

Barriers to Nutrition-related Practices among Child Care Providers in Urban and Rural Nebraska

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Background

Childhood Obesity in Nebraska

- **Nebraska ranks 5 out of 51** US states for childhood obesity (BMI \geq the 95th percentile for children of the same age and sex) among 2-4 year old children

Consequences of Childhood Obesity

- Childhood obesity leads to **serious health problems** throughout life
 - depression, low self-esteem
 - social problems (e.g., bullying)
 - chronic diseases (e.g., type 2 diabetes, heart disease, cancer)



Child Care Settings: Ideal Environment for Preventing Childhood Obesity

Number of Children in Child Care

- **11 million children** aged 5 and younger spend about **36 hours/week** in child care (Child Care Aware, 2016)
- In **Nebraska: 121,194 children** in urban and rural child care

Number of Childcare Programs

- **3,266** across urban and rural **Nebraska**



The Importance of Context: Provider Type

Childcare center (CCC) vs. Family childcare home (FCCH)

- CCCs tend to have **more staff** and **larger physical space** (Kim et al., 2012)
- CCC providers tend to have **higher levels of education/professional development** (Fuligni et al., 2009)
- FCCH providers may feel **more accountable** over children under their care (Kim et al., 2012)



The Importance of Context: Urbanicity

Rural vs. Urban

- Childcare providers in rural areas reported **challenges in affording and accessing fresh fruits** (Frazier et al., 2003)
- Urban childcare settings tend to have **higher child to adult ratios** (Maher et al., 2008)



Objectives

To examine **nutrition-related practices, barriers, and preferences of training** of childcare settings across **provider types (CCCs and FCCHs)** and **urbanicity (urban and rural)**

1. To compare **CCCs across urbanicity** (urban-rural)
2. To compare **FCCHS across urbanicity** (urban-rural)

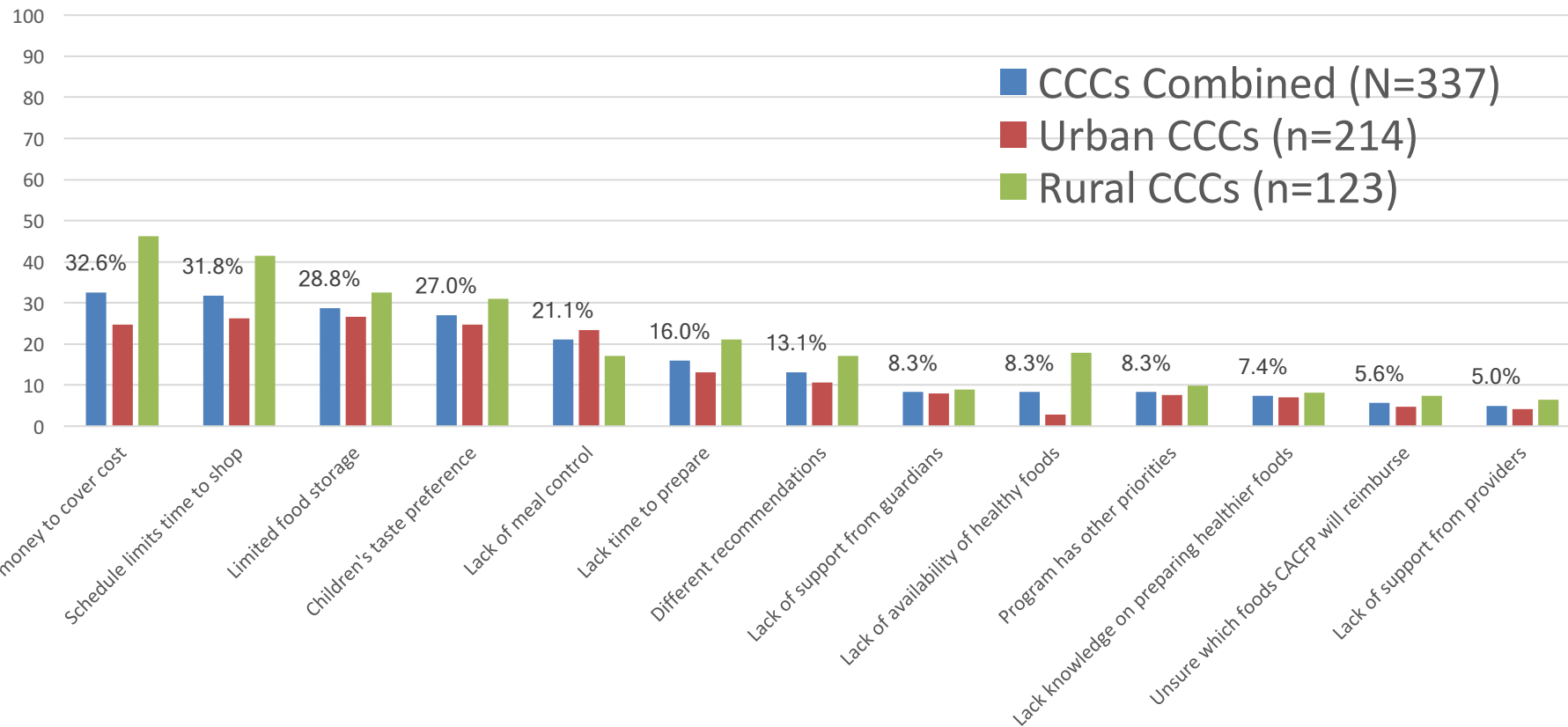
Method

- **Sampling Design**
 - Sampling frame: 3,014 childcare programs (NE DHHS)
 - N: 1,592 (54.6% response rate)
 - Data were collected from January through April 20, 2017
- **Survey Instrument**
 - The Healthy Children, Healthy State Survey (mail survey)
 - 93-item questionnaire adapted from existing surveys
 - 4 main sections: serving foods and beverages, meal time practices, nutrition education, and access to training
- **Statistical Analysis**
 - Descriptive statistics

Results

[Urban and Rural CCCs]

