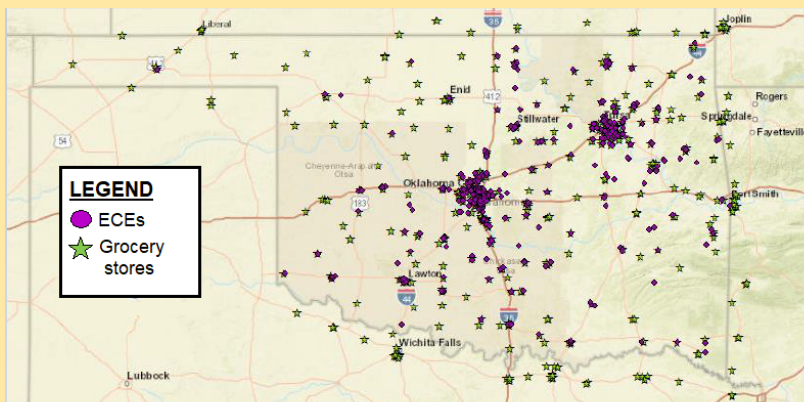


## NEIGHBORHOOD GROCERY STORE ACCESS & ECE CLASSROOM HEALTH PRACTICES.

Healthful diet in childhood supports proper growth and development, cognitive function, and long-term health habits.(1,2) Children's health behavior are primarily dependent on their surrounding environments and role models.(3) For these reasons, **settings for early childhood education (ECEs) are ideal for promoting nutrition behaviors that predict lifelong health of those children served.**

For children and adolescents, access to grocery store within communities surrounding schools and homes predict higher quality diet.(4) **However, little is known about the impact of the community environment on ECE policies or practices as identified by their staff.**

### Map of Oklahoma ECEs and grocery stores/supermarkets.



### THE GOAL OF THIS PROJECT WAS TO...

Determine whether ECE classroom nutrition practices and barriers are different based on healthfulness of neighborhood nutrition environments (i.e. access to grocery stores).

### STUDY METHODS INCLUDED...

**"Communities and Classroom Health Survey":** survey distributed to directors of licensed Oklahoma ECEs serving 3-to-5-year old children, including Head Starts, center-based childcare (CBCs) and family child care homes (FCCHs).

**ECE Classroom Nutrition Practices & Barriers:** The Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) (5) was completed. Each question's response was scored from 1 to 4 indicating healthfulness of classroom nutrition practices, including food subgroups served, feeding practices, and nutrition education and policy. Presence of barriers to implementing practices for serving healthful foods and implementing mealtime practices (Ex. family style meal service) were also reported.

**Neighborhood Nutrition Environments:** Locations of ECEs and grocery stores (audited in person) were mapped in ArcMAP 10.6. An ECE was located within a "Food Desert" if had no grocery stores in an accessible radius (0.25-mile for urban, 10-mile for rural). (6)

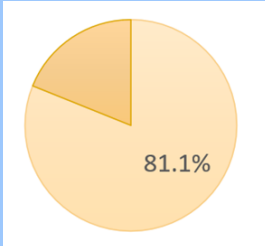
## RESULTS

### Head Starts (n=54)

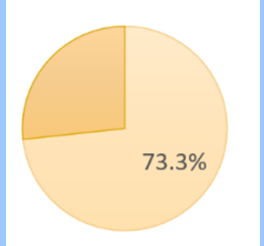
### CBCs (n=159)

### FCCHs (n=160)

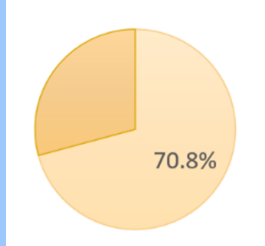
Nutrition Classroom Practice Scores  
(Percent out of Max. Points)



31% report lack of control over meals served



37% report not enough money for purchasing healthier meals



40% report concern for food waste due to child preferences

43.4% purchased foods online and delivered  
61.1% served children without access to healthy foods at home  
24.0% Were located in a "Food Desert"

33.9% purchased foods in-person at a store  
56.7% served children without access to healthy foods at home  
27.6% Were located in a "Food Desert"

95.0% purchased foods in-person at a store  
90.7% served children without access to healthy foods at home  
36.8% Were located in a "Food Desert"

#### For Head Starts & CBCs:

Barriers to classroom nutrition practices did **not** differ based on Food Desert Status.

#### For ALL ECEs (Head Starts, CBCs, FCCHs):

Classroom nutrition practices did **not** differ based on Food Desert Status.

#### For FCCHs only:

Those in Food Deserts reported **higher barriers** to nutrition practices

### IN SUMMARY...

- Head Start centers reported the healthiest classroom practices, while FCCH providers reported the least healthful and higher prevalence of barriers.
- Head Starts and CBCs may provide a healthful micro-environment for children lacking access to health resources in their residential neighborhoods.
- FCCHs may be more vulnerable to their surrounding communities, due to organizational factors unique to the FCCH, such as purchasing foods in-person and having the director/owner responsible for purchasing & planning.

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