



Influences on Food Away from Home Feeding Practices Among English and Spanish Speaking Parent–Child Dyads

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2 Child Dyads

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4

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15

16 *interviews were conducted at this location

17 **Abstract**

18 *Background:* Families are increasingly consuming food away from home (FAFH), contributing to
19 increased daily energy consumption and the obesity epidemic. The interplay between feeding styles
20 and co-decision making between parent-child dyads when eating FAFH is not understood. The present
21 study describes in-depth qualitative information about influential factors related to family feeding
22 practices (e.g., parenting style) among low-income English and Spanish speaking families with school-
23 aged children when eating FAFH.

24 *Method:* 20 parent-child dyads (10 English-speaking, 10 Spanish-speaking) completed key-informant
25 interviews. Interviews were recorded and transcribed verbatim. The constant comparison methodology
26 was utilized to analyze the data and interviews were independently coded for meaning units by two
27 coders. The preliminary meaning units and codes were analyzed by the coders and organized into
28 common categories.

29 *Results:* Themes that emerged from the interviews included: decision making when dining out,
30 parental practices and feeding style, use of and opinions about kid's menus, and overall influences on
31 food choices. Many parents had recommendations for healthier kid's menu options and overall,
32 Spanish-speaking families tended to eat out fewer times a week and cooked more family meals.

33 *Conclusions and implications:* This research elucidated rules and policies set by parents around food
34 away from and inside the home as well as the factors that influenced ordering at restaurants.
35 Decision-making between parent-child dyads about menu ordering at restaurants is complex. The
36 results of this study can be considered for future research in understanding the decision-making
37 process for English- and Spanish- speaking parent-child dyads when ordering from a restaurant menu.

38

39

40

41 **Introduction**

42 Tracing the etiology of childhood obesity is complex and improving the healthfulness of the American
43 diet has become a national health priority (1–3). The U.S. Department of Agriculture (USDA)
44 estimates that between 1985 and 2000, the daily per capita energy consumption increased by 12%, or
45 300 calories per day among American adults (4). One trend that has contributed to increased caloric
46 consumption is more frequent consumption of food away from home (FAFH). In 1970, only 34% of a
47 family’s food budget was accounted for by FAFH, and by the late 1990s this rose to more than 47%
48 (5). The types of foods and drinks children order when consuming FAFH can ultimately impact their
49 overall diet and health. The effects of FAFH on diet and health depend on a number of factors,
50 including frequency of eating away from home, choice of restaurant (i.e., quick-service versus full-
51 service), foods ordered and consumed, and in the case of children, food rules established and enforced
52 by parents or caregivers (herein referred to as parents) (6–8). Additionally, low-income families tend to
53 consume more energy-dense, nutrient-poor foods than their higher-income families (3).

54
55 The degree to which both children and parents influence the decision making around FAFH restaurant
56 and meal selection is still unknown (9). Several studies have found an association between parenting
57 style and/or specific feeding practices (e.g., pressure to eat, restriction, availability, parental modeling,
58 and specific dietary behaviors) (10–12). The authoritative parenting style may be more conducive to
59 healthier food choices because limits, consequences, and expectations are set while demonstrating
60 warmth and support (13,14). In contrast, authoritarian parenting styles are defined by high demands for
61 self-control but low levels of sensitivity (13,14). Further, feeding practices differ across ethnic and
62 cultural groups. For example, Latino parents have been found to engage in an indulgent feeding style,
63 one that is characterized by warmth and acceptance in conjunction with a lack of monitoring of the
64 child’s behavior (15,16). Another study demonstrated that, among Latino families, those that ate more
65 frequently at Anglo-oriented restaurants (e.g., fast-food chains, buffets) were at higher risk for obesity
66 (17). Additionally, Latino parents with authoritarian feeding styles were more likely to have children
67 who were at risk for unhealthy eating (18).

68
69 To date, few studies have been conducted to examine the intersection between parenting style and
70 feeding practices and FAFH, including parent-child dynamics and decision-making, particularly
71 among Latinos. Little is known about how parent-child dyads interact and make ordering decisions at
72 restaurants. The purpose of this study was to obtain in-depth information about influential factors

73 related to family feeding practices (e.g., parenting style) among low-income English and Spanish
74 speaking families with school-aged children when eating FAFH.

