fruit and vegetable intake encouraging the similar intakes of these two food groups in their daughters, leading to higher micronutrient intakes and lower dietary fat intakes.

**Monitoring**

Few studies indicate that young children tend to choose foods that are high in fat sodium, and sugar content (27). One study looked at the impact of parental influences on children’s food selections and the impact of childhood obesity on these food choices (28). Researchers found that when children were informed that parents would be monitoring their meal, the preschoolers modified their intake by decreasing their food selections or by choosing fewer foods high in sugar. Children lowered the number of nonnutritious foods chosen and total caloric content of the meals with the threat of parental monitoring and actual parental monitoring (28).
Self-regulation

Children’s ability to self-regulate their energy intake enhances with an appropriate feeding relationship (29). Improper feeding skills interfere with children’s ability to self-regulate (22). One study found that mothers who were more controlling of their 3 to 5-year-old children’s food intake had children showed less ability to self-regulate energy intake (29). The result of this study suggested that parents need to provide healthy food choices as the optimal environment for children’s development of self-control on energy intake but allow children to decide how much they consume.

Another recent study also reported that greater maternal restriction predicted less adequate short-term regulation of energy intake by their 5-year-old daughters (3). This study suggested that greater maternal restriction reflected a combination of less evidence of adjustments in food intake in response to change in the energy density of foods and greater intakes of palatable snack foods in the absence of hunger (3).

A stable body weight throughout life is maintained by appropriate regulation of food intake formed in early childhood. Children need to be allowed to preserve their sensitivity to internal sensations of hunger, appetite, and satiety in order to do well with food regulation (22).

Food Preference

Parental influence guides and directs children’s food selection (30), and becomes an important determinant of children’s food intake (28). Familiarity has been noted as an important dimension of preference for preschoolers, and children tend to consume in larger amounts when the foods are familiar (31). Children eat the food simply because it
tastes good, not because they feel they should or because it is good for them. If parents provide their children with a variety of nutritious foods, children will learn to like and their choices typically add up to a nutritionally adequate diet (22). Parents can influence the variety, frequency, and macronutrient composition of foods that are served to children by their food purchasing decisions, food preparation, and food accessibility at home (17).

Recent longitudinal analysis on children’s food preferences found that children and mothers’ food preferences were significantly correlated for liked, disliked, and never tasted foods (32). The same study reported that the foods most children liked were liked by their mothers. In addition, mothers did not introduce their children to foods that they themselves disliked.

Restriction

Restriction is another way that parents can influence children’s food preference (18, 33). Some parents tend to use restriction as a way to limit children’s intake of foods high in sugar and fat (33). However, studies had shown that restricting children’s access to palatable foods is not an effective means of promoting moderated intake of palatable foods and may encourage the intake of foods that should be limited in the diet (18, 33). Another study on children’s diet quality and feeding environments found that maternal restriction and pressure to eat were positively related to girls’ percentage of total energy from fat (34).
Challenge for Family Meals

Food Environment

Food environment has an impact on children’s eating behavior. Children’s food behaviors are shaped by the environment (23). Altering the environments where children spend their time can impact their food choices and intake (35).

The community environments have created numerous chances for Americans’ exposure to nutritionally poor foods that are relatively inexpensive and high in fat and sugar. For example, fast-food franchises, vending machines, and 24-hour markets concentrate on the sale of these low-cost, high-fat foods (35).

A study suggested that both parents and 3 to 5-year-old children’s food preference for fat may be influenced by familial factors such as the availability and exposure to high-fat foods in the same home environment (17). Since preschooler children spend a lot of time at home, parents need to be aware of the food environment they provided at home.

Eating Away from Home

In the last two decades the frequency of dining out increased by more than two-thirds, from 16% of all meals and snacks in 1977-78 to 27% in 1995 (36). A study has shown the possible reasons that cause the trend of increased dining out including: a growing number of women employed outside the home, more two-earner households, higher incomes, more affordable and convenient fast-food outlets, increased advertising
and promotion by large foodservice chains, and the smaller size of American households (37).

At the same time studies suggested that away-from-home foods have lower nutritional quality than home foods (36). Investigators showed that away-from-home foods were higher in fat and saturated fat and lower in fiber and calcium than home foods (36). Similarly, one study on comparison of foods at restaurant and home also supported the finding of previous study and reported that children consume more energy from fat and saturated fat when eating at restaurant and fast-food establishments than at home (38).

Benefits of Family Meals

Thirty two percent of adolescents reported eating less than two meals with their family in a week (10). Information on the frequency of eating family meals together among preschooler is not available. Despite the benefits of eating family meals together, recent data has shown a decrease in family meals among adolescents (10). Eating family meals together has many benefits.

Better Diet

Children tend to eat better when they eat with their families. A study of family dinner and diet quality among children aged 9 to 14 found that participants who ate dinners with their families had more healthful dietary intake patterns, including more
fruits and vegetables, less fried food and soda, less saturated and trans fat, more fiber and micronutrients (9). However, the finding of this study cannot be generalized since the participants were sons and daughters of registered nurses.

One recent study looked at family meal patterns and associations with sociodemographic characteristics, and dietary intake in adolescents. It found that frequency of family meals was positively associated with social economic status (10). Researchers reported that increasing family meals promoted intakes of fruits, vegetables, grains, and calcium-rich foods, and decreased soft drink intake.

The findings from these two recent studies suggested that family meals play an essential role in promoting positive dietary intake among adolescents. In a pilot test, adolescents reported that they were very sure that they could eat healthful foods when eating dinner with their families (10). There is not much study on how family meals associated with preschooler’s diet quality. Only one study in the early 1990’s found that preschool children who have companionship at mealtimes, whether or not it was parents or siblings or all the family members, ate more servings of basic food groups (39).

Better Performance

Grade school age children who eat dinner together with their family reported better reading proficiency at school and improvement in reading proficiency from the second to the fifth grade (40). Similar finding was discovered in another study of low-income families’ mealtime conversation. It was found that more explanatory talk at mealtimes in low-income families with their 3 to 5-year-old children is associated with
stronger literacy growth (41). Types of explanatory talk included intentional action, intentional command, causal, and internal state (41).

It could be interpreted that family meals provide an opportunity for discussion between parents and children and listening to parents’ conversation help children to think and thereby give language development.

**Family Interaction**

Busy schedules have made it difficult for family members to spend time together. However, mealtimes can provide a chance for parents and children to interact with each other. Seventy percent of adolescents agreed that mealtime is a time for talking with other family members and they enjoy eating meals with their family (10). It is not clear on the time people spent for their meals. However information is available on the length of mealtime conversation. One study in the low-income families with their preschooler-aged children reported families have an average of 20 minutes mealtime conversation at home (41). Their conversation helped family members to know others’ experiences and emotion.

Mealtime conversation further helped family members to learn more about nutrition and food. One study reported that many parents discuss topics related to food and nutrition with their families at mealtime. Parents might say: “What foods are good for us?” or discuss the foods to prepare for meals (42).

Positive mealtime environment is essential for family to enjoy meals together. Parents need to provide a comfortable eating environment for family to relax and share the conversation during the mealtime. However, watching television while eating dinner
was mentioned by more than 50% of the adolescents (10). Television viewing is replacing conversations between family members. It also decreases family interactions and is associated with poorer eating choices (10, 43).

Overall, the benefits of eating together at home include increased quality of diet, improved child’s performance at school, increased family interaction, and increased discussion on topics related to healthy eating habits. Future nutrition education may focus on teaching parents those benefits. While the benefits of eating together are clear, there are many obstacles to achieving a successful feeding environment such as creating a pleasant mealtime conversation.

Despite the benefits of eating family meals together, recent data has shown a decrease in family meals among adolescents (10). Even though more studies provided positive evidences on how family meals related to adolescent’s diet quality, nutrition education in the future needs to focus on the strategy of increasing the frequency of family meals from early childhood. If people could value family meals as part of family habits, it may be easier for family members to continue having meals together throughout their lives.

**Nutrition Education**

**Needs**

Nutrition education needs were mentioned in many studies, especially with low-income families. A study of nutrition knowledge among low-income Latino parents had
reported a lower nutrition knowledge among this population, and their nutrition knowledge was associated with respondents' age, number of children under age 5 years living in the household, level of education, current employment status (44). The result of the study suggested the importance of increasing the amount of nutrition education provided in schools at earlier grade levels as well as that offered through maternal and child public health programs (44).

A study on nutrition education needs of low-income Hispanic reported that they are more concerned about the needs of children and emphasize their desire for their families, particularly the children, to have healthy eating habits (7).

A focus group conducted with rural, low-income caregivers of preschoolers found that participants lacked knowledge about easy meal planning, nutritious meals and snacks for toddlers, child-appropriate food portions and servings, and division of feeding responsibility with toddlers (45). Another focus group conducted with Head Start parents also confirmed the results of the previous study on basic nutrition knowledge needs for participants including information on topics such as serving sizes and knowledge regarding child developmental level (46).

It is not surprising that parents are concerned with their children's healthy eating habits. Early childhood is an important period for children to establish their eating habits, and their eating habits are associated with their health status later in the life. Preventing development of negative eating habits could possibly reduce the risk of being overweight and decrease the risks of heart disease, diabetes and hypertension.

Parental nutrition education is essential to help parents overcome children's feeding problems, to improve their children's eating habits (47), and to establish a
wholesome successful feeding environment (45). Mothers enrolled in the WIC program reported that they want to receive recipes and information on food preparation techniques that are quick, easy, and nutritious, particularly those that use commodity foods or commonly available resources (7). Child-appropriate food portions and servings and division of feeding responsibility with toddlers were also mentioned as topics that caregivers were interested in (45).

**Barriers**

There are many barriers when implementing a nutrition education program for parents. Peer educators reported recruiting participants, mainly low-income Hispanic mothers of preschool children, and coordinating and arranging of classes appeared to be major challenges for them working with community about nutrition (6).

Major barriers for changing their dietary behavior reported by low-income families included lack of resources (time and money), energy, family customs, limited education or cooking skills, preferences, and confusion over conflicting nutrition message (7, 48, 49).

One study of low- and moderate-income urban households concluded that work outside the home is perceived as a barrier to meeting food choice ideals. Multiple jobs, inflexible hours, night work, and family demands were associated with limited food choices, a lack of energy and time to prepare family meals, interference in family meals, and guilt about failure to eat according to personal and health ideals (49).

Low-income Hispanic parents reported that high cost of some food, especially fruits, fresh vegetables, and salads and lack of time required to prepare some foods
limited their family’s food choices (7). They also reported lacking basic cooking skills. This results in increased purchasing of more costly convenient, prepackaged or fast food.

**Approach**

Nutrition education has been part of government-funded programs including Head Start, Food Stamp and Special Supplemental Nutrition Program for Women, Infants and Children (WIC). It plays an essential role for the low-income community. One major job for nutrition professionals working with low-income families is to communicate educational information about health promotion and disease prevention.

Nutrition educators have been using several channels to deliver nutrition-related information including printed educational materials, nutrition class, workshop and media. Those approaches can target a larger population in a short period. However, recruitment has become a major problem mentioned by educators (6).

Home visits were one of the two best formats for receiving nutrition information reported by low-income Hispanic families (7). Cognitive interview techniques have been shown to be useful in improving the validity, reliability, and accuracy of survey data and increasing the effectiveness of tailored messages (50).

A study reported that communications are more effective if they are personally relevant, fit into an audiences’ understanding and view of the world, and are tailored to the specific needs and interests of the subjects (50). Person-to-person education gives individuals an opportunity to have a private time to learn from educator and more attention is paid to the participant. During the lesson, a participant is able to describe all
the thoughts and feelings, ask questions that come to mind, and to provide suggestions to clarify his/her need.

Home visits are mentioned as an approach for nutrition education in an era of welfare reform (51). Home visits have been a part of the social service in Head Start program. Recently person-to-person in-home nutrition education has been conducted with different age population in public nutrition program and has successfully improved participants’ dietary intake and their behavioral changes. Low-income African-American women aged 21 year or younger had increased their dietary iron, vitamin B-6, and folate intakes and reduced low birthweight after receiving a minimum of six individualized in-home nutrition assessment and counseling visits (52).

Client of the California Special Supplemental Nutrition Program for Women, Infants and Children (WIC) had reported the preference of individual sessions since they are more on a personal level and participants can keep up with their kids when they are with them (8). The same participants also reported a high satisfaction with WIC nutrition education and suggested that the best way for them to get nutrition information was a combination of printed material with some verbal explanation. They indicated that talking to educators directly gives participants the opportunity to ask questions and helps them clarify the written information. A verbal face-to-face conversation also helps pique the interest of the participants and encourages them to read the printed information they are given. Receiving the printed materials gives them the opportunity to review the information later, if needed (8).

Packaging all the nutrition information into an educational kit and delivering it to low-income families through home visits could be a new nutrition approach for
community educators. Even though one recent study had successfully tested the effects of educational kits, it was not through the home visits, but the kits were presented to consumer groups (53). Future research may focus on studying the effects of educational kit and home education to test the improvement of nutrition knowledge.

Social Learning Theory

Theoretical base for this study was Social Learning Theory (SLT). SLT has been successfully used in several studies for nutrition intervention, including a health behavior change program for Mexican American families (54) and family-based interventions for the treatment of childhood obesity (55).

As one of the most extensively used theoretical models, SLT explains human behavior in three ways: dynamic, reciprocal theory in which personal factors, environmental influences, and behavior continually interact (56). SLT indicates people learn not only through their own experiences, but also by observing the actions of others and the results of those actions (57).

SLT emphasizes the importance of environments and behavioral capability. “Environment” refers as factors physically external to the person which provides opportunities and social support for people and “behavioral capability” refers to the knowledge and skill to perform a given behavior which can promote mastery learning through skilled training (57).

Many parents do not recognize how they influence their children by their own behavior and the environment that they create at home. SLT emphasizes on promoting parental knowledge (behavioral capability), including teaching parents about feeding
relationship and how they can influence their children through their own behavior (observational learning). The importance of making pleasant home environment was also mentioned. For example, the preschool child sees his mother eating vegetables. The child put vegetables on to his plate, too. The mother says, "Try it! It tastes good!" (positive reinforcement). The child then eats the vegetables (55).
METHOD

Sample

Subjects were Head Start children and their parents. The OSU Child Development Center’s Head Start program is conducted at two sites—Garfield School and Bates Hall on campus. All parents of children enrolled in the Head Start program at Garfield School were eligible to participate. This included a total of 40 children, 37% of whom are from Spanish speaking families. Parents of Head Start children at Bates Hall were invited to participate in the pilot test.

The Head Start program is a comprehensive child development program serving children from age 3 to 5, and their families. It is a child-focused program with the overall goal of increasing school readiness of 3 to 5-year-old young children in low-income families. Head Start grantee and delegate agencies provide a range of individualized services in the areas of: education and early childhood development, medical, dental, and mental health; nutrition; and parent involvement (58). In addition, the entire range of Head Start services are responsive and appropriate to each child and family’s developmental, ethnic, cultural, and linguistic heritage, plus experience.
Study Design

This cross-sectional study of Head Start parents consisted of four phases. Phase I was a pilot test conducted with OSU Child Development Center, Bates Hall, to test the family event educational class presentation, portion size activities and scenario. Phase II involved the major parent in-class education planned as a Saturday family event.

Phase III involved accompanying two Head Start home visitors to administer the pre-test and conduct the home education. Phase IV consisted of a phone survey conducted with parents after receiving in-home education to investigate changes in parent feeding practices and the effects of in-home education and the Happy Home Meal Kit.

The study was approved by the Oregon State University Institutional Review Board for the Protection of Human Subjects (Appendix A). The director of the OSU Child Development Center co-signed the recruitment letter to Head Start Parents (Appendix A).

Study Procedures

Phase I: Bates Pilot Test

The in-class parent education program was pilot tested at OSU Child Development Center-Bates Hall the evening of February 6th, 2003.
All families at Bates Hall were invited to participate in the program through the flier. Three parents (a mother/ father and a mother) attended. They took part in the portion size activity upon their arrival. Parents were recruited to participate on the pilot test in the beginning of the class. Parents signed the informed consent and completed the pre-test.

Parents were asked to watch the video, Parents and Children Sharing Food Tasks, together. This was followed by a discussion. Researcher then taught parents about the division of responsibility and the benefits of eating meals together. Due to the time limit participants were not able to interact with each other through two scenarios that were planned.

During the pilot test it was found that the video and discussion were appropriate in length and the transparency presentation appropriately emphasized the nutrition information regarding parent child-feeding relationships that were seen in the video. Participants reported positive comments about the portion size activities as an opportunity for them to learn the proper serving size for their children.

Phase II: Family Event: In-class Education

As part of the study design, a Saturday family event was planned for Garfield Head Start families in both English and Spanish on February 22nd, 2003. Participants were recruited through the flier and the class announcement. Families were asked to arrive at 9:30AM, and activities about portion sizes were planned in the refreshment area for all participants to interact with each other. Parents were to be asked to participate in the portion size activity. Food and drinks were also to be available in the refreshment area.
with educational material regarding nutrition information on serving sizes. The class was scheduled to begin at 10:00AM. The Spanish class was to be conducted concurrently entirely in Spanish with assistance from a trained graduate student.

**Phase III: In-home Education**

The original purpose of in-home education was to reinforce the parent-child feeding relationship taught in the family event through the educational, Happy Home Meal Kit distributed two weeks after the family event by home visitors. We planned to randomly divide the participants at family event into the control group and the study group. The study group would receive the in-home education through the Happy Home Meal Kit whereas the control group would not receive the kit until after the follow-up survey.

However, since no families attended the Saturday family event, the study design was changed and the Happy Home Meal Kit distribution became the major phase to conduct parent education. Parents were randomly chosen by Head Start home visitors from all Head Start families at Garfield school. Prior to the study, home visitors explained the research project to parents over the phone as they scheduled their regular home visits. The statement read by home visitors was approved by the Human Subjects Committee.

Once parents agreed to let home visitors bring the researcher, she would then visit families with the Head Start home visitors and use the recruitment letter. During the home visit, the researcher explained the purpose of the study to parents. If parents agreed to participate in the study, they signed informed consent forms and completed the pre-
test. The Happy Home Meal Kit was given to parents with 10-15 minutes in-home education by researcher using the feeding relationship handout included in kit. The researcher participated in home visits from March 3rd to 21st, 2003.

**Phase IV: Follow-up Phone Survey**

The post phone survey was conducted with parents two weeks after they received the Happy Home Meal Kit and parent in-home education materials. It was to measure parental knowledge about child-feeding relationship and their feeding practices after receiving the Happy Home Meal Kit. Participants were also asked whether or not they used materials included in the Happy Home Meal Kit and their feedback.

