

# Influences of Provider Nutrition Knowledge and Self-Efficacy on Practices and Policies of Oklahoma Family Child Care Homes

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## Introduction

Early childhood is a critical period of development. Sixty-one percent of American children under the age of 5 years spend an average of 33 hours per week at early care and education settings [1]. Oklahoma Family Child Care Homes (FCCH) care for approximately 15,000 children under the age of 6 [2]. These are unique ECE programs where the provider prepares and serves food for the children, and are opportune environments to develop healthy habits and prevent obesity [3]. Little is known about nutrition knowledge and self-efficacy of FCCH providers, and how they might influence the home nutrition practices and policies.

## Purpose

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

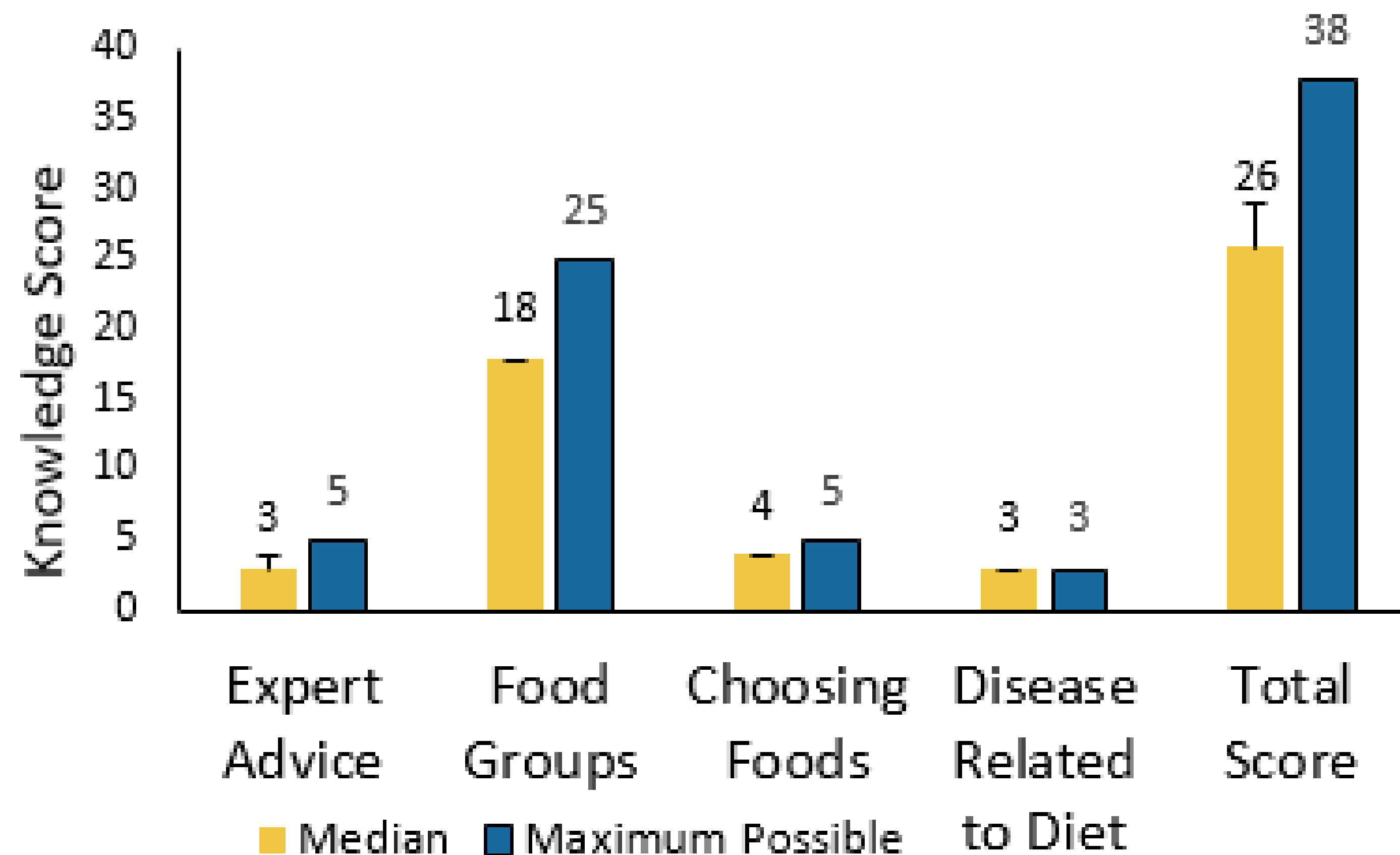
## Methods

- Baseline data for Happy Healthy Homes collected October 2017 to November 2018.
- FCCH owners in Oklahoma City serving children aged 2-5 years and participating in the Child and Adult Care Food Program (CACFP).
- Surveys completed:
  - Demographic characteristics
  - Nutrition knowledge questionnaire
  - Self-efficacy (SE) questionnaire to assess confidence and perceived barriers
  - Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to assess nutrition practices
- Spearman rank order correlations, univariate and multivariate linear regression analyses, and logistic regression were performed to examine the impact of nutrition knowledge, nutrition self-efficacy, and perceived barriers on FCCH nutrition practices and policies.

## Results

- n=49, 100% women, 45.2 ± 12.6 year of age, and had been in business for 10.8 ± 9.6 years.
- Most providers received nutrition training only through the CACFP program (51%) and have some college or vocational training (63%).

Figure 1: Nutrition Knowledge



## Conclusions

FCCH provider nutrition knowledge was higher than other groups of women [4], although there is still room for improvement and increased nutrition training.