75

76 **Method**

77

78 *Recruitment*

79 Parent-child dyads were recruited through table tent advertising at a Mexican restaurant in a
80 predominantly Latino neighborhood in South Omaha; additional participants were recruited using
81 flyers placed across community and by word of mouth referrals. Parent-child dyads were eligible if the
82 child was between 8 and 13 years old. This particular age group was selected since our aim was to
83 recruit children old enough to make their own meal choices, but who may also receive significant
84 parental input with food choices. Recruitment efforts aimed to attract a representative sample of both
85 English- and Spanish- speaking Latino families (i.e., half of the dyads per dominant language).

86

87 *Interviews*

88 The authors developed a semi-structured interview guide based on a review of relevant literature
89 related to restaurant dining habits among families (19–21). Figure 1 displays the eight domains of
90 inquiry identified from the literature review for factors that may influence FAFH choices among
91 English- and Spanish-speaking parent-child dyads. These eight domains of inquiry spanned from
92 acculturation influences to restaurant ordering behaviors (see Figure 1). In addition to the interviews, a
93 short demographic survey was collected that included self-reported height and weight which was
94 converted to Body Mass Index (BMI) for adults and BMI percentile for age and sex for children.
95 Following a phenomenological approach, the semi-structured interviews aimed to explore the in-depth
96 “lived experience” of how parent-child dyads co-constructed decisions when eating FAFH (22).
97 Beyond asking about typical family dining patterns and parental feeding style, two examples of key
98 questions from the parent interview included: “What factors make it more likely that you and your
99 family will eat out?” and “Please describe how you typically order dinner for your child (or teen) at a
100 sit-down restaurant.” For the child interviews, some key questions included: “What is your favorite
101 food or meal to order when eating in a sit-down restaurant?”, “Can you describe to me how your
102 dinner choice is made?”, “What do you think your parents think about when choosing something for
103 you to eat when you are dining out?”, and “What types of food/dishes do your mom/dad typically order
104 for themselves?”.

105

106 Bachelors and masters level research associates conducted separate interviews with parents and
107 children between April and December of 2012. Institutional Review Board approval was obtained from
108 the University of Nebraska Medical Center and written parental consent and child assent were obtained
109 onsite before the interviews began. Interviews were conducted at the research offices of the authors
110 and in the participating parent's preferred language (i.e., Spanish or English). All child interviews were
111 conducted in English, as all children were fluent in English. Interviews were conducted until
112 theoretical saturation. Each of the parent interviews lasted approximately 45 minutes, while the child
113 interviews (conducted concurrently and in a separate room from the parent) took approximately 20
114 minutes. Dyads received a \$20 gift card as an incentive for participating.

115

116 *Data Analysis*

117 Each interview was transcribed verbatim. Interviewers utilized constant comparison methodology (23)
118 and interviews were independently coded for meaning units by two coders (the lead author, CP, and
119 one other author for each interview) using the NVivo software package (Version 9, QRS International,
120 Victoria, Australia). The preliminary meaning units and codes were analyzed by the coders and
121 organized into common categories. These categories were examined for overlapping themes and
122 condensed to order the data. To maintain confidentiality, quotations reproduced in this paper have been
123 de-identified.

124

125 **Results**

126

127 In total, 20 parent-child dyads were interviewed (N=40), with ten English-speaking parents and ten
128 Spanish-speaking parents. All child interviews were conducted in English. Table 1 shows
129 sociodemographic information for participants. Adult BMI values ranged from 18.9 to 39.5, with 22%
130 normal weight, 39% overweight, and 39% obese. The mean BMI percentile for children for age and
131 sex was 63 (children were asked for their height and weight and only 10 out of 20 respondents were
132 able to answer this). Household income ranged from less than \$10,000 per year to more than \$100,000
133 per year, with the majority of participants reporting earning less than \$50,000/year). There was a span
134 of education levels. Four of the parent participants were male and the remainder (N=16) were female.
135 Adult participants ranged in age from under 21 years to 44 years of age. Children were between the
136 ages of 8 and 13 (\bar{x} =10.5, SD=1.6) and 65% were male and 65% Latino.