**Educational Material Development**

**Happy Home Meal Kit**

A Happy Home Meal Kit, an educational kit, was developed to teach about the parent-child feeding relationship including division of responsibility and the benefits of eating together. The goal of Kit was to increase parental knowledge about parent-child feeding relationship and to encourage families to have a happy meal together at home since a study (10) has shown a decrease in family meals.

All the materials were packaged in a bag together with a letter to parents, parent-child feeding handout, refrigerator chart, 1 cup biscuit mix, buttermilk biscuit directions,
apple-shaped cookie cutter, two activities and two recipes. All materials were available in both English and Spanish.

**Letter to parents**

The letter to parents (Appendix B) addressed the intention of the research project to help parents overcome the challenge of feeding their children. Key points of the parent-child feeding relationship were mentioned as parents decide what, when and where young children eat while children decide whether to eat and how much. The letter detailed what was included in the Happy Home Meal Kit and how it could be used to help parents plan a family meal.

**Parent-child feeding handout**

The parent-child feeding handout (Appendix B) was four pages long. It was developed as the major educational piece and was designed to teach parents division of responsibility and the roles of both parents and children based on the theory of Ellyn Satter, a Registered Dietitian (1). The role of parents is to decide: 1) what food is offered to the child, 2) when food is offered to the child and 3) where the food will be eaten. The role of children is: 1) whether or not to eat and 2) how much to eat (59).

In addition, the information regarding serving sizes for 4-5 year old children was also included in the feeding handout with a chart that parents could use to rate their child’s diet.
Refrigerator chart

The concept of the division of responsibility was presented in a small refrigerator chart (Appendix B) as a reminder for parents. Only key words were used as parents decide what, when and where aspects of the child feeding and children decide whether or not to eat and how much to eat.

Buttermilk biscuit directions, biscuit mix and cookie cutter

These materials were included since one of the major objectives for the Happy Home Meal Kit was to encourage parents and children to cook together. It may sometimes be dangerous to involve children in the cooking process, but a simple task such as making biscuits was considered safe for children.

Parents could follow the buttermilk biscuit directions (Appendix B) and use the biscuit mix to make the dough, while children could help parents cut the dough by using the apple-shaped cookie cutter provided.

Activities

Two activities (Appendix B) were included in the Kit. Families could try these activities during a meal to encourage pleasant family conversation. The first activity was a conversational activity. Parents could play “I’m thinking.” For example, “I’m thinking of something about A FOOD that is yellow. It’s a fruit.” Their children have to guess what food parents were thinking about. It gave children an opportunity to learn new words as well.
Another activity was to make your own flash cards of fruits and vegetables. Flash cards were black and white outlines so children could color them. Parents could help their children cut flash cards into smaller cards. They also could be used as a tool to teach children names of fruits and vegetables.

Recipes

Two recipes, vegetables and turkey (or chicken) stir-fry (Appendix B) and chicken pozole soup (Appendix B) were included since parents were encouraged to cook and have meals with their families at home. These illustrated recipes were developed by the OSU Extension Services Nutrition Education Program for low-income families. The criteria for choosing recipes were that they be quick and easy, suitable for parents and children to make together, and use nutritious foods.

Parent Education Program Development

A parental education program was developed and pilot tested. Approximately one hour was scheduled for the entire event. The activity about portion sizes was planned for the refreshment area for all participants to interact with each other before the class started. Portion size quiz (Appendix C) was developed and parents were asked to choose the right serving size of banana, strawberries, crackers, orange juice and vegetables for
their 3 to 5-year-old children. Food and drinks were also available with educational material regarding nutrition information on serving sizes.

In-class parent education was planned to start with a 10 minutes video. Both English and Spanish versions were available. The title of video was, “Parents and Children Sharing Food Tasks,” produced by the University of California Expanded Food and Nutrition Education Program (EFNEP). It was developed in response to a need to provide parents with information about developing healthy eating habits in their children. Main topics covered were the division of responsibility in child feeding, introducing new foods and the importance of snacking for young children. The parent-child feeding handout on the division of responsibility was distributed following the video.

This was followed by a discussion about parents’ response regarding division of responsibility. The researcher then discussed with parents about division of responsibility and benefits of eating meals together by using seven overhead transparencies (Appendix C). Contents of transparency included title of presentation, “Feeding your child: parents and children together” and division of responsibility including the role of parents and the role of children. Parents’ role included what food is offered to the child, when food is offered to the child and where the food will be eaten. Children’s role included whether or not to eat and how much to eat. The last slide covered additional information on benefits of eating meals together including increased family interaction, better performance at school and better diet.

Finally, parents were to interact with each other through two scenarios about child feeding. The two scenarios were designed to test whether or not parents would solve the
given situations based on the division of responsibility that was taught in the class.

Two scenarios were:

**Scenario I**

The father is sitting at the table eating dinner with Thomas, a Head Start child, and his old sister, Claudia. The father is trying to lead pleasant family conversation.

Thomas is tired and does not want to eat his enchilada dinner. He prefers to eat in front of the television. What should the father do?

**Scenario II**

Anna just home from afternoon Head Start is hungry. She wants a cookie. Dinner will be served in one hour. Grandmother is home watching TV. What should the grandmother do?

Approximately one hour was scheduled for the entire family event.

**Pilot Test of Parental Education Program**

Parental education program was first pilot tested with Kid co Head Start staffs during the regular monthly in-services training on February 3rd, 2003 at Lebanon. It was to test the general responses regarding our selected topic, parent-child feeding relationship, from Head Start staffs since they were considered to have a better understanding of the nutrition education needs for Head Start parents.

Around twenty-five participants attended the nutrition education class. They all were staffs of Head Start program and their positions varied including teachers, class assistants, drivers or others. Participants responded positive to the video, “Parents and Children Sharing Food Tasks” and continued their discussion regarding the division of responsibility. A 15 minutes lecture based on the division of responsibility including the
role of parents and the role of children gave participants an opportunity to learn and clarify their doubt about feeding relationship.

Finally, staffs interacted with each other through the two activities we provided: portion size quiz and scenarios. Participants were able to learn the right serving size for preschoolers, and they also solve the given scenarios based on the division of responsibility that was taught in the class.

Approximately one hour was spent for the entire nutrition education class. The overall comments from Head Start staffs were positive and identified their interests in the topic.

Instrument Development

Pre-test

A two-page written pre-test (Appendix D) was developed to assess: 1) children’s dietary feeding practices, 2) participants’ knowledge regarding parent-child feeding and 3) demographic information about participants. All questions were numbered starting from one to twenty one.

A separate sheet was attached to the pre-test for participants to enter their contact information, language preference and best time to reach them in order to conduct the follow-up post-test.

Pre-test was pilot tested and then reviewed by the Registered Dietitian at Child Development Center before finalizing.
Dietary feeding practice questions

Dietary feeding practice questions were adapted from a survey that was developed by the University of Nevada Cooperative Extension. The original survey was unpublished and was used to study the feeding relationship among the low-income families.

Questions related to participants' dietary feeding practices were asked to measure research question 1 about “Can parent education promote parental awareness about division of responsibility in child feeding?” Questions presented are shown below.

Q1. Who has the major responsibility for the feeding of your Head Start child?

Q2. I decide what foods to put on my child’s plate.

Q3. I let my child decide how much or how little to eat.

Q4. I require my child to clean his/her plate of food at mealtime.

Q5. If my child says “I’m not hungry”, I try to get her/him to eat anyway.

Q6. We schedule meals at regular times every day.

Q7. Our family sits together to eat meals.

Q8. How often does your family eat meals together at home?

Q9. We eat our meals at a table.

Q10. Our family watches television while eating.

Response categories for all questions other than the first were: always, most of the time, sometimes, never, and not applicable. For question 1, response categories were: mother, father, and others.
Parental feeding knowledge test

Questions related to parental feeding knowledge were repeated on the pre-test to measure research question 1. Questions were shown as below.

Q11. Who should decide how much food your child should eat?
Q12. Who should decide what type of food is served to your child?
Q13. Who should decide when food is served to your child?
Q14. Who should decide whether or not the child should eat food that is served?
Q15. Who should decide where family meals are eaten?

Response categories were: parents, children, and parents and children. Answers for questions 12, 13, and 15 were parents and answers for questions 11 and 14 were children. If participants answered correctly, they would get one point for each question. The total point for parents feeding knowledge test was 5 points.

Demographic questions

Demographic information was asked to get a better understanding of participants. Their age, how they were related to the Head Start child, number of children under 18 in household, languages spoken at home, and education level were asked. Questions were:

Q16. How are you related to your Head Start child?
Q17. What is your age?
Q18. How many children under age 18 live with you? And what are their ages?
Q19. What languages do you speak at home?
Q20. Who in your household usually eats meals together with your Head Start child?
Q21. What is your education level?

**Post-test**

A two page post phone test was developed (Appendix D) to assess 1) participants’ dietary feeding practice after receiving in-home education, 2) participants’ knowledge regarding parent-child feeding after receiving in-home education, and 3) participants’ feedbacks of Happy Home Meal Kit. Some questions from the pre-test were repeated. Answers from the post-test would then be compared with answers from the pre-test to observe any differences after the in-home education.

**Dietary feeding practice questions**

Questions related to participants’ dietary feeding practices were repeated from questions pre-test to measure research question 1. Questions are shown below.

Q10. I let my Head Start child decide how much or how little to eat.

Q12. Our family sits together to eat meals.

Q13. I decide what foods to put on my child’s plate.

Q14. Do you ask your Head Start child to eat, even if he/she says “I am not hungry?”

Response categories were: always, most of the time, sometimes, never, and not applicable.
Parental feeding knowledge test

The same questions asked in the pre-test were asked again to test differences after
the in-home education. Questions were:

Q5. Who should decide how much food your child should eat?
Q6. Who should decide what type of food is served to your child?
Q7. Who should decide when food is served to your child?
Q8. Who should decide whether or not the child should eat food that is served?
Q9. Who should decide where family meals are eaten?

Questions related to Happy Home Meal Kit

Questions were asked to test whether or not parents used the materials included in
the Kit and how they reacted to it. Response categories were yes, no, and not yet.

Question 16 was to measure research question 2, “Can a home study kit encourage
families to eat one meal together at home?” An open-end question (question 18) was
asked participants’ for their comments on the project.

Q1. Did you prepare one of the recipes, stir-fry, or chicken soup?
Q2. Did you make biscuits with your Head Start child?
Q3. Did you and your Head Start child play the “I’m thinking about it” activity
that we provided (ex. “I’m thinking about a food that is yellow”)?
Q4. Did your Head Start child color the flash cards?
Q4a. Did you use the flash cards to teach your child about the names of fruits and
vegetables?
Q14. Have you changed your expectations about “how much food your Head Start child should eat” as a result of receiving the Happy Home Meal Kit?

Q15. Have you changed your expectations about “whether or not your Head Start child should eat all food that is served” as a result of receiving the Happy Home Meal Kit?

Q16. Did the kit motivate your family to have a meal together?

Q17. Do you think that other Head Start families would like to receive the Happy Home Meal Kit?

Q18. Do you have any comments about our Head Start parent education project?

24-hour Food Record

The 24-hour food record (Appendix E) was developed by Child Development Center with fifteen question regarding children’s eating habits. Parents were asked to fill out this form when their children enrolled in the Head Start program. It was then analyzed by the Registered Dietitian at Child Development Center to learn about children’s health condition and eating habits.

Out of fifteen questions, only five questions and 24-hour food record (where parents were asked to write down what, when, and how much of foods they offer to their children for each meal or snack during the last 24 hours) were selected and used for our research. Based on parents’ answers for 24-hour food record, children’s intakes for each food group were then calculated. This was further compared to the Food Guide Pyramid’s recommendation for each food group to see whether or not children meet the required servings for their intakes.
Five questions used for our study were:

- Do you receive WIC? Do you receive Food Stamp?

- Our family eats meals together.

- I sit with my child when he or she is eating.

- I let my child decide how much or how little to eat.

- My child can feed him or herself.

Answers for first question were yes or no. Response categories for other questions were always, most of the time, sometimes, and never.

Asking participants whether or not they receive WIC and Food Stamp helped us to know if they receive other social services and educational information from government agents. Other questions asked participants to describe their mealtime experiences at home and participants’ answers to those questions were considered to give us baseline information regarding parents’ feeding practices without any intervention.

Pilot Test of Surveys

Pilot test of pre-test

The pilot test was conducted with Head Start parents at Philomath Kid co Head Start on January 9th, 2003. There were seven parents (six females and one male) who participated in the pilot test. In general, they spent 7 to 12 minutes completing the survey.

Participants commented that the questionnaire was easy to read and answer. They were satisfied with aspects of the questionnaire such as: length, color, figures, and response categories. Their comments and questionnaire responses were taken into
consideration when finalizing the questionnaire. Response categories for parent-child feeding knowledge were changed from parents and child to parents, child, and parents and child.

Pilot test of post-test

The post-test was pilot tested with Bates pilot test participants at the end of February. Two mothers from Bates who participated in the pre-test pilot test were phoned three weeks later. In average it took five minutes to complete the survey. Their responses suggested no change was needed for the post-test.

Development of Recruitment Materials

Flier

Two different versions of fliers were developed for Bates pilot test (Appendix A) and Garfield family event (Appendix A). The fliers were colored with few figures related to parents, children or foods. Information on the fliers included the title of the event, “Feeding you child: parents and children together”, time, date and location. Additional paragraph was added to explain to parents what kind of information would be included in the event.

The fliers were reviewed by the Registered Dietitian at OSU Child Development Center. It was then distributed to each child’s mailbox one week before the event to invite
family to come. A few larger posters were posted in the classroom doors for both Bates Hall and Garfield school to inform parents the upcoming event.

Announcement

In addition to flier, Garfield family event was announced to the parents at the family social event by researcher one week before the research event. The verbal recruit statement was:

"My name is Yu-Chi Huang. I'm a graduate student in the Nutrition and Food Management Department at Oregon State University.

I'd like to invite you to a Head Start family event on Saturday, February 22 here at Garfield School. We'll watch an interesting videotape and talk about ways that parents can help their children eat well. You'll have a chance to see child size servings of foods. I'll teach the parent class in English and Ines Arroyo, another graduate student, will teach the class in Spanish. There will be child care for your children.

I hope that you can come at 10:00 on Saturday February 22\textsuperscript{nd} and stay until 11:30. It should be fun."

Recruitment letter

Three different versions of recruitment letters were developed and co-signed by the director of Child Development Center and researchers (Appendix A). In addition, a statement for home visitors to read was developed. All the recruitment letters and reading
statement were approved by OSU Institutional Review Board for the Protection of Human Subjects.

**Bates pilot test recruitment**

In the beginning of the class the purpose of the study was explained to families, and consent forms were obtained from parents who agreed to participate. Parents declining to participate in the study were welcome to stay for the class.

First recruitment letter (Appendix A) was designed for Bates pilot test. The letter invited the parents to participate in our research project and also explained how they can participate in the study. In recruitment statement parents were asked to answer the pre-survey, attend the family event and participated in a phone interview by researcher two weeks after the family event. Request and authorization for release of child’s 24-hour food recall was asked. Participants were informed that their participations were voluntary and would help researchers to understand the parent-child feeding relationship.

**Garfield family event recruitment**

Second recruitment letter (Appendix A) was developed for Garfield family event. Parents were invited to participate in the research project by answering the pre-survey, attending the class, participating in in-home education and follow-up post-survey. Parents’ permission for releasing their children’s 24-hour Food Record sheet was asked. Participants were informed that their participation was voluntary and would help researchers to understand the parent-child feeding relationship.
In-home education recruitment

A statement was developed to be read by home visitors to recruit participants when scheduling their regular home visits. The statement read by home visitors was:

"We have an OSU student who is doing a neat research project about feeding your child. I could bring Yu-Chi with me and have her explain the project. Then you could decide if you’d like to participate. You’d be asked a few questions about how you feed your child. Then the student will phone you in a couple of weeks to ask a few more questions for about 10 minutes. Whether or not you decide to participate, you’ll receive a goodie bag with recipes and things that you can do with your child. The materials are in both English and Spanish. It should be fun - and it’s free. Would you like me to invite Yu-Chi to come with me for the home visit?"

In addition a recruitment letter (Appendix A) was planned to be read to Garfield parents in their home. Parents were invited to participate in the research by receiving in-home education through the Happy Home Meal Kit and answering the post-survey conducted by phone. Request and authorization for release of child’s 24-hour food recall was asked. Participants were informed that there is no risk for their participation and it is voluntary.

Consent Form Procedure

Three consent forms were developed and attached to three different version recruitment letters. It was distributed to participants at the beginning of the programs. Participants were informed that they may withdraw from the study at any time.
Bates consent form

In the consent form (Appendix A) participants were asked to attend the family event and completed a form that listed their telephone number and asked questions about how they feed their children. They would also receive a telephone call after family event to talk about how they have used the information that they have received. If participants agreed to all the procedures, their signatures were obtained.

Garfield family event consent form

This consent form (Appendix A) indicated that parents would attend the family event and completed a form that listed their phone number and asked question about how they feed their children. In addition, they would also receive a bag of training materials and receive a phone call later to talk about how they have used the information that was provided. Once parents agreed to participate in the study, their signatures were obtained.

In-home education consent form

The consent form (Appendix A) asked parents to provide their phone number and to answer questions in a follow-up survey. They would receive a bag of training materials and get a phone call to talk about how they have used the information that they have received. Parents’ signatures were obtained if they agreed to participate in the study.
Statistical Analysis

SPSS (Statistical Package for the Social Science) version 11.0 software system was used to conduct all statistical analysis for this study. Descriptive statistic including mean and frequency and t-test were performed. A p-value less than 0.05 was considered significant.

Parental-child feeding test scores regarding division of responsibility in child feeding relationship at pre and post-tests were computed. Then T-test was conducted to evaluate the difference in pre and post-test scores (Research question 1.)

Answers on parental dietary feeding practice in baseline, pre and post-tests were evaluated by descriptive statistic. Participants’ demographic information was analysis by means and descriptive statistic.

Whether or not parents were motivated to have meal together (Research question 2) was analyzed using descriptive statistic.

In addition, means were used to analyze the intake of children in 24-hour food record. Descriptive statistic was further used to evaluate whether or not children meet the requirement for Food Guide Pyramid.
RESULT/DISCUSSION

Garfield Family Event

No participants attended the Garfield family event scheduled for Saturday morning February 22\textsuperscript{nd}, 2003. However, the study was then continued through home visits with assistance from the Head Start home visitors.

