

American Evaluation Association Multi-paper Session 778

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***Hear Me! Integrating
feedback from distinct
perspectives for an
evaluation of a statewide
child care provider
training on nutrition and
physical activity in
Delaware***

Today's Presentation

- **Background on Nemours Health and Prevention Services (NHPS) and the USDA Team Nutrition Training Grant.**
- **Overarching Evaluation Questions and Design**
- **Abstract 1: *Taking pilot evaluation results to heart, and fast!***
- **Abstract 2: *An outcome evaluation of a large-scale training for child care providers in Delaware***
- **Abstract 3: *From both sides: Valuing feedback from parents whose children attend Delaware child care centers and family homes***
- **Discussion & Questions**

Background

- Nemours is a non-profit organization dedicated to children's health.
- Operates Alfred I. duPont Hospital for Children and outpatient facilities in the Delaware valley and specialty care services in Northern/Central Florida.
- Nemours Health and Prevention Services (NHPS) focuses on child health promotion and disease prevention to address root causes of health problems.
- NHPS works with providers in primary care, schools, community organizations, and child care.
- NHPS has been working with child care providers in DE since 2004
 - Regulatory and provider levels

USDA Team Nutrition Training (TN) Grant

- The Delaware Department of Education (DOE), with support from NHPS, applied and was awarded a TN grant.
- With new state mandated nutrition (Delaware CACFP) and physical activity + screen time regulations (CACFP/*Delacare*), there was a need for training.
- All licensed Delaware child care providers (both center and homes) needed to be trained to effectively implement nutrition and physical activity regulations.

Team Nutrition Training (TN) Grant

- **Two main goals of the TN grant:**
 1. Develop materials and training for child care providers to support implementation of child nutrition and physical activity + screen time regulations.
 2. Create materials to support child care providers in engaging parents as partners in supporting healthy habits.



Team Nutrition Training (TN) Grant

- **How did NHPS accomplish these goals?**
 - A series of implementation toolkits
 - Training of 1200 child care providers
 - Toll-free technical assistance helpline
 - Informed strategy guide to help providers engage parents as partners
 - A revised Delaware-specific Crediting Foods Guide for providers
 - Train-the-trainer manual to increase additional training opportunities beyond the scope of the grant

Training Implementation

- 7 full-day sessions offered on Fridays and Saturdays across the state (1 required per center/home)
- Material presented in plenary sessions and smaller breakout sessions
- Opportunities for hands-on practice, interactive activities, networking, Q&A, etc...
- Sessions included:
 - *DE CACFP/Delacare Rules & Rationales*
 - *Making Menus & Budgeting*
 - *Identifying Products that Meet the Rules*
 - *Partnering with Families/Resources*

Overarching Evaluation Questions

■ Main Purpose #1

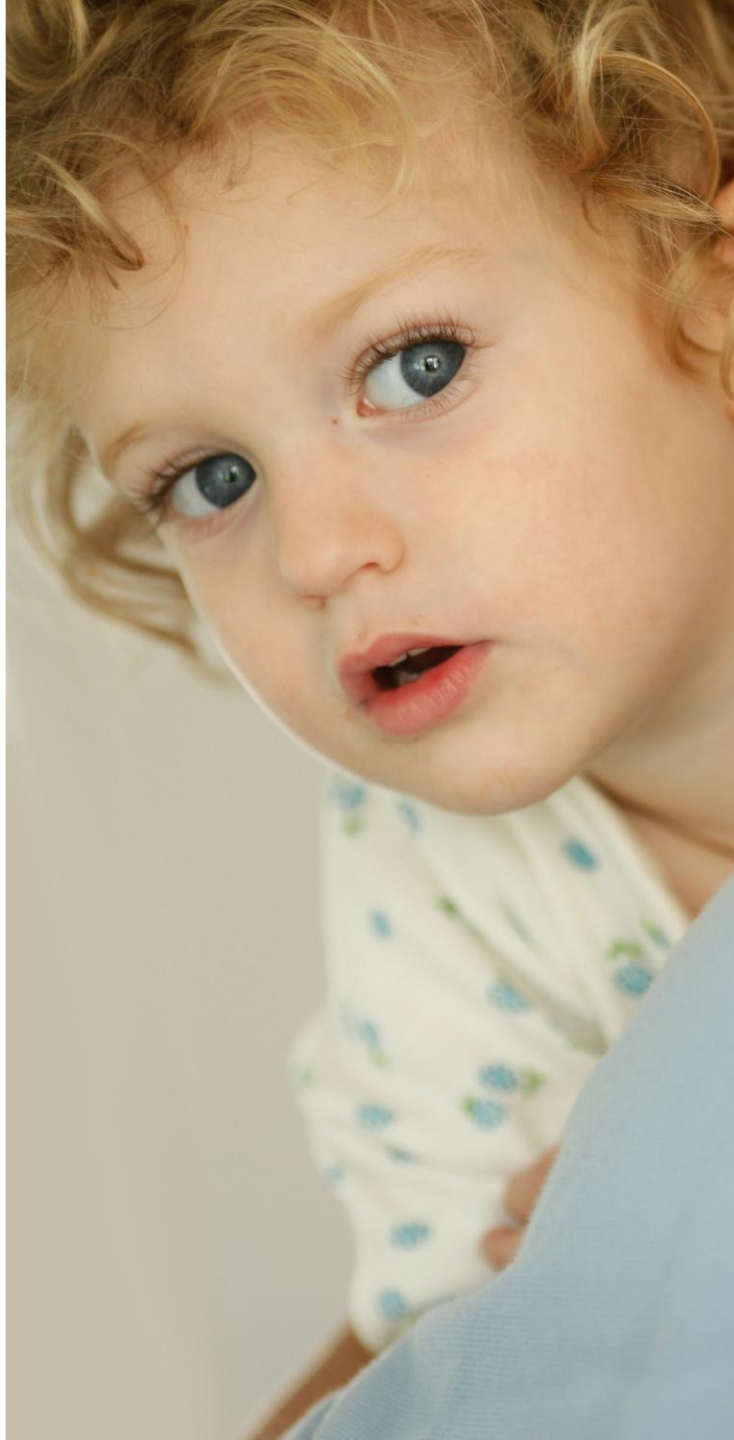
1. Was there an increase in provider knowledge of the nutrition and physical activity + screen time regulations?
2. To what extent were participants satisfied with the TN training?
3. To what extent did the training impact providers' ability to implement the regulations?
4. To what extent did providers change their nutrition and physical activity-related practices to comply with the regulations?
5. For pilot: how can we better tailor the training and supporting materials to meet your needs?