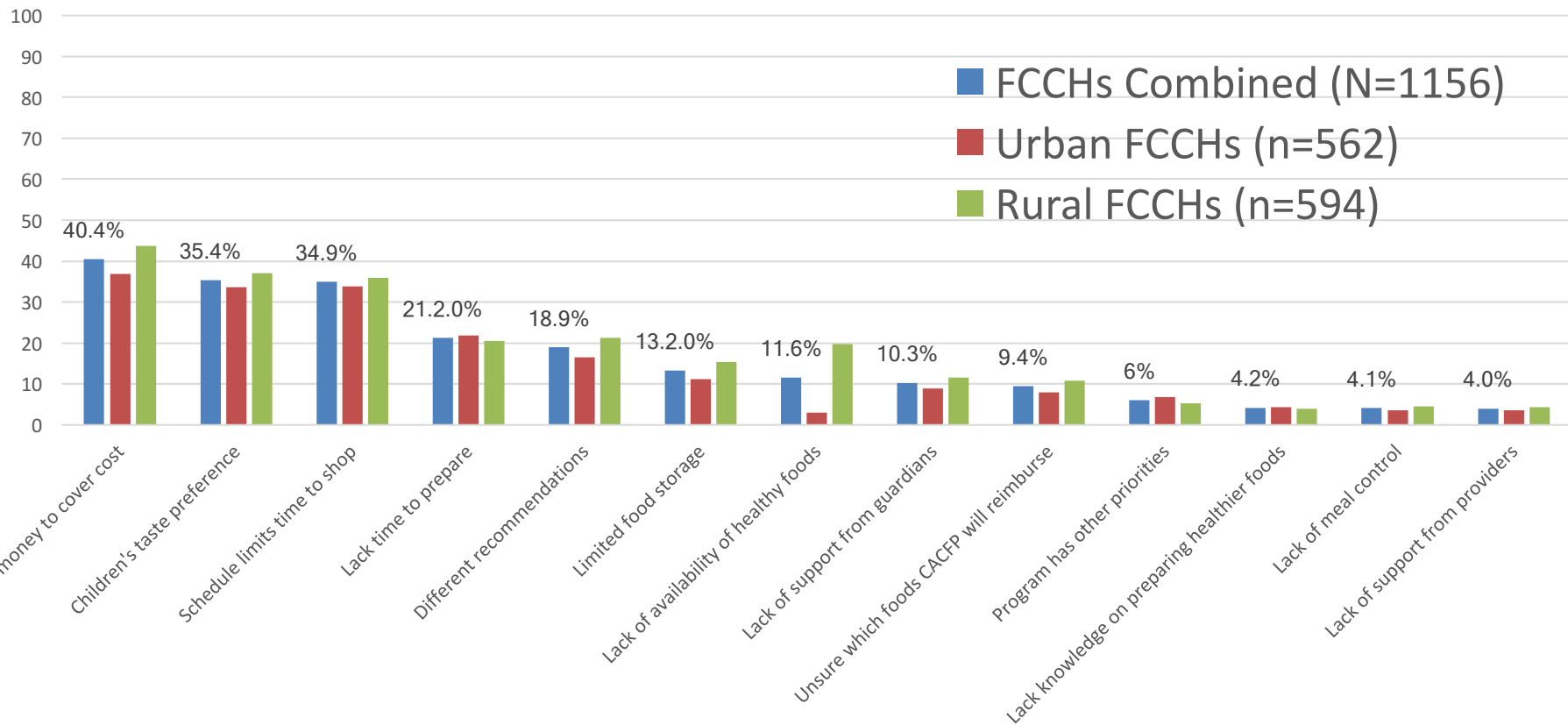
Barriers to Serving Foods and Beverages



Results

[Urban and Rural FCCHs]