Several factors may have caused the failure in attendance at the family event including miscommunication, time conflicts, sickness, and adverse work schedule. Especially, Head Start teachers scheduled quarterly family social event one day before the parental education class. It was not surprising that parents did not attend the nutrition class.

Even though researchers coordinated with the Child Development Center director while planning the nutrition education program, future nutrition education class for Garfield School Head Start parents needs to be involved with the teachers in the beginning of process since the class schedule is mainly controlled by teachers. Also, teachers have a close relationship with parents. Therefore, attendance to classes might be higher with teacher’s encouragement of parental participation. Secondly prior to the nutrition education class, researchers may investigate topic of interest to teach in the class. If parents are more interested in the topic, they might be more willing to attend to the class.

Finally, some activities may be scheduled after the nutrition class so parents do not feel that they only come to school for attending the class. For example, if the class is
scheduled in the morning, it may be fun to have a barbeque or picnic together after the class. However, it will be time consuming and expensive.

**In-home Education**

**Subject**

A total of 15 families participated in nutrition education through home visit from March 10th to March 28th, 2003. All of these families participated in the post-test.

Families were randomly chosen by Head Start home visitors. Home visitors scheduled home visits by phone. Eleven home visits were scheduled to meet at home and four were met at Garfield school before or after parents pick up their children from Head Start class.

The researcher accompanied home visitors to home and Garfield school. Thirteen home visits were conducted in English and two home visits were conducted in Spanish. On average 25 minutes were spent for each home visit.

Participants' demographic characteristics are shown in Table 1. Of the 15 participants, 80% (n=12) were mother and 20% (n=3) were father. Participants' ages ranged from 23 to 43, with a mean age of 30.7 ± 5.8. On average each household has 2.5 ± 1.0 children under age 18 live together. The mean age of children is 6.4 ± 4.0 years.

Almost half of participants (46.7%) have some college education or a college degree and 40% participants have high school education. A few participants (13.3%) reported only having 7-11 years of education.
Fifty-three percent (n=8) families speak English and 13.3% (n=2) families speak Spanish at home. Around 26% (n=4) of families speak both English and Spanish at home. Only one family speaks both English and Portuguese at home. The English speaking families vs. non-English speaking families’ ratio is similar to the entire population in the Head Start program. Approximately 38% of Head Start families are Hispanic.
Table 1. Participant's demographic information (N = 15).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category of Variable</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants' relationship to Head Start child</td>
<td>Mother</td>
<td>12</td>
<td>80.0%</td>
</tr>
<tr>
<td></td>
<td>Father</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td>Parental ages</td>
<td>≤ 25 years</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>26–35 years</td>
<td>8</td>
<td>53.3%</td>
</tr>
<tr>
<td></td>
<td>≤ 35 years</td>
<td>4</td>
<td>26.7%</td>
</tr>
<tr>
<td>Number of children under age 18 in household</td>
<td>One</td>
<td>2</td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>7</td>
<td>46.7%</td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td>Participants' level of education</td>
<td>7-11 years</td>
<td>2</td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>6</td>
<td>40.0%</td>
</tr>
<tr>
<td></td>
<td>Some college</td>
<td>4</td>
<td>26.7%</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td>Languages speak at home</td>
<td>English</td>
<td>8</td>
<td>53.3%</td>
</tr>
<tr>
<td></td>
<td>Spanish</td>
<td>2</td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td>English &amp; Spanish</td>
<td>4</td>
<td>26.7%</td>
</tr>
<tr>
<td></td>
<td>English &amp; Portuguese</td>
<td>1</td>
<td>6.7%</td>
</tr>
<tr>
<td>Language preferred for follow up call</td>
<td>English</td>
<td>11</td>
<td>73.3%</td>
</tr>
<tr>
<td></td>
<td>Spanish</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>1</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
Out of 15 families, 11 families reported receiving WIC and Food Stamps respectively (Table 2). This information is obtained from Child Development Center questionnaire. Eight families (53.3%) received both WIC and Food Stamps while only one family (6.7%) did not receive any supplemental food. It is not surprising that families are enrolled in Head Start, WIC, and Food Stamps at the same time since one of the criteria for those services is low-income.

Table 2. Did you receive other social services (N = 15)?

<table>
<thead>
<tr>
<th>Response category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive WIC?</td>
<td>11 (73.3%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td>Did you receive Food Stamps?</td>
<td>11 (73.7%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td>Did you receive both WIC and Food Stamps?</td>
<td>8 (53.3%)</td>
<td>7 (46.7%)</td>
</tr>
</tbody>
</table>

**Home visits**

In the beginning of each home visit, parents were asked whether or not they would like to participate in the study and they all agreed to participate. The study participation would not be successful without Head Start visitors' assistance. Home visitors visit each family monthly for their social services. Therefore, they have a close relationship with families, and families trust the information that home visitors bring to them.
During the visits, parents were willing to answer the pre-test and listen to the researcher explain the home education. It was an individual-based education conducted in a private area with no time limit, so parents were able to share their experiences and thoughts with researcher. Parents were also encouraged to ask questions. Detailed descriptions about home visits are in Appendix G.

**Pre-test Results**

**Parental-child feeding relationship**

Out of 15, 11 participants (73.3%) responded that the mother has the major responsibility for the feeding of Head Start child (Table 3). Only one participant responded father has the major responsibility in feeding relationship. The result suggests that father is less involved in the feeding relationship than the mother.

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parents</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Mother and boyfriend</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3. Who has the major responsibility for the feeding of your Head Start child? (N = 15)
Parent-child feeding knowledge

Table 4 shows the results of parent-child feeding knowledge test based on the five questions (Q11-15) in the pre-test. Out of five questions, three questions were asked to measure whether or not parents are aware of their role in feeding relationship. Many parents tend to answer those questions correctly. Almost two thirds (73%) of parents answered that it is parents' job to decide what type of food is served to their children and where family meals are eaten. More than half of participants (60%) responded that parents should decide when food is served to their children. However, not many parents are aware of the role of children, in deciding how much and whether or not to eat in. Only 20% of participants answered that child should decide how much food to eat, and 6.7% participants said child should decide whether or not to eat food that is served.

Some studies looked at the influence of parental feeding practice on children's food preference, diet quality, and weight (3, 29, 32, 34). Our study was one of the first studies to assess parental awareness of division of responsibility. Overall, the results of the pre-test show that some parents are more aware of their role in feeding relationship (regarding what type of food is served to your child, when food is served to your child and where family meals are eaten) than that of the role of their children (regarding how much to eat and whether or not to eat.)
Table 4. The frequency of who should decide (e.g. how much of food your child should eat) from pre-test (N= 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Parent N (%)</th>
<th>Child N (%)</th>
<th>Parent &amp; Child N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much food your child should eat?</td>
<td>5 (33.3%)</td>
<td>3 (20.0%)*</td>
<td>7 (46.7%)</td>
</tr>
<tr>
<td>What type of food is served to your child?</td>
<td>11 (73.3%)*</td>
<td>1 (6.7%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>When food is served to your child?</td>
<td>9 (60.0%)*</td>
<td>1 (6.7%)</td>
<td>5 (33.3%)</td>
</tr>
<tr>
<td>Whether or not the child should eat food that is served?</td>
<td>8 (53.3%)</td>
<td>1 (6.7%)*</td>
<td>6 (40.0%)</td>
</tr>
<tr>
<td>Where family meals are eaten?</td>
<td>11 (73.3%)*</td>
<td>0 (0.0%)</td>
<td>4 (36.7%)</td>
</tr>
</tbody>
</table>

* Asterisks indicate desired responses.

Total possible scores for parent-child feeding knowledge is five points. The average score for parent-child feeding knowledge test is 2.3 ± 0.8 points. The low score of parent-child feeding knowledge test shows the low knowledge among low-income parents regarding division of responsibility of parent-child feeding relationship.

Dietary feeding practice

Table 5 shows the results of dietary feeding practices in the pre-test. Almost half of families (46.7%) said they “sometimes” let the child decide how much or how little to eat. Forty percent of families reported that they “never” require their children to clean their plate of food at mealtime. However, only 26.7% of family reported they “never” ask their children to eat if they said “I’m not hungry.” This may be interpreted that when children are not hungry, parents may not ask them to clean their plate, but they still try to
ask children to eat some food. The results are not surprising. Especially according to parent-child feeding knowledge test many parents did not recognize that it is the child’s role to decide whether or not to eat (only one family reported that child should decide whether or not to eat food that is served.)

Table 5. Results of dietary feeding practice in pre-test (N = 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Always N (%)</th>
<th>Most of the time N (%)</th>
<th>Sometimes N (%)</th>
<th>Never N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I decide what food to put on my children’s plate.</td>
<td>7 (46.7%)</td>
<td>6 (40.0%)</td>
<td>2 (13.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I let my child decide how much or how little to eat.</td>
<td>5 (33.3%)</td>
<td>3 (20.0%)</td>
<td>7 (46.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I require my child to clean his/her plate of food at mealtimes.</td>
<td>1 (6.7%)</td>
<td>3 (20.0%)</td>
<td>5 (33.3%)</td>
<td>6 (40.0%)</td>
</tr>
<tr>
<td>If my child says “I’m not hungry”, I try to get her/him to eat anyway.</td>
<td>2 (13.3%)</td>
<td>3 (20.0%)</td>
<td>6 (40.0%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td>We schedule meals at regular times every day.</td>
<td>5 (33.3%)</td>
<td>9 (60.0%)</td>
<td>1 (6.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Our family sits together to eat meals.</td>
<td>9 (60.0%)</td>
<td>4 (26.7%)</td>
<td>2 (13.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>How often does your family eat meals together at home?</td>
<td>6 (40.0%)</td>
<td>8 (53.3%)</td>
<td>1 (6.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>We eat our meals at a table.</td>
<td>7 (46.7%)</td>
<td>4 (26.7%)</td>
<td>3 (20.0%)</td>
<td>1 (6.7%)</td>
</tr>
</tbody>
</table>

More than 40% of parents answered that they “always” decide what food to put on children’s plate and 40% of parents said they do this “most of the time.” A majority (60%) of parents reported that “most of the time” they schedule meals at regular time.
Only a small percentage (6.7%) of families said they “sometimes” schedule meals at regular time.

More than half (60%) of participants reported their families “always” sits together to eat meals and about 26% participants said “most of the time.” When participants were asked “how often does your family eat meals together at home?”, a majority of families (93.3%) answered either “always” or “most of the time.” Perhaps families with young children are able to eat at home more often. Many participants did not have job and this may be one of the reasons that they have more time at home to prepare meals for the families. Seventy-three percent reported eating at a table always/most of the time; 20% of families said they eat at the table sometimes. One family (6.7%) answered that they never eat meals at the table since they do not have dining table.

When question, “our family watches television while eating” was asked, more than half of participants (53.3%) answered “sometimes” and only 20% answered “never” (Table 6). The results show that television viewings become part of mealtime activities and this may interfere with the mealtime environment. The percentage of participants reported watching television while eating in our study is similar to the result of Neumark-Sztainer’s study (10). Researchers found that 52.8% of families reported television watching at mealtime. However, the study was conducted with grade school aged children. Data on television watching among preschoolers at mealtime is not available.
Table 6. Our family watches television while eating.

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>No TV</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Fifty-three percent of families reported all the members including parents and children usually eat meals together. Forty percent of participants reported that only mother eats meals with children. Of the 15 families, one family (6.7%) reported that only father eats meals with child because it is a single-father family. Information on family size is not available. Therefore, it is not known that whether or not families reported only mother and children eat meals together is a single-mother family.

**Post-test Results**

About two third of participants prefer to receive calls in English for follow-up post-test. Three participants prefer post-survey to be conducted in Spanish, while one participant has no preference for either English or Spanish. Based on participants’ language preference twelve post phone surveys were conducted in English by the researcher, and three were conducted in Spanish by a graduate student at Nutrition and Food Management Department at OSU. On average it took five minutes to finish each post-test.
Parental-child feeding knowledge

Table 7 shows the results of parent-child feeding knowledge test in post-test. After home education, more participants recognize that it is the child’s role to decide how much to eat and to decide whether or not the child should eat food that is served compared to their answers in pre-test. However, still more than half of participants reported that both parents and child should decide how much food child should eat (60%) and whether or not child should eat food that is served (53.3%). Five parents (33.3%) changed their answer from “parent” to “child” or “parent and child” in response to how much food the child should eat. While asking these two questions in the post phone survey, several parents mentioned that they knew the answers should be the child but it is difficult to suddenly change their dietary feeding practices.

A majority of participants answered that it is parents’ job to decide what type of food is served to child, when food is served to child, and where family meals are eaten.
Table 7. The frequency of who should decide (e.g. how much food your child should eat) from post-test (N= 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Parent N (%)</th>
<th>Child N (%)</th>
<th>Parent &amp; Child N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much food your child should eat?</td>
<td>0 (0.0%)</td>
<td>6 (40.0%)*</td>
<td>9 (60.0%)</td>
</tr>
<tr>
<td>What type of food is served to your child?</td>
<td>11 (73.3%)*</td>
<td>1 (6.7%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>When food is served to your child?</td>
<td>11 (73.3%)*</td>
<td>1 (6.7%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>Whether or not the child should eat food that is served?</td>
<td>4 (26.7%)</td>
<td>3 (20.0%)*</td>
<td>8 (53.3%)</td>
</tr>
<tr>
<td>Where family meals are eaten?</td>
<td>13 (86.7%)*</td>
<td>0 (0.0%)</td>
<td>2 (13.3%)</td>
</tr>
</tbody>
</table>

* Asterisks indicate desired responses.

The average score for parent-child feeding knowledge test from post-test was 2.9 ± 0.9 points on a scale from 0 to 5. Compared to pre-survey, participants increased their score by 0.6 points. However, this is not statistically significant.

**Dietary feeding practice**

Table 8 shows the results of dietary feeding practice in post-test. Compared to pre-test, more parents (66.7% compared to 46.7%) answered I “always” decide what food to put on my children’s plate. Percentage of parents answering “most of the time” had increased from 20% to 33.3%. Fewer families answer “sometimes” (46.7% compared to 33.3%). This shows that some parents changed their answers from “sometimes” to “most of the time.” This may be because parents who reported “sometimes” let their children
decide how much or how little are trying to increase the number of time they let children decide how much or how little to eat.

Table 8. Results of dietary feeding practice in post-test (N = 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Always N (%)</th>
<th>Most of the time N (%)</th>
<th>Sometimes N (%)</th>
<th>Never N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I decide what food to put on my children's plate.</td>
<td>10 (66.7%)</td>
<td>4 (26.7%)</td>
<td>1 (6.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I let my child decide how much or how little to eat.</td>
<td>5 (33.3%)</td>
<td>5 (33.3%)</td>
<td>5 (33.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>If my child says, &quot;I'm not hungry&quot;, I try to get her/him to eat anyway.</td>
<td>2 (13.3%)</td>
<td>3 (20.0%)</td>
<td>7 (46.7%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>Our family sits together to eat meals.</td>
<td>9 (60.0%)</td>
<td>4 (26.7%)</td>
<td>2 (13.3%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Little difference in answers was seen in question “if my child says ‘I’m not hungry’, I try to get her/him to eat anyway.” Only one parent changed answer from “never” to “sometimes.” Parents’ answers on “our family sits together to eat meals” remain the same to pre-test.

Happy Home Meal Kit evaluation

Table 9 shows the participants’ use of materials inside the Happy Home Meal Kit. One third of participants reported using one of the recipes, mainly chicken pozole soup. Forty percent reported that they have not yet prepared recipes. Reasons for not using recipes yet mentioned by some parents included no time for cooking (N=2) and recipes
are not suitable for vegetarians (N=1). Almost half of participants (46.7%) said they made the biscuit with their Head Start child with 40% said they have not yet made it. The percentage (40%) of families who have not made biscuit yet is the same to the percentage (40%) of families who have not tried the recipes yet. We were not able to provide the ingredients for two recipes. Even though biscuit mix and cookie cutter were provided to encourage families to cook together, families may lack interest in making biscuit and have no time for cooking. Researchers may provide other recipes that are more appealing to parents in order to encourage family to cook together.

Table 9. Frequency of the use of materials inside the Happy Home Meal Kit among participants (N = 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Not yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you prepare one of the recipes?</td>
<td>5 (33.3%)</td>
<td>4 (26.7%)</td>
<td>6 (40.0%)</td>
</tr>
<tr>
<td>Did you make biscuit with child?</td>
<td>7 (46.7%)</td>
<td>2 (13.3%)</td>
<td>6 (40.0%)</td>
</tr>
<tr>
<td>Did you and your child play the &quot;I'm thinking about it&quot; activity we provided?</td>
<td>10 (66.7%)</td>
<td>1 (6.7%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td>Did your child color the flash card?</td>
<td>13 (86.7%)</td>
<td>1 (6.7%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td>Did you use the flash cards to teach your child about the names of fruits and vegetables?</td>
<td>8 (53.3%)</td>
<td>3 (20.0%)</td>
<td>4 (26.7%)</td>
</tr>
</tbody>
</table>
More than half of participants (66.7%) reported playing the conversational activity, “I’m thinking about it” with their children and majority of participants (86.7%) said that their children colored the flash cards. Fewer families (N=1) reported that the child has not yet colored the flash cards compared to 4 families who reported that the child has not yet played the conversational activity. Families may prefer to have hands on activity (e.g. color flash cards) rather than the conversational activity. Out of 13 families who reported their children colored the flash cards, 8 parents (53.3%) said they used the flash cards to teach children about the names of fruits and vegetables. Reason for not teaching children the names of fruits and vegetables included children already knew the names (N= 3). Also parents may not have time to teach child what were on the flash cards.

Table 10 shows participants’ response to parental education. Only four parents (26.7%) said they changed their expectations about “how much food a child should eat” as a result of receiving Happy Home Meal Kit. Forty-six percent of parents (N=7) said they are not sure about changing their expectation. Similar results were found while asking if participants changed their expectations on “whether or not child should eat all food that is served” as a result of receiving Happy Home Meal Kit.

One third of parents are not sure (N=5) about the change of their expectations on child’s role in child-feeding relationship. This may be interpreted that some parents already knew the role of child in feeding relationship so there is no need to change their expectations on how much a child should eat and whether or not a child should eat. Another explanation is that even though parents are aware of the role of the child in feeding relationship, it may be difficult to practice it with their children. Conflicting
advice may be why parents have not changed their expectations yet. For example, a lot of time parents discuss how they feed child with their relative and friends and they might give parents different suggestion based on their experience not the division of responsibility of parent-child feeding.

