



INFLUENCES OF PRACTICES AND POLICIES IN OKLAHOMA FAMILY CHILD CARE HOMES

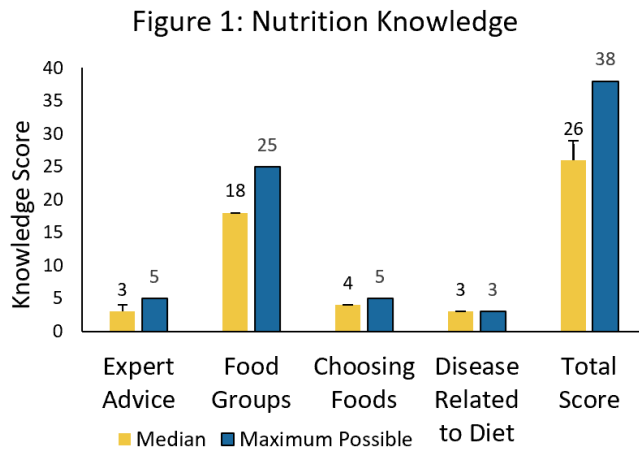
Overweight and obesity is rising in 2-5-year-old young children(1), and often carries into adulthood(2,3). Three in five young children in the US spend a large amount of time in child care settings, such as Family Child Care Homes (FCCH), where they may consume up to two-thirds of their foods(4). FCCH providers are instrumental in the health and well-being of the children they care for as they prepare and serve meals. Based on prior research examining FCCH nutrition practices, there is a need to understand how to improve practices (5-8). Written policies may have a positive effect on nutrition practices (10-12), but nobody has examined reasons why providers may have or not have a policy, such as nutrition knowledge and self-efficacy of the FCCH provider. Self-efficacy is defined as a person's confidence in his/her ability to use present skills to complete a task(9).

A study involving 49 FCCH providers who care for 2-5-year-old children in Oklahoma City was conducted. Providers completed surveys for researchers to determine the impact of FCCH providers' nutrition knowledge and nutrition self-efficacy on program nutritional practices and policies.

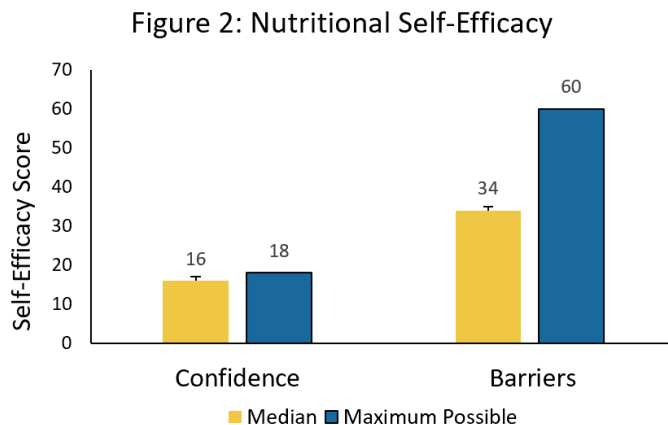
Provider Nutrition Knowledge and Self-Efficacy



Nutrition knowledge was measured using a questionnaire with 38 questions. Questions were divided into categories, and each correct answer earned one point. Providers scored an average of 26 out of 38, or 68% accuracy. Median scores in each of the categories are depicted in Figure 1.



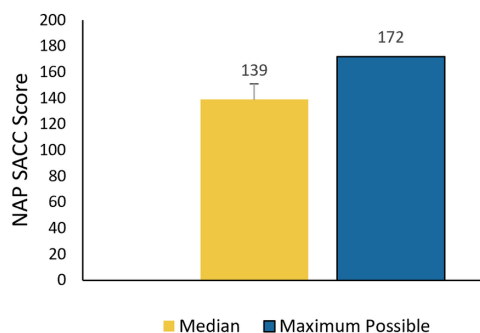
Self-efficacy was measured as providers' confidence in their ability to have healthy nutrition practices and their perceived barriers in doing so. The lowest Barriers score, indicating no perceived barriers, was 20. Median scores in each of the categories are depicted in Figure 2.



Practices and Policies in the FCCH



Figure 3: Nutrition Practices

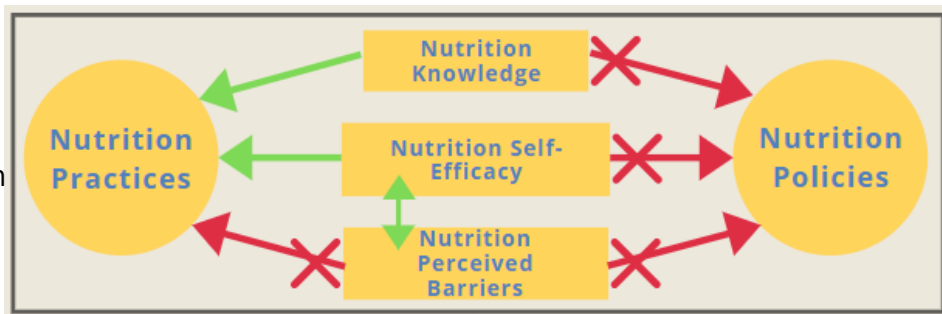


Practices were measured using a survey with 43 questions. Scores ranged from 43 to 172, with a higher score indicating more healthful nutrition practices in the FCCH. Providers scored a median of 139, indicating decent nutrition practices.