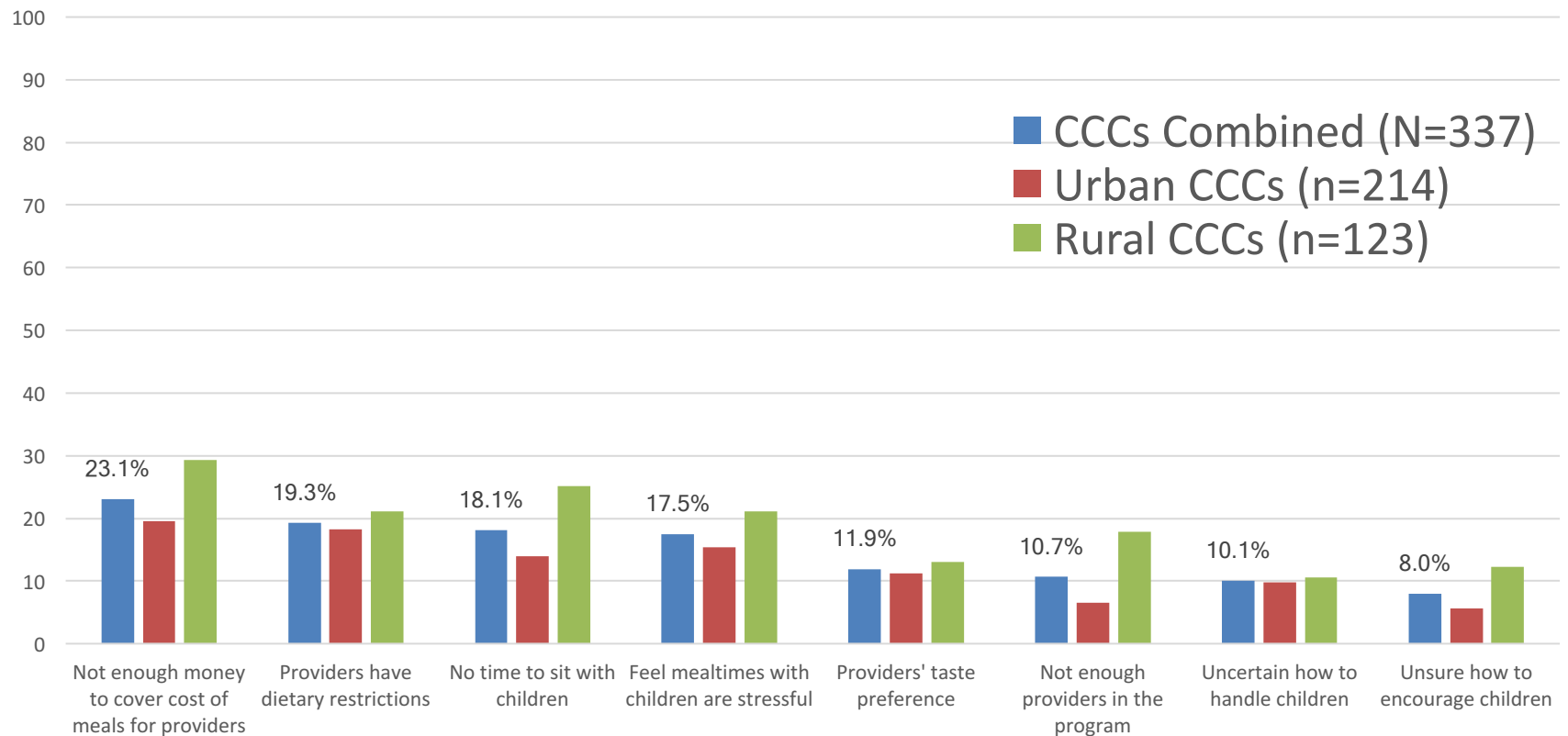
Barriers to Serving Foods and Beverages



Results

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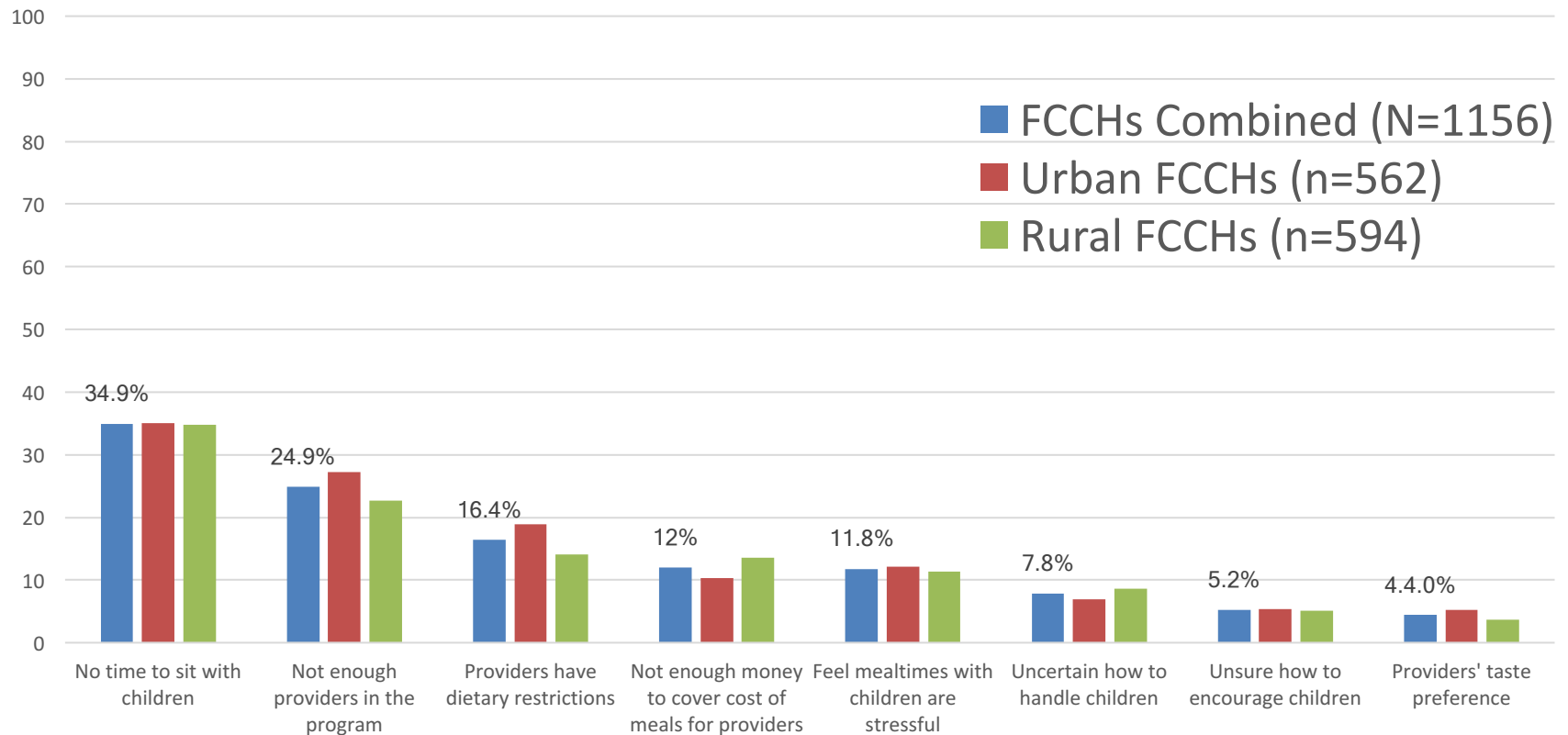
Barriers to Implementing Mealtime Practices



Results

[Urban and Rural FCCHs]

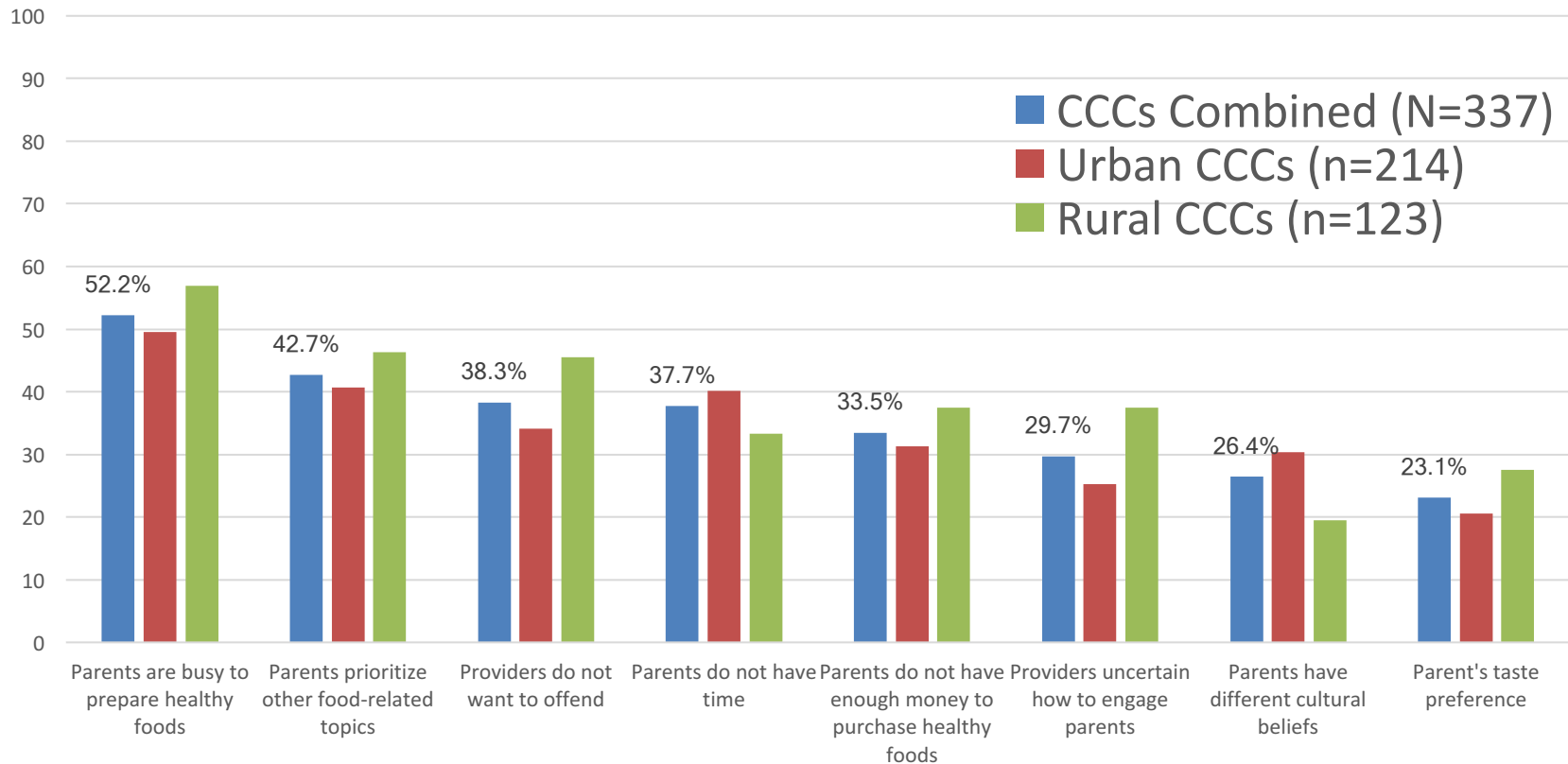
Barriers to Implementing Mealtime Practices



