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Opportunities for Extension Educators to Support Caregivers Feeding Infants and Toddlers through Nutrition Education

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Cover Page Footnote

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Opportunities for Extension Educators to Support Caregivers Feeding Infants and Toddlers through Nutrition Education

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Abstract. The 2020 Dietary Guidelines for Americans now include recommendations for infants and toddlers. Extension educators can use these expanded guidelines to provide feeding recommendations for caregivers of infants/toddlers. The purpose of this study was to explore 1) the infant and toddler feeding topics that Extension educators discuss with caregivers through formal curricula and informal conversations, 2) educators' perceived barriers to teaching and discussing topics with caregivers, and 3) the optimal format of resources for educators and the communities they serve. Findings from this study confirmed a need among educators for infant/toddler feeding programs and resources offered through Extension.

INTRODUCTION

Extension has a long history of providing programming related to nutrition and child and family development, including efforts to strengthen and enhance early childhood health, nutrition, and care. Since the release of the first edition of the Dietary Guidelines for Americans (DGA) in 1980, Extension has been a prominent partner in the delivery of nutrition recommendations and messages to a multitude of audiences. The 2020–2025 DGAs include recommendations for infants and toddlers (0–2 years) for the first time (U.S. Department of Health and Human Services [HHS] and U.S. Department of Agriculture [USDA], 2020). With these expanded guidelines, Extension educators have the opportunity to provide evidence-based feeding recommendations for caregivers of infants and toddlers. However, there is now a greater need for educational materials and programs to train educators on milk feeding (i.e., breastfeeding, formula feeding) and complementary feeding (i.e., introduction to solid foods).

Infancy is a critical period of growth and development in which early eating behaviors begin to emerge (Wood et al., 2020). Rapid changes in development necessitate changes in parent feeding practices during this time, which may include decisions related to milk feeding and complementary feeding, both of which have implications for child dietary and health outcomes (Djuits et al., 2010; Komninou et al., 2019;

Silvers et al., 2012). The appropriate timing of introduction to solid foods is critical for adequate growth and development due to infants' rapidly changing nutrient and caloric needs (Mennella & Trabulsi, 2012). Given that infancy is a sensitive period for the development of taste preferences and eating behaviors that may persist throughout a child's life (Komninou et al., 2019), caregivers' decisions related to breastfeeding and the transition to solid foods are of critical importance.

Approaching both milk feeding and complementary feeding can feel overwhelming for parents for many reasons, including navigating transitions from milk feeding to solid food preparation (e.g., cutting foods into small pieces to reduce choking hazards; Center for Disease Control and Prevention, 2022), introducing high-allergen foods (e.g., peanuts, eggs; Schroer et al., 2021), learning to manage the emergence of picky eating in toddlerhood (Switkowski et al., 2020), and managing feeding after returning to work (Hamner & Chiang, 2021). A qualitative review of parent experiences with complementary feeding identified that parents wanted consistent guidance on what, when, and how to introduce solid foods to their children, but were lacking in support and trusted resources (Brill, 2016; Matvienko-Sikar et al., 2017).

Although the USDA now provides guidelines for the duration of exclusive breastfeeding, when to introduce solid foods, and signs of feeding readiness in infants, there is lit-

the guidance on how and what to offer infants during the complementary feeding period (HHS & USDA, 2020). In a systematic review of breastfeeding interventions by Segura-Perez and colleagues (2021), community-level nutrition education programs (e.g., local agencies) were identified as helping to improve breastfeeding outcomes, particularly for women from low socioeconomic status (SES) or from underrepresented backgrounds. However, programs outside of The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) less commonly address milk feeding through formal curricula, and complementary feeding is scarcely discussed outside of the Child and Adult Care Food Program [CACFP] (Bleich & Dean, 2022). For example, a review of Extension literature by Brill (2016) found that milk feeding is only included in a small portion of parenting programs offered through Extension. It was identified that the few programs that did cover breastfeeding typically did so in supplemental lessons or fact sheets (Bobroff, 2011; Hughes et al., 2011; Sigman-Grant, 2013), not via a full curriculum (Brill, 2016). While these reviews are helpful in providing a history of infant and toddler feeding curricula that have been offered through Extension, the existing reviews and published studies on curricula are dated. Thus, further assessment and revisions to existing curricula are needed to align more accurately with the current guidelines.

