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Nutritional training needs as perceived by preschool managers of full-day-care preschools in Dublin North West

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As obesity becomes a prevalent childhood disease, effective strategies promoting its prevention are warranted. The preschool environment can promote healthy food's acceptability or alternatively lay the foundations of obesity and subsequent ill health. However, preschool-aged children exemplify a population subgroup for whom a paucity of obesity prevention programmes exists. Many obesity prevention interventions are based on predetermined programmes, characterised by a dearth of attempts to incorporate the specific needs of their participants. The present study, however, has investigated the nutrition support that full-day-care preschool managers in Dublin North West (*n* 54) deem necessary, thereby facilitating community dietitians to tailor nutritional training and future interventions to their specific needs.

Descriptive data regarding nutrition-related problems as perceived by preschool managers and their requests for further training in specific dietary areas were collected via a telephone questionnaire and analysed using SPSS for Microsoft Windows (version 14.0; SPSS Inc., Chicago, IL, USA). An outline of these data is given in the Table.

Dietary problems	<i>n</i>	%	Training suggestions	<i>n</i>	%
Menu planning:	18	33	Parental education	29	54
Ideas for variety	7	39	Ideas for meals and snacks	27	50
Balancing children's dietary needs and preferences	5	28	Information regarding menu planning	20	37
Meeting nutritional requirements	4	22	Educational and health promotion resources	18	33
Feeding children <1 year of age:	15	43	General healthy eating information	11	20
Inappropriate bottle contents	5	33	Dietitian's visit to preschool	8	15
Inaccurate weaning knowledge of staff and parents	5	33	Education of young and non-Irish national staff and parents	7	13
Feeding children aged 1–5 years:	22	41	Information regarding appropriate weaning	6	11
Prolonged use of bottles	6	27	Ideas for special diets, e.g. allergies	6	11
Special dietary needs, e.g. allergies	5	23	Information regarding portion sizes	4	7
Fussy eaters	5	23	Information regarding policy development	2	4
Parents:	20	37	Ideas for party celebrations	1	2
High parental expectations	6	30			
Concerns regarding weight management	3	15			
Parents' non-adherence to healthy eating policy	3	15			

Concerns were expressed by twenty-three managers that children would refuse to eat food from a healthy menu. Eight managers reported difficulty in the provision of a healthy diet within the preschool setting, citing poor home diets, parental attitudes and lack of staff interest as contributing factors. All except one of the preschools (*n* 53) identified the need for further nutritional training. Provision of training on the preschool premises (*n* 25) outside normal working hours (*n* 48) was most favourable to managers.

In this study, long preschool working hours and staff perceptions of their responsibility in the endorsement of healthy eating is likely to influence training attendance. However, continued training is warranted, as recognised by preschool managers who specify the need for parental education, ideas for food provision and menu planning, in addition to the provision of appropriate nutritional resources as training priorities. Additionally, training should aim to increase awareness of the important role preschools play in the acquisition of dietary habits in the preschool child, while highlighting the supportive role of the community dietitian.