Results

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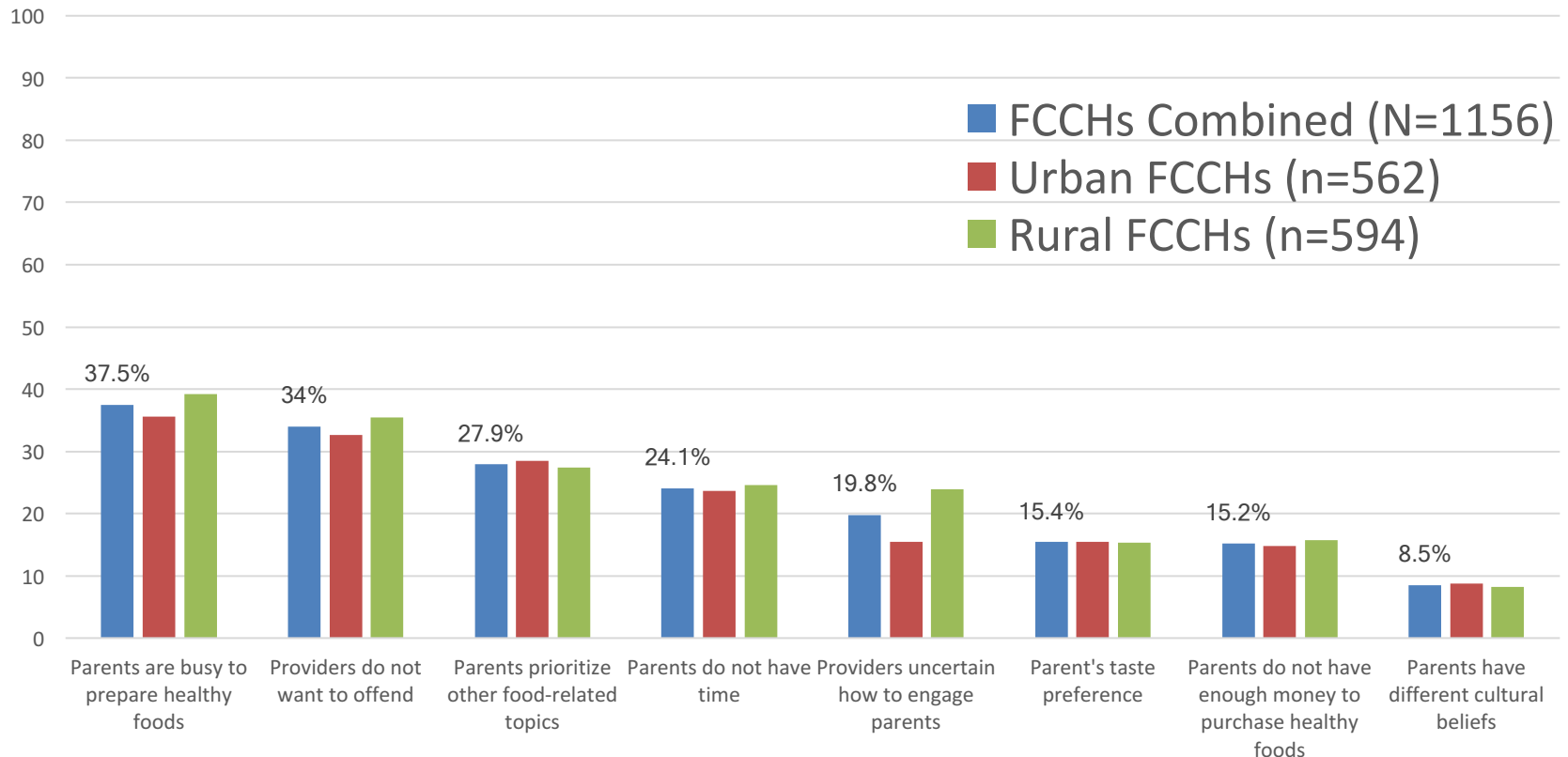
Barriers to Engaging Parents to Encourage Healthy Eating



Results

[Urban and Rural FCCHs]