Table 10. Participants’ response to parental education (N = 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you changed your expectations about &quot;how much food your Head Start child should eat&quot; as a result of receiving Happy Home Meal Kit?</td>
<td>4 (26.7%)</td>
<td>4 (26.7%)</td>
<td>7 (46.7%)</td>
</tr>
<tr>
<td>Have you changed your expectations about &quot;whether or not your Head Start child should eat all food that is served&quot; as a result of receiving the Happy Home Meal Kit?</td>
<td>5 (33.3%)</td>
<td>5 (33.3%)</td>
<td>5 (33.3%)</td>
</tr>
<tr>
<td>Do you think that other Head Start families would like to receive the Happy Home Meal Kit?</td>
<td>10 (66.7%)</td>
<td>0 (0%)</td>
<td>5 (33.3%)</td>
</tr>
<tr>
<td>Category</td>
<td>Yes</td>
<td>No</td>
<td>Not yet</td>
</tr>
<tr>
<td>Did kit motivate your family to have a meal together?</td>
<td>8 (53.3%)</td>
<td>3 (20.0%)</td>
<td>4 (26.7%)</td>
</tr>
</tbody>
</table>

Among all the materials inside the Kit, the two activities were used by many families, especially flash cards. Coloring is one of the activities that preschool-aged
children like to do the most. Nutrition education aimed at young children may consider designing message into the flash cards. It may be a successful way to reach target population. Another activity, conversational activity, was the second most frequently used material reported by parents. Preschool children spend a lot of time at home and it may be a good idea to provide activities so that children can do something at home. This may also be why almost half of families reported making biscuits with their children. Parents may not consider that it is appropriate to involve children in preparing two recipes we provided. This may be why fewer families reported using the recipes.

Two third of participants (66.7%) said they think other families would like to receive the Happy Home Meal Kit, and a third of participants are not sure about this. Reasons were not asked.

Fifty-three percent of participants think kits motivate their families to have a meal together and 26.7% said they have not yet motivated them. A high percentage of participants (60%) already reported that they always eating meals together in pre-test so it was difficult to encourage them to eat one more meal together. Other reason may be because parents have lack of interest in our nutrition topic or materials inside the kit. Difficulty of scheduling meals together may also be the major reason why families have not been motivated yet to have meals together. During the home visits, some parents mentioned that their children came home at different times, so that the mothers have to prepare food many time a day when children are hungry. Nutrition education needs to aim at helping parent to overcome this barrier by teaching parents how to schedule meal together, how to prepare a meal in a short time and to emphasize the benefits of eating meals together.
Table 11 shows participants’ comments on the parental education program.

Overall, 11 participants respond positive to our parental education program. Seven parents said the program help parents and three parents like the topic of parent-child feeding relationship. One family liked the idea of parent-child cooking together through making biscuit. Three participants had no comments to our education program. However, one family responded negatively to the project. The parent thought it was not important to receive educational information about nutrition.

Table 11. Participants’ comment on our parental education program (N= 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>11</td>
<td>73.3%</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>6.7%</td>
</tr>
<tr>
<td>No comment</td>
<td>3</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Responses to Child Development Center questionnaire

Parents reported dietary feeding practices in a questionnaire completed for Head Start. Their responses to dietary feeding practice are shown in Table 12. This information is used as a baseline to compare with participants’ answer on pre-test. The results show that 60% of the families reported that they always eat meals together, while 13.3% ate meals together most of the time, and 26.7% reported they sometimes eat meals together (table 2). Around half (53.3%) of the participants reported sitting with their children while they eat. Twenty-six percent of participants said they sit with their children “most of the time” and 20% said they “sometimes” sit with their children when they are eating.
Forty percent of participants reported that they “always” let their children decide how much or how little to eat and the same percentage of participant said “most of the time” they let their children decide how much or how little to eat.

Around two thirds of participants (73.3%) said “always” their children can feed themselves. Thirteen percent each reported that “most of the time” and “sometimes” their children can feed themselves.

Table 12. Results of dietary feeding practice from Child Development Center questionnaire (N = 15).

<table>
<thead>
<tr>
<th>Response category</th>
<th>Always N (%)</th>
<th>Most of the time N (%)</th>
<th>Sometimes N (%)</th>
<th>Never N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our family eats meals together.</td>
<td>9 (60.0%)</td>
<td>2 (13.3%)</td>
<td>4 (26.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I sit with my child when he or she is eating.</td>
<td>8 (53.3%)</td>
<td>4 (26.7%)</td>
<td>3 (20.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I let my child decide how much or how little to eat.</td>
<td>6 (40.0%)</td>
<td>6 (40.0%)</td>
<td>3 (20.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>My child can feed him or herself.</td>
<td>11 (73.3%)</td>
<td>2 (13.3%)</td>
<td>2 (13.3%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Two questions, our family sits together to eat meals and I let my child decide how much or how little to eat, from Child Development Center questionnaire were asked in pre-test. However, participants’ answers on “most of the time” and “sometimes” for these two questions were different (Table 13). It is unknown why parents changed their answers on frequency of “our family sits together to eat meals” and “I let my child decide how much or how little to eat.” Some factors may cause the inconsistent answers.
including self-reported and parents received nutrition information regarding feeding relationship before our study.

Table 13. Comparison of participants’ answer on baseline and pre-test (N= 15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Always N (%)</th>
<th>Most of the time N (%)</th>
<th>Sometimes N (%)</th>
<th>Never N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Pre-test</td>
<td>Baseline</td>
<td>Pre-test</td>
</tr>
<tr>
<td>Our family sits together to eat meals.</td>
<td>9 (60.0%)</td>
<td>9 (60.0%)</td>
<td>2 (13.3%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 (26.7%)</td>
<td>2 (13.3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I let my child decide how much or how little to eat.</td>
<td>6 (40.0%)</td>
<td>5 (33.3%)</td>
<td>6 (40.0%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 (20.0%)</td>
<td>7 (46.7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

24-hour Food Record

While looking at the results for 24-hour food recall, most of the children did not meet the nutrition requirement for Food Guide Pyramid. Only one family reported that children consumed adequate servings for five different food groups. One third of parents reported that out of five food groups in Food Guide Pyramid, their children only met the requirement intake for 4 food groups. More than half parents (60.1%) reported that children have three or less food groups met the required intake.

Table 14 shows the characteristics of children’s food consumption reported by their parents. The mean Food Guide Pyramid intake for each food group shows that grain and vegetable groups are the two food groups that children tend to consume less than the
required serving. In contrast, the mean intakes for fruit, milk and protein groups were higher than the recommend intake of serving.

Table 14. Number of children meeting the requirement for each food group and mean serving for each group (N=15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Mean intake (serving)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grain group</td>
<td>7 (46.7%)</td>
<td>8 (53.3%)</td>
<td>5.7 ± 2.1</td>
</tr>
<tr>
<td>Vegetable group</td>
<td>5 (33.3%)</td>
<td>10 (66.7%)</td>
<td>1.8 ± 1.6</td>
</tr>
<tr>
<td>Fruit group</td>
<td>12 (80.0%)</td>
<td>3 (20.0%)</td>
<td>2.7 ± 1.4</td>
</tr>
<tr>
<td>Milk group</td>
<td>10 (66.7%)</td>
<td>5 (33.3%)</td>
<td>2.3 ± 1.2</td>
</tr>
<tr>
<td>Protein group</td>
<td>11 (73.3%)</td>
<td>4 (26.7%)</td>
<td>3.0 ± 1.6</td>
</tr>
</tbody>
</table>
Research Questions

Research question 1: Can parent education promote parental awareness about division of responsibility in child feeding?"

Based on pre- and post- tests, parental awareness on the parent-child feeding relationship after home education was studied. The results of pre-test show a low score of parent-child feeding knowledge (average of 2.3 ± 0.8 points) on a scale from 0 to 5. This shows a low parent-child feeding knowledge among parents. This may explain why a study had reported that some parents tend to use feeding as a control to their children’s weight (3). Birch and Fisher found that the mother used restriction as a control of her 5-year-old daughters’ eating and food restriction further influences children’s ability to self-regulate food intake. Parents need to be aware of child-feeding skills and its effect on their children’s weight and eating.

After the home-education, parents show an increase of awareness regarding child-feeding practices (Table 15). Almost two thirds of parents are aware of their role as parents-- including decide what, when, and where to eat. No parents have answered that it is their role to decide how much a child should eat. The percentage of parents who reported that the child should decide how much to eat increased by 20% compared to pre-test. Similar to another question, home education has decreased by 26.6% the percentage of parents who thought it is their role to decide how much a child should eat. However, there were still more than half of the participants who said both parent and child should decide together how much to eat and whether or not a child should eat. Parents commented that they tried to decide with their child on how much to eat and whether or
not to eat since they were still not sure if their children would do a good job of making right decision. Nutrition educators need to focus on helping parents feel more comfortable to trust their child in order to change their knowledge on parent-child feeding relationships.

Table 15. Parent-child feeding knowledge test in pre- and post-test (N=15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Parent N (%)</th>
<th>Child N (%)</th>
<th>Parent &amp; Child N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
</tr>
<tr>
<td>How much food your child should eat?</td>
<td>5 (33.3%)</td>
<td>0 (0.0%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>What type of food is served to your child?</td>
<td>11 (73.3%)</td>
<td>11 (73.7%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td>When food is served to your child?</td>
<td>9 (60.0%)</td>
<td>11 (73.7%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td>Whether or not the child should eat food that is served?</td>
<td>8 (53.3%)</td>
<td>4 (26.7%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td>Where family meals are eaten?</td>
<td>11 (73.3%)</td>
<td>13 (86.7%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Scores on parent-child feeding knowledge tests were increased by 0.6 points after home education. However, this is not statistically significant. Our results suggest that home education may have influence on parents' awareness regarding division of responsibility. Since only one nutrition intervention through home visit was conducted to the target population, it is not surprising that only a small improvement in parent-child feeding knowledge was seen in the study. Nutrition intervention will be more effective if
long-term intervention is conducted (47). Researchers reported in another study that after attending 10-week-classroom-based nutrition intervention programs, parents showed significant decrease in the use of controlling child-feeding strategies (4).

In our study, lack of parent-child feeding relationship knowledge seemed to be associated with parental dietary feeding practices. This was confirmed in the result of parent-child feeding practice in pre-test. No parent reported letting his or her child decide how much or how little to eat. This shows that parents try to control how much a child should eat.

Some parents reported even though the child was not hungry, they sometimes tried to get her/him to eat anyway. This finding shows that parents not only tried to control how much a child should eat, but they also tried to control whether or not a child should eat. Findings from these two questions could be interpreted in two ways: One reason may be because parents do not have knowledge on child-feeding skills; another possible explanation is that parents were aware of the role a child played in feeding relationship, however, they do not trust their children enough to let them decide how much to eat and whether or not to eat.

After home education, the percentage of parents who “sometimes” let the children decide how much or how little to eat increased by 13.3% (Table 16). There was no significant change on parents’ answers for “if my child says, ‘I’m not hungry’, I try to get her/him to eat anyway” and “our family sits together to eat meals.” This is not surprising because behavior change requires long-term intervention.
Table 16. Frequency of dietary feeding practice in pre- and post-test (N=15).

<table>
<thead>
<tr>
<th>Category</th>
<th>Always N (%)</th>
<th>Most of the time N (%)</th>
<th>Sometimes N (%)</th>
<th>Never N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>I decide what food to put on my children's plate.</td>
<td>7 (46.7%)</td>
<td>10 (66.7%)</td>
<td>6 (40.0%)</td>
<td>4 (26.7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 (13.3%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>I let my child decide how much or how little to eat.</td>
<td>5 (33.3%)</td>
<td>5 (33.3%)</td>
<td>3 (20.0%)</td>
<td>5 (33.3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 (46.7%)</td>
<td>5 (33.3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>If my child says, &quot;I'm not hungry&quot;, I try to get her/him to eat anyway.</td>
<td>2 (13.3%)</td>
<td>2 (13.3%)</td>
<td>3 (20.0%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 (40.0%)</td>
<td>7 (46.7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 (26.7%)</td>
<td>4 (20.0%)</td>
</tr>
<tr>
<td>Our family sits together to eat meals.</td>
<td>9 (60.0%)</td>
<td>9 (60.0%)</td>
<td>4 (26.7%)</td>
<td>2 (13.3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 (26.7%)</td>
<td>2 (13.3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Research question 2: Can a home study kit encourage families to eat one meal together at home?

Data shows that more than half of parents (53.3%) were motivated to eat one meal together at home. Receiving recipes and food preparation information on using commonly available resources was mentioned by parents as the nutrition information they would like to receive from educators (7). However, even though recipes, biscuit mix, and cookie cutter were packaged in the Happy Home Meal Kit, one fourth of participants were not sure if they were motivated to eat one meal together at home.

Sixty percent of families in the pre-test reported "always" eating meals together at home. Possible reasons for not being motivated by the kit’s materials include: no time for
cooking, lack of interest in cooking or different schedule among family members as it was mentioned in other studies (7, 48, 49). Difficulty in scheduling meals together was mentioned by some parents during the home visits. The parents comment that their preschoolers and grade school children came home at different times, so they have to prepare food several times during a day. Future studies need to focus on helping parents overcome these barriers.
CONCLUSION/IMPLICATIONS

Several studies have looked at the influence of parents on the feeding relationship; however, they were very limited studies, documenting parental influence on the feeding relationship among low-income families. Our findings suggest that it is not effective to conduct nutrition education to low-income families through classroom-based programs since recruitment has become a major problem for conducting classes. If parents attend the class, researchers may be able to test the effects of in-class education. However, lack of attendance had made this impossible. Nutrition education through home visit has shown to be a good approach for social services to reach low-income families. The results of the study allowed researchers to make more informed choices about parent-child feeding education program delivery techniques for low-income families.

The results of the pre-test showed that parents had low knowledge of parent-child feeding relationships, especially parents who were not aware of the role a child plays in the feeding relationship. Data also showed that even though parents did not ask the children to clean the plate, parents tried to ask the children to eat when they were not hungry. Many parents reported “most of the time” they tried to schedule meals at regular times every day. Parents also reported sitting together to eat meals with family. However, watching TV while eating had been mentioned by several families, and it had become part of the mealtime activity.

The results indicated that in-home nutrition education could influence some parents’ knowledge about feeding relationships and their feeding practice skills with their children. However, our result was not statistically significant, so we cannot conclude that
one home visit increases parental awareness on feeding relationships among the Head
Start population.

There was no big change on parents’ answers for the frequency of “family sits
together to eat meals” and “if my child says, ‘I’m not hungry’, I try to get her/him to eat
anyway.” However, a few parents tried to increase the number of time that they let the
children decide how much or how little to eat.

Despite the fact that the data was not strong enough to reach the conclusion that
parents were motivated to have a meal together by materials inside the Happy Home
Meal Kit, two thirds of parents responded positively to our home-education. Many
families reported playing two activities that we provided, and almost half of families
made the biscuits with their Head Start children. Out of all the materials inside the kit,
two recipes were used by the least number of families.

Finally, individual education through home visits was more time consuming. It
would be more expensive when the target population is large.
LIMITATION

Several limitations are recognized in this study. First the sample size for this study was small, and there was no control or comparison group. Second, findings in this study only have limited generalizability since the study was conducted with parents at Head Start program at Oregon State University. In our study, only one nutrition education lesson was given to parents through home visit. It is difficult to increase parents’ knowledge and change their behavior with one intervention. In addition, intervention period was two weeks after the kit education and it may be too short for parents to practice the child-feeding skills and use the materials we provided.

The study did not address the effects of nutrition educators and home environment variables. Although each home visitor was trained before the home visits and used the same package, variance in information delivery existed, specifically two languages were used in the home visits. There may have been differences from home to home—such factors as the number of family members at home during the home visits and the time of day for the home visit and follow-up phone survey. The potential effect of these variables on the outcomes was not assessed. In addition, several visits (N=4) were conducted at school by researchers instead of in the home. The environmental difference between home and school was not assessed in this study either. Further studies are needed to evaluate differences resulting from these variables. Finally, participants’ answers on questionnaires and 24-hour food record are based on the self-report, and only one 24-hour food record was obtained. This may not be representative of actual intake of preschoolers: specifically their intakes vary from day to day.
RECOMMENDATION FOR FUTURE RESEARCH

This research provided an opportunity to study parental awareness on parent-child feeding relationships and the effect of home education among low-income families. Recommendations for future research are shown as follows:

Research is needed to conduct a large sample size and randomly assign parents to control and study groups. While selecting participants, it is necessary to find parents from more diverse cultures and with different socioeconomic backgrounds.

In this research we only studied the awareness of parental knowledge regarding division of responsibility before and after the nutrition intervention. However, we did not study how this relates to children’s weight. Future studies may need to focus on whether or not parental nutrition education on division of responsibility has impact on children’s weight. If research can prove that it is related, strategies for childhood obesity prevention can focus on parent-child feeding practices in life. Researchers may also study the change of child’s food intake after parental nutrition education on division of responsibility as well. In addition, while studying food intake, measurement of a 3-day food record will provide better data to assess the child’s food intake.

Researchers can consider home visits as a means of nutrition information delivery to low-income families. Parents in our study were all willing to participate. However, several home visits would be needed in order to achieve desired child-feeding changes. In addition, different educational kits may be developed for each visit, so parents can receive different information. Some parents reported that they are not motivated by the
materials inside the kit. It would be possible to develop a different package to test if parents are motivated.
REFERENCES


5. Fletcher J, Branen LJ, Lawrence A. Late adolescents' perceptions of their caregiver's feeding styles and practices and those they will use with their own children. Adolescence 1997;32:287-298.


Appendix A:

- Oregon State University Institutional Review Board Approval letter
- Recruitment fliers, letter and informed consent form for Bates
- Recruitment fliers, letters and informed consent forms for Garfield family event and Garfield home visit
REPORT OF REVIEW

TO: Carolyn Raab,  
Nutrition and Food Management

RE: Head Start Parent Education to Promote Positive Parent-Child Feeding Relationships  
(Student Researcher: Yu-Chi Huang)

Protocol No. 2113

The referenced project was reviewed under the guidelines of Oregon State University’s Institutional Review Board (IRB). The IRB has approved the application. This approval will expire on 2/2/2004. This new request was reviewed at the Exempt from Full Board level. A copy of this information will be provided to the full IRB committee.

Enclosed with this letter please find the original informed consent document for this project, which has received the IRB stamp. The original informed consent document has been stamped to ensure that only current, approved informed consent forms are used to enroll participants in this study. All participants must receive the IRB-stamped informed consent document. Make copies of this original as needed.

