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My work story in 8 words:
Child Care Providers, Feeding Practices, Child Eating Behaviors, Family Style Dining, NAP SACC, Program Development and Evaluation, Policies, Childhood Obesity Prevention

My personal story in 6 words:
Family, India, Cooking, Dancing, Spirituality, and Traveling

Conferences I attend:
Society for Nutrition Education and Behavior
International Society for Nutrition and Physical Activity Behavior
‘Let’s Work Together Towards Children’s Nutrition’: Building a Bridge between Childcare Providers and Parents for Promoting Child Health

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Child Care Providers: Major Force in Shaping Children’s Health and Preventing Childhood Obesity
Parent - Provider Communication: Recommendation

- Head Start Performance Standards
- Academy of Nutrition and Dietetics: Benchmarks for Nutrition in Child Care
Parent-Provider Communication: Missed Opportunity

Childcare providers reported barriers to parent communication about nutrition (Head Start, Child and Adult Care program funded and non-funded)

- Lack of healthy eating at home (Johnson 2013).
- Childcare providers (teachers) perspectives needed.
- Head Start providers (58%) provide significantly more nutrition education opportunities for parents as compared to CACFP (30%) and non-funded providers (10%)
- Possible reason: Head Start Performance standards

Therefore, the purpose of this follow-up qualitative study was to build upon the existing knowledge-base and better understand HS, CACFP and non-CACFP childcare providers’ perspectives regarding implementing recommendations from the Academy and the Head Start Performance Standards specifically related to communicating with parents about their child’s nutrition:

- Providers work with families to ensure foods and beverages, if brought in, meet nutritional guidelines (high in nutrients and low in fats and sugar)
- Providers talk with families about nutrition education that takes place in the childcare program
Methods

Study Design and Sample

- Maximum variation purposive sampling (Patton, 2002)
- Semi-structured qualitative interviews
  - Card sort (1. Practiced [easy, sometimes hard, very hard], 2. Not Practiced)
  - Why is it important? Why is it easy? Why is it hard?
- Saturation (Bowen, 2008)

Data Analysis

- NVivo. (Hoover & Koerber, 2011)
- Thematic coding (Braun & Clarke, 2006)
- Constant comparison (Leenich & Onwuegbuzie, 2011)
- Two authors independently coded data, 3rd author reviewed coding
Results: Barriers

1. **Parents are busy to talk**
   - The parents, are very busy, and they’re always in a rush to drop off their kids or pick up their kids. So, there really isn’t a lot of time between you and the parent.

2. **Parents offer unhealthy foods to children**
   - It’s usually wafers with sugar content...It’s pretzels, it’s salt, it’s fish, it’s fish crackers – like it’s Jell-O because those things are easier to prepare.

3. **Parents likely to talk about food allergies but not nutrition**
   - Unless they [children] already have food allergies or already have food issues going on, they [parents] don’t really seem to share anything with us.

4. **Providers concerned about upsetting parents**
   - it's just really hard because a lot of times I think there are a lot of things that I would like to discuss with the parents, but I feel like I would just upset them. And so I just kind of keep it to myself.

5. **Providers concerned if parents are receptive to nutrition information**
   - You can send out as many flyers and newsletters and everything and a lot of parents are just going to look at it and throw it in the trash or walk by the flyer every day and, oh, you are doing that? I had no idea.
Results: Strategies

1. Recognize the benefits of communicating with parents about nutrition
   - Support child development and improve home nutrition environment
   - Prevent childhood obesity

2. Build a partnership with parents through education.

3. Leverage policy to communicate positively and avoid conflict with parents.
   It is easy to do because we follow the Food Program (CACFP rules of if parents bring things in; it has to meet certain nutritional aspects (CACFP provider).

4. Implement center-level practices to reinforce policy
   I think that ours [communication about bringing healthy foods from home] is just so good because it’s in our parent handbook, and we send out flyers, and we talk about it (Head Start provider).

5. Foster a respectful relationship between providers and parents.
   If you build respect with your parents, then they’ll respect you—that you’re here to take care of their child. It’s not a babysitter. It’s something where they can be safe, happy, learn and be healthy and socialize and get what they need before they go to kindergarten
Implications

• Federal and center-level policies regarding nutritious quality of foods served at centers enabled providers to enforce nutrition recommendations and avoid conflict with parents.

• Health promotion practitioners should work with childcare providers and administrators to strengthen center-level nutrition policies.

• Future research should evaluate nutrition policies and communication channels for effective parent-childcare provider communication to promote children’s health.
EAT-Family Style Dining

- Communicate With Parents
- Model Healthy Eating
- Support Self-Regulation
- Peer Modeling
- Nutrition Education
- Children Serve Themselves
- Praise Children for Trying New Foods

http://childpd.unl.edu/index.php?menu=EAT
Promote Family Health!
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Collaboration between ECE Research to Practice Group

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Thank you for your time

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