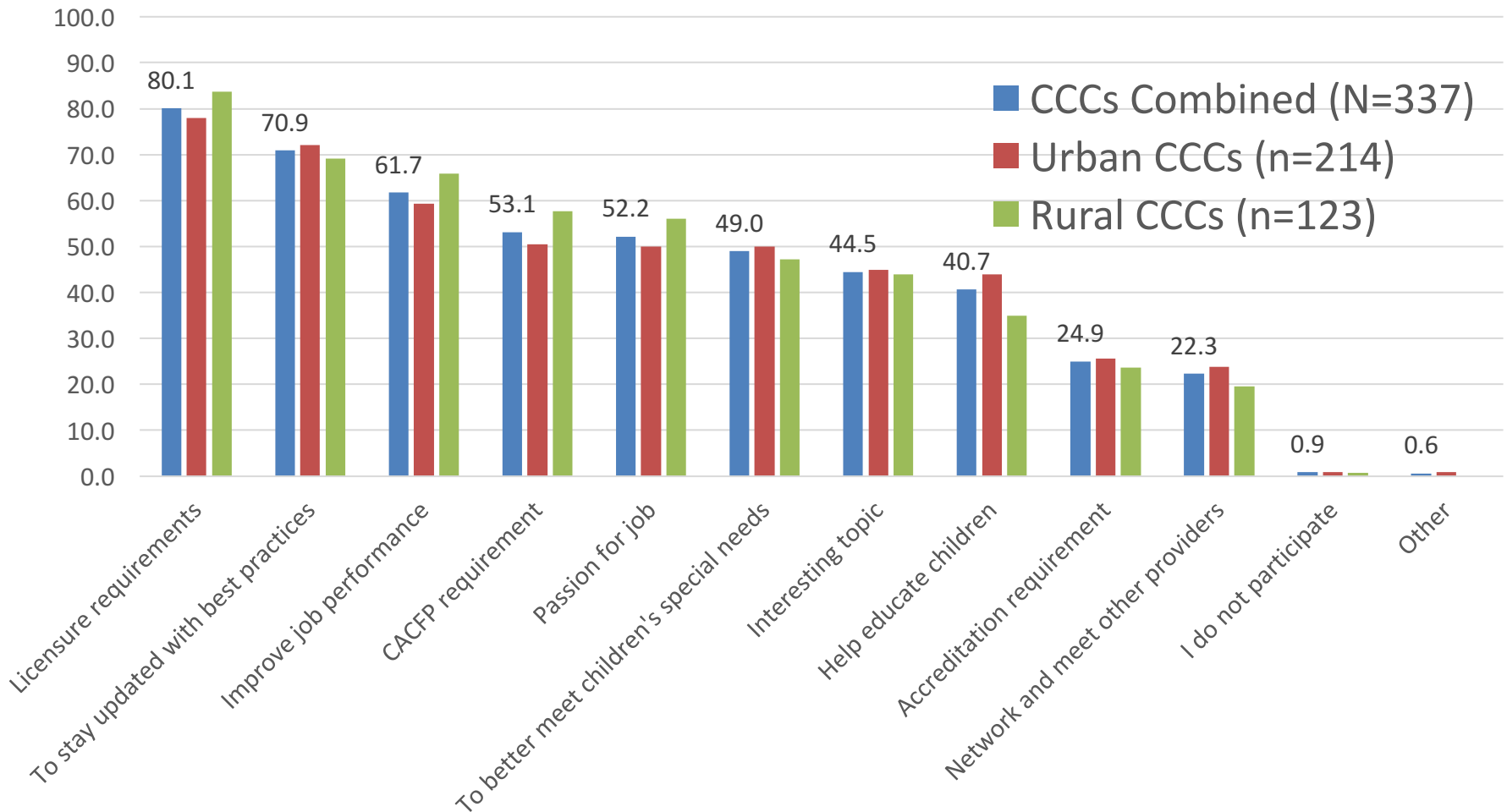
Barriers to Engaging Parents to Encourage Healthy Eating



Results

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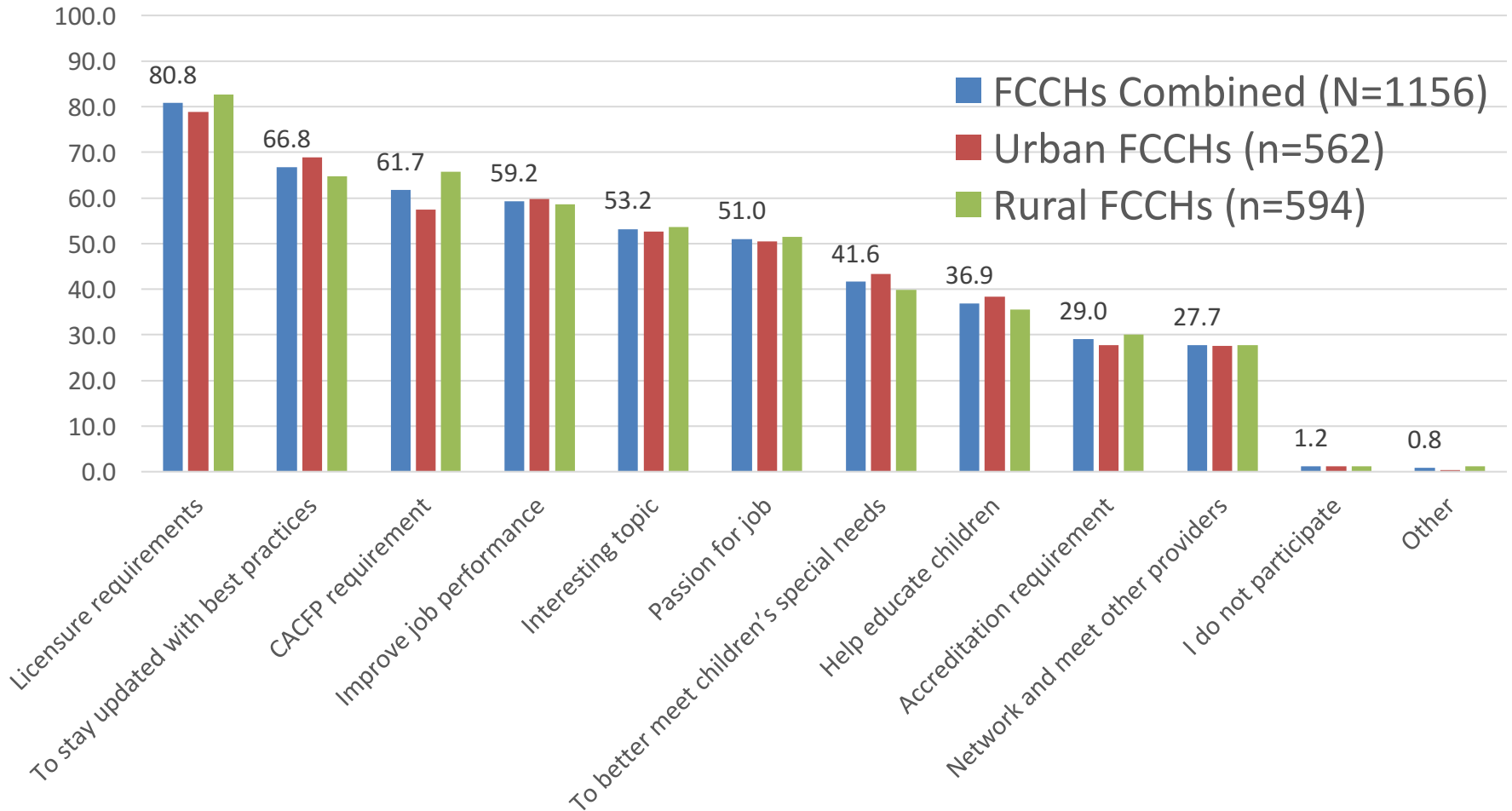
Motivators for Attending Trainings