137

138 Themes and categories that emerged from the data are summarized in Table 2, including: decision
139 making when dining out, parental practices and feeding style, use of and opinions about kid's menus,
140 and overall influences on food choices. Within each of these broader themes, specific categories of
141 findings are explained below and summarized in Table 2.

142

143 *Decision Making When Dining Out*

144 Parents and children reported that the parent was responsible for selecting where the family will eat
145 out. One child stated, *"My mom, she just picks."* Several parents corroborated, *"In my house, the food*
146 *is my decision."*

147

148 The degree to which the parent had control over the child's meal choice varied. Many parent-child
149 dyads reported a combination of co-decision making processes for meal selection. One mother
150 described the step-by-step process for ordering a meal for her child, *"I ask her 'what do you want to*
151 *eat first?'"* The same mother then explained that after a child suggests a food, the parent responds,
152 *"Are you sure you want this to eat today? If she [the child] wants it she says yes. The decision is my*
153 *daughter's."* Many parents tended to give their children more autonomy in selecting their meal. Some
154 of the parents who allowed their child to display autonomy when ordering conveyed their concern with
155 cost of the meal (n=12). One strategy that parents reported using to control cost was restricting their
156 child's meal choice to the kids menu, *"I don't really look at the price for the kids menu because they're*
157 *pretty much the same, set prices, and just as long as it's something he's going to eat."*

158

159 Conversely, some parents reported exerting control over the child's meal choice by giving guidance
160 and suggestions. These parents seemed interested in educating their children about food choices and
161 setting up parameters. One parent described this as, *"We'll give the kids choices. We'll give them at*
162 *least two choices."* A parent (Spanish-speaking) described how she influenced her children to order
163 healthier things, *"[There are] three things they can choose. But then they have to choose vegetable.*
164 *For example, cooked vegetables or salad or French fries. I always choose salad or vegetables. So I*
165 *choose like that for them."*

166

167 *Parenting Practices and Feeding Style*

168 The majority of parents reported that rules and choices at home were stricter than when dining out,
169 *"No, I think at a restaurant I'm more loose. At home, I'm more strict."* Many parents described
170 allowing sugar sweetened beverages (SSBs) when dining out, but not at home, *"Yeah, we don't buy*

171 *like soda or anything like that, but whenever we go out, you know, the kids drink it.*” Children
172 corroborated this sentiment, agreeing that there were different rules for when they ate out when
173 compared to meals at home.

174

175 Almost all parents reported some limits on SSBs for their children. Parents reported limiting soda more
176 in the home than when dining out at a restaurant. One parent described, *“Every once in a while I’ll let*
177 *them drink pop, but not very often at a restaurant. [But at home] It’s got to be like lemonade or water*
178 *or milk.”* Another parent described the added cost of SSBs, *“We really don’t drink soda, we drink*
179 *water. They can have a pop if we go out, and that all depends on money, cause I think soda’s a rip*
180 *off.”* Similarly, one parent explained, *“When eating out, I also discourage drinks because it’s*
181 *expensive. However, for example, we go to fast food and the kids are getting a value meal, you know,*
182 *then your choices are usually a soda, a juice, or a milk, and I usually get a chocolate milk for the kids*
183 *then. I prefer for them not to get sodas in those situations.”*

184

185 Some of the parents (n=6) reported eating dinner as a family at a table, *“So we’re usually sitting at the*
186 *table, we usually have dinner together ... every night but Wednesday night, ...* Another parent reported,
187 *“The rules are that when we sit down to eat no one can leave the table if everyone has not finished”.*
188 However, the majority of parents (N=14) reported eating meals not together at a table and typically in
189 front of the television. This obesogenic feeding style was simply described by interviewees as
190 normative practice, *“We don’t always sit at the table, we sometimes watch a movie—have a pizza and*
191 *movie night”.* One child reported, *“Well, my dad, he lays in bed while we’re eating. My mom she sits*
192 *on the couch. Me and my brother sit at a table”.*