• Any proposed change to the approved protocol, informed consent form(s), or testing instrument(s) must be submitted using the MODIFICATION REQUEST FORM. Allow sufficient time for review and approval by the committee before any changes are implemented. Immediate action may be taken where necessary to eliminate apparent hazards to subjects, but this modification to the approved project must be reported immediately to the IRB.

• In the event that a human participant in this study experiences an outcome that is not expected and routine and that results in bodily injury and/or psychological, emotional, or physical harm or stress, it must be reported to the IRB Human Protections Administrator within three days of the occurrence using the ADVERSE EVENT FORM.

• If a complaint from a participant is received, you will be contacted for further information.

• Please go to the IRB web site at: http://osu.orst.edu/research/RegulatoryCompliance/HumanSubjects.html to access the MODIFICATION REQUEST FORM and the ADVERSE EVENT FORM as needed.

Before the expiration date noted above, a Status Report will be sent to either close or renew this project. It is imperative that the Status Report is completed and submitted by the due date indicated or the project must be suspended to be compliant with federal policies.

If you have any questions, please contact the IRB Human Protections Administrator at IRB@oregonstate.edu or by phone at (541) 737-3437.

[Signature]
Laura K. Lincoln  
Human Protections Administrator
Institutional Review Board

Date: 2/3/03

pc: 2113 file
Feeding Your Child: Parents and Children Together

Do you know why parents and children have to work together on feeding relationship? We'll tell you why. Bring your family. Child care and refreshment will be provided.

Time: 6:30 to 7:30 PM
Date: Thursday, February 6, 2003
Place: 129 Bates

Presented by Yu-Chi Huang, OSU graduate student in Nutrition and Food Management.
Dear Parents at Bates,

The OSU Child Development Center and the Department of Nutrition and Food Management have planned a project to share information with parents about “Feeding your child: parents and children together.” We are happy to invite you to participate!

Yu-Chi Huang, an OSU graduate student, will be teaching you about feeding your child at our preschool family social event that is being planned in February. At the family event, we would like to take about 10 minutes to ask you some questions about how you feed your child. We will ask for your phone number so that we can call you later in February to talk with you about the information we taught in the parent class.

To get started we will need your permission to look at the Food Record sheet that you completed when your child joined the OSU Oregon Head Start Prekindergarten Program. This information will help us understand what your child eats.

Your responses will be kept confidential to the extent permitted by law. Your name will not be written on your questionnaire and we will not list your name when we report the responses of all Head Start parents. We will discard your phone number after the research has been completed.

There is no risk involved in your participation and your participation in this study is voluntary. You may choose not to participate and you may choose not to respond to the questions that we ask. You will still receive educational materials if you decide not to participate. Your participation will help us to understand the parent-child feeding relationship.

If you have any questions about this research study, please contact us at the numbers listed below. If you have questions about your rights as a research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at (541) 737-3437.

Sincerely,

Joanne Sorte, Director
OSU Child Development Center
541-737-2516

Yu-Chi Huang
Department of Nutrition & Food Management
541-737-9190

Dr. Carolyn Raab
OSU Extension Service
541-737-1019

OSU IRB Approval Date: 4/1/03
Approval Expiration Date: 2/28/04
Informed Consent Statement

I agree to participate in the Child Feeding training and research project. I will attend the family social and training event, and understand that I will complete a form that lists my telephone number and asks questions about how I feed my child. Also I understand that I will receive a telephone call later in February to talk about how I have used the information that I have received.

I understand that I may withdraw from the study at any time, and that educational materials will be mine to keep.

My signature below indicates that I understand the procedures described above and give my informed and voluntary consent to participate in the study.

Name of participant (please print)

Signature of participant (Date)

Signature of student researcher (Date)

OSU IRB Approval Date: 03/02
Approval Expiration Date: 03/14
Feeding Your Child:
Parents and Children Together

Do you know why parents and children have to work together on feeding relationship? We'll tell you why. Bring your family. Child care and refreshments will be provided. The event will be in both English and Spanish.

Time: 10:00 to 11:30 AM
Date: Saturday, February 22, 2003
Place: Garfield school library

Presented by Yu-Chi Huang, OSU graduate student in Nutrition and Food Management.

Alimentando a tu niño:
Padres e Hijos juntos


Hora: 10:00 a 11:30 AM
Día: Sábado 22 de Febrero, 2003
Lugar: Biblioteca- Colegio Garfield

Presentado por Ines Arroyo, estudiante graduada de Nutrición y Administración de Alimentos de OSU.
Recruitment letter- Garfield family event

OSU Child Development Center
130 Bates Hall
Corvallis, OR 97331-5151
Telephone: 541-737-2516

Dear Parents at Garfield family event,

The OSU Child Development Center and the Department of Nutrition and Food Management have planned a project to share information with parents about “Feeding your child: parents and children together.” We are happy to invite you to participate!

Yu-Chi Huang, an OSU graduate student, will be teaching you about feeding your child at our preschool family social event that is being planned in February. At the family event, we would like to take about 10 minutes to ask you some questions about how you feed your child. Then your home visitor will deliver a bag of materials to help you and your Head Start child learn more at home. We will ask for your phone number so that we can call you in March to talk with you about your use of the information that you have received. The survey and other parts of the research will be available in both English and Spanish.

To get started we will need your permission to look at the Food Record sheet that you completed when your child joined the OSU Oregon Head Start Prekindergarten Program. This information will help us understand what your child eats.

Your responses will be kept confidential to the extent permitted by law. Your name will not be written on your questionnaire and we will not list your name when we report the responses of all Head Start parents. We will discard your phone number after the research has been completed.

There is no risk involved in your participation and your participation in this study is voluntary. You may choose not to participate and you may choose not to respond to the questions that we ask. You will still receive the bag of materials if you decide not to participate. Your participation will help us to understand the parent-child feeding relationship.

If you have any questions about this research study, please contact us at the numbers listed below. If you have questions about your rights as a research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at (541) 737-3437.

Sincerely,

Joanne Sorte, Director
OSU Child Development Center
541-737-2516

Yu-Chi Huang
Department of Nutrition & Food Management
541-737-9190

Dr. Carolyn Raab
OSU Extension Service
541-737-1019

OSU IRB Approval Date: 08/18/14
Approval Expiration Date: 08/17/17
Informed consent form - Garfield family event

Informed Consent Statement

I agree to participate in the Child Feeding training and research project. I will attend the family social and training event, and understand that I will complete a form that lists my telephone number and asks questions about how I feed my child. I will receive a bag of training materials, and understand that I will receive a telephone call in March to talk about how I have used the information that I have received.

I understand that I may withdraw from the study at any time, and that the bag of training materials will be mine to keep.

My signature below indicates that I understand the procedures described above and give my informed and voluntary consent to participate in the study.

Name of participant (please print)

Signature of participant (Date)

Signature of student researcher (Date)

OSU IRB Approval Date: 03/03
Approval Expiration Date: 03/03
Recruitment letter- Garfield family event (Spanish)

Centro de Desarrollo Infantil-OSU
130 Bates Hall
Corvallis, OR 97331-5151
Teléfono: 541-737-2516

Estimados Padres de la Escuela Garfield del Evento Familiar;

El Centro de Desarrollo Infantil-OSU y el Departamento de Nutrición y Administración de Alimentos tienen planeado un proyecto para compartir con los padres la información acerca de “Alimentando a tu niño: padres e hijos juntos”. Estamos contentos de invitarlo a participar!

Yuchi Huang, una estudiante graduada de OSU le enseñará sobre la alimentación infantil durante un evento familiar que ha sido programado para Febrero. En el evento familiar, tomaremos cerca de 10 minutos para hacerle preguntas sobre como alimenta a su niño. Luego nuestro visitador le llevará una bolsa con material que le servirá a usted y a su niño Head Start en su hogar. Le pediremos su número telefónico para llamarlo en Marzo para hablar acerca del uso del material recibido. La encuesta y otras partes del estudio estarán en Inglés y Español.

Para comenzar, quisiéramos su permiso para ver el Registro de Alimentos que usted completó cuando su niño ingreso al Programa de Prekindergarten de Head Start de OSU. Esta información nos ayudará a entender que es lo que su niño come.

Sus respuestas serán confidenciales como lo permite la ley. Su nombre no será escrito en el cuestionario y no reportaremos su nombre con las respuestas de los padres de Head Start. Destruiremos su número telefónico después de completado el estudio.

No existe ningún riego si usted participa en el estudio y su participación será voluntaria. Usted podrá decidir si participa o no, también decidirá cual de las preguntas no desea contestar. Usted recibirá una bolsa con materiales a pesar de negarse en participar en el estudio. Su participación nos ayudara a entender acerca de la relación padres-hijos en la alimentación.

Si tiene alguna pregunta acerca de este estudio, favor de contactarse con nosotros a los teléfonos presentados a continuación. Si tiene alguna pregunta acerca de sus derechos como participante, favor contactarse con el Administrador de Protección Humana del Consejo de Revisión Institucional (IRB) al (541) 737-3437.

Sinceramente,

Joanne Sorte
Directora
Centro de Desarrollo Infantil-OSU
541-737-2516

Yuchi Huang
Departamento de Nutrición y Administración de Alimentos
541-737-9190

Dr. Carolyn Raab
OSU Servicio de Extensión
541-737-1019

OSU IRB Approval Date: 2/28/03
Approval Expiration Date: 10/10/04
Declaración de Consentimiento

Yo acepto en participar en el proyecto y entrenamiento sobre Alimentación Infantil. Yo asistiré al evento social-familiar y entrenamiento, y comprendo también que debo completar una forma con mi número telefónico y contestar preguntas acerca de cómo alimento a mi niño. Yo recibiré una bolsa con materiales de entrenamiento y comprendo que recibiré una llamada telefónica en Marzo acerca de cómo utilice la información recibida.

Comprendo que puedo renunciar al estudio en cualquier momento y que la bolsa con material de entrenamiento será de mi pertenencia.

Mi firma a continuación indica que he comprendido los procedimientos descritos anteriormente y da mi consentimiento voluntario a participar en el estudio.

__________________________  ____________________________
Nombre del Participante (letra imprenta)  Firma del Participante  (Fecha)

__________________________  ____________________________
Firma del estudiante a cargo del estudio  (Fecha)
Dear Parents at Garfield,

The OSU Child Development Center and the Department of Nutrition and Food Management have planned a project to share information with parents about “Feeding your child: parents and children together.” We are happy to invite you to participate!

Your home visitor will deliver a bag of educational materials presented by Yu-Chi Huang, an OSU graduate student. Before you receive the bag, your home visitor would like to take 10 minutes to ask you some questions about how you feed your child. We will ask for your phone number so that we can call you in March to talk with you about your use of the information that you have received. The survey and other parts of the research will be available in both English and Spanish.

To get started we will need your permission to look at the Food Record sheet that you completed when your child joined the OSU Oregon Head Start Prekindergarten Program. This information will help us understand what your child eats.

Your responses will be kept confidential to the extent permitted by law. Your name will not be written on your questionnaire and we will not list your name when we report the responses of all Head Start parents. We will discard your phone number after the research has been completed.

There is no risk involved in your participation and your participation in this study is voluntary. You may choose not to participate and you may choose not to respond to the questions that we ask. You will still receive the bag of materials if you decide not to participate. Your participation will help us to understand the parent-child feeding relationship.

If you have any questions about this research study, please contact us at the numbers listed below. If you have questions about your rights as a research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at (541) 737-3437.

Sincerely,

Joanne Sorte, Director
OSU Child Development Center
541-737-2516

Yu-Chi Huang
Department of Nutrition &
Food Management
541-737-9190

Dr. Carolyn Raab
OSU Extension Service
541-737-1019

OSU IRB Approval Date: 03/15
Approval Expiration Date: 03/14
Informed consent form- Home visit

Informed Consent Statement

I agree to participate in the Child Feeding research project. I understand that I will complete a form that lists my telephone number and asks questions about how I feed my child. I will receive a bag of training materials, and understand that I will receive a telephone call in March to talk about how I have used the information that I have received.

I understand that I may withdraw from the study at any time, and that the bag of training materials will be mine to keep.

My signature below indicates that I understand the procedures described above and give my informed and voluntary consent to participate in the study.

Name of participant    (please print)

Signature of participant    (Date)

Signature of student researcher    (Date)

OSU IRB Approval Date: 2/23/03
Approval Expiration Date: 2/22/04
Centro de Desarrollo Infantil-OSU
130 Bates Hall
Corvallis, OR 97331-5151
Teléfono: 541-737-2516

Estimados Padres de la Escuela Garfield,

El Centro de Desarrollo Infantil-OSU y el Departamento de Nutrición y Administración de Alimentos tienen planeado un proyecto para compartir con los padres la información acerca de “Alimentando a tu niño: padres e hijos juntos”. Estamos contentos de invitarlo a participar!

El visitador de hogar le llevará una bolsa con material educativo presentado por Yuchi Huang, una estudiante graduada de OSU. Antes de recibir la bolsa el visitador tomará 10 minutos de su tiempo para hacerle algunas preguntas de cómo alimenta a su niño. Le pediremos su número telefónico para llamarlo en Marzo para hablar acerca del uso del material recibido. La encuesta y otras partes del estudio estarán en Inglés y Español.

Para comenzar, quisiéramos su permiso para ver el Registro de Alimentos que usted completó cuando su niño ingreso al Programa de Prekindergarten de Head Start de OSU. Esta información nos ayudará a entender que es lo que su niño come.

Sus respuestas serán confidenciales como lo permite la ley. Su nombre no será escrito en el cuestionario y no reportaremos su nombre con las respuestas de los padres de Head Start. Destruiremos su número telefónico después de completado el estudio.

No existe ningún riego si usted participa en el estudio y su participación será voluntaria. Usted podrá decidir si participa o no, también decidirá cuál de las preguntas no desea contestar. Usted recibirá una bolsa con materiales a pesar de negarse en participar en el estudio. Su participación nos ayudará a entender acerca de la relación padres-hijos en la alimentación.

Si tiene alguna pregunta acerca de este estudio, favor de contactarse con nosotros a los teléfonos presentados a continuación. Si tiene alguna pregunta acerca de sus derechos como participante, favor contactarse con el Administrador de Protección Humana del Consejo de Revisión Institucional (IRB) al (541) 737-3437.

Sinceramente,

Joanne Sorte
Directora
Centro de Desarrollo Infantil-OSU
541-737-2516

Yu-Chi Huang
Departamento de Nutrición
y Administración de Alimentos
541-737-9190

Dr. Carolyn Raab
OSU Servicio de Extensión
541-737-1019

OSU IRB Approval Date: 2/12/03
Approval Expiration Date: 2/12/04
Declaración de Consentimiento

Yo acepto en participar en el proyecto sobre Alimentación Infantil. Y comprendo también que debo completar una forma con mi numero telefónico y contestar preguntas acerca de cómo alimento a mi niño. Yo recibiré una bolsa con materiales de entrenamiento y comprendo que recibiré una llamada telefónica en Marzo acerca de cómo utilice la información recibida.

Comprendo que puedo renunciar al estudio en cualquier momento y que la bolsa con material de entrenamiento será de mi pertenencia.

Mi firma a continuación indica que he comprendido los procedimientos descritos anteriormente y da mi consentimiento voluntario a participar en el estudio.

Nombre del Participante (letra imprenta)

Firma del Participante

(Fecha)

Firma del estudiante a cargo del estudio

(Fecha)
Appendix B:

Education materials inside the Happy Home Meal Kit:

- Letter to parents
- Four pages parent-child feeding handout
- Refrigerator chart
- Buttermilk biscuit direction
- Description of activities
- Flash cards
- Recipes
Dear Parents,

Feeding young children can be a challenge. Both parents and their young children have responsibilities in the feeding relationship.

Yu-Chi Huang, a graduate student in the Department of Nutrition and Food Management at Oregon State University, has been telling Head Start parents about the division of responsibility in child feeding. Parents decide what, when and where young children eat. The children decide whether to eat and how much.

Preparing a meal at home and eating it together as a family can help your child eat better. Children who eat meals with their families have more nutritious diets. Your child will learn by watching and listening as you set a good example when you sit together at meals.

This Happy Home Meal kit will help you plan a family meal. The Kit includes two recipes for family meals as well as biscuit mix. You could put the chart on your refrigerator to remind you about the parent and child feeding roles.

You can help your young child to develop good eating habits by preparing food with him/her. For example, your child can help you make the biscuits. Children can stir the ingredients together, flatten the dough, and cut it into apple shapes with the cookie cutter.

The two family activities in the kit will help you to teach your child about food. Try these activities during your meal to encourage pleasant family conversation.

We hope that you enjoy this Happy Home Meal Kit.

Carolyn Raab
Foods and Nutrition Specialist
Oregon State University Extension Service
Estimados Padres,

Alimentar a sus niños puede ser un reto. Ambos padres y sus niños pequeños tienen responsabilidades en la alimentación.

Yu-Chi Huang, estudiante graduada del Departamento de Nutrición y Administración de Alimentos de Oregon State University, habló a los padres de Head Start acerca de la división de responsabilidades en la alimentación de los niños. Los padres deciden qué, cuándo y dónde y los niños deben comer. Los niños deciden comer o no comer y cuánto comer.

Preparar una comida en casa y comer todos juntos en familia puede ayudar a tu niño a comer mejor. Los niños que comen en familia tienen dietas más nutritivas. Tu niño puede aprender viéndote y escuchándote cuando le des el ejemplo al sentarte con él/ella en la mesa durante las comidas.

Este equipo Happy Home Meal te ayudará a planear una comida familiar. Este equipo incluye dos recetas para comidas familiares al igual que una mezcla para hacer panecillos. Puedes colocar la carta en tu refrigeradora para recordar los roles de los padres y los niños en la alimentación.

Tú puedes ayudar a tu niño a desarrollar buenas costumbres alimenticias preparando comidas con él/ella. Por ejemplo tu niño puede ayudarte a preparar los panecillos. Ellos pueden mezclar los ingredientes, planchar la masa, cortar la masa usando el cortador de galletas.

Las dos actividades familiares del equipo te ayudará a que enseñes a tu niño acerca de los alimentos. Prueba estas actividades y fomenta una placentera conversación familiar.

Esperamos que disfrute el equipo Happy Home Meal.

Carolyn Raab
Especialista en Alimentos y Nutrición
Servicio de Extensión Oregon State University
When your child eats well, he or she will grow well and learn well. Adults set the rules for child feeding, but children have responsibilities, too. Ellyn Satter (Registered Dietitian, therapist, and author) has proposed this division of feeding responsibility for parents and young children (www.ellynsatter.com):

Parents decide:  
✓ What food is offered to the child  
✓ When food is offered to the child  
✓ Where the food will be eaten

Children decide:  
✓ Whether or not to eat  
✓ How much to eat
Parents Decide . . .