Results

[Urban and Rural FCCHs]

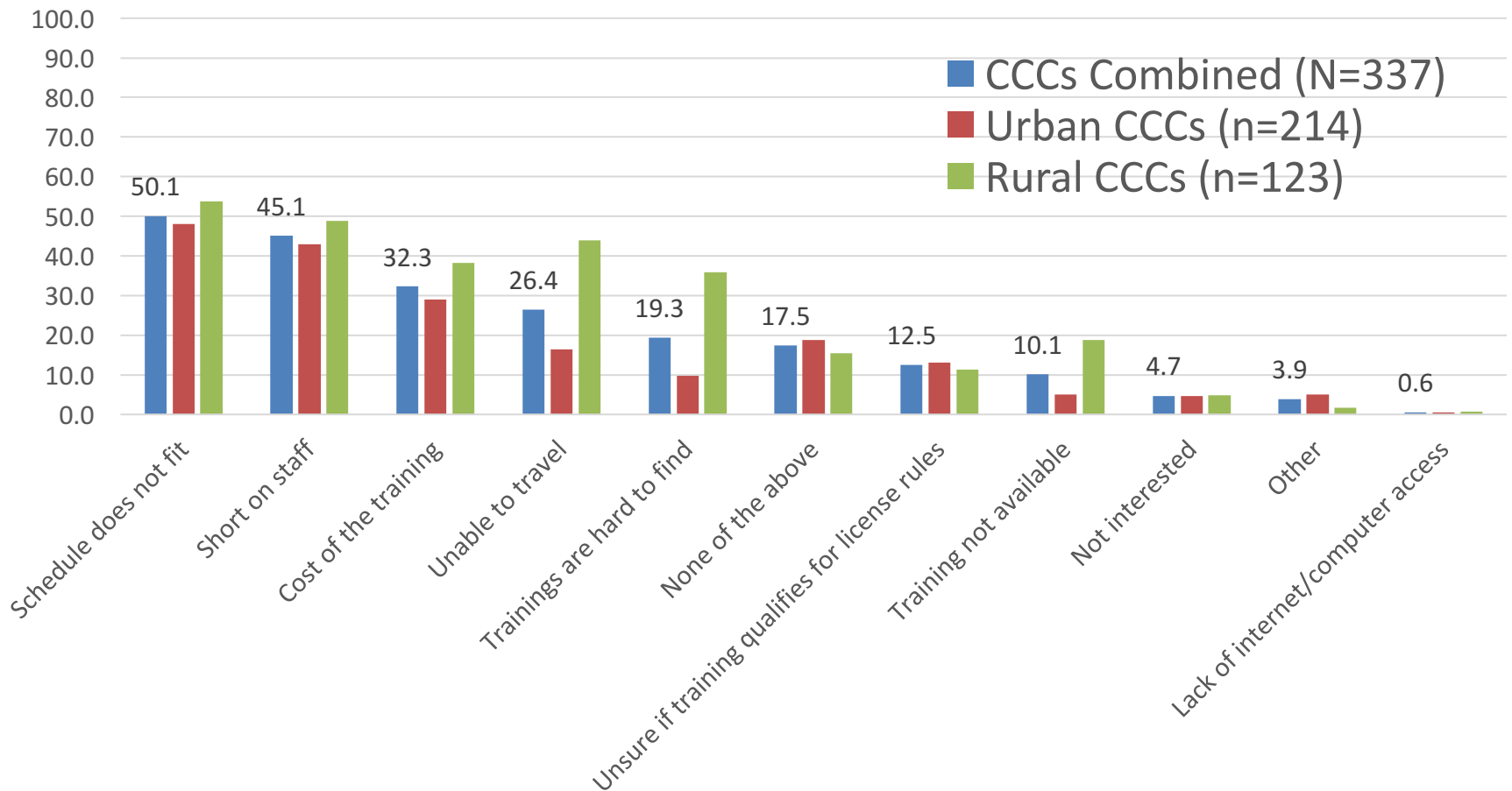
Motivators for Attending Trainings



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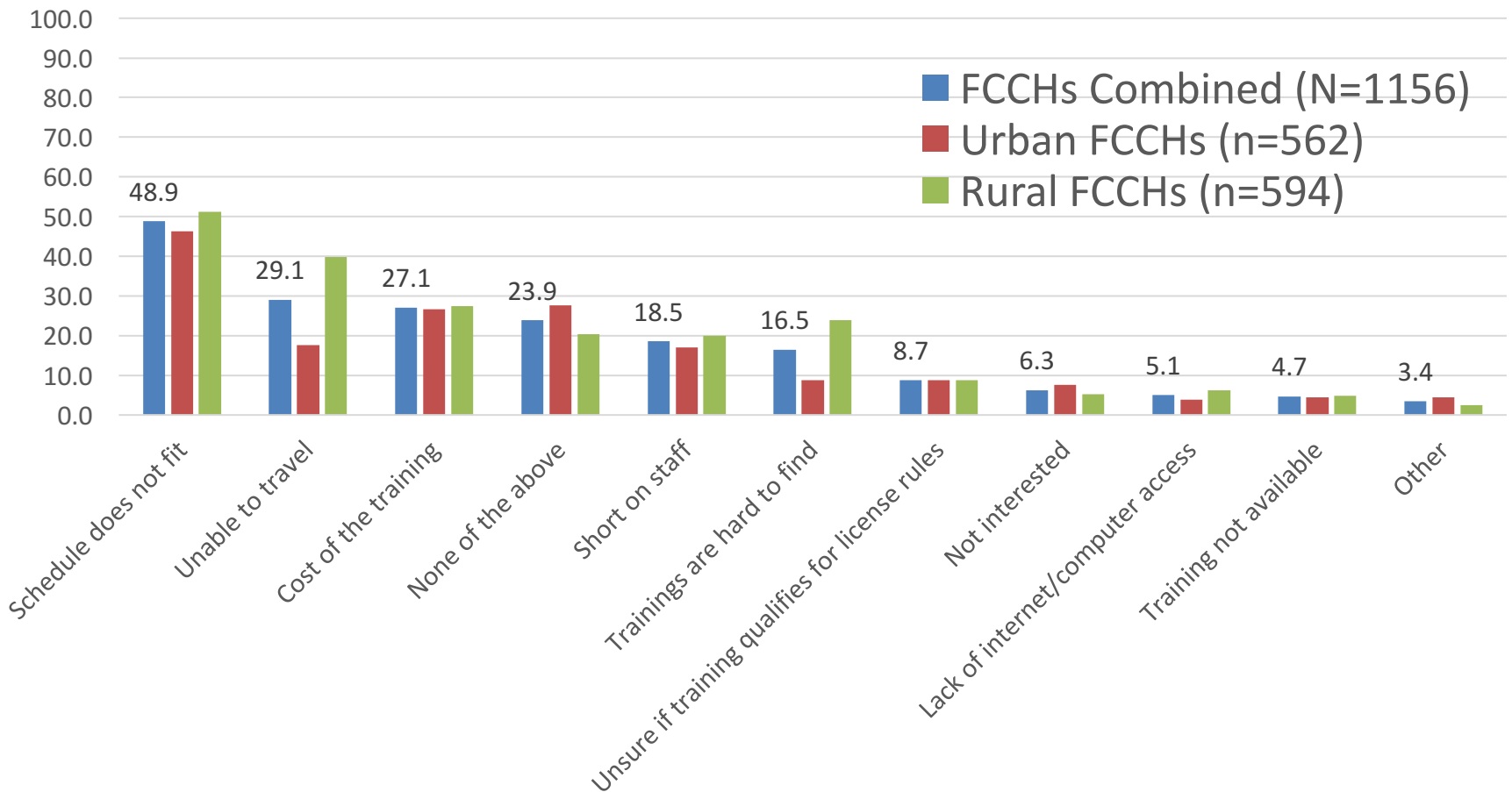
Barriers to Attending Trainings



