

# Predictors of Parent Engagement Based on Child Care Providers' Perspectives

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## ABSTRACT

**Objective:** Determine the predictors of child care providers' parent engagement regarding child nutrition in child care centers (CCCs) and family child care homes (FCCHs).

**Design:** Cross-sectional.

**Setting:** Child care centers and FCCHs.

**Participants:** Child care center directors (n = 337) and FCCH providers (n = 1,153) completed a self-administered survey.

**Main Outcome Measures:** Fifteen variables were examined as predictors for parent engagement: providers' perceived barriers to communication, participation in *Go Nutrition and Physical Self-Assessment in Child Care*, National Association for the Education of Young Children accreditation, participation in Quality Ratings and Improvement Systems, feeding practices, and professional development.

**Analysis:** Structural equation modeling examined the relation between variables for CCCs and for FCCHs.

**Results:** For CCCs, NAEYC accreditation, providers' perceived barriers regarding parents' cultural beliefs about food, parents not liking the taste of healthy foods, and parents prioritizing other food-related topics over healthy eating significantly predicted parent engagement. For FCCHs, participation in *Go Nutrition and Physical Self-Assessment in Child Care*, perceiving parents to be busy, not wanting to offend parents, and practicing family-style dining were significantly related to parent engagement. For both CCCs and FCCHs, professional development regarding child nutrition was related to parent engagement.

**Conclusions and Implications:** Focusing professional development on child care contexts and addressing providers' perceived barriers may improve parent engagement.

**Key Words:** child nutrition, child care, childhood obesity prevention, parent engagement (*J Nutr Educ Behav.* 2018; 000:1–8.)

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## INTRODUCTION

The Academy of Nutrition and Dietetics' position statement on benchmarks for nutrition in child care recommends that child care providers engage parents by encouraging them to serve healthy foods at home and teach children about nutrition.<sup>1</sup> Parent engagement is referred to as ongoing, goal-directed relationships between staff and families that are mutual and culturally responsive and

that support what is best for children and families both individually and collectively.<sup>2</sup> The National Academy of Medicine (formerly the Institute of Medicine of the National Academies) also emphasizes child care providers' role in engaging parents to increase children's healthy eating.<sup>3</sup> In support of these recommendations, Sellars and colleagues<sup>4</sup> found that when providers shared information with parents about nutrition, parents were able to provide healthier foods for their

children's lunch. Parents, child care directors, and health consultants (eg, physician, nurse) agree that nutrition education is instrumental in improving children's and families' nutrition knowledge and eating behavior.<sup>5</sup>

More recent research demonstrated that child care providers often do not report successful engagement of parents in topics about their children's nutrition.<sup>6,7</sup> Research showed that only about 20% of providers offered nutrition education for parents.<sup>8</sup> Another study found that <50% of providers sent brochures with nutrition information to parents.<sup>9</sup> Furthermore, child care directors reported that parents showed poor attendance at child care events and often did not respond to nutrition-related information sent home.<sup>6</sup> Therefore, a better understanding is needed of factors that lead providers to engage parents regarding children's nutrition.

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Qualitative studies explored child care providers' barriers to engaging parents regarding children's nutrition. These barriers include parents being too busy to communicate with providers<sup>7,10,11</sup> and the providers' hectic schedule.<sup>12</sup> Providers also mentioned feeling unsure about how to communicate with parents without offending them when sharing nutrition information.<sup>10,13,14</sup> In addition, parents' background (eg, culture, existing nutrition knowledge) and food preferences were reported as factors that influenced providers' ability to engage parents regarding children's nutrition.<sup>7</sup>