**What**

- Include a variety of healthy foods in your child’s meals and snacks.
- Include at least one food that your child likes and encourage him/her to taste small amounts of new foods.
- Set a good example by eating these foods yourself.

**Where**

- Find a place where your family can sit together for a meal—whether at a table or on a blanket.
- Turn off the TV while you eat so that you can talk to each other.

**When**

- Try to schedule meals and snacks at a regular time every day. That makes it easier for your child to decide how much to eat.
- Offer snacks 2-3 hours before meals so that your child will be hungry.
Children Decide . . .

Young children don’t need as much food as adults. Trust young children to eat the amount of food that their bodies need. They may not be as hungry on some days. Excuse them from the meal rather than forcing them to eat everything on their plate.

Serving sizes for 4-5 year old children

- **Bread and cereals**
  - ¼-½ cup rice or pasta
  - ½ cup breakfast cereal
  - ½-1 slice of bread or ½-1 tortilla

- **Vegetables**
  - 4-5 Tablespoons of vegetables (chopped raw or cooked)
  - 1/3-1/2 cup of vegetable juice
  - ½ raw leafy vegetables

- **Fruits**
  - ½-1 medium whole fruit
  - 4-5 Tablespoons of fruit (chopped raw or canned)
  - 1/3-1/2 cup of fruit juice

- **Milk Products**
  - ½-¾ cup milk or yogurt
  - One inch cube of cheese

- **Meat and other protein foods**
  - 4 Tablespoons of meat, poultry or fish
  - ½ cup cooked dried beans
  - 1 egg
  - 2-3 Tablespoons peanut butter
Rating Your Child's Diet

Your young child needs these foods everyday for good health:
- 6 servings of breads and cereals
- 2 servings of milk
- 3 servings of vegetables
- 2 servings of meat and other protein foods
- 2 servings of fruit

Is your child eating what she/he needs for good health?
1. On a sheet of paper, write down everything that your child has eaten for the past 24 hours (amounts of food as well as types.)
2. Use the serving sizes on page 3 to calculate how many servings of each food that your child ate.
   (For example, 1 cup of juice equals two ¼ cup servings for a young child.)
3. Write servings of each food in the correct block of the Food Guide Pyramid (breads/cereals, vegetables, fruits, milk products, meat/other protein foods). Each numbered line counts as one serving. (See the sample.)
4. Are there any empty lines inside the Pyramid? You could plan nutritious snacks to fill them.
5. Did you use lines outside the Pyramid for extra servings? Extras should be low calorie foods so that your child doesn’t eat too much.

Developed by Carolyn Raab, Oregon State University Extension Service, with Yu-Chi Huang, OSU Graduate Student. February 2003
Alimentación Infantil

Padres e hijos juntos

Cuando su niño coma saludable, él o ella podrá crecer bien. Los adultos pondrán las reglas para la alimentación infantil, pero los niños también tendrán responsabilidades. Ellyn Satter (Dietista Registrada, terapista y autora) ha propuesto la división de responsabilidades entre padres e hijos para la alimentación infantil (www.ellynsatter.com):

Los Padres decidirán:
✓ Que comida va a ofrecer a su niño
✓ Cuando va a ofrecer comida a su niño
✓ Donde se va a comer

Los Niños decidirán:
✓ Comer o no comer
✓ Cuanto comer
Los Padres Deciden...

- Incluir una variedad de alimentos saludables en las comidas y bocadillos de sus niños.
- Incluir por lo menos una comida preferida de su niño y fomentar a él / ella que pruebe nuevos alimentos.
- Dar un buen ejemplo comiendo usted esas comidas.

Que

- Hacer un horario de comidas y bocadillos todos los días. Lo que facilitará a su niño cuanto comer.
- Ofrecer bocadillos 2-3 horas antes de sus comidas, para que su niño tenga apetito a la hora de su comida.

Donde

- Escoger un lugar donde su familia pueda sentarse junta para comer, puede ser una mesa o sobre una alfombra.
- Apagar la T.V. mientras coman, para poder conversar en familia.
Los Niños deciden...

Los niños no necesitan mucha comida como los mayores. Confíe en que su niño comerá la cantidad de comida que su cuerpo necesita. Tal vez algunos días el no tenga mucha hambre. Exúcisle de comer en vez de forzarlos a comer todo el plato de comida.

Tamaño de porciones para niños de 4-5 años

**Panes y cereales**
- 1/4-1/2 taza de arroz o pasta
- 1/2 taza de cereal
- 1/2-1 tajada de pan o ½-1 tortilla

**Verduras**
- 4-5 cucharadas de verduras (picadas crudas o cocidas)
- 1/3-1/2 taza de jugo de verduras
- ½ taza de hojas de verduras crudas

**Frutas**
- ½-1 fruta mediana
- 4-5 cucharadas de fruta (picada cruda o cocida)
- 1/3-1/2 taza de jugo de fruta

**Productos lácteos**
- ¼-3/4 taza de leche o yogur
- 1 cubo de queso (1 pulgada)

**Carnes o otros alimentos proteicos**
- 4 cucharadas de carne, pollo o pescado
- 1/2 taza de frijoles cocidos
- 1 huevo
- 2-3 cucharadas de mantequilla de maní
Calificando la dieta de su niño

Para una buena salud de su niño, el / ella necesita de estos alimentos todos los días:
6 porciones de panes y cereales
3 porciones de verduras
2 porciones de frutas
2 porciones de leche
2 porciones de carne o alimentos proteicos

Que necesita su niño para una buena salud?

1. En una hoja de papel, escriba todo lo que su niño comió en las pasadas 24 horas (cifras y tipos de alimentos).

2. Use el tamaño de porciones de la página 3 para calcular cuántas porciones su hijo ha comido de cada grupo de alimentos
(Por ejemplo, 1 taza de jugo equivale a 1/2 taza-porció para tu niño)


Feeding Your Child: Parents and Children Together

Parents decide:
- What to eat
- When to eat
- Where to eat

Children decide:
- Whether or not to eat
- How much to eat

Alimentando a tu Niño: Padres e Hijos Juntos

Los padres deciden:
- Que comer
- Cuando comer
- Donde comer

Los hijos deciden:
- Comer o no comer
- Cuanto comer

Developed by OPHRY for the Oregon State University Extension Service 2003

Prepared by Yvonne Huang for Service de Entenanza de SUE 2003
Buttermilk biscuit direction

**What you’ll need:**

- **Ingredients:**
  - 1 cup biscuit mix (in the bag)
  - 1/4 cup water
  - 2-3 Tablespoons flour

- **Equipment:**
  - Small bowl
  - Fork for stirring
  - Rolling pin or glass with flat sides
  - Cookie cutter (in the bag)
  - Cookie sheet or other baking pan

1. Heat oven to 425°.
2. Use fork to lightly mix biscuit mix and water just until there is a soft, sticky ball of dough.
3. Sprinkle 2-3 Tablespoons of flour on a wooden board or counter top (to keep the biscuit dough from sticking.)
4. Put the ball of dough on the floured board. Push it down with your hand to make a circle, then turn it over so that both sides are covered with flour.
5. Knead the dough to mix the ingredients together. (To knead, fold the circle of dough in half and push it back down into a circle. Then turn it so that you fold in a different direction. Repeat 10 times.) Put a little more flour on the board if the dough is too sticky.
6. Roll dough 1/4 inch thick, with a rolling pin or glass.
7. Cut out biscuits using the apple-shaped cutter.
8. Make leftover dough into a ball, roll out again, and cut out more biscuits.
9. Put biscuits on a lightly greased cookie sheet about 1/2 inch apart.
10. Bake about 8-10 minutes until biscuits are golden brown.

Serve with butter. Makes 5-6 biscuits using the apple-shaped cutter.

(See instructions in Spanish on the other side.)

Panecillos de leche y mantequilla

**Lo que necesitarás:**

- **Ingredientes:**
  - 1 taza mezcla para panecillos (en la bolsa)
  - 1/4 taza de agua
  - 2-3 cucharadas de harina

- **Utensilios:**
  - Recipiente pequeño
  - Tenedor para batir
  - Rodillo o un vaso de vidrio de heridas lisos
  - Contenedor de galletas (en la bolsa)
  - Bandeja para hornear

1. Calentar el horno a 425.
2. Usar el tenedor para mezclar la mezcla de panecillos y el agua aminor hasta que la masa esté nueva y pegajosa.
3. Echar 2-3 cucharadas de harina sobre la mesa (para prevenir que la masa se pegue.)
4. Poner la masa sobre la superficie con harina. Presione con su mano haciendo un círculo, de la vuelta a la mesa y cubrira con harina.
5. Amase la masa para mezclar los ingredientes. (Para amasar, doble el círculo de masa y presione hacia abajo. Luego gire la masa y déjela en otra dirección. Repita 10 veces) Ponga mas harina si la masa se pegga a la mesa.
6. Klette la masa con el rodillo o vaso hasta 1/4 pulgada de ancho.
7. Corte los panecillos con el cortador en forma de manzana.
8. Los restos de masa ambas dos useo y corte más panecillos.
9. Coloque los panecillos en una bandeja engrasada para galletas dejando un espacio de a 1/2 pulgada entre los panecillos.
10. Hornee 8-10 minutos hasta que los panecillos se doren.

Sirvalos con mantequilla. Rinde 5-6 panecillos si usa el cortador de manzana.
Here are two activities that you may enjoy with your family at home. You could try these activities during your meal to encourage pleasant family conversation.


Activity 1: I'm thinking

You can play "I'm thinking" anytime you have a few minutes. "I'm thinking of something about A FOOD that is yellow. It's a fruit." Your child has to guess WHAT FOOD you are thinking about. Keep giving clues until he/she guesses right. "It's delicious. Sometimes mom put it into muffin." Then it's his/her turn. Hint: Don't guess too fast even if your child gives the activity away by looking at the object. Telling clues gives your child a chance to use new words.

Activity 2: Make your own flash card

Let your child color the flash card. Then you can help him/her cut it into small cards. Teach your child the name of the foods. The flash card has English on one side and Spanish on the other side. You child can learn the name of the foods in a different language, too.

Acá tenemos dos actividades que usted puede disfrutar con su familia en casa. Usted puede probar estas actividades durante la cena para promover una placentera conversación familiar.

Actividad 1: Estoy pensando


Actividad 2 Haga sus propias cartas

Deje colorear las cartas a su niño. Luego usted le puede ayudar a cortar en pequeñas cartas. Enseñe a su niño el nombre de los alimentos. Las cartas están en inglés por un lado y en español por el otro. Su niño puede aprender alimentos en otro idioma también.
<table>
<thead>
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<th>Spanish</th>
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<tr>
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<td>Maiz</td>
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<td>Cabbage</td>
<td>Berenjena</td>
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<tr>
<td>Watermelon</td>
<td>Tomate</td>
</tr>
</tbody>
</table>
Chicken Pozole Soup

Ingredients
Makes 6 servings
1 whole chicken, skinned and cut-up
8 cups water
1/2 cup onion, chopped
1 teaspoon salt
1/4 teaspoon pepper
1 can (16-oz.) red chili sauce or
1/4 cup chili powder and 1 8-oz. can tomato sauce
1/2 teaspoon dried oregano
2 cans (15-oz.) each white or yellow hominy, rinsed and drained
3 cups iceberg lettuce, shredded
6 lime wedges

1. Cut chicken pieces in a large pot and cover with the 8 cups of water. Simmer on medium heat for 1 hour.
2. Add the chopped onion, salt, pepper, chili sauce, and oregano to simmering chicken.
3. After the chicken is thoroughly cooked, remove most of the bones. Return chicken to pot.
4. Add rinsed hominy to the pot of chicken and simmer for another 45 minutes.
5. Serve with lettuce and a wedge of lime.
6. Refrigerate leftovers within 2 hours

Chicken Pozole Soup gives us:

- **Vitamins**: turn input into energy
- **Protein**: builds and repairs skin, muscle and blood
Vegetables and Turkey (or Chicken) Stir-Fry

Ingredients
Makes 4 servings

- 1 Tablespoon salad oil
- 1/2 teaspoon salt
- 2 thin slices ginger root, minced
- 1 clove garlic, peeled and minced
- 1/2 teaspoon sugar
- 1/2 teaspoon soy sauce
- 1/2 cup chopped vegetables (chick or frozen)
- Water (optional)

Heat fry pan. Add oil and heat on high temperature. Adjust heat to prevent scorching.

Add salt, ginger, garlic, turkey and vegetables. Stir-fry about 1 minute to coat with oil. If the vegetables are firm, add 1-2 tablespoons of water, cover and cook for 3 minutes or until tender.

Serve as is, or if you wish to add a gravy:

Gravy Ingredients:
- 1 Tablespoon cornstarch
- 2 teaspoons soy sauce
- 1/2 cup chicken stock or water.

Mix the gravy ingredients well, pour over vegetables and turkey, and cook for 30 seconds.

Refrigerate leftovers within 2 hours.

Vegetables and Turkey Stir-Fry give us:

- PROTEIN: Builds and repairs skin, muscle and blood.
- VITAMIN C: Keeps gums and blood vessels healthy.
- VITAMIN A: Keeps skin and eyes healthy.
Pozole de Pollo

Ingredientes

- 1 pollo entero, sin pellejo y cortado
- 6 tazas de agua
- 1/2 taza de cebolla picada
- 1/4 de cucharadita de sal
- 1/4 de cucharadita de pimienta
- 1 taza de salsa de chile rojo
- 1 taza de salsa de tomate
- 1/2 cucharadita de oregano seco
- 2 tazas de 15 onzas cada una de maíz amarillo o blanco, enjuagado y sin agua
- 3 tazas de lechuga de cabeza picada
- 2 limones cortados

Corte el pollo y quítele el corazón. Ponlo en una olla grande y cocíelo con las 6 tazas de agua. Cocíelo a temperatura media por una hora.

Después de que el pollo esté cocinado, quite algunos o todos los huesos. Ponga de nuevo el pollo en la olla.

Añada la cebolla picada, la sal, la pimienta, la salsa roja de chile en polvo, la salsa de tomate y el polvo de oregano. Cocine todo durante 45 minutos.

Sirva con lechuga y limón.

Guardelo que no se coma en el refrigerador dentro 2 horas.

Pozole de Pollo nos da:

**VITAMINAS B**: Convertir los alimentos en energía.

**PROTEINA**: Hace y repara la piel, músculos y sangre.
Verduras Con Pavo (o Pollo) al Estilo Oriental

**Ingredientes**
Hace 4 porciones
1 cucharada de aceite para ensaladas
1/2 cucharadita de sal
2 tajadas delgadas de jengibre, picadas
1 diente de ajo, pelado y picado
1-2 tazas de pavo o pollo cocinado, cortado en pedazos de 1/2 pulgada
1/2 cucharadita de azúcar
1 libra de vegetales cortados (brócoli o coliflor, etc.)
Agua (opcional)

1. Caliente la sartén. Añada el aceite y calienten a alto.
2. Añada sal, jengibre, ajo, pavo y vegetales. Revuelvan mientras bien por un minuto.
3. Añade un poco de agua si es necesario. Añada el azúcar y si los vegetales están blandos, no cocine más.
4. Si los vegetales están firmes o duros, añada 1 o 2 cucharadas de agua, cubra y déjelo cocinar por 2 minutos o hasta que los vegetales queden suaves.

Verduras Con Pavo (o Pollo) al Estilo Oriental

**Ingredientes para salsa:**
1 cucharada de maicena
2 cucharaditas de salsa de soya
1/2 taza de caldo de pollo o agua

5. Sirva inmediatamente, si desea hacerlo con salsa...
6. Mezcle bien los ingredientes para la salsa; ponga la mezcla sobre los vegetales y el pavo, y cocine por 30 segundos.
7. Coloque lo que no se coma en el refrigerador durante 2 horas.

Verduras Con Pavo o Pollo al Estilo Oriental nos da:

- **VITAMINA C**: Mantiene sanas las encías y las venas.
- **VITAMINA A**: Mantiene sanas la piel y los ojos.

Verduras Con Pavo (o Pollo) al Estilo Oriental nos da:

- **VITAMINA C**: Mantiene y repara la piel, músculos y sangre.
- **VITAMINA A**: Mantiene sanas las encías y las venas.
- **VITAMINA C**: Mantiene sanas la piel y los ojos.
Appendix C:

Educational materials for parent education program:

- Portion size quiz,
- Transparencies
**Quiz about portion size**

1. Which one will be one serving of banana for your 4 to 5-year-old child?
   1. A whole banana
   2. Half of banana
   3. A quarter of banana

2. Which one will be one serving of strawberry for your 4 to 5-year-old child?
   1. 2 strawberry
   2. 4 strawberry
   3. 9 strawberry

3. Which one will be one serving of vegetable for your 4 to 5-year-old child?
   1. 2 tablespoon corn
   2. ¼ cup green bean
   3. 1/3 cup of peas

4. Which one will be one serving of juice for your 4 to 5-year-old child?
   1. 1/3 cup
   2. ½ cup
   3. 1 cup

5. How many crackers are a serving for your 4 to 5-year-old child?
   1. 2 crackers
   2. 3-4 crackers
   3. 5 crackers

---

**Prueba acerca del tamaño de una porción**

1. Cual debe ser la porción de platano para un niño de 4 a 5 años?
   1. Un plátano entero
   2. Medio plátano
   3. Un cuarto de plátano

2. Cual debe ser la porción de fresas para un niño de 4 a 5 años?
   1. 2 fresas
   2. 4 fresas
   3. 9 fresas

3. Cual debe ser la porción de vegetales para un niño de 4 a 5 años?
   1. 2 cucharadas de choclo
   2. ¼ taza de vainitas
   3. 1/3 taza de alverjitas

4. Cual debe ser la porción de jugo para un niño de 4 a 5 años?
   1. 1/3 taza
   2. ½ taza
   3. 1 taza

5. Cuantas galletas son una porción para un niño de 4 a 5 años?
   1. 2 galletas
   2. 3-4 galletas
   3. 5 galletas
Feeding Your Child: Parents and Children Together

Division of Responsibility
- Parents decide:
  - What
  - When
  - Where
- Children decide:
  - Whether or not to eat
  - How much to eat

Parents' Role
- WHAT food is offered to the child
  - A variety of healthy foods.
  - At least one food that your child likes.
  - Set a good example.