■ Main Purpose #2

1. What information related to nutrition and physical activity do parents want to receive from child care providers? When and how?
2. How can parents and providers become partners in children's health?

Overall Evaluation Design

- **Pilot evaluation of center and home providers (n=73)**
 - Pre- and post-surveys
 - Focus groups (n=4) for process improvement
- **Large-scale evaluation of providers (n=~1200)**
 - Pre, post-, and 60-day follow-up surveys
- **Focus groups (n=4) of parents whose children attend child care centers**



***Taking pilot evaluation
results to heart, and
fast!***

Pilot Evaluation

■ Main Purpose #1

1. Was there an increase in provider knowledge of the nutrition and physical activity + screen time regulations?
2. To what extent were participants satisfied with the TN training?
3. How can we better tailor the training and materials to meet your needs?

Pre- and post-training surveys

Pilot provider focus groups

Pilot Provider Demographics

	Percent
Participants' Role at Child Care Site (N=74)	
Center owner	8%
Family child care home owner or provider	26%
Center director	23%
Program director	11%
Chef /Food service personnel	15%
Teacher	5%
Assistant caregiver	3%
Other	9%
Year of experience (N=75)	
	Percent
Less than 2 years	1%
2 to 5 years	19%
6 to 10 years	24%
11 to 15 years	9%
More than 15 years	47%

Changes in Pilot Providers' Knowledge on DE CACFP and OCCL Regulations

Survey Item	Pre-Survey %(N)	Post-Survey % (N)
Fruits and Vegetables		
Q1. What are the requirements for serving fried or pre-fried and then baked <u>vegetables or fruits</u> (e.g. French fries, tater tots, sweet potatoes)?	54% (N=74)	77%* (N=69)
Meats and Meat Alternatives		
Q2. What are the requirements for serving fried or pre-fried and then baked <u>meats</u> (e.g. chicken nuggets, fish sticks)?	54% (N=74)	73%* (N=70)
Q3. How often can <u>processed meats</u> (e.g. sausage, hot dogs, bologna) be served?	84% (N=74)	92%* (N=71)
Q4. Which of the following types of <u>cheese</u> are allowed to be served?	83% (N=69)	97%* (N=68)
Grains and Breads		
Q5. How many servings of <u>whole grains</u> must children over the age of one be served?	78% (N=69)	93%* (N=69)
Q7. Cereals <u>cannot contain</u> more than how many grams of sugar per serving?	66% (N=73)	94%* (N=68)
Q8. How often can <u>sweet grains/breads</u> be served?	75% (N=72)	93%* (N=67)