Results

[Urban and Rural FCCHs]

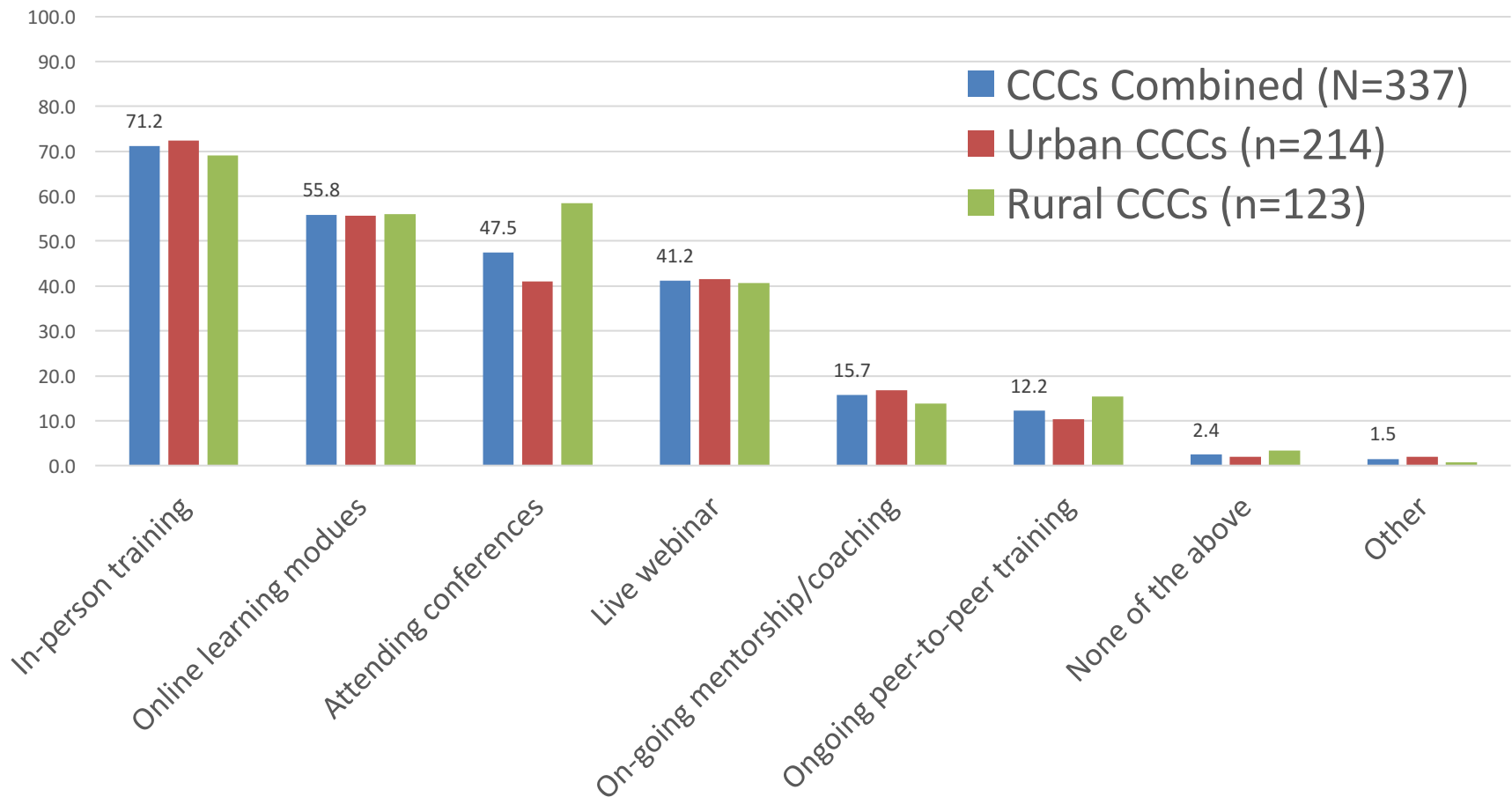
Barriers to Attending Trainings



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[Urban and Rural CCCs]

