

INFLUENCES OF PROVIDER NUTRITION KNOWLEDGE AND SELF-EFFICACY ON PRACTICES AND POLICIES OF OKLAHOMA FAMILY CHILD CARE HOMES

Sarah M. Patel¹, Susan B. Sisson¹, Leah A. Hoffman¹, Holly A. Davis¹, Bethany D. Williams¹, Alicia L. Salvatore^{2,3}

¹ Dept. Nutritional Sciences, University of Oklahoma Health Sciences Center, Oklahoma City OK

² Dept. Health Promotion Sciences, University of Oklahoma Health Sciences Center, Oklahoma City OK

³ Value Institute, Christiana Care Health System, Newark, DE

Background: Early child care and education (ECE) settings are favorable for early obesity prevention. Few studies include Family Child Care Homes (FCCH) compared to larger, center-based ECE settings. Several ECE interventions show that introducing or improving a written policy has positive effects on food environment and foods served. However, a gap exists on possible influences of both practices and policies in FCCHs, including knowledge, perceived barriers, and self-efficacy.

Purpose: To determine impact of FCCH providers' nutrition knowledge and nutrition self-efficacy on program nutritional practices and policies.

Methods: This cross-sectional study uses baseline data from an intervention study (Happy Healthy Homes) and included Oklahoma City FCCH providers caring for 2-to-5-year-old children and participating in the Child and Adult Care Food Program. From October 2017 to November 2018 providers completed surveys including demographics, nutrition knowledge, nutrition self-efficacy, perceived barriers and the nutrition portion of the Nutrition and Physical Activity Self-Assessment for Child Care which measures both practices and policies. Spearman's rank-order correlation, linear regression, and logistic regression were used via SPSS 25.

Results: Forty-nine FCCH providers participated (100% women, 45±13 years old). Self-efficacy was inversely correlated with perceived barriers ($r_s(47) = -0.4, p = 0.004$). Nutrition knowledge was not correlated with self-efficacy or perceived barriers. Multivariate linear regression indicated nutrition knowledge as the strongest predictor of best-practice nutrition practices (std $\beta = 0.442, p = 0.001$) followed by self-efficacy (std $\beta = 0.358, p = 0.001$), while perceived barriers did not predict practices (std $\beta = -0.061, p = 0.651$). There was no association between knowledge, self-efficacy, or perceived barriers and nutrition policies.

Discussions/Conclusions: As FCCH provider nutrition self-efficacy increased, perceived barriers to serving healthy foods decreased. However, nutrition knowledge was not related to either self-efficacy or perceived barriers. Collectively, knowledge and self-efficacy were associated with FCCH practices. Results suggest that increasing providers' knowledge and self-efficacy may positively impact nutrition practices in FCCHs. However, they do not necessarily influence each other. None of the measured variables impacted the level of individual nutrition policies.

Relevance to Allied Health: Results support social and behavioral research indicating that both knowledge and self-efficacy are critical to provider training opportunities and behavior change intervention. Similarly, our findings support a larger body of work indicating that increasing knowledge and self-efficacy are not sufficient to bring about FCCH policy change. Additional intervention will be needed to impact policy as well as behavior change

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