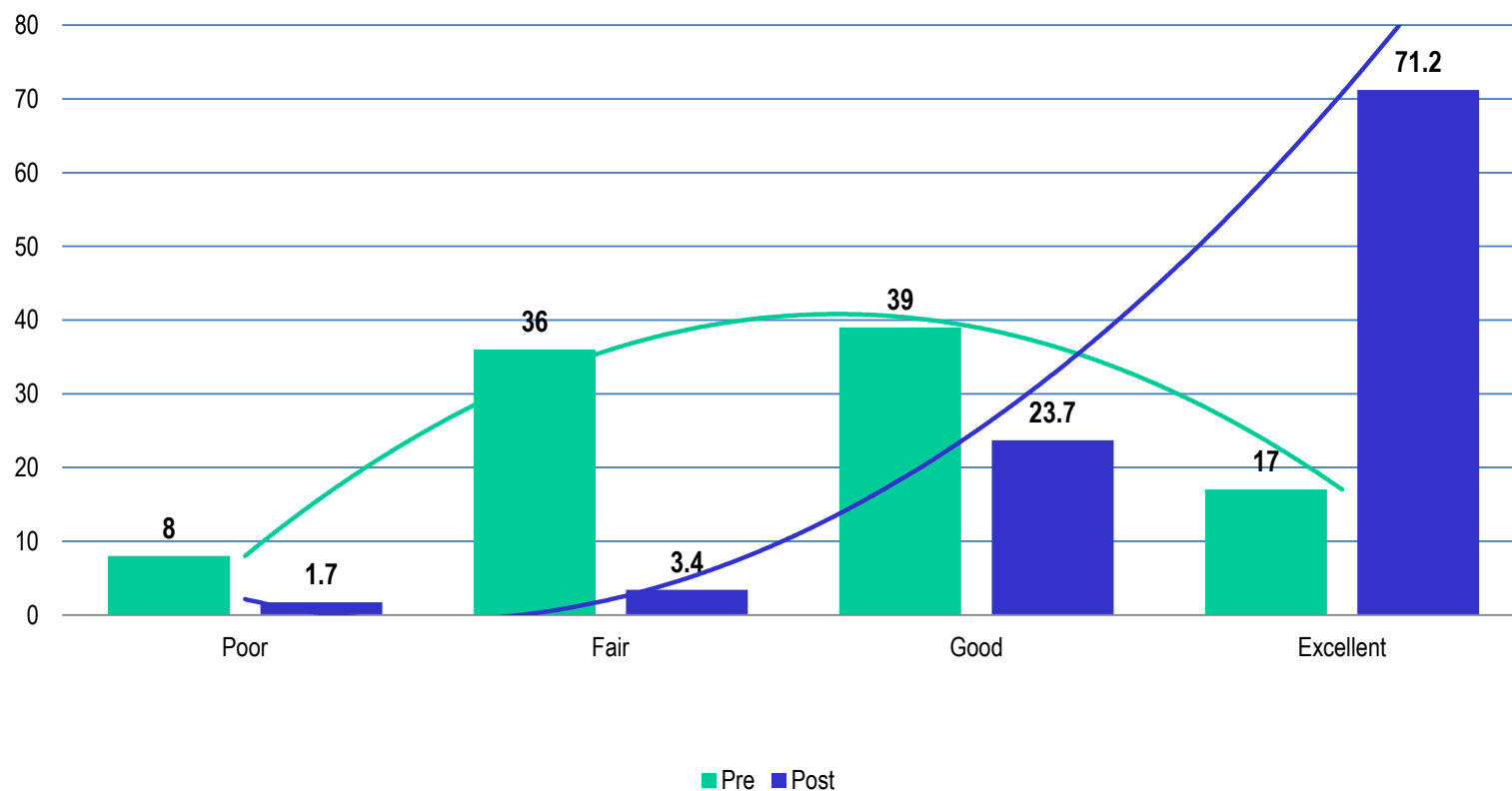
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Changes in Pilot Providers' Knowledge on DE CACFP and OCCL Regulations