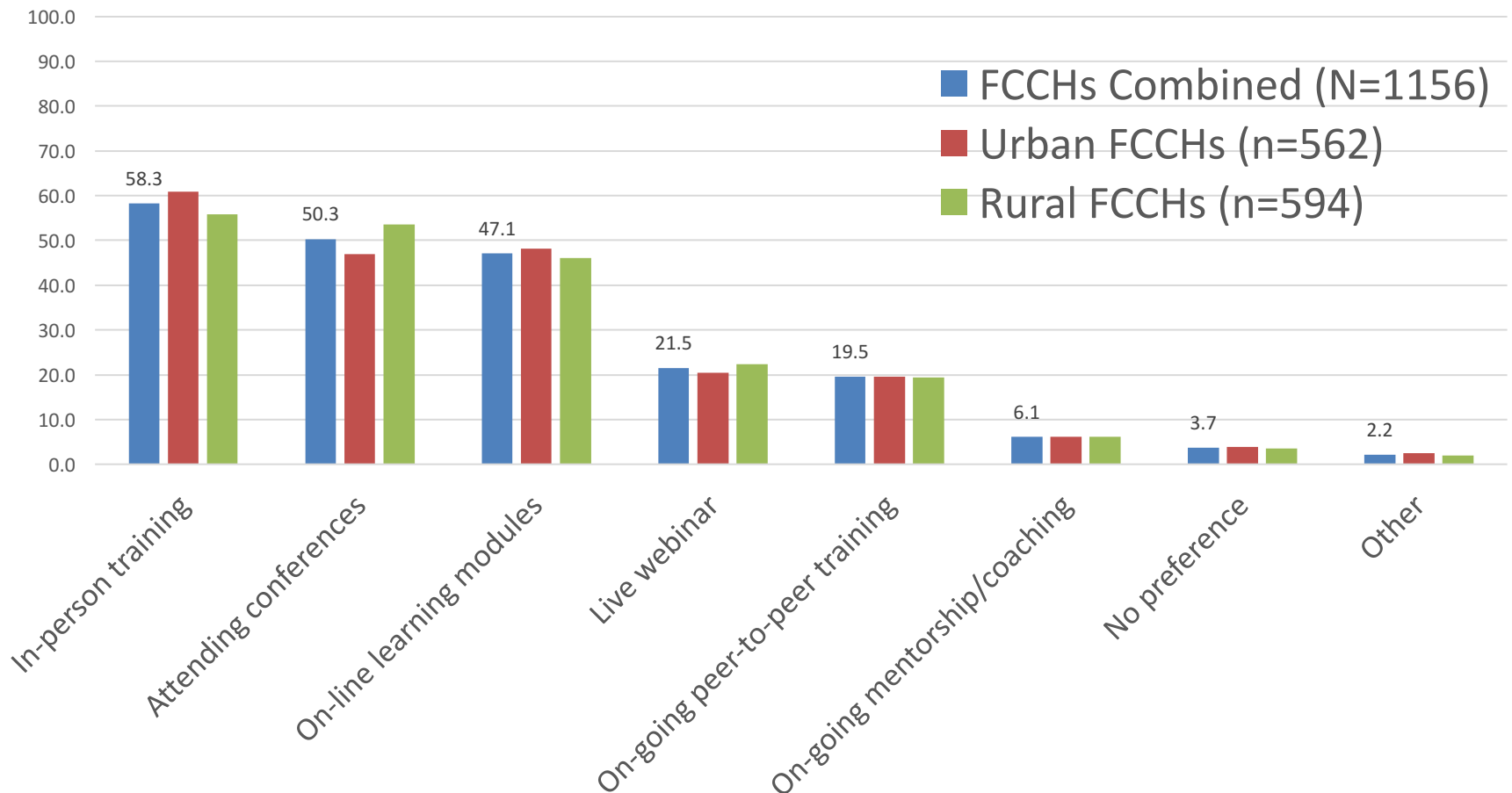
Preferences for Trainings



Results

[Urban and Rural FCCHs]

Preferences for Trainings



Key Take-Away Points

Barriers to serving healthy foods

- Cost
- Limited schedule to shop
- Lack of storage
- Children's taste preference

•Barriers to implementing mealtime practices

- Cost for providers
- Provider's dietary restrictions
- No time to sit with children

•Barriers to engaging parents

- Busy parents
- Have other priorities
- Providers do not want to offend

Barriers to attending trainings

- Schedule does not fit
- Short of staff
- Cost of training
- Unable to travel

Training preferences

- In-person training
- Attending a conference
- Online learning modules

How will the findings inform early childhood practice?

Differences in urban-rural providers

- Major challenges for rural providers: schedule of trainings, trainings are hard to find, and traveling to the site
- **There is a preference and need for online trainings**



Online Training: EAT FAMILY STYLE

How to encourage children to select and eat healthy foods?

Communicate
With Parents

Model Healthy
Eating

Support
Self-Regulation

Peer Modeling

Nutrition Education

Children Serve
Themselves

Praise Children for
Trying New Foods



EAT FAMILY STYLE DINING: Nebraska Core Competencies

Certificate of Completion

Role Modeling Healthy Eating: Benefits & Strategies

Brief description of training

As a result of this training participants will understand the benefits of role modeling healthy eating to young children by defining and applying the concepts, strategies, and overcoming barriers to promote healthy eating.

As a result of this training participants will:

1. Define and describe the benefits of role modeling healthy eating.
2. Develop policies and goals that can be used to introduce role modeling within childcare facilities.
3. Apply role modeling concepts to assess common mealtime scenarios and overcome barriers.

Participant Name:

Dipti Dev

Child Development Subject Area

SA 1: Planning a safe and healthy learning environment

Nebraska's Core Competencies for Early Childhood Professionals

Health, Safety and Nutrition Competencies Level 4

Awarded Hours: 2 hours of in-service training

Completed On:

January 15, 2016

Signature of Trainer:

Dipti Dev, Ph.D.



University of Nebraska - Lincoln, Extension is an automatically approved entity by the Nebraska Department of Education of Early Childhood. This training will automatically be accepted toward annual child care licensing pre-service or in-service training without a Nebraska Early Childhood Professional Record System training approval code.

Visit www.education.ne.gov/oec/trainingapproval/automaticallyaccepted.pdf for additional information.



How will the findings advance early childhood public policy?

Motivators for attending training

- Licensure requirements
- CACFP reimbursement

• Implications

- ✓ Include subject area in licensure requirements on **best practices for obesity prevention**
- ✓ CACFP meal reimbursement for children **and providers/teachers**



Future Research

- Predictors for meeting best practices among CCCs and FCCHs will be helpful to see which factors should be targeted for intervention
- Hybrid intervention, strategies to improve fidelity of implementation for state-wide interventions with Extension
- How interventions impact children's dietary intake to prevent childhood obesity?



A woman and five children are sitting around a light-colored table in a room that appears to be a library or a classroom. The woman, wearing a dark jacket, is looking towards the children. The children are engaged in eating. On the table are plates of food, glasses of milk, and a bowl. In the background, there are bookshelves filled with books and educational posters. One poster is titled "5 A Day The Color Way" and another says "Smart To Eat Smart To Play Hard".

Thank you!

For questions and comments, contact

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