The DGA continue to be the cornerstone of nutrition education programs offered through Extension, such as the Expanded Food and Nutrition Education Program (EFNEP) and the Supplemental Nutrition Assistance Program Education (SNAP-Ed) for families with low resources, as well as programs for broader audiences such as Eat Smart, Move More (Dunn et al., 2010). Extension has identified a marked need for formal programming aimed at parents of infants and toddlers (Wright & Jeanfreau, 2019). The inclusion of children ages 0–2 in the 2020–2025 DGA combined with the documented need for trusted community-level resources positions Extension as an ideal partner in supporting parents of young children. To better inform the development of such resources for Extension educators and families, additional information on topics of interest to caregivers and effective mechanisms of delivery is required. To this end, the purpose of this study was to explore (a) the infant and toddler feeding topics that Extension educators typically discuss with caregivers through formal curricula and informal (e.g., after a lesson) conversations; (b) educators' perceived barriers to teaching and discussing infant/toddler feeding topics with caregivers; and (c) the types of resources that would be helpful for educators and the communities they serve.

METHODS

A mixed methods study design was employed via (a) a Qualtrics (Provo, Utah) survey conducted with Extension edu-

cators (N = 92) to explore the context (formal curricula or informal conversations) and frequency of topics that educators discussed with caregivers related to infant/toddler feeding; and (b) follow-up virtual semi-structured interviews conducted via video conferencing (Zoom, Inc., New York, NY). All study procedures were approved by the Purdue University Institutional Review Board.

SURVEY

Extension educators were sent a single-use link to a 20-item online Qualtrics survey via email. Items on the survey included questions regarding the context, frequency, and content of conversations regarding infant/toddler feeding with caregivers via Extension programming (5-point Likert scale: 1 = *never* to 5 = *very often*). Items such as "How often do you discuss infant and toddler feeding (e.g., conversations with or answering questions from parents) outside an organized curriculum?" were used to assess the frequency of formal and informal conversations. Participants were then provided with a list of common topics related to infant and toddler feeding (e.g., milk feeding, food safety) and asked to mark the frequency and context (informal or formal) in which they discussed these topics. Subsequently, participants were then asked whether they would be willing to participate in a follow-up interview regarding their experiences teaching and discussing infant and toddler feeding topics with caregivers.

SEMI-STRUCTURED INTERVIEWS

Participants who indicated willingness to participate in follow-up interviews were contacted via email and provided verbal consent for participation. Semi-structured interviews were conducted via Zoom videoconferencing by a single researcher trained in inductive qualitative interviewing, using an interview guide containing open- and closed-ended questions (10 primary questions, with additional probes dependent on the response) regarding participants' training and current role (e.g., education, population typically served through Extension), experience with a formal program or curriculum regarding infant/toddler feeding (e.g., the frequency they taught curriculum, topics discussed, interest in teaching these topics), informal conversations (e.g., frequency, topics discussed, comfort level in responding to questions), and to assess the types of resources that would be most helpful for use by educators themselves and for educators to provide to families. Semi-structured interviews were recorded, and responses were summarized for each question by two researchers (Braun & Clark, 2006; Goodell et al., 2016).

Table 1. Participant Information

	Survey N = 92 n(%)	Follow-Up Interviews N = 26 n(%)
HHS educators ¹	34(36.9)	14 (53.8)
Nutrition-specific staff ²	58 (63.0)	12 (46.1)
Primarily child-focused	24 (26.1)	4 (15.3)
Primarily adult-focused	34 (36.9)	3 (11.5)
Both	—	5 (19.2)

Note. In the survey, educators were only asked to specify whether they were HHS educators or Nutrition-specific staff.

¹ HHS educators were professional Extension educators, and typically held a master's degree.

² Nutrition-specific staff were employed with SNAP-Ed and EFNEP as paraprofessionals, and typically held a GED or higher degree.