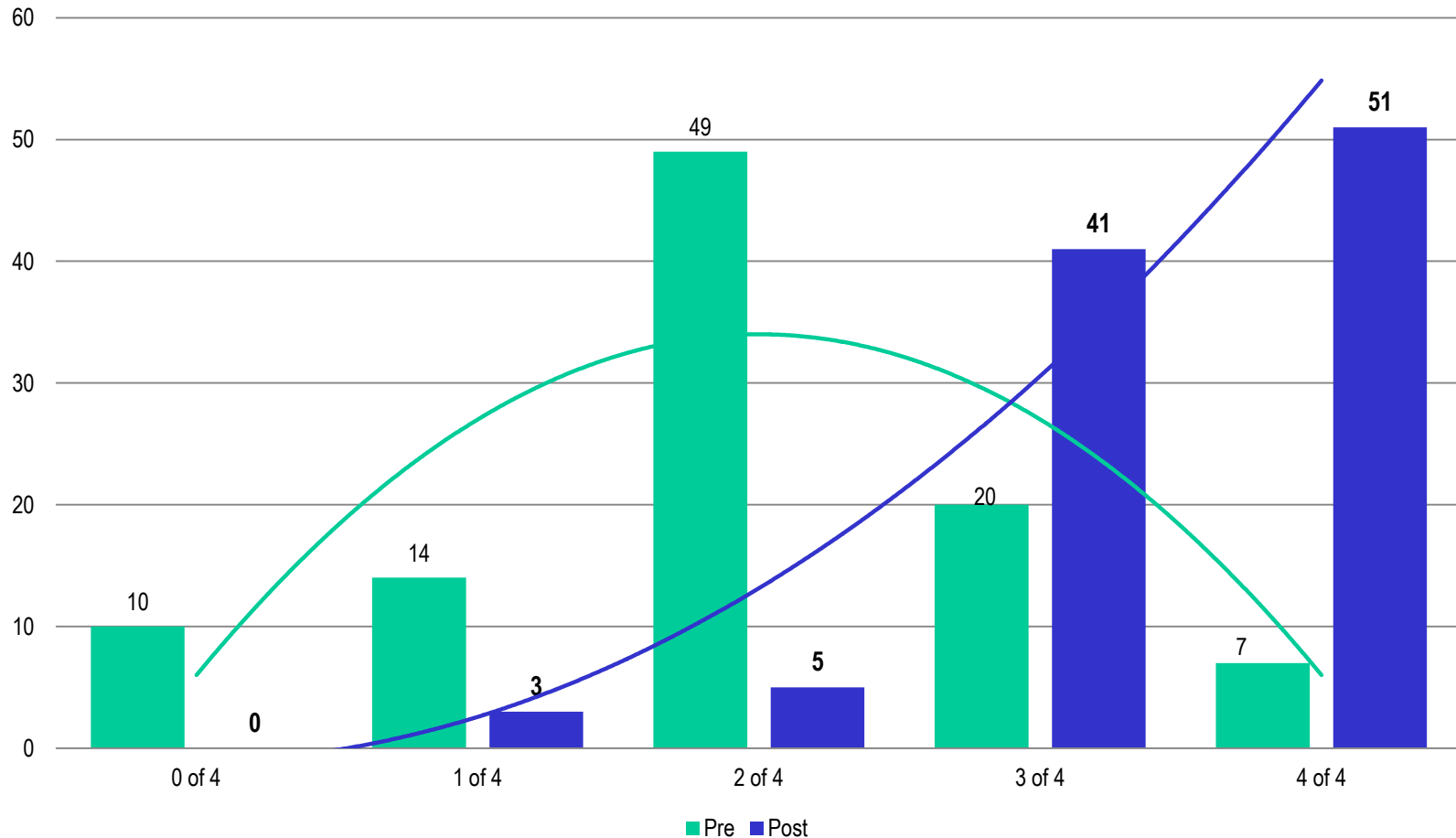
Juice		
Q9. If serving juice, what type must be served to <u>infants</u> ?	76% (N=72)	94%* (N=71)
Q10. If serving juice, what type must be served to <u>children over the age of one</u> ?	91% (N=74)	97% (N=72)
Q11. How many servings of juice are allowed each day for children <u>over the age of one</u> ?	89% (N=73)	99%* (N=71)
Milk		
Q12. What type of milk is required for children <u>age two and older</u> ?	64% (N=64)	96%* (N=71)
Q13. What type of milk is required for <u>children 12-23 months</u> ?	79% (N=62)	97%* (N=70)
Physical Activity and Screen Time		
Q14. Each child should be provided with how many minutes of <u>moderate-to-vigorous</u> physical activity for every three hours of care? (% correct includes those whose answers exceed OCCL requirements)	84% (N=70)	95%* (N=72)
Q15. <u>Infants</u> may be in confining equipment (e.g. crib, playpen, infant seat, high chair, etc) for how many minutes at a time during waking hours? (% correct includes those whose answers exceed OCCL requirements)	76% (N=71)	99%* (N=72)
Q16. TV/DVD/video watching must be limited to how many hours per day for <u>children over the age of two</u> ?	76% (N=71)	96%* (N=72)
Q17. Computer time must be limited to how many hours per day for <u>children over the age of two</u> ?	75% (N=72)	97%* (N=72)

*p<0.05

Pre- and Post-Survey Distribution of Provider Knowledge of Nutrition Regulations (N=59 Matched Cases)



Pre- and Post-Survey Score Distributions for Physical Activity & Screen Time (N=59 Matched Cases)



Pilot Providers' Feedback

What do you think about this training? (N=71)	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)
The times and days scheduled were appropriate to meet your needs?	7	10	35	48
The information was easy to understand.	6	0	21	73
The materials were helpful.	6	0	15	79
The amount of time was just right.	6	4	39	51
The room was comfortable.	5	4	42	49
I learned new ideas/skills that will help me to work with children at my facility.	6	0	32	62

Valuing Pilot Providers' Feedback

- **Able to identify a few nutrition regulations that had smaller percent increases from pre- to post-survey:**
 - Fried and pre-fried fruits and vegetables
 - Fried and pre-fried meats
 - Processed meats
- **Minor changes to trainings to emphasize the above regulations**
- **17% of pilot providers disagreed that the day and time met their needs.**
 - Format was changed from 2 day to 1 day training; weekends included; trainings offered downstate

Pilot Provider Focus Groups Methodology

- Focus groups were audio-recorded and transcribed by a third party.
- Participants were recruited at pilot trainings
- A \$25 gift card to a local supermarket was provided as incentive.
- Framework analysis used to code themes
- NVIVO-8® for coding and analysis
- Inter-rater reliability established among the 3 coders.