193 Several parents expressed concern about their child’s weight, *“I feel she’s overweight. I do. [I feel it is*
194 *important for my child to have a desirable weight] it’s important to me because when I was younger I*
195 *was teased and I don’t want her to go through that.”* Another parent explained why she thought it was
196 important for her son to be a healthy weight in terms of lifelong health and chronic disease risk, *“...if*
197 *he stay[s] like that he will continue growing up with bad habits and will get fatter. I try to better him*
198 *because it is he who is going to suffer with the excess weight.”*

199

200 Some parents explained that they made efforts to role model healthy dietary behaviors, *“I at least*
201 *order a salad with all my meals so maybe they’ll eat it too.”* Another parent described the impact
202 positive role modeling may have on her child, *“I take him into account because he is learning to make*
203 *his own decisions and I respect them.”* Similarly, another parent described the teachable moment of

204 role modeling positive dietary behaviors, *"I say to him, look how I do it. I say to him I am going to eat*
205 *it, its good."*

206

207 Some parents reported using negotiation with their child to get them to eat more healthfully when
208 dining out. One parent described this as a struggle, *"Well basically he is the child that will always try*
209 *to grab a bowl of cereal, like he doesn't want to eat the vegetables, or he's happier with a bag of chips.*
210 *When we're out, if he wants a dessert or something, I make him eat at least the vegetables and some of*
211 *the meat off of the plate. So that is kind of a battle sometimes."* Another parent reported, *"So*
212 *sometimes what we'll do, we'll negotiate and one of us will get the French fries and one of us will get*
213 *the vegetables, and then she'll have a little bit of it."*

214

215 Some parents reported engaging in an authoritative feeding style, one that is encouraging, yet
216 instructive. One child reported how his parents encourage him to choose healthier items, *"They would*
217 *need to tell me whether it's healthy, what it tastes like, and what's in it."* A parent also explained how
218 they described what foods are healthier to their children, *"Explaining to him what is good for him. I*
219 *would explain my motives. Like this will make you sick, this is not the right time to eat this food, or talk*
220 *to him about the dish."*

221

222 Several parents that appeared to align with an authoritative parenting style described how they
223 provided choices for their children, *"We've always given him a choice ever since he can talk. And I*
224 *mean it's changed now, we give him a lot more free reign than he used to have.* Another parent
225 explained how she taught her children about self-regulation, *"I've always tried to get her to listen to*
226 *her body and to listen to what she's really hungry for."* A few parents reported trying to educate their
227 children about healthy eating/nutrition education with their children, *"I have another son that, he's*
228 *becoming overweight and we have diabetes in our family. Whenever we go grocery shopping, I'll show*
229 *him the labels and he's starting to be able to read labels and understand that."*

230

231 Several parents mentioned using food as a reward. One parent described, *"I use pizza as something*
232 *they have to earn."* While some of the child respondents reported recognizing that their parents used of
233 food as a reward, *"They might have to bribe me, I'm not sure, otherwise I might just say no, but, umm,*
234 *I would probably get dessert."*

235

236 While some parents demonstrated a more “authoritative” feeding style (n=5) by setting guidelines and
237 parameters yet allowing their children to learn about the benefits of healthful choices, other parents
238 reported engaging in more negotiation (n=4) and using food as a reward (n=6).

239

240 Spanish-speaking parents (as compared to English-speaking parents) tended to eat out fewer times a
241 week, and watched less TV, and cooked more healthfully at home. They described their home cooking
242 to be healthier, “*Well I prefer to cook at home because what I make is more economical, better, and*
243 *everyone eats till they are full.*” Another parent responded, “*In my house I always cook what is healthy*
244 *and I try to get healthy foods that do not have a lot of fat but [high in] nutrition.*” One of the other
245 parents described, “*At home, the food that mama cooks gets eaten. And what I think is healthier for the*
246 *children, but always when we go out...*” The skill and tradition involved with home cooking was also
247 emphasized, “*My spouse is from El Salvador. So there is always rice and salad. I always cook what I*
248 *have. Including if I’m missing an ingredient for a food that is supposedly traditional—I put another*
249 *one in (laughter).*”