Policies were measured by asking if providers had a nutrition policy and if so, how many topics were on their policy. Only 10 of the 49 providers selected the best practice option, which was having 5-9 topics on their nutrition policy.

Interactions Between Measurements

We found that self-efficacy was associated with perceived barriers, so as confidence increased, there were fewer perceived barriers. Higher nutrition knowledge and self-efficacy were associated with healthier nutrition practices, but nothing was associated with nutrition policies.



Implications for Practice

Our study shows that nutrition education and increasing providers' confidence in their ability to serve healthy meals are key aspects for training to improve nutrition practices.

However, other approaches or resources may be needed to impact nutrition policies. Further research can examine nutrition policies in more detail and explore other factors that may be associated with the presence and quality of policies.



References

- Hales CM, Fryar CD, Carroll MD, Freedman DS, Ogden CL. Trends in Obesity and Severe Obesity Prevalence in US Youth and Adults by Sex and Age, 2007-2008 to 2015-2016. JAMA 2018;319(16):1723-25 doi: 10.1001/jama.2018.3060
- Ward ZJ, Long MW, Resch SC, Giles CM, Craddock AL, Gortmaker SL. Simulation of Growth Trajectories of Childhood Obesity into Adulthood. N Engl J Med 2017;377(22):2145-53 doi: 10.1056/NEJMoa1703860
- Cheung PC, Cunningham SA, Narayan KM, Kramer MR. Childhood Obesity Incidence in the United States: A Systematic Review. Child Obes 2016;12(1):1-11 doi: 10.1089/chi.2015.0055
- Oklahoma Department of Human Services. Licensing requirements for Family Child Care Homes and Large Child Care Homes. 2018; <http://www.okdhs.org/OKDHS%20Publication%20Library/86-104.pdf>. Accessed February 4, 2019.
- Francis L, Shodeinde L, Black MM, Allen J. Examining the Obesogenic Attributes of the Family Child Care Home Environment: A Literature Review. J Obes 2018;2018:3490651 doi: 10.1155/2018/3490651
- Tovar A, Benjamin-Neelon SE, Vaughn AE, et al. Nutritional Quality of Meals and Snacks Served and Consumed in Family Child Care. J Acad Nutr Diet 2018;118(12):2280-86 doi: 10.1016/j.jand.2018.08.154
- Trost SG, Messner L, Fitzgerald K, Roths B. Nutrition and physical activity policies and practices in family child care homes. Am J Prev Med 2009;37(6):537-40 doi: 10.1016/j.amepre.2009.09.020
- Dev DA, Garcia AS, Dziewaltowski DA, et al. Provider reported implementation of nutrition-related practices in childcare centers and family childcare homes in rural and urban Nebraska. Prev Med Rep 2020;17:101021 doi: 10.1016/j.pmedr.2019.101021
- Bandura A. Self-Efficacy: The Exercise of Control: Worth Publishers, 1997.
- Ritchie LD, Sharma S, Gildengorin G, Yoshida S, Braff-Guajardo E, Crawford P. Policy improves what beverages are served to young children in child care. J Acad Nutr Diet 2015;115(5):724-30 doi: 10.1016/j.jand.2014.07.019
- Benjamin Neelon SE, Mayhew M, O'Neill JR, Neelon B, Li F, Pate RR. Comparative Evaluation of a South Carolina Policy to Improve Nutrition in Child Care. J Acad Nutr Diet 2016;116(6):949-56 doi: 10.1016/j.jand.2015.10.026
- Woodward-Lopez G, Kao J, Kuo ES, et al. Changes in Nutrition Policies and Dietary Intake in Child Care Homes Participating in Healthy Eating and Active Living Initiative. Am J Prev Med 2018;54(5S2):S170-S77 doi: 10.1016/j.amepre.2018.01.007

This report was prepared by Sarah Patel, MS in April 2020 on behalf of the Behavioral Nutrition and Physical Activity Laboratory directed by Dr. Susan Sisson. Data were collected as part of the Happy Healthy Homes Project (2017-68001-26355). If you have questions or comments, please contact us at nutritionactvlab@ouhsc.edu or 405.271.8001x41173