Pilot Focus Groups

Demographics of Focus Group Participants

	CACFP Participation	Type of Child Care Site	Participants' Roles at Child Care Sites	Range of Years of Service	Average Years of Service
Focus Group #1 (n=7 participants)	Yes	Center	Teachers, assistants, and food-service personnel	2 yrs–30 yrs	13.25 yrs
Focus Group #2 (n=5 participants)	No	Center	Directors	10 yrs–32 yrs	19 yrs
Focus Group #3 (n=9 participants)	Mix of CACFP and Non-CACFP	Home	Directors, teachers, staff	3 yrs–22 yrs	15.44 yrs
Focus Group #4 (n=7 participants)	Yes	Center	Directors	1 yr–13 yrs	6.25 yrs

Pilot Focus Group Themes that Emerged

- **The following themes emerged from the focus group data:**
 - Positives, negatives, and recommendations around Toolkit and Training
 - Healthy eating and physical activity (HEPA) practices at child care sites
 - Dissemination of training materials to staff and parents
 - Parent engagement, or lack thereof
 - Providers' desire to have NHPS staff train parents
 - Impact training had on CACFP participation

Pilot Child Care Providers

- What did we *hear* from them?
 1. The training was effective in increasing their knowledge around the new nutrition and physical activity + screen time regulations.
 2. They enjoyed the interactive, dynamic presentation of materials at trainings.
 3. Location of the trainings: need to expand
 4. For the most part they loved the toolkits, except for:
 - The type of binding
 - Complexity of some recipes

Integrating Pilot Providers' Feedback

- **The NHPS evaluation team supplied both qualitative and quantitative reports to our program team.**
- **NHPS program team made the following changes before the large-scale training:**
 1. Changed binding of toolkits—much sturdier/durable
 2. Changed some recipes' serving sizes and complexity
 3. Offered trainings in Kent and Sussex Counties, too
- **Comparing pre- and post-training surveys, certain nutrition regulations had smaller percent increases than others.**
 - Program team tweaked trainings to add more emphasis

The Beauty of Valuing Participant Feedback

- Eval team was appreciative of open and honest participant recommendations
- Eval team worked closely with program team to quickly incorporate providers' recommendations before the large-scale training.
 - Binding of toolkits
 - Serving sizes of recipes
 - Redistributed content between the 2 toolkits
 - Parts of the toolkits were translated into Spanish.

Limitations of the Pilot

- **Those providers in the focus group may not have been representative of the entire child care provider population.**
 - Highly motivated to contribute feedback
- **Only 1 out of the 4 focus groups consisted of providers who operated homes.**
 - Different barriers than child care centers
- **Due to time constraints, we were unable to administer a 60-day follow-up survey to the pilot providers.**



***An outcome evaluation
of a large-scale
training for child care
providers in Delaware:
Methodology and
results***

Large-scale Evaluation

■ Main Purpose #1

1. Was there an increase in provider knowledge of the nutrition and physical activity + screen time regulations?
2. To what extent were participants satisfied with the TN training?
3. To what extent did the training impact providers' ability to implement the regulations?
4. To what extent did providers change their nutrition and physical activity-related practices to comply with the regulations?

Pre-, post-, and
follow-up surveys

Instruments Used in the Quantitative Analysis

Pre	Post	Follow Up
Demographics		Demographics
Center Characteristics		Implementation
Infants	Infants	Materials Used
Nutrition	Nutrition	Self-efficacy
PAST	PAST	
Children	Children	
Nutrition	Nutrition	
PAST	PAST	
	Training Experience	

Demographic Information of Participants:

Team Nutrition Full-Scale Training, Spring 2011 and Pilot, Fall 2010

Job Function	Full-scale N=1073 (100%)	Pilot N=74 (100%)
Center Owner	55 (5%)	8%
Family Child Care Home Provider	661 (62%)	26%
Center Director	56 (5%)	23%
Program Director	32 (3%)	11%
Chef/Food Service Personnel	56 (5%)	15%
Teacher	98 (9%)	5%
Assistant Caregiver	57 (5%)	3%
Other	58 (5%)	9%
Years of Experience in the ECE Field	(100%)	
Less than 2 years	46 (4%)	1%
2 to 5 years	174 (16%)	19%
6 to 10 years	228 (21%)	24%
11 to 15 years	211 (20%)	9%
Educational Experience	(100%)	
Eighth Grade	10 (1%)	0%
High School/GED	415 (38%)	21%
Some college credits	302 (28%)	20%
Associate's Degree	142 (13%)	25%
Bachelor's Degree	129 (12%)	20%
Some graduate credits	40 (4%)	9%
Graduate degree	43 (4%)	5%