250

251 *Use of and Opinions About Kids’ Menu*

252 The selection from the kids’ menu did not appear to be a concern among many parents and one child
253 described, “*They don’t care as long as it’s on the children’s menu.*” Overall, parents reported that
254 younger children ordered freely from the kids’ menu (n=7), while older children had outgrown the
255 portion sizes and the flavors (n=5). Some parents of younger children suggested that the portion sizes
256 were too large, “*I think if they were portioned out better, I wouldn’t mind them as much. But when you*
257 *go out to the restaurants, it seems like it’s bigger portions than what I would normally give them at*
258 *home.*” However, parents of older children tended to advocate for larger portions, “*It’s not enough*
259 *food for either one of my kids. They’re both in their growth spurts or something; they eat like crazy.*”
260 One potential solution suggested was to make smaller portions of adult items, “*I think that they should*
261 *choose food from the adult menu, but in smaller portions.*”

262

263 A few parents commented on the lack of availability of nutritious options when dining out. As one
264 parent explained, “*They’re really not that healthy. You know they get the food groups there with added*
265 *content of fat, salt, and everything ... and even some of the fast food places have applesauce or apples*
266 *instead of fries, but generally they’re not very healthy.*” Many parents suggested including more fruits
267 and vegetables and other healthy items, “*I think they could sneak a lot more nutrition in than they do.*
268 *I’m always trying to sneak in nutrition.*” Another parent described, “*I think that they could have*

269 *healthier options, like McDonalds getting the apples, but I think that they could have healthier*
270 *[options] and maybe not like the fries, they give them so many fries.”*

271

272 A few parents acknowledged that their child’s food preferences were less healthy than they desired, “I
273 *know that his taste buds will develop and begin appreciating, craving different things. But I think he’s*
274 *on a little bit heavy of a pasta and cheese diet now.”* Some children described willingness to try new
275 foods when dining out, “*Cause I think that you should try different [foods than] what you eat at home*
276 *since it’s a restaurant. Cause you’re not going to eat at home; that’s the reason that you’re going to go*
277 *somewhere else to eat something.”*

278

279 Most parent-child dyads reported using the kids’ menu, in particular driven by price. However, parents
280 expressed dissatisfaction with the healthfulness of the options on kids’ menus and made several
281 suggestions for improvement. Simultaneously, some parents were concerned about their child’s BMI
282 and recognized FAFH as a way to impact weight status. Current menu options cater to basic food
283 preferences of children (24), but children also described a willingness to try new foods. There is an
284 opportunity for restaurants to offer more healthful options on kids’ menus, capitalizing on this
285 willingness to try new foods. More healthful menus may result in beneficial sales for the restaurant,
286 creating a mutually beneficial opportunity.

287

288 *Overall Influences on Food Choices*

289 Overall influences on food choices were comprised of five categories (Table 2). Children were asked if
290 they could recall any food-related commercials on TV or online. They were able to identify several
291 food-related commercials, thought they influenced their own food choices, and had negative feelings
292 towards them. Children were easily able to identify food-related commercials, “*I see McDonalds*
293 *commercials a lot*”, and “*Well they show BK and McDonalds.*” When asked if the food-related
294 commercials make the child want specific foods, the child responded, “*Well, I’d say 90% [of the*
295 *time].*” Most children expressed dislike towards commercials even though they influenced their
296 choices, “*They’re really stupid actually so they’re pointless.*”

297

298 At the same time, many parents expressed concern about the influences of food marketing on their
299 child’s dietary preferences, “*He is picky, he’s a big kid, he eats what he wants not what you want, if I*
300 *give him a salad he will not eat it at all, if I give him a hotdog and chips he will eat it right away, its*
301 *really difficult, you live here in America. It’s hard. There are more commercials all the time and kid*

302 *want to eat at fast food.”*

303

304 For most families in the current study, dining out was considered a treat, and not part of regular family
305 meal patterns. However, some families in this study also reported eating fast food more regularly
306 (several times a week), indicating that they did not consider fast food to be part of “dining out.”