Figure 2: Nutritional Self-Efficacy

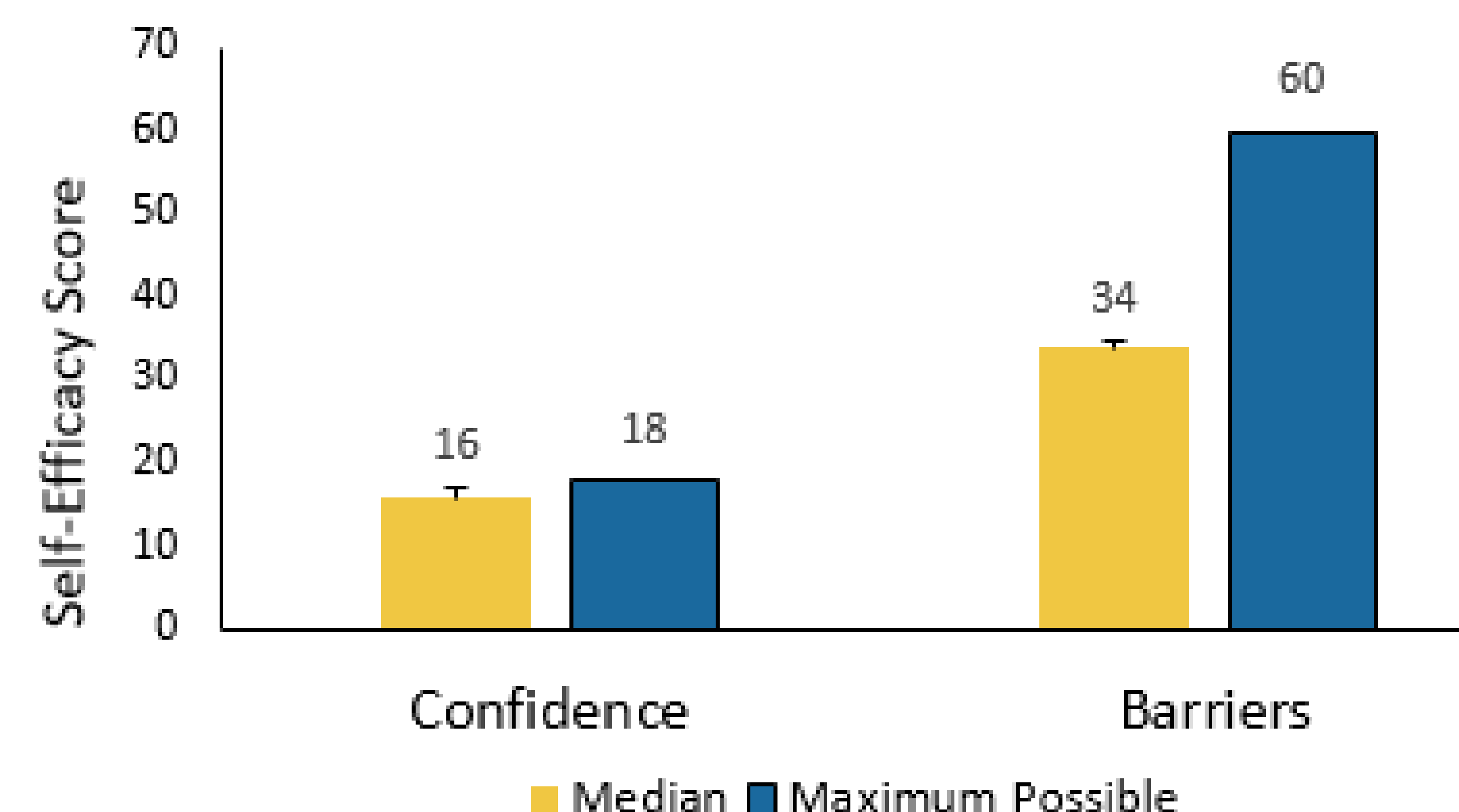
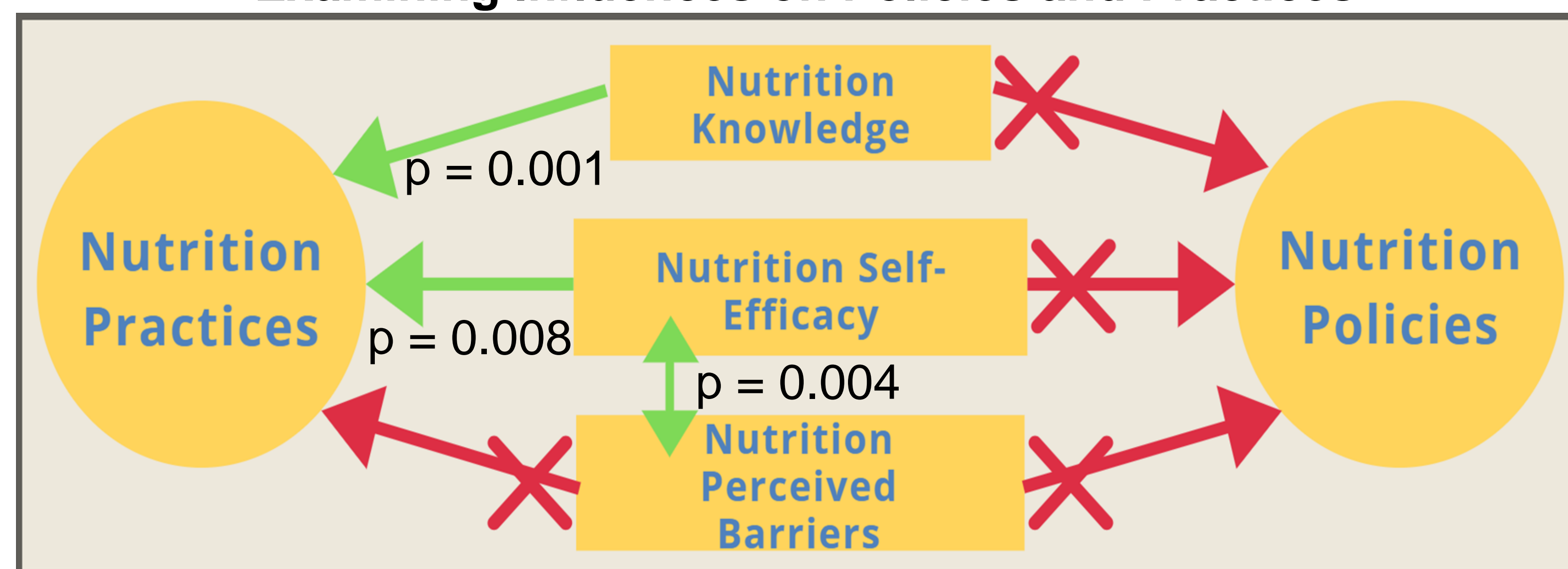


Figure 3: Results of Multivariate Linear and Logistic Regression Examining Influences on Policies and Practices



## (Conclusions, cont.)

Nutrition knowledge and self-efficacy, but not perceived barriers, were associated with practices. However, neither were associated with presence of policies. Findings can guide training development and resources to improve FCCH nutrition environments. Focusing on providers' practice-specific knowledge and self-efficacy may increase healthy practices, but other approaches may be necessary to affect policies.

## References

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