PARTICIPANTS

Extension educators housed in the College of Health and Human Sciences (e.g., health, parenting; hereafter referred to as “HHS educators”; $n = 34$) and Nutrition-specific NEPA staff (e.g., SNAP-Ed, EFNEP; $n = 58$, total $N = 92$) completed an online survey. HHS educators were professional educators (e.g., typically required a master's degree) through Extension, and Nutrition-specific staff were paraprofessionals (e.g., typically required a GED), employed through SNAP-Ed and EFNEP. A sub-sample of educators (referred to subsequently as “educators”; $N = 26$; HHS educators $n = 14$, Nutrition-specific staff $n = 12$) representing 22 Indiana counties completed follow-up interviews. Table 1 includes detailed participant information for the survey and follow-up interviews, including their self-identified area of specialty (HHS educator, Nutrition-specific staff).

DATA ANALYSIS

Descriptive statistics, correlations, and frequencies were calculated from survey responses using SPSS Statistical Analysis Software version 28.0 (IBM Armonk, Chicago, IL). Logistic regression was used to assess predictors of the likelihood educators discussed infant/toddler feeding topics in informal settings from survey responses by educator type (HHS educators or Nutrition-specific staff). Semi-structured interview summaries were reviewed by two trained independent researchers to determine the frequencies of themes and topics, then discussed to reach a consensus (Braun & Clark, 2006; Goodell et al., 2016). All summaries were double-coded, and a consensus reached by two researchers on all results.

SURVEY

Of the total number of participants ($n = 92$), more than half reported discussing infant/toddler feeding topics at least occasionally (e.g., did not select 1 = never) in both formal ($n = 48$, 52.2%) and informal ($n = 54$, 58.7%) contexts. Several topics were commonly taught and discussed across contexts (e.g., preparing healthy foods, accessing healthy foods, food safety). However, additional topics were identified as being commonly discussed through informal conversations (e.g., questions to educators after a lesson or via phone call or email), but not as commonly covered by an existing curriculum (e.g., introduction to solid foods, breastfeeding, and formula feeding). For a full list of topics see Table 2.

Logistic regression analyses were used to assess whether educators' current role in Extension (HHS educator, Nutrition-specific staff) or prior experience teaching a formal curriculum on infant/toddler feeding were associated with their likelihood of discussing infant/toddler feeding topics in informal settings (see Table 3 for frequencies). One model was run with the primary predictors of current role and prior teaching experience, controlling for location in Indiana (e.g., urban or rural USDA designation), which were determined *a priori*. The logistic regression model was statistically significant ($X^2(3) = 25.25$, $p < 0.001$) and accounted for 40.04% (Nagelkerke R^2) of the variance in frequency of informal discussions on infant/toddler feeding topics. Although HHS educators and Nutrition-specific staff differed in role requirements (e.g., professional vs. paraprofessional), there were no major differences in educational attainment in this particular

Table 2. Frequency of Topics Taught and Discussed Across Formal and Informal Contexts

Topic	Formal Context n(%)	Informal Context n(%)
Preparing Healthy Foods	42 (45.6)	45 (48.9)
Accessing Healthy Foods	33 (35.9)	38 (41.3)
Food Safety	33 (35.9)	36 (39.1)
Introduction to Solid Foods	17 (18.4)	32 (34.8)
Breastfeeding	9 (9.8)	23 (25.0)
Formula Feeding	4 (4.3)	19 (20.6)
Other+	5 (5.4)	8 (8.6)

Note. + Entries for “other” for formal curricula included division of labor between multiple caregivers ($n = 1$), building a budget ($n = 1$), and grocery shopping ($n = 1$). Entries for “other” for informal conversations included making baby food ($n = 1$), baby-led weaning ($n = 1$), food allergies ($n = 1$), and handling picky eaters ($n = 2$).

sample. Nutrition-specific staff educators (regardless of the age group they typically serve; OR: 3.57, 95% CI: 1.05-12.12, $p < 0.05$), and those who had previously taught infant/toddler feeding topics via a formal curriculum, regardless of their current role (OR: 13.0, 95% CI: 3.57-47.35, $p < 0.001$) were more likely to informally discuss infant/toddler feeding topics with caregivers. Location (urban or rural) was not significant in the model.

