

## Dipti Dev, PhD

## Assistant Professor, Extension Specialist

University of Nebraska-Lincoln \*Location: Nebraska \*Email:ddev2@unl.edu \*Website: Dev Research Lab

## 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



Dipti Dev

Assistant Professor and Child Health Behaviors Specialist.
University of Nebraska-Lincoln

# Child Care Providers: Major Force in Shaping Children's Health and Preventing Childhood Obesity



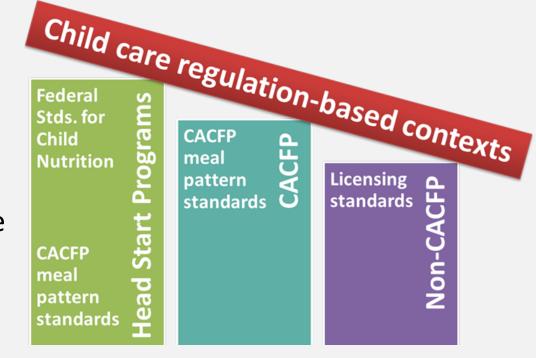
## **Parent - Provider Communication: Recommendation**



# 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)

- Limited time (Lyn 2014, Johnson 2013).
- 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



Dev DA, McBride BA, The STRONG Kids Research Team. Academy of nutrition and dietetics benchmarks for nutrition in childcare 2011: Are child-care providers across contexts meeting recommendations? *Journal of the Academy of Nutrition and Dietetics*. 2013;113(10):1346-1353.

## **Purpose**

- 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 (Leench & Onwuegbuzie, 2011)
- Two authors independently coded data, 3<sup>rd</sup> 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

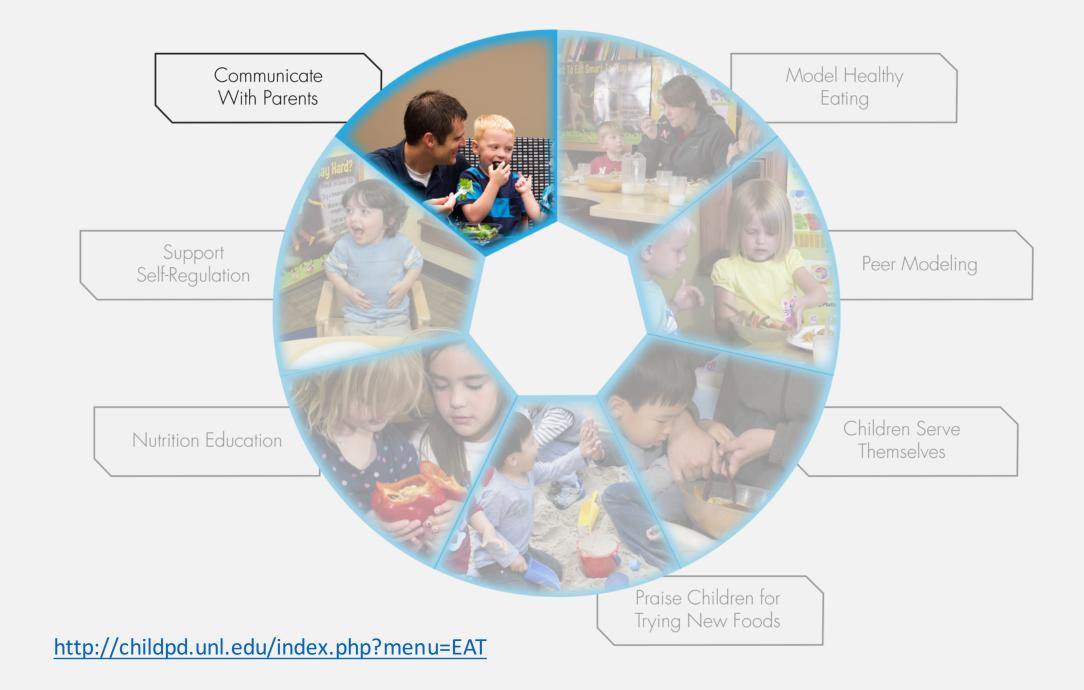
I think that ours [communication about bringing healthy foods from home] is just so good because it's in our parent handbook, and we send out flyers, and we talk about it (Head Start provider).

#### 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.



### **Promote Family Health!**

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Dr. Dipti Dev, PhD
Assistant Professor &
Child Health Behaviors
Extension Specialist

Department of Child, Youth and Family Studies (CYAF)
University of Nebraska – Lincoln Lincoln, NE 68588
ddev2@unl.edu

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#### Collaboration between ECE Research to Practice Group

#### 'Dipti Dev, PhD

University of Nebraska, Lincoln

C. Byrd-Williams, PhD

University of Texas

S. Ramsay, PhD

University of Idaho

B. McBride, PhD

University of Illinois

A. May, PhD

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