307

308 Although cost and flavor were often ranked ahead of nutrition as competing factors when deciding
309 where to eat, some parents did explain concern for nutrition, *“Nutrition has to be like something*
310 *healthy, not too much sugar and because he’d rather order a pop instead of milk or juice. So it has to*
311 *be nutritious and the taste. It has to taste good in order to eat.”* With regard to their own nutrition
312 knowledge, some parents gained confidence through *“Consult[ing] lots of books.”* Some books about
313 *“Cholesterol fighting foods, foods that fight cholesterol”* and others that include *“practical, quick,*
314 *healthy foods for the family.”* The participant stated that she was *“Not an expert, but [she was]*
315 *learning.”* Other parents were confident in their ability to identify nutritious meals and practices,
316 *“Spaghetti, fish, vegetables, red meat, pork. They are nutritious because there are carbohydrates,*
317 *proteins and vegetables.”*

318

319 **Discussion**

320

321 As an increasing number of families are consuming FAFH (1,2), which can potentially result in added
322 calories and poorer dietary outcomes (25). The current study obtained detailed qualitative data on
323 parenting practices and decision-making among low-income English and Spanish speaking families
324 with school-aged children when dining away from home. The themes and categories that emerged
325 elucidated rules and policies set by parents around food away from and inside the home as well as the
326 factors that influenced ordering at restaurants. For most families in the current study, dining out was
327 considered a treat and not part of regular family meal patterns. However, some families also reported
328 eating fast food more regularly (several times a week), indicating that they did not consider fast food to
329 be part of “dining out.” This parallels other studies that have found that children and adolescents are
330 consuming fast food increasingly and it accounts for a large portion of their daily caloric intake (5,7).
331 Coupled with this, an observational study found that fast food restaurant meals were on average lower
332 in calories than non-fast food meals (26). Together, these findings support the continuation of policy
333 efforts impacting large chain restaurants as an obesity prevention strategy.

334

335 The impact of kids' menus is far reaching, especially since families in this study allowed their children
336 to order freely from the kids' menu. Children were given a high level of autonomy when deciding what
337 to order from restaurants. It has been described by other interviews with parent-child dyads that food
338 choices are co-constructed between parent and child and nutrition education approaches should take
339 this into consideration (27). Despite a high level of reliance on kids menus from the families that were
340 interviewed, many highlighted the need for improvements to be more healthy (e.g., fruits and
341 vegetables), as well as portioned appropriately.

342

343 Many parents expressed concern for their child while dining out (i.e., acknowledging kids' menus were
344 less than desirable, role modeling positive dietary behaviors), yet also were challenged by competing
345 interests that limited their healthy choices (e.g., price, what foods their child would eat). Efforts are
346 being made to remedy this. The World Health Organization and the Institute of Medicine have called
347 for tighter controls on marketing unhealthy foods to children (28,29). The food landscape is ever
348 changing and more families are seeking healthier options. This increased consumer demand has likely
349 contributed to corporations making changes. For example, McDonalds recently announced plans to
350 offer more fruits and vegetables at no added cost to meals and to promote milk and juice as beverages
351 for kids' meals (30).

352

353 However, kids meals (including less healthy ones) are likely not to disappear from menus. One
354 probable reason for reliance on kids menus are they are typically cost controlled for families (i.e., one
355 set price for items from the kids menu). In larger studies, price has been noted as a major determinant
356 of purchasing and consumption (31). Pricing interventions may have promise in ultimately affecting
357 American's weight outcomes (32). Some real world pricing interventions have been tested with
358 children (33), but further research in the restaurant setting is needed to establish ideal pricing and menu
359 options that will be most healthful for consumers.

360

361 Also highlighted in the current paper is the difference between feeding styles at home when compared
362 to FAFH. Parent participants generally reported allowing more autonomy for their child when selecting
363 meals at a restaurant when compared to rules and guidelines followed at home, acknowledging less
364 healthy meal patterns outside of the home. SSBs represent a large portion of the increase in caloric
365 consumption seen over last few decades (34). Many parent-child dyads in the current study described
366 limiting SSBs at home, but not as much while eating out. In light of our findings, there still remains an
367 opportunity to educate parents about SSBs and providing healthier default offerings on menus.

368 Interventions should target differences between FAFH and foods prepared and consumed in the home,
369 perhaps with a focus on decreasing SSB consumption outside of the home.