Based on the odds ratios in the logistic regression, role designation appears to matter less than having previously taught a formal curriculum. Specifically, while Nutrition-specific staff were 3.6 times more likely to discuss infant/toddler feeding topics in informal settings than HHS educators, any educators (Nutrition-specific or HHS) that had previously taught a formal curriculum on infant/toddler feeding were 13 times more likely to discuss these topics in informal settings compared to educators that had not. However, these findings should be interpreted thoughtfully, given the high degree of variance in responses for educators who reported having previously taught infant/toddler feeding curricula in formal settings (CI: 3.57-47.35).

SEMI-STRUCTURED INTERVIEWS

Educators' Experiences and Comfort Level

Half of the educators ($n = 13$, 50%) expressed that teaching infant/toddler feeding as part of a formal curriculum would be valuable to the communities they serve, with more than half ($n = 15$, 58%) of educators indicating that caregivers in their community would want to hear about these topics from Extension educators. Some ($n = 11$, 42%) educators indicated that they would be interested in teaching infant/toddler feeding topics regardless of whether they had a curriculum, with a few ($n = 3$, 11%) indicating they would need to be approached by their community for them to consider teaching these topics. However, the majority ($n = 22$, 85%) of educators expressed that if they had a formal curriculum to follow, they would be more interested in *and* comfortable teaching infant/toddler feeding topics. This was primarily due to needing updated information and guidelines.

Table 3. Frequency of Potential Factors Contributing to Informal Conversations

Predictor	N(%)
Job Title*	
(HHS educator = 0)	34 (36.96)
(Nutrition-specific staff = 1)	58 (63.04)
Taught Infant/Toddler Feeding Topics via Formal Curriculum***	
(Never = 0)	44 (47.8)
(Rarely-Frequently = 1)	48 (52.17)

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Questions from Caregivers

Most educators ($n = 22$, 85%) had received questions (*rarely-frequently*) regarding infant/toddler feeding in the context of a set curriculum they currently teach (e.g., Eating Smart, Moving More; Dunn et al., 2010). Although educators reported receiving questions across a variety of settings (e.g., phone calls, emails, in-person), these primarily occurred during and after lessons. All educators who *often* received questions ($n = 12$) related to infant/toddler feeding in the context of their set curriculum noted that if a question was asked during a session, other caregivers often showed interest and would ask follow-up questions. Nearly all respondents ($n = 22$, 85%) identified topics they believed would interest caregivers in their community. Table 4 includes a summary of topics that educators identified.

Educator Comfort Level

More than half of respondents ($n = 16$, 61%) noted that when caregivers asked them about infant/toddler feeding they referred them to outside sources (e.g., WIC, pediatrician, online resources). When asked about their comfort level in discussing infant/toddler feeding with caregivers, respondents were split with several ($n = 14$, 54%) stating they were very comfortable, some ($n = 8$, 31%) stating they were fairly comfortable, and fewer ($n = 4$, 15%) stating they were not comfortable. Respondents identified several factors as contributing to their comfort level, such as access to a formal curriculum ($n = 15$, 58%), education or prior work experience in nutrition/child feeding ($n = 9$, 35%), and whether they had children of their own ($n = 6$, 23%).

Modality of Resources

Participants were asked which modality of resources on infant/toddler feeding would be most helpful for (a) themselves as educators, to feel more comfortable answering questions; and (b) the populations they served. Several participants ($n = 10$) noted that having internal resources for educators to use or reference (e.g., updated guidelines) would help them feel more confident answering questions from

Table 4. Topics Educators were Frequently Asked by Caregivers

Questions	n (%)
Introducing solid foods	17 (65)
General nutrition	15 (58)
Breastfeeding and formula feeding	8 (31)
Food preparation and food safety	8 (31)
Feeding strategies for picky/fussy eaters	5(19)
Food Allergies	5 (19)
Portion sizes for infants/toddlers by age	3 (11)

