



Perceived Barriers and Facilitators of In-Home Childcare Provider Adherence to the New Child and Adult Care Food Program Nutrition Standards

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Introduction

- Children are spending increasingly more hours in childcare (21-36 hours)¹
- Children consume about 1/3 of their daily caloric intake in child care settings²
- Food and beverages served by child care providers can impact life-long health and eating behaviors^{3,4}

Summary Statement

Implementation of the new Child and Adult Care Food Program (CACFP) nutrition standards may present challenges, especially for in-home child care providers.

Study Objective

To elucidate perceived barriers and facilitators faced by in-home child care providers to following changes in the CACFP food and beverage nutrition standards and to identify opportunities for child care provider education.

Methods

Virtual, semi-structured individual interviews elicited qualitative data from a cross section of low-income in-home child care providers in Michigan. A stratified purposive sampling (race, ethnicity, urban and rural residence and licensure) was used to recruit 20 in-home child care providers. Thematic coding analysis with NVivo (ver12.0) was used to organize and interpret data.

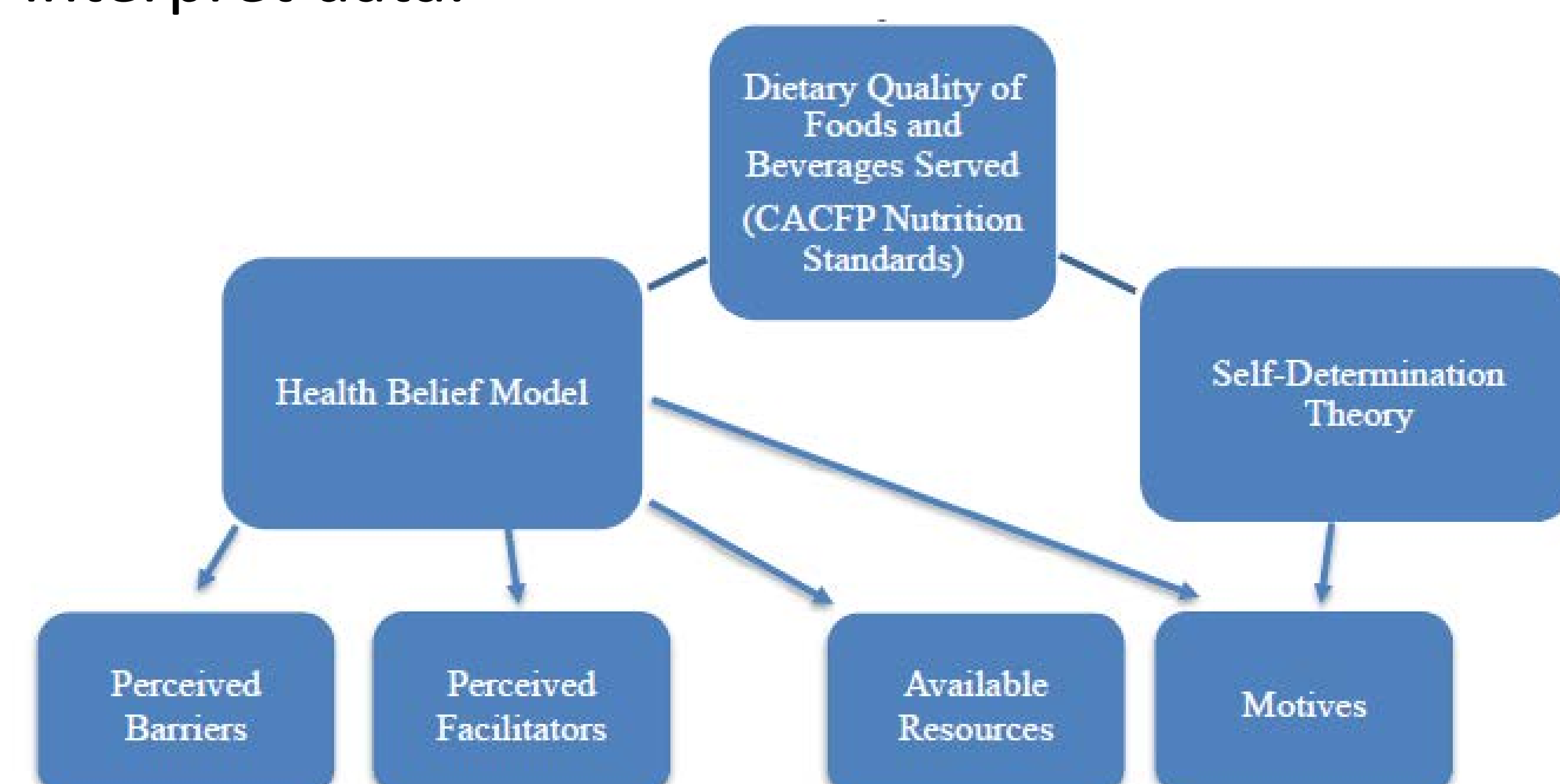


Table 1. Demographics of Child Care Providers and Homes n=20

	n	%		n	%		
Gender			Location				
	Female	20		100	Rural	8	40
Race	White	15	75	Urban	12	60	
	Black	4	20	Number of Children Licensed for	Six	12	60
	Multiracial	1	5		Twelve	8	40
Ethnicity	Hispanic	2	10	Licensed	Yes	17	85
	CACFP Participation						
	Yes	17	85				

Key Findings

Barriers:

- Food preferences of children and providers
- Higher cost and lower availability of CACFP-approved items
- Celebrations and food rewards
- Excessive time and effort needed to prepare foods and beverages especially when there are dietary restrictions for some children

Facilitators:

- Using nutrition education
- Finding convenient and easy ways to prepare foods and beverages
- Using CACFP and WIC guidelines and funding, increasing variety of foods and beverages by using a menu or recalling items recently served
- Child care provider and peer modeling and encouragement
- Mixing preferred foods/beverages with less preferred
- Using nutrition information available from social media and from peers
- Allowing children to choose foods and beverages
- Serving the same eligible foods and beverages to all children regardless of age
- Provider concern about impact of foods and beverages on children's health and behavior

Funding

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Conclusions

CACFP program sponsors and community organizations should focus on:

- 1) Overcoming, identifying and providing acceptable alternatives for foods that are unhealthy and preferred by:
 - minimizing food waste through education on modeling of healthy eating
 - actively encouraging healthy food consumption
 - allowing choices in foods and portions
 - mixing preferred foods with less acceptable ones
 - communicating with parents about healthy eating at home
- 2) Developing skills for providers in minimizing costs of healthy foods;
- 3) Finding ways for providers to celebrate and give rewards that do not rely on sugar-sweetened treats;
- 4) Identifying time-saving approaches for providers including shopping, food preparation, and accommodating common food restrictions;
- 5) Emphasizing the health reasons behind program requirements to child care providers

Methods of education should also include:

- social media that encourages peer-to-peer support from other providers
- access to evidence-based reliable resources

References

1. Laughlin L. Spring 2011. US Census Bureau: Washington DC, 2013.
2. Bollella MC, et. Al. J Am Coll Nutr. 1999
3. United States Department of Agriculture Food and Nutrition Services. Nutrition Standards for CACFP Meals and Snacks.
4. Dev DA, "Great Job Cleaning Your Plate Today!" Determinants of Child-Care Providers' Use of Controlling Feeding Practices: An Exploratory Examination. *J Acad Nutr Diet.* 2016