370

371 Many participants in the current study indicated consuming meals in front of the TV. Previous studies
372 have documented the benefits of family meal time at a table and not in front of the TV (i.e., in terms of
373 weight, dietary consumption, and social outcomes) (30,31). A concurrent issue, was that parents
374 expressed concern about the marketing influences on their child's food preferences and consumption.
375 Even brief exposures to televised food commercials can influence preschool children's food
376 preferences (37). As children mature, they become independent consumers, making exposure to
377 marketing and development of taste preferences very important in these early years. Therefore
378 interventions aimed at increasing quality family meal time, along with other strategies for increasing
379 consumption of more healthful foods is warranted.

380

381 Fostering a more positive nutrition environment via parents and role modeling should also be further
382 examined in the context of consuming more FAFH. Many parents in the current study acknowledged
383 some nutrition knowledge. Golan and colleagues describe a parent's nutrition knowledge as one of the
384 key predictors of the home food environment that helps determine a child's dietary patterns and
385 ultimately body weight (38,39). Role modeling positive dietary behaviors (as obtained through
386 nutrition knowledge) is beneficial and has been demonstrated to results in more healthful dietary
387 patterns and lower BMIs for youth (40).

388

389 Parents in the current study engaged in a range of feeding styles. An authoritative feeding style has
390 been shown to be most beneficial in terms of encouraging children to eat dairy, fruit, and vegetables
391 (41). Alternatively, an authoritarian feeding style has been show to be negatively associated with
392 child's vegetable consumption (41). Specific to Latino families, healthy eating has been shown to be
393 greater in children whose parents use positive reinforcement and monitoring, less controlling styles
394 (18).

395

396 When comparing English- and Spanish- speaking families in the current study, Spanish-speaking
397 families demonstrated more home cooking and families meals, and less FAFH. Home food availability
398 is a large determinant of meals consumed at home (42), a simple way that parents are influencing their
399 children's meals at home. Previous studies have demonstrated that Latino parents generally have an
400 awareness and understanding of positive feeding styles and tend to cook more traditional foods at

401 home (43,44). Differences in feeding style between English- and Spanish-speaking parents were also
402 revealed in the current study. Similar to other findings, Spanish speaking families reported dining out
403 fewer times per week and expressed the importance of home cooking, both in terms of tradition and
404 healthfulness (43,44). Despite this, growing rates of health disparities and obesity exist in Latino
405 populations (45). Further studies should explore the cultural value of food in Latino cultures and the
406 resultant dietary behaviors.

407

408 The current study has limitations. The responses from parent-child dyads are only representative of
409 those 20 parent-child dyads (N=40 participants) sampled in Omaha, NE. However, sampling strategies
410 targeted a diverse audience, including low-income and English or Spanish participants. Children who
411 participated in this study were 8-13 year old and these results may not be generalizable to younger or
412 older age groups. In general, the child interviews were shorter (on average 15 minutes, compared to the
413 adult interviews which averaged 30 minutes), which generated fewer meaning units from the children.

414

415 Decision-making between parent-child dyads about menu ordering at restaurants is complex. Factors
416 span the socioecological model – from the individual level (e.g., taste preferences) to the
417 environmental level (e.g., food marketing). The results of this study can be considered for future
418 research in understanding the decision-making process for English- and Spanish- speaking parent-child
419 dyads when ordering from a restaurant menu. Efforts should include understanding the decision-
420 making process and influences at every level of the socioecological model. Findings from this study,
421 others, and future research will be valuable for families, restaurant owners, nutrition educators, and
422 policy makers to encourage healthier food choices while eating FAFH in a changing food environment.
423 Further, intervention studies targeting healthy eating and FAFH can be tailored to address some of the
424 nuances in feeding style and parent-child co-decision making.