Although qualitative studies explored providers' perceptions regarding engaging parents, it is unknown whether these factors predict child care providers' ability to engage parents regarding children's nutrition. Furthermore, whether factors specific to the child care environment may also predict providers' ability to engage parents is unknown. As such, this study considered multiple factors that may be related to parent engagement, including variation in the child care context (eg, center-based child care and family child care home [FCCH]),<sup>14,15</sup> child care's participation in nutrition programs such as *Go Nutrition* and *Physical Self-Assessment in Child Care* (Go NAP SACC), accreditation from the National Association for the Education of Young Children (NAEYC), participation in Quality Ratings and Improvement Systems,<sup>15–17</sup> and providers' professional development regarding child nutrition.<sup>12</sup> Furthermore, it is plausible that providers who offer nutrition education to children daily through mealtime conversations may be more likely to engage parents regarding their child's nutrition.<sup>10</sup> Understanding the influence of these factors on providers' ability to engage parents regarding the child's nutrition is a formative step in developing targeted interventions that may better enable child care providers to engage parents regarding child nutrition, improve the home environment to shape children's eating habits and dietary intake, and prevent childhood obesity.

Nebraska ranks fifth in childhood obesity in young children (aged 2–4 years) in the US.<sup>18</sup> In

addition, a majority of preschool children in Nebraska attend child care. Specifically, an estimated 61,498 (51.2%) children are cared for in child care centers (CCCs) and 22,315 (18.6%) are cared for in FCCHs,<sup>19</sup> which makes child care programs an ideal setting to reach parents.<sup>10,20</sup> Furthermore, the *Child and Adult Care Food Program* (CACFP), a *Supplemental Nutrition Assistance Program* of the US Department of Agriculture, provides reimbursement for meals and snacks to 86% of the programs in Nebraska.<sup>21</sup> It is crucial to focus on these CACFP-funded child care programs in Nebraska because they serve children from low-income families who are at a higher risk for obesity.<sup>22</sup> Although engaging parents offers potential opportunities to shape children's dietary behaviors, to the authors' knowledge, no published studies identified factors that predict parent engagement among child care providers. The current study addressed this knowledge gap by examining potential predictors of parent engagement regarding child nutrition in CCCs and FCCHs in Nebraska as perceived by child care providers.

Drawing from previous research, it was hypothesized that child care program's participation in nutrition programs such as Go NAP SACC, NAEYC accreditation, participation in Quality Ratings and Improvement Systems,<sup>15–17</sup> providers' frequency of participation in professional development regarding child nutrition,<sup>12</sup> family-style dining, and providers talking about healthy foods with the children at mealtime would predict providers' engagement of parents regarding nutrition; whereas providers' barriers to engaging parents<sup>7,10</sup> would predict decreased provider engagement of parents. In this exploratory, cross-sectional study, *prediction*, and *predictors* refer to statistical prediction and do not imply causal relationships.

## METHODS

### Research Design

This was an exploratory, cross-sectional study that employed a self-administered survey sent through surface mail. The University of

Nebraska-Lincoln Institutional Review Board approved this study.

### Sampling Methods and Recruitment Strategies

All licensed child care programs identified through a list from the Nebraska Department of Health and Human Services were contacted to participate in this study. The final sampling frame consisted of 3,014 childcare programs. Survey packets containing a cover letter, a survey booklet, a \$1 cash incentive, and a postage-paid reply envelope were sent to the sampled child care programs on January 4, 2017. A reminder postcard was sent to all nonresponders about 1 week after the initial mailing. The \$1 cash incentive was deemed appropriate following a recommendation from the Bureau of Sociological Research that bigger incentives might draw suspicion from target participants regarding the purpose of the data. To ensure the reliability of respondents' answers to the questionnaire, the cover letter emphasized that the survey was an opportunity for them to identify their needs and barriers. In addition, the cover letter explicitly mentioned that the intent of this study was to develop a program that would benefit child care providers.

A second survey packet (excluding the \$1 incentive) was sent to all remaining nonresponders on January 26, 2017. Nonresponders were also contacted by phone from March 15 to April 10, 2017. A total of 1,592 surveys (a 54.6% response rate) were received and processed by the Bureau of Sociological Research from January through April 20, 2017. For the purpose of this article, *Head Start* programs, which comprised 3.5% of the total sample (n=56), were excluded. Unlike non-*Head Start* CCCs and FCCHs, *Head Start* programs are required to meet performance standards regarding child nutrition and nutrition training.<sup>23</sup> Participants who were not classified as CCCs or FCCHs (n=46) (eg, community center, public school) were also excluded. This brought the total sample to 1,490 child care programs.

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