Parents' Role
- WHEN food is offered to the child
  - Meals and snacks at regular times.
  - Snacks 2-3 hours before meals.

Parents' Role
- WHERE the food will be eaten
  - Sit together.
  - Turn off the TV.

Child's Role
- Whether or not to eat.
- How much to eat.

Benefit of Eating Meals Together
- Increased family interaction.
- Better performance at school.
- Better diet.
Alimentando a tu Niño:
Padres e Hijos Juntos

Prontizado por los Reyes
Estados Unidos

Division de Responsabilidades

• Los padres deciden:
  Que
  Cuando
  Donde

• Los hijos deciden:
  Comer o no comer
  Cualo comer

El Rol de los Padres

• QUE comida ofrecer a su niño.
  - Una variedad de alimentos saludables
  - Por lo menos un alimento que le guste a tu niño
  - Dar el ejemplo

El Rol de los Padres

• CUANDO ofrecer comida a su niño
  - Comidas y meriendas deben ser a tiempos regulares
  - Meriendas 2-3 horas antes de las comidas

El Rol de los Padres

• DONDE se debe servir la comida
  - Sentarse juntos
  - Apagar la TV

El Rol de los Hijos

• Comer o no comer
• Cualo comer

Beneficio de Comer Juntos

• Mejora la interacción familiar
• Mejor desempeño en la escuela
• Mejor dieta
Appendix D:

Pre-test and post-test questionnaires
All questions relate to your preschool child in Head Start.

Please circle one answer for each.

1. Who has the major responsibility for the feeding of your Head Start child? (Circle one)
   
   Mother  Father  Other (list) _____________

2. I decide what foods to put on my child’s plate. (Circle one)
   
   Always  Most of the time  Sometimes  Never  Not applicable*

3. I let my child decide how much or how little to eat. (Circle one)
   
   Always  Most of the time  Sometimes  Never  Not applicable*

4. I require my child to clean his/her plate of food at mealtime. (Circle one)
   
   Always  Most of the time  Sometimes  Never  Not applicable*

5. If my child says “I’m not hungry”, I try to get her/him to eat anyway.
   
   Always  Most of the time  Sometimes  Never  Not applicable*

6. We schedule meals at regular times every day. (Circle one)
   
   Always  Most of the time  Sometimes  Never

7. Our family sits together to eat meals. (Circle one)
   
   Always  Most of the time  Sometimes  Never

8. How often does your family eat meals together at home? (Circle one)
   
   Always  Most of the time  Sometimes  Never

9. We eat our meals at a table. (Circle one)
   
   Always  Most of the time  Sometimes  Never

10. Our family watches television while eating. (Circle one)
    
    Always  Most of the time  Sometimes  Never  No TV

* Not applicable because someone else is responsible for feeding your Head Start child.
Please circle one who should decide the following:

11. How much food your child should eat.............................. Parent
    Child        Parent&child

12. What type of food is served to your child........................ Parent
    Child        Parent&child

13. When food is served to your child............................... Parent
    Child        Parent&child

14. Whether or not the child should eat food that is served...... Parent
    Child        Parent&child

15. Where family meals are eaten.................................... Parent
    Child        Parent&child

Please tell us about yourself.

16. How are you related to your Head Start Child? (Circle one)
   Mother        Father        Grandmother        Grandfather        Other (list)

17. What is your age? _______ Years

18. How many children under age 18 live with you? _______
    What are their ages? ____  ____  ____  ____  ____         Years

19. What languages do you speak at home? English        Spanish        Other

20. Who in your household usually eats meals together with your Head Start Child? (Please list)

21. What is your education level? (Circle one)
    6 years of grade school
    7-11 years of school
    High school degree (12 years)
    Trade school
    Some college
    College degree (AA _____ BS _____ Other _____)
    Other (list) ____________________________________________

THANK YOU
We would like to phone you in the next month to ask more questions. Our call will take 10-15 minutes. Please tell us the best time to call, such as Monday 9-11am, 7-9 pm.

Sunday AM PM
Monday AM PM
Tuesday AM PM
Wednesday AM PM
Thursday AM PM
Friday AM PM
Saturday AM PM

* What is the language that you prefer to speak? English Spanish Other

* Are you attending this program with another adult in your family? Yes No

If yes, what is the number on their questionnaire?

* If you are attending as a family, who should we phone?

Their Name:

Phone number:
Todas las preguntas son referentes a su niño en Head Start

Marque una opción.

1. Quién tiene la mayor responsabilidad de alimentar a su niño de Head Start? (Marque una opción)
   
   Mamá  Papá  Otro

2. Yo decidio que alimentos poner en el plato de mi niño. (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca  No aplicable*

3. Yo dejo que mi niño decida cuanto comer. (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca  No aplicable*

4. Yo hago que mi niño termine su plato de comida. (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca  No aplicable*

5. Si mi niño dice “No tengo hambre”, hago que coma de igual modo.
   Siempre  Casi siempre  A veces  Nunca  No aplicable*

6. Nosotros programamos las comidas en forma regular todos los días. (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca

7. Nuestra familia se sienta junta durante las comidas.
   Siempre  Casi siempre  A veces  Nunca

8. Que tan frecuente su familia come junta en casa? (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca

9. Nosotros comemos nuestros alimentos en la mesa. (Marque una opción)
   Siempre  Casi siempre  A veces  Nunca

10. Nuestra familia ve televisión mientras come. (Marque una opción)
    Siempre  Casi siempre  A veces  Nunca  No vemos TV

* No aplicable porque otra persona es responsable de alimentar a su niño en Head Start.
Favor de marcar quien decide los siguiente:

11. Cuanta comida su niño debe comer.............Padre/Madre......Niño/Niña.......Padres e hijos
12. Que tipo de comida es servida para su niño.....Padre/Madre......Niño/Niña.......Padres e hijos
13. Cuando la comida será servida a su niño........Padre/Madre......Niño/Niña.......Padres e hijos
14. Si su niño debe comer o no lo servido...........Padre/Madre......Niño/Niña.......Padres e hijos
15. Donde deben servirse las comidas..............Padre/Madre......Niño/Niña.......Padres e hijos

Por favor diganos acerca de usted.

16. Como está relacionado a su niño en Head Start (Marque una opción)
   Mamá       Papá       Abuelo       Abuela       Otro____

17. Cual es su edad? ____ años

18. Cuantos niños menores de 18 años viven con usted? ________
   Cuáles son sus edades ______ ______ ______ ______ ______ años

19. Que idioma habla usted en casa?  Inglés       Español       Otro____________

20. Quien come usualmente en casa con su niño en Head Start? (Por favor enumere)____

21. Que grado de educación tiene? (Marque una opción)
   6 años de escuela
   7-11 años de escuela
   Escuela completa (12 años)
   Escuela Técnica
   Algunos años de Universidad
   Grado Universitario (AA___ BS___ Other___)
   Otro( enumere)__________________________

THANK YOU
Quisieramos llamarlo por teléfono el próximo mes para hacerle algunas preguntas. Nuestra llamada durará de 10 a 15 minutos. Por favor diganos la mejor hora para llamarlo, por ejemplo Lunes 9-11 am, 7-9pm.

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* En que idioma preferiria hablar?  Inglés     Español     Otro_________  

* Algún familiar adulto lo está acompañando al evento? _____ Sí _____ No  
Si marco Sí, cual es su número de cuestionario?_________  

* Si esta asistiendo con su familia, a quién debemos llamar por teléfono?  
Su nombre__________________________________  
Número Telefónico__________________________________
Post-test

This is Yu-Chi Huang, the graduate student from Oregon State University. May I speak to ...? Thank you very much for letting me visit with you and your home visitor (Dana or Rhonda) last week. I would like to ask you a few more questions. Do you have 5 to 10 minutes to answer them?

Just as a reminder, your participation is voluntary. You may choose not to answer questions that I ask. Your answers will be kept confidential to the extent permitted by law.

Following are “Yes” or “No” questions related to the Happy Home Meal kit that you received. I’ll read the questions to you. Please answer these “Yes” or “No”.

1. Did you prepare one of the recipes, stir-fry or chicken soup, yes, no, or not yet?
   1. Yes
   2. No
   3. Not yet.

   Vegetables and turkey (or chicken) stir-fry      Chicken Pozole Soup

2. Did you make biscuits with your Head Start child, yes, no or not yet?
   1. Yes
   2. No
   3. Not yet

3. Did you and your Head Start child play the "I’m thinking about it" activity that we provided (like "I’m thinking about a food that is yellow"), yes, no or not yet?
   1. Yes
   2. No
   3. Not yet

4. Did your Head Start child color the flash cards in the kit, yes, no or not yet?
   1. Yes
   2. No
   3. Not yet
   4a. Did you use the flash cards to teach your child about the names of fruits and vegetables, yes, no or not yet?
   1. Yes
   2. No
   3. Not yet

Here are some questions related to feeding practices that may sound familiar but please help us by answering them again.

5. Who should decide how much food your child should eat... the parent, the child or both?
   1. Parent
   2. Child
   3. Both

6. Who should decide what type of food is served to your child... the parent, the child or both?
   1. Parent
   2. Child
   3. Both

7. Who should decide when food is served to your child... the parent, the child or both?
   1. Parent
   2. Child
   3. Both

8. Who should decide whether or not the child should eat food that is served... the parent, the child or both?
   1. Parent
   2. Child
   3. Both

9. Who should decide where family meals are eaten... the parent, the child or both?
   1. Parent
   2. Child
   3. Both
Please tell me how often you do the following.

10. I let my Head Start child decide how much or how little to eat..... always, most of the time, sometimes, never, or not applicable (if you don’t have a role in feeding your Head Start child.)
   1 Always
   2 Most of the time
   3 Sometimes
   4 Never
   5 Not applicable

11. Our family sits together to eat meals..... always, most of the time, sometimes, never, or not applicable (if you don’t have a role in feeding your Head Start child.)
   1 Always
   2 Most of the time
   3 Sometimes
   4 Never
   5 Not applicable

12. I decide what foods to put on my child’s plate..... always, most of the time, sometimes, never, or not applicable (if you don’t have a role in feeding your Head Start child.)
   1 Always
   2 Most of the time
   3 Sometimes
   4 Never
   5 Not applicable

13. Do you ask your Head Start child to eat, even if he/she says “I am not hungry”.....always, most of the time, sometimes, never, or not applicable (if you don’t have a role in feeding you Head Start child?)
   1 Always
   2 Most of the time
   3 Sometimes
   4 Never
   5 Not applicable

Please answer the final questions with “Yes” or “No”.

14. Have you changed your expectations about “how much food your Head Start child should eat” as a result of receiving Happy Home Meal Kit, yes, no or not sure?
   1 Yes
   2 No
   3 Not sure

15. Have you changed your expectations about “whether or not your Head Start child should eat all food that is served” as a result of receiving the Happy Home Meal Kit, yes, no or not sure?
   1 Yes
   2 No
   3 Not sure

16. Did the kit motivate your family to have a meal together, yes, no or not yet?
   1 Yes
   2 No
   3 Not yet

17. Do you think that other Head Start families would like to receive the Happy Home Meal Kit, yes, no, not sure?
   1 Yes
   2 No
   3 Not sure

18. Do you have any comments about our Head Start parent education project?
Encuesta

Soy Yu-chi Huang, estudiante graduada de Oregon State University. Puedo hablar con... Muchas gracias por dejarme visitarla junto con su visitador familiar (Dana o Rhonda) la semana pasada. Quisiera hacerle algunas preguntas. Tendrá usted 5 o 10 minutos para responderlas? Solo para recordarle, su participación es voluntaria. Usted puede decidir no contestar las preguntas. Su preguntas serán confidenciales como lo permite la ley.

A continuación se preguntas con "Sí" o "No" acerca del Happy Home Meal Kit que recibió. Le leeré la preguntas. Por favor conteste con "Sí" o "No".

1. Prepáre una de las recetas, salteado o sopa de pollo, sí, no o aún no?
   1. Sí
   2. No
   3. Aún no
   Verduras y pavo (o pollo) salteado   Sopa de pollo

2. Prepáre los panecillos con su niño Head Start, sí, no o aún no?
   1. Sí
   2. No
   3. Aún no

3. Usted y su niño Head Start jugaron "Estoy pensando acerca de", actividad que le dimos (como "Estoy pensando acerca de una comida que es amarilla), sí, no o aún no?
   1. Sí
   2. No
   3. Aún no

4. Tu niño Head Start coloreo el juego de cartas, sí, no o aún no?
   1. Sí
   2. No
   3. Aún no

4a. Has usado las cartas para enseñarle a, tu niño los nombres de frutas y verduras, sí, no o aún no?
   1. Sí
   2. No
   3. Aún no

Aqui hay algunas preguntas relacionadas con las prácticas de alimentación que te sonarán familiar, por favor ayúdenos contestándolas de nuevo.

5. Quién decide cuánto alimento su niño debe comer,........... el padre, el niño o ambos?
   1. Padre
   2. Niños
   3. Ambos

6. Quién decide qué tipo de alimento debe ser servida al niño........ el padre, el niño o ambos?
   1. Padre
   2. Niños
   3. Ambos

7. Quién decide cuando el alimento es servido al niño........ el padre, el niño o ambos?
   1. Padre
   2. Niños
   3. Ambos

8. Quién decide si el niño debe comer el alimento que se le es servido........ el padre, el niño o ambos?
   1. Padre
   2. Niños
   3. Ambos

9. Quién decide donde las comidas familiares son servidas........ el padre, el niño o ambos?
   1. Padre
   2. Niños
   3. Ambos
Por favor digame que tan seguido hace lo siguiente.

10. Dejo que mi niño Head Start decida cuanto comer...... siempre, casi siempre, a veces, nunca o, no aplicable (si usted no tiene un rol para alimentar a su niño.)
   1. Siempre
   2. Casi siempre
   3. A veces
   4. Nunca
   5. No aplicable

11. Nuestra familia se sienta junta durante las comidas...... siempre, casi siempre, a veces, nunca o, no aplicable.
   1. Siempre
   2. Casi siempre
   3. A veces
   4. Nunca
   5. No aplicable

12. Yo decido que alimentos poner en el plato de mi niño...... siempre, casi siempre, a veces, nunca o, no aplicable.
   1. Siempre
   2. Casi siempre
   3. A veces
   4. Nunca
   5. No aplicable

13. Le preguntas a tu niño Head Start para comer, a pesar de que él/ella diga "No tengo hambre"...... siempre, casi siempre, a veces, nunca o, no aplicable.
   1. Siempre
   2. Casi siempre
   3. A veces
   4. Nunca
   5. No aplicable

Por favor responda las preguntas finales con "Si" o "No".

14. Ha cambiado sus ideas acerca de "cuanto alimento su niño Head Start debe comer" como resultados de recibir el Happy Home Meal Kit, si, no o no estoy seguro?
   1. Sí
   2. No
   3. No estoy seguro

15. Ha cambiado sus ideas acerca de "si su niño debe comer o no todo el alimento que se le es servido" como resultado de recibir el Happy Home Meal Kit, si, no o no estoy seguro?
   1. Sí
   2. No
   3. No estoy seguro

16. Le ha motivado el kit a que su familia coma junta, si, no, o aún no?
   1. Sí
   2. No
   3. Aún no

17. Piensa que otras familias de Head Start les gustaría recibir el Happy Home Meal Kit, si, no o no estoy seguro?
   1. Sí
   2. No
   3. No estoy seguro

18. Tiene algún comentario acerca de este proyecto educativo para los padres de Head Start?
Appendix E

24-hour food recall and Child Development Center questionnaires
OSU Child Development Center
Your Child's Food Record
Child's Name __________________ Date of Birth ______
Teacher ___________________________________________
Family Advocate __________________________________
Tell us everything your child ate or drank in the last 24 hours.
1. Write down the time of each meal or snack.
2. Write the foods you offered your child.
3. Write the amount your child ate (cups, spoons, ounces).

<table>
<thead>
<tr>
<th>Time</th>
<th>Food you offered your child</th>
<th>Amounts child ate</th>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Example:</td>
<td>Examples:</td>
<td>Grns</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>whole milk</td>
<td>4 oz.</td>
<td></td>
</tr>
</tbody>
</table>

Total svgs eaten: 6 3 2 2 2

Are these the foods your child usually eats? Yes No
If no, please describe how this day is different __________________________________________________________________________
Please answer the following questions. How many times per day does your child eat foods from the following food groups?

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Rarely</th>
<th>1 time</th>
<th>2 times</th>
<th>3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads, Cereal, Rice, Pasta (Bread Group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetable Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk, yogurt, cheese (Milk Group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat, fish, poultry, dry beans, eggs, nuts (Meat Group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Are there foods you do not let your child eat for health or cultural reasons?

2. Does your child have a medical condition that requires a special diet?

3. Was this condition diagnosed by a doctor and what type of special diet is needed?

4. Write one thing you like about your child's eating and one thing you would like to change?
   - What I like: ________________________________________________
   - What I would like to change: _________________________________

5. What concerns or questions do you have about feeding your child?

6. How much milk does your child drink on the average per day?
   - How much juice does your child drink on the average per day?
   - Does your child drink from a cup?
   - Does your child drink from a bottle?