425 Table 1. Sociodemographics of participants and key characteristics related to foods consumed outside
 426 the home (N=40)

<i>Adults (n=20)</i>	<i>Children (n=20)</i>
<i>Age, n (%)</i>	<i>Age, mean (SD)</i> 10.5 (1.6)
21 and under 5 (25%)	
22 to 34 10 (50%)	<i>BMI percentile, mean (SD)</i> 63 (38.55)
35 to 44 4 (20%)	
Missing 1 (5%)	<i>Sex, n (%)</i>
<i>Education, n (%)</i>	Male 13 (65%)
Never Attended 0	Female 7 (35%)
Grades 1-8 4 (20%)	<i>Latino, n (%)</i>
Grades 9-11 2 (10%)	Yes 13 (65%)
Grades 12 or GED 2 (10%)	<i>Race, n (%)</i>
Some College 3 (15%)	White 5 (25%)
College Graduate 8 (40%)	Black 2 (10%)
Missing 1 (5%)	Asian 1 (5%)
<i>Household Income, n (%)</i>	American Indian or 1 (5%)
Less than \$10,000 3 (15%)	Alaskan Native
\$10,000-\$19,000 3 (15%)	Other 3 (15%)
\$20,000-\$50,000 7 (35%)	I Don't Know 2 (10%)
\$50,000-\$100,000 2 (10%)	Missing 4 (20%)
Greater than \$100,000 3 (15%)	
Missing 2 (10%)	

BMI, mean (SD) 29.1 (6.5)

Relationship to Child, n (%)

Mother 15 (75%)

Father 4 (20%)

Missing 1 (5%)

Sex, n (%)

Male 4 (20%)

Female 16 (80%)

Latino, n (%)

Yes 11 (55%)

Race, n (%)

White 6 (30%)

Black 2 (10%)

Asian 1 (5%)

Other 7 (35%)

Missing 4 (40%)

Employment Status, n (%)

Employed 12 (60%)

Not Employed 7 (35%)

Missing 1 (5%)

429 Table 2. Summary of Key Themes and Categories

Theme	Category	Example Meaning Unit
Decision making when dining out	<ul style="list-style-type: none"> - Choice of restaurant - Choice of meal for child 	<p><i>“I don’t look at the nutrition. Uh, should, but I don’t. I don’t really look at the price for the kids menu because they’re pretty much the same, set prices, and just as long as it’s something he’s going to eat”.</i></p>
Parenting practices and feeding style	<ul style="list-style-type: none"> - Mealtime at home - Concern about child’s weight status - Food as a reward - Parents role modeled healthy dietary behaviors - Negotiation - Authoritative Feeding Style - Control sugar sweetened beverages consumption - Overall feeding style differences of Spanish-speaking parents 	<p><i>“I’ll try to get her to get the vegetable and she’ll want the French fries. So sometimes what we’ll do, we’ll negotiate and one of us will get the French fries and one of us will get the vegetables, and then she’ll have a little bit of it. Like I said, I don’t want her sneaking, I don’t want her feeling, like, I feel like moderation in everything is a good idea.”</i></p>
Use of and opinions about kid’s menu	<ul style="list-style-type: none"> - Use of kids menus - Lack of healthfulness of menu items and changes wanted - Decrease portion size - Child food preferences 	<p><i>“I think that they could have healthier options, like McDonalds getting the apples, but I think that they could have healthier and maybe not like the fries, they give them so many fries, sometimes</i></p>

		<i>they get more fries than I do and that should be the opposite I think.”</i>
Overall influences on food choices	<ul style="list-style-type: none"> - Marketing’s influence on food choices - Child as independent consumer - Dining out is considered a treat - Different feeding styles at home compared to restaurant eating - Parents concern for nutrition and nutrition knowledge 	<i>“...he is picky, he’s a big kid, he eats what he wants not what you want, if I give him a salad he will not eat it at all, if I give him a hotdog and chips he will eat it right away, its really difficult, you live here in American its more hard there are more commercials all the time and kid want to eat at fast food”.</i>

430

431

432

- Acculturation
- Family dining habits at home and outside of the home
- Parental policies and role modeling related to food
- Child as an independent consumer
- Restaurant ordering behaviors (level of autonomy)
- Perceptions of healthy versus unhealthy foods
- Perceptions of options available on kids menus
- Marketing influences on dietary choices

Figure 1. Domains of Inquiry For Influences on Food Away from Home Among English- and Spanish-Speaking Parent-Child Dyads

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