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Table 5. Resources Identified as Helpful for Educators

Resources for Educators	n(%)
Full Curriculum	5 (19.2)
Flyer/Fact Sheet	5 (19.2)
Online Resources	2 (7.7)
Any Resource (no specified preference)	14 (53.8)
Resources for Participants	n(%)
Online resources (e.g., list of websites, webpage through Extension)	14 (53.8)
Flyer/Fact Sheet	15 (57.7)
Monthly resources (e.g., newsletters, videos, modules) sent via email	3 (11.5)

caregivers. Additionally, educators (n = 15) noted that having resources available to them (e.g., Extension website, internal files) that they could distribute to participants as needed would be helpful (Table 5). Most educators (n = 15) noted that having multiple resources would be helpful, as people learn in different ways. Several educators (n = 4) noted that their counties may not have reliable internet, so having hard copies of resources to distribute would be helpful for them.

LIMITATIONS

While this needs assessment captured input from a broad range of educators, it was only conducted in Indiana, where there is currently no formal curriculum for feeding infants and toddlers offered through Extension. Thus, assessments in other states that have formal curricula on infant and toddler feeding topics may differ. Further, a larger proportion of Nutrition-specific paraprofessional staff completed the survey (n = 58 Nutrition-specific staff, n = 34 HHS educators) compared to professional HHS educators, which was unsurprising but inconsistent with the proportion of educators that participated in follow-up interviews (n = 12 Nutrition-specific staff, n = 14 HHS educators). It is possible that since HHS educators teach on a variety of topics compared to Nutrition-specific staff, those that participated in the follow-up interviews may have already been inclined toward teaching infant/toddler feeding topics or have prior experience in this area compared to all HHS educators. Additionally, while the educational requirements for Nutrition-specific staff and HHS educators differ, in this sample there were no significant differences in education levels between groups. This may have contributed to a lack of differences in comfort levels between educators in different roles. Additionally, comfort level in discussing infant/toddler feeding topics was only assessed in the follow-up interviews based on the number of educators that reported informal conversations in the

survey. As such, responses across the survey and interviews cannot be compared. A further limitation of this study is that participant characteristics (e.g., cultural identity) beyond educational attainment and role within Extension were not collected, and thus could not be controlled for in the model.

CONCLUSIONS

In support of prior Extension literature, findings from this study confirmed an expressed need among educators for infant/toddler feeding programs and resources offered through Extension. Given the current lack of Extension resources on infant/toddler feeding, educators in this study commonly referred caregivers to external resources (e.g., WIC, their pediatrician). Educators also decidedly expressed that having access to updated resources and guidelines would help them feel more confident in answering questions from participants, regardless of their training, background, or current role in Extension. Providing training and resources to Extension educators, either through general nutrition programming or SNAP-Ed and EFNEP, may also be a helpful addition to community partner programs (e.g., WIC) to support caregivers in optimal infant/toddler feeding.

The 2020–2025 DGA now includes recommendations for feeding infants and toddlers ages 0–2 years, so it is a prime opportunity for Extension to update and disseminate resources to the communities they serve. Updated resources for both educators and families would help (a) educators feel more confident in teaching and answering questions related to infant/toddler feeding during lessons and in informal settings; and (b) help address a need in communities that is not currently addressed through Extension. The findings from this study provide information on specific topics and useful modalities Extension experts can use to educate caregivers on the 2020–2025 DGA and feeding infants and toddlers. This study has demonstrated that resources for educators

and families on infant and toddler feeding topics are desired and needed. Extension has the potential to be a leader in curriculum development and dissemination on this topic. Multiple stakeholders should be invited to co-design the curricula, including caregivers, Extension educators and specialists, community partners (e.g., WIC, Early Head Start), and content experts. Consideration of multiple stakeholders will strengthen the potential for scalability and sustainability of efforts. Extension has a wide reach and has demonstrated success in nutrition education programming based on the DGA. By appropriately summarizing and disseminating these first-time recommendations for feeding infants and toddlers, Extension would be positioned as an ideal partner to serve children and families to further the optimal growth and development of infants and toddlers all over the United States.

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