7. Can your child chew and swallow foods without difficulty?

8. Does your child have a disability that requires any special feeding aids for eating?


10. Does your child brush his/her teeth after eating?

11. Do you receive WIC? Do you receive Food Stamps?

12. How would you describe mealtimes at your house? Circle the answers.
    - Our family eats meals together. Always Most of the time Sometimes Never
    - I sit with my child when he or she is eating. Always Most of the time Sometimes Never
    - I let my child decide how much or how little to eat. Always Most of the time Sometimes Never
    - My child can feed him or herself. Always Most of the time Sometimes Never

Parent's signature: ___________________________ Date: ____________
Appendix F:

Responses to pre- and post- survey questionnaires and 24-hour food recall
Appendix F.1: Responses to pre-test

PREQ1: Who has the major responsibility for the feeding of your Head Start child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parents</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Mother &amp; boyfriend</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ2: I decide what food to put on my child’s plate.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Most of the time</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ3: I let my child decide how much or how little to eat.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ4: I require my child to clean his/her plate of food at mealtime.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ5: If my child says “I’m not hungry”, I try to get her/him to eat anyway.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
PREQ6: We schedule meals at regular times every day.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>33.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>60.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

PREQ7: Our family sits together to eat meals.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>60.0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>26.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

PREQ8: How often does your family eat meals together at home?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>40.0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>53.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

PREQ9: We eat our meals at a table.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>46.7</td>
</tr>
<tr>
<td>Most of the time</td>
<td>26.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>20.0</td>
</tr>
<tr>
<td>Never</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

PREQ10: Our family watches television while eating.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>13.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>6.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>53.3</td>
</tr>
<tr>
<td>Never</td>
<td>20.0</td>
</tr>
<tr>
<td>No TV</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
PREQ11: Who should decide how much food your child should eat?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Child</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ12: Who should decide what type of food is served to your child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ13: Who should decide when food is served to your child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ14: Who should decide whether or not the child should eat food that is served?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ15: Who should decide where family meals are eaten?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

PREQ16: How are you related to your Head Start Child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**PREQ17: What is your age?**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>25</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>26</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>27</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>31</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>35</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>36</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>37</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>43</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**PREQ18: How many children under age 18 live with you?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13.3</td>
</tr>
<tr>
<td>2</td>
<td>46.7</td>
</tr>
<tr>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

**PREQ18A: What are their ages?**

<table>
<thead>
<tr>
<th>Ages</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>1,4</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>2,4</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>4,6</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>4,9</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>1,3</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>3,6</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>1,3,5</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>2,4,9</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>5,6,10</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>1,2,4,6</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>3,4,11,12</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>5,7,10,13</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
**PREQ19: what languages do you speak at home?**

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Spanish</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>English &amp; Spanish</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>English &amp; Portuguese</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**PREQ20: Who in your household usually eats meals together with your head Start Child?**

<table>
<thead>
<tr>
<th>Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Mother &amp; children</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Father &amp; children</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**PREQ21: What is your education level?**

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-11 years</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>High school</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Some college</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>College</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**PREQ22: What is the language you preferred to be called?**

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Spanish</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>English &amp; Spanish</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Appendix F.2: Responses to post-test

**POST1:** Do you prepare one of the recipes?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Not yet</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**POST1A:** What did you prepare, stir-fry, chicken pozole soup?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soup</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Stir-fry</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>None</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**POST2:** Did you make biscuits with your Head Start child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Not yet</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**POST3:** Did you and your Head Start child play the “I’m thinking about it” activity that we provided?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Not yet</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**POST4:** Did your Head Start child color the flash cards in the kit?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Not yet</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
POST4A: Did you use the flash cards to teach your child about the names of fruits and vegetables?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Not yet</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

POST5: Who should decide how much food your child should eat?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

POST6: Who should decide what type of food is served to your child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

POST7: Who should decide when food is served to your child?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Child</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

POST8: Who should decide whether or not the child should eat food that is served?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Child</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### POST9: Who should decide where family meals are eaten?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>Parent &amp; child</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### POST10: I let my HS child decide how much or how little to eat?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### POST11: Our family sits together to eat meals?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### POST12: I decide what foods to put on my child’s plate.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>Most of the time</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### POST13: Do you ask your HS child to eat, even if he/she says “I’m not hungry”?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
POST 14: Have you changed your expectations about “how much food your HS child should eat” as a result of receiving Happy Home Meal Kit?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

POST 15: Have you changed your expectations about “whether or not your HS child should eat all food that is served” as a result of receiving the Happy Home Meal Kit?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

POST 16: Did you kit motivate your family to have a meal together?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Not yet</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

POST 17: Do you think that other HS families would like to receive the Happy Home Meal Kit?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

POST 18: Do you have any comments about our HS parent education project?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>11</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
</tr>
<tr>
<td>No comment</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>
Appendix F.3: Responses to 24-hour food record

Whether or not child’s intake of grain group meets the requirement for FGP?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Whether or not child’s intake of vegetable group meets the requirement for FGP?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Whether or not child’s intake for fruit group meets the requirement for FGP?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Whether or not child’s intake of milk group meets the requirement for FGP?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Whether or not child’s intake of protein meets the requirement for FGP?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Did you receive WIC?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Did you receive food stamp?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Our family eats meals together.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

I sit with my child when he or she is eating.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>Most of the time</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

I let my child decide how much or how little to eat.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
My child can feed him or herself.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>11</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
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<tr>
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How many groups meet the requirement for FGP?

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<tr>
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Appendix G:

Home visit description
Family G01

It was a Caucasian family. All family members (parents and two children) were at home during the home visit. The father was employed but we did not know his occupation. Since there was no other adult living together, the mother was not working and took responsibility for the care of their two children; one was a 4-year-old boy who participates in Head Start program, the other was a 6-year-old girl. The mother also tries to go back to school and finish her high school diploma. They live in a middle size house near the OSU campus.

It was an English speaking family so the home visit was conducted in English. Both father and mother were willing to help on our study. However, only the father actually participated in the survey. The mother spoke to home visitor while the father was completing the survey. (She asked home visitor question on how she could prepare to go back to school.) Then the parents participated in in-home education together. They had their two children to go to change clothes and eat breakfast so they did not disturb the in-home education.

All parents agreed that education is important. However, personal issues have made it difficult for them to continue their education. This may also be why they were interested in my topic about feeding their children. Both parents responded positively to the materials inside the kit even though they did not make any specific comments.

From our conversation, I found out that parents were very careful about feeding their children. Even though they both were busy, they took responsibility for feeding their children together.

In total it took about 20 minutes for the entire home visit.
Family G02

Family G02 was a Hispanic family. Only the mother was at home during the home visit. She was unemployed and has two children; one is 4-year-old and another is 9 years old. Only the 4 years old child is in Head Start program. The mother said they speak both English and Spanish at home. Since she spoke English well, the visit was conducted in English. This family lived in a 2-bedroom apartment close to the downtown area. At least one more female adult was living with the mother and two children. The father was working at the time we visited.

During the in-home education the mother said the family eats meals together at all times. She also said she let her children decide how much they want to eat and would not force them to eat when they did not want. It seemed that the mother was doing a good job feeding her kids. She did not ask any questions regarding feeding relationships after the in-home education. Her response to the kit was normal. It took less than 20 minutes for entire visit.

Family G03

It was an English speaking single father family (Caucasian family) and only the father was at home during the visit. He has a 4-year-old son who is in the Head Start program. The family lived in a small apartment complex near Garfield school. Since they lived close to school, the father tried to walk with his son to school everyday. He teaches art to young children at home.
The home visit was conducted in English. The father took more time to listen to me explain about the project. He finally agreed to participate in the study when he was sure what the whole study was about.

Before the in-home education, I mentioned to him that I want to learn about how parents feed their children. The father answered, “it’s easy, it depends on how much I have. I only have $195.00 a month so that’s all what I can spend on the food.”

He was very interested in the in-home education and responded positively to materials inside the kit. When I explained the feeding handout, he agreed to some parts but not all. For example, he did not agree that turning the TV off was a good idea since his son will not eat without it. He liked flash cards a lot and said his son liked to color. He also liked the biscuit mix and apple-shaped cookie cutter as well. The father took the cookie cutter and held it on his hand for the rest of our conversation. In the end he asked some questions about portion sizes. He also gave some suggestions on how to reach parents and have them talk about how they feed their children.

The entire visit took 35-40 minutes.

Family G04

This family included parents and two children; one is a 4-year-old Head Start boy and another is a 2-year-old girl. Their ethnic was Caucasian. They lived in a small apartment near OSU campus. All family members were at home during the visit. The father was playing a video game with his son. The mother participated in the study since the father had an unscheduled job and the mother was the one who would be able to participate in the post survey as well. The father’s occupation was unknown.
The in-home education was conducted in English since it was an English speaking family. The mother had a development disability so she read slower than other people. For example, she took more time than usual answering the pre-survey. However, she understood it well when I explained the feeding handout. The father was also listening to our conversation. The parents started to say they have a hard time to get their son to eat certain foods. They also commented that their son sometimes eats snacks but would not eat dinner.

The parents liked the flash cards and said their son liked to color. They seemed to enjoy the conversation a lot and liked the materials inside the kit. However, the Head Start children disturbed our conversation few times. It took around 30 minutes to finish the visit.

Family G05

The father was at work while we visited. Only the mother and two children were at home. The 4-year-old boy was in the Head Start afternoon class and another 2-year-old boy will be in the Head Start program next year. This family lived in a small house about 10 minutes way from Garfield school. It was a Hispanic family but since the mother spoke English, the home visit was conducted in English.

The two children were watching TV and did not interrupt our conversation during the home education. The mother participated in the study. She agreed with the concept of division of responsibility. She also liked the materials inside the kit including the flash cards, and recipes. However, she questioned me about the chicken pozole soup recipe that we provided. The mother had experience working with preschool aged children. At work,
she was not allowed to provide pozole soup to children. She hoped that I could talk to
a child consultant and find out the reason for her. In the end she said that personally her
children like pozole soup and the she made it a lot. She was very friendly and enjoyed the
home education a lot.

After the home education, the mother tried to fill out the Head Start application
for her younger child. She said from next year, if both her children go to Head Start, she
would also to work.

Around 25 minutes was spent on this visit.

**Family G06**

This family had two parents and two children. The father was a PhD student at
OSU and the mother stayed home taking care of the family. The mother preferred to meet
at school after she dropped her daughter, so information about housing is not available.
This family was from Brazil and spoke Portuguese and English at home. Since the
mother spoke English, the education was conducted in English.

During the kit education, the mother told me she tried to schedule meal at a
regular time. However, it was very difficult since every family member had a different
schedule. She also told me the she never forced her children to eat when they were not
hungry. The mother liked the flash card and the idea of making biscuits with her children.
She commented that two recipes (Turkey stir-fry and chicken pozole soup) looked good
but since the family was vegetarian, she would try to substitute meat with other
ingredients. We had a nice conversation and spent around 20 minutes to finish the kit
education.
Family G07

It was an English speaking family with two parents and two children English. The ethnic of family was Caucasian. They lived in a house on the northern area of Corvallis. The father was at work and both children were at school during the visit. Only the 4-year-old girl was enrolled in the Head Start program. The mother was also babysitting two young children at home. She used to work with children before so she seemed to have good experience working with kids. The mother’s health condition was not good though and this was why she was not able to keep a full time job. However, she informed us that she just got a part time job at Garfield school.

While conducting home education, she said “I already schedule meals at a regular time,” and “give children snacks 2-3 hours before the meal”. The mother already had knowledge about childcare, so she did not seem to enjoy the kit education very much. When she got the flash cards, she told me her children already knew the name of fruits and vegetables. However, after she saw there was Spanish on the other side of flash cards, she approved of them more and added she also wanted to learn Spanish. The mother said she already knew how to make stir-fry, but she did not know about chicken pozole soup and would like to try the recipe. 20 minutes were spent for the whole process.

Family G08

This was a Spanish speaking family (Hispanic family) so the home education was conducted with assistance from a home visitor. The family had three children, but only the mother and two children were at home (a 3-year-old girl and a 9-month old.) Another
5-year-old Head Start boy was at school. This family lived in an apartment in the north of Corvallis. The father was at work during the visit.

Initially, recruitment and pre-survey were conducted by researcher. Next the home visitor conducted the kit education. The mother listened and did not ask any questions while the feeding handout was explained. Before the kit could be described, her baby began crying. As a result, the kit education was interrupted for few minutes. She liked the flash cards and her child was coloring it during our conversation. We spent 25 minutes for this visit.

**Family G09**

The family G09 was a Caucasian family and it was a single mother with 4 children who all spoke English. The family lived in a farm approximately 10 miles away from Corvallis. The mother did not have a job so the family’s financial situation was not very strong. Only the mother and the 5-year-old Head Start boy were at home during the visit. Her other 3 children were at school and their ages are 7, 10 and 13 years old, respectively.

The mother was very friendly and shared her feeding experiences with her children to me since she had already raised 4 children. She agreed with the importance of scheduling meals at regular times. However, since she had 4 children, it was very difficult to follow a set schedule. The mother commented that her family always eats meals at a dinning table. She never allows her children to watch TV while eating. She also gave me a lot of feedback during the kit education.
The mother liked the flash cards as well as biscuit mix and cookie cutter. Since her children liked to help her in the kitchen, so she was glad that we gave her something that their family can do together. She said she cooks a lot and that her 10-year-old daughter especially enjoys cooking so they prepare meals together a lot. Sometimes the young girl also brought recipes home from school and asked her to help make them. She also had a cookbook for parents and children to cook together.

After the kit education, we had a discussion about the changes in cooking through different generations, homemade food to fast food, and how many individual did not have cooking skills nowadays. Even thought the mother already did very well where feeding relationships were concerned, she was very positive towards our project and was glad that we focused on teaching feeding relationship, since there were still many people not knowledgeable about the importance of feeding relationships. She planned to make biscuit with her son after we left.

Family G10

This was family with two parents and 3 children that spoke English well and their ethnic was Caucasian. The father was at work and a 9-year-old child was not at home during the visit. Only the mother, 2-year-old girl and 4-year-old boy were at home. This family lived in a two-bedroom house in the northwest of Corvallis. However, the mother did mention that she would be moving soon.

The mother was very responsive, and gave me feedback on the feeding handout as well as all materials in the kit. Her son did not like to eat vegetables, and she tried to keep offering vegetables to him. She has also currently started to schedule meals
at the regular times. She gave me some examples on the types of snacks she offered to her children including sandwiches, cheese, and crackers. The mother said “my children will not eat plain bread but if I give them a sandwich, they eat.” She also raised an issue about television. Her children would not eat when the TV was off and now she tried to keep the TV on without sound some of time, hoping that the children could do without it in the future.

The mother liked the biscuit mix as well as cookie cutter, and mentioned that the family had tried to make pancakes together before. Her daughter used to touch the oven with her hand and she tried to teach her not to do so. Even though they always make a grand mess in the kitchen after cooking together, she still enjoyed it. She also wanted to make biscuit with kids after we left.

The mother liked the flash cards and said her children liked to color and could use scissors well so they could make their own as well. Regarding the two recipes she received, she mentioned she had never made the stir-fry and would like to make it. She also commented that she always want to make the homemade soups but was not sure how to make soup taste better. She would try another recipe, the chicken pozole soup as well.

The children were working on their color book during the kit education so we could talk to the mother without interruption. The mother reacted very positively and was willing to share her experiences with the researcher. Approximately 25 minutes were spent for the kit education.
Family G11

It was two-parent and two-child Caucasian family. Only the mother and three year-old Head Start boy were at home when we arrived. This family lived in an apartment complex close to Garfield school. The mother was a student at OSU and also an apartment manager, so she had a very busy schedule.

The mother spoke only English so home education was conducted in English. However, according to mother, the father spoken Spanish and she tried to teach her son Spanish as well.

Her feedbacks on the feeding handout showed that she already did a good job in feeding her children. She never asks her son to eat when he is not hungry. Also she does not ask her son to clean his plate. The mother explained her experience when she was small: her parents used to ask her clean her plate. It was not good memory for her so she did not want the same thing to happen to her son. She had a scheduled mealtime. Recently she just got a dinning table, and she planned to eat meals there with family soon.

She liked the biscuit mix and cookie cutter. Her son liked it as well. He took the biscuit mix after receiving it from his mother. It looked like he really wanted to make the biscuit. The mother said his son helped her in the kitchen sometimes. She also liked the flash cards. The mother was planning to make flash cards for her son. She said now she did not have to make them. She also liked the Spanish on the other side of flash cards since she planned to teach her son Spanish. Regarding to recipes, she already knew how to make pozole soup and, in fact, she planned to make it after we left.
The mother was very positive to our project even though she was doing well in feeding her children. She agreed it was important to teach parents about feeding relationship since there are many parents do not recognize the importance and use it as a control to their children. 20 minutes were spent for this visit.

Family G12

It was a two-parent and four-child, English speaking family (Caucasian family.) All family members were at home while we visited. Three boy's ages were 6, 4, 2 respectively and one girl was 1-year-old. Only the 4-year-old boy was in the Head Start program. They were watching TV before we arrived. However, they played toys quietly when researcher started the home education.

The mother participated in the study while father was working in the yard. While the mother was answering the pre-survey, she said some questions were hard to answer. Examples of these questions were how often do you eat in a table and do you watch TV during the mealtime? The mother said “We don’t have a dinning table and always watch TV while eating.” During the kit education, the researcher tried to encourage family to eat together. It did not have to be a table and could be anywhere family members and be together. The concept of increasing family interaction through turning off the TV was also taught. The mother agreed with the key concepts of division of responsibility, but had reported the difficulty of practicing it at home.

She liked the biscuit mix and cookie cutter. She had never thought that children could be helpers in the kitchen. She liked the flash cards as well.
However, no comments were made regarding recipes. The whole kit education took about 20 minutes.

Family G13

Family G13 consisted of a single mother with two-child, English speaking Caucasian family. Only 4-year-old boy was in the Head Start program, and 1-year-old child was not. The mother preferred to meet at Garfield school after she took her son to class. She had a very heavy schedule since she was working part time and also studying in college.

The kit education was conducted at Garfield school library. The mother agreed the key concepts of division of responsibility including what, when and where. However, it was difficult for her to practice it at home, especially with her Head Start boy. She liked the flash cards, biscuit mix, as well as cookie cutter. Her son liked to color.

The mother's response to our project was positive. She was willing to help on our research since she was studying in college. Around 18-minute was spent for the kit education.

Family G14

It was a two-parent and four-child, Spanish speaking Hispanic family. The visit was conducted in Garfield school when the mother came with her 3-year-old boy to pick up her 4-year-old daughter after the class. She had two other children, and their ages were 11 and 12 year olds. The kit education was conducted in the corner of classroom while two children were playing with other Head Start children.
Since the mother knew the English the kit education was in English. While explaining the feeding handout, the mother said that she tries to provide a variety of foods to her kids. She agreed with the key points of division of responsibility. Maybe it was because she already raised two teenagers. She did not express any trouble for feeding her preschooler-aged children.

Regarding kit material, the mother liked the flash card most since her kids like to color. She had not made special comment about other materials, but she seemed to like it.

The visit took about 20 minutes.

Family G15

It was a two-parent and three-child, Spanish speaking Hispanic family. Only the 5-year-old girl was in the Head Start program. Other two children were 6 and 10-year-old. The family lived in an apartment closed to Garfield school. However, the visit was conducted in Garfield school while father picked up his daughter after the class.

The daughter was playing with other children in the classroom, and the father was able to participate in the study without disruption. The father read very slowly and he took more time to finish pre-survey. He had a difficult time answering the survey since he said he does not have a major role in feeding his children (the mother had a major role).

The kit education was conducted in Spanish with an assistant from home visitor. While explaining the feeding handout, the father was only listening and did not ask questions. It was more likely he did not have a strong opinion about feeding children. Even though he liked the materials in the kit, it seemed that he did not know what to do with the information he received. It seemed more like he wants to pass the materials to
the mother and have mother dealing with the information as well as the feeding of their children.

Total around 25-minute were spent for the entire visit.