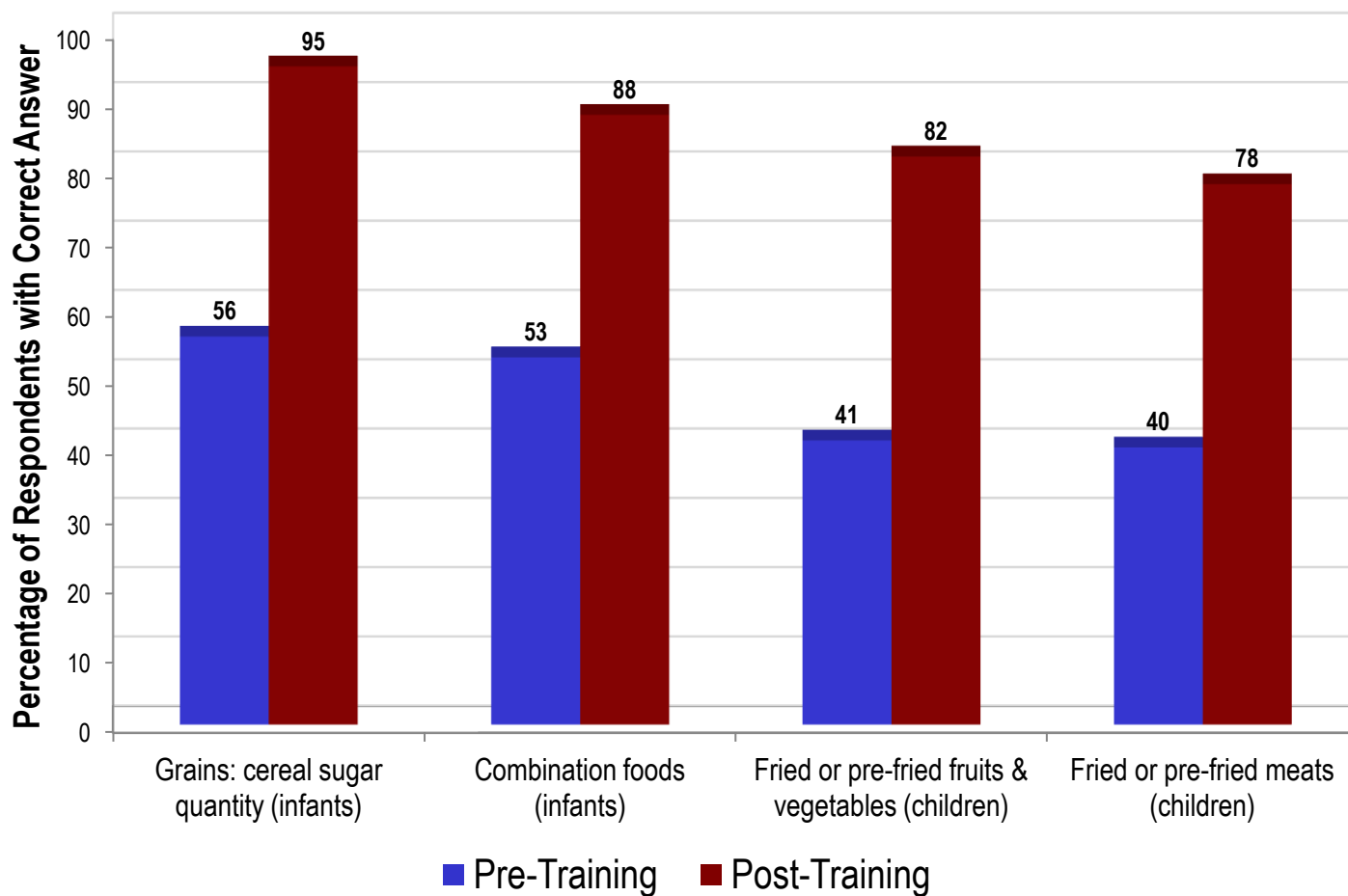
Participant Satisfaction, Team Nutrition Training, Spring 2011

Item	Number (%) of Respondents			
	Strongly Disagree	Disagree	Agree	Strongly Agree
<i>Experience questions</i>				
The times and days scheduled were appropriate to meet the needs of child care providers	45 (4%)	66 (6%)	524 (50%)	411 (39%)
The information was easy to understand	25 (2%)	5 (0.5%)	467 (45%)	535 (52%)
The materials were helpful	29 (3%)	3 (0.3%)	422 (41%)	576 (56%)
The amount of time was just right	44 (4%)	108 (11%)	506 (50%)	365 (36%)
The room was comfortable	40 (4%)	58 (6%)	517 (51%)	407 (40%)
I learned new ideas/skills that will help me to work with children	35 (4%)	25 (2%)	475 (47%)	475 (47%)
<i>Instructor Items</i>				
The instructor provided information in a variety of ways, such as discussion, activities, and handouts	23 (2%)	5 (0.5%)	441 (42%)	572 (55%)
The instructor was respectful of everyone	27 (3%)	4 (0.4%)	387 (38%)	613 (60%)
The instructor was organized	26 (2%)	3 (0.3%)	377 (37%)	621 (60%)
The instructor helped me to see how to do a better job	25 (2%)	16 (2%)	457 (45%)	519 (51%)

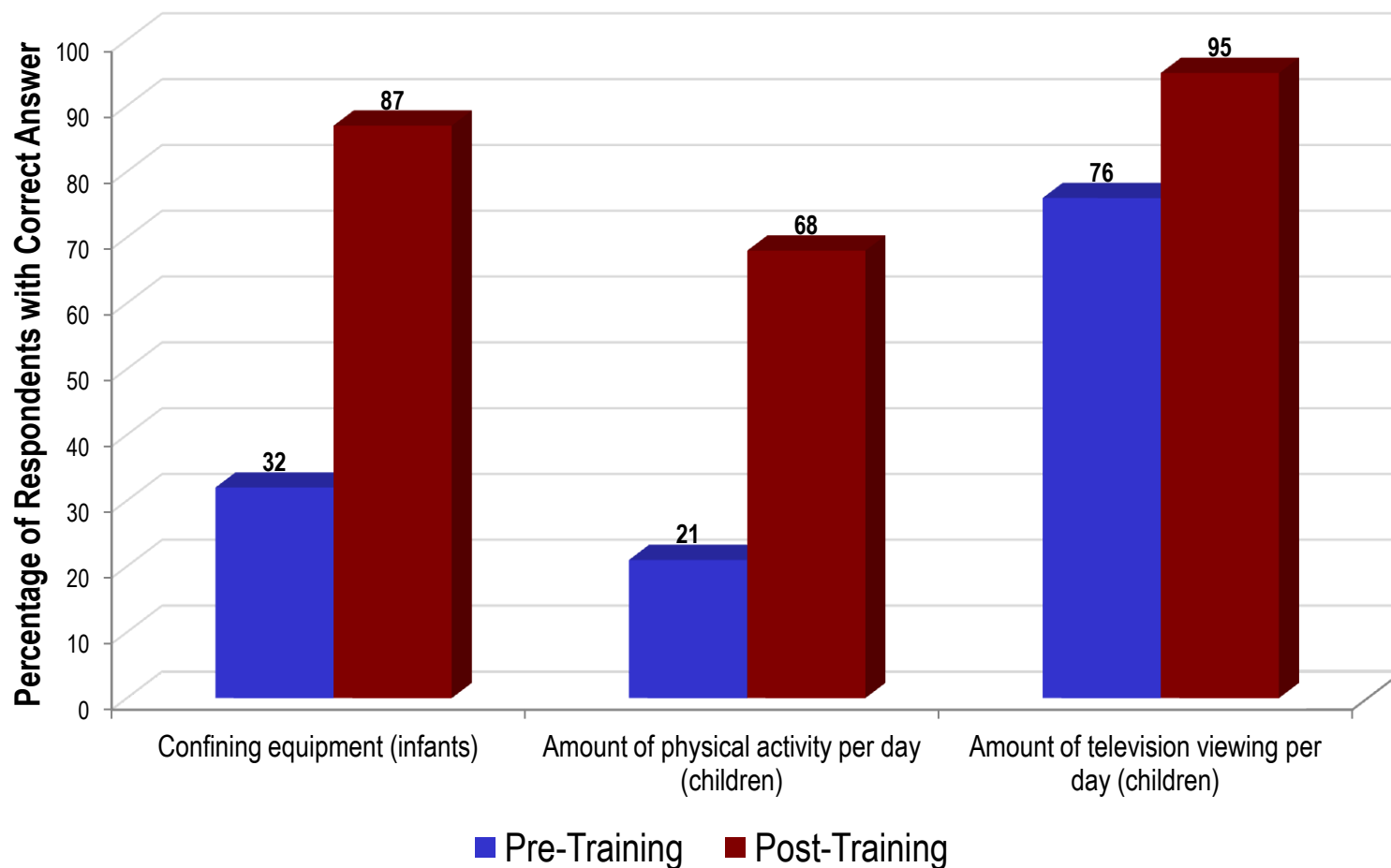
Participants Knowledge Pre- and Post-Training, Full-Scale Training

Components of Delaware CACFP/ <i>Delacare</i> Rules	Correct N (%)		Percent Change from Pre- to Post-Survey
	Pre-Training	Post-Training	
Infants			
Fruits and Vegetables: Fried or pre-fried	741 (72%)	873 (83%)	15%
Meats: fried or pre-fried	764 (74%)	895 (85%)	15%
Meats: processed	653 (64%)	786 (75%)	17%
Meats: cheese	719 (72%)	953 (94%)	31%
Grains: whole grain servings	803 (79%)	970 (93%)	18%
Grains: sweet grains	598 (59%)	735 (71%)	20%
Grains: cereal sugar quantity	579 (56%)	1,009 (95%)	70%
Juice: type	603 (58%)	934 (88%)	52%
Combo foods: type	532 (53%)	927 (88%)	66%
Combo foods: desserts	636 (63%)	930 (90%)	43%
PA/TV: Confining equipment	327 (32%)	926 (87%)	172%
Children			
Fruits and Vegetables: Fried or pre-fried	422 (41%)	848 (82%)	100%
Meats: fried or pre-fried	411 (40%)	807 (78%)	95%
Meats: processed	720 (71%)	902 (86%)	21%
Meats: cheese	902 (90%)	1,029 (99%)	10%
Grains: whole grain servings	913 (90%)	1,002 (95%)	6%
Grains: sweet grains frequency	572 (57%)	876 (83%)	46%
Grains: sweet grains meal	588 (58%)	856 (82%)	24%
Grains: cereal sugar quantity	633 (61%)	1,005 (95%)	56%
Juice: type	984 (97%)	1,025 (99%)	2%
Juice: number of servings per day	792 (86%)	951 (98%)	14%
Milk: type ages 12-23 months	706 (70%)	897 (86%)	23%
Milk: type ages 2+ years	697 (70%)	942 (93%)	33%
PA/TV: amount of PA per day	213 (21%)	712 (68%)	224%
PA/TV: amount of TV per day	786 (76%)	1,001 (95%)	25%
PA/TV: amount of computer time per day	767 (75%)	988 (94%)	17%

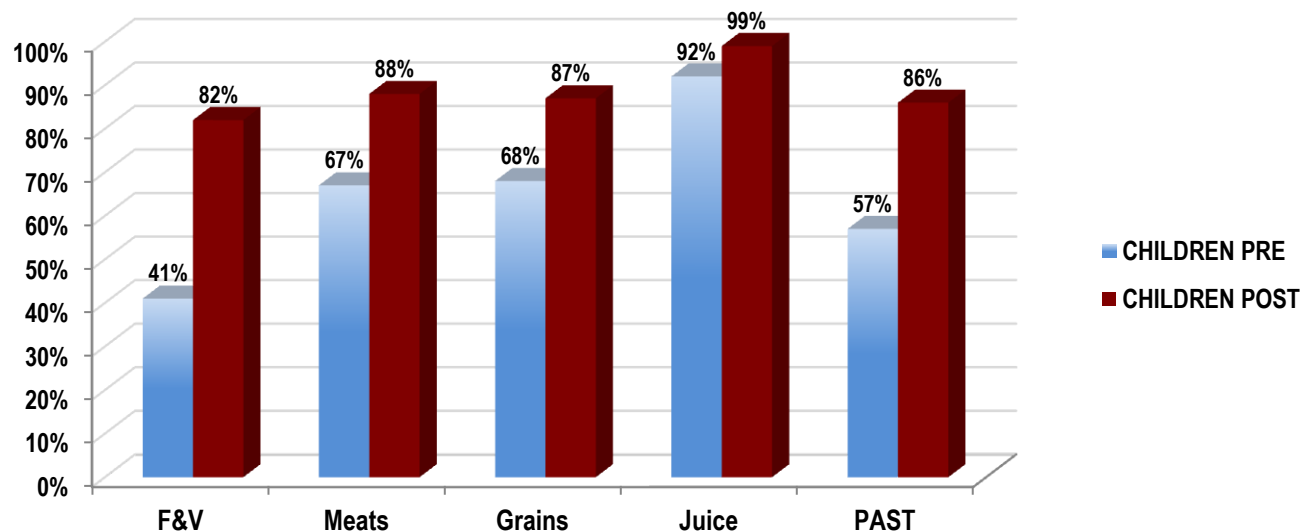
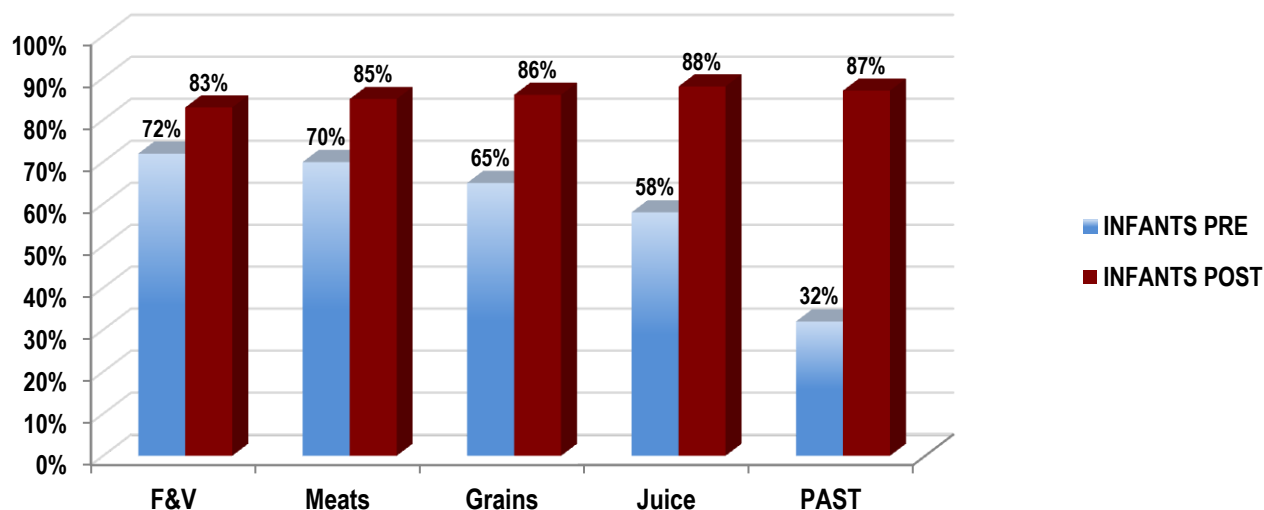
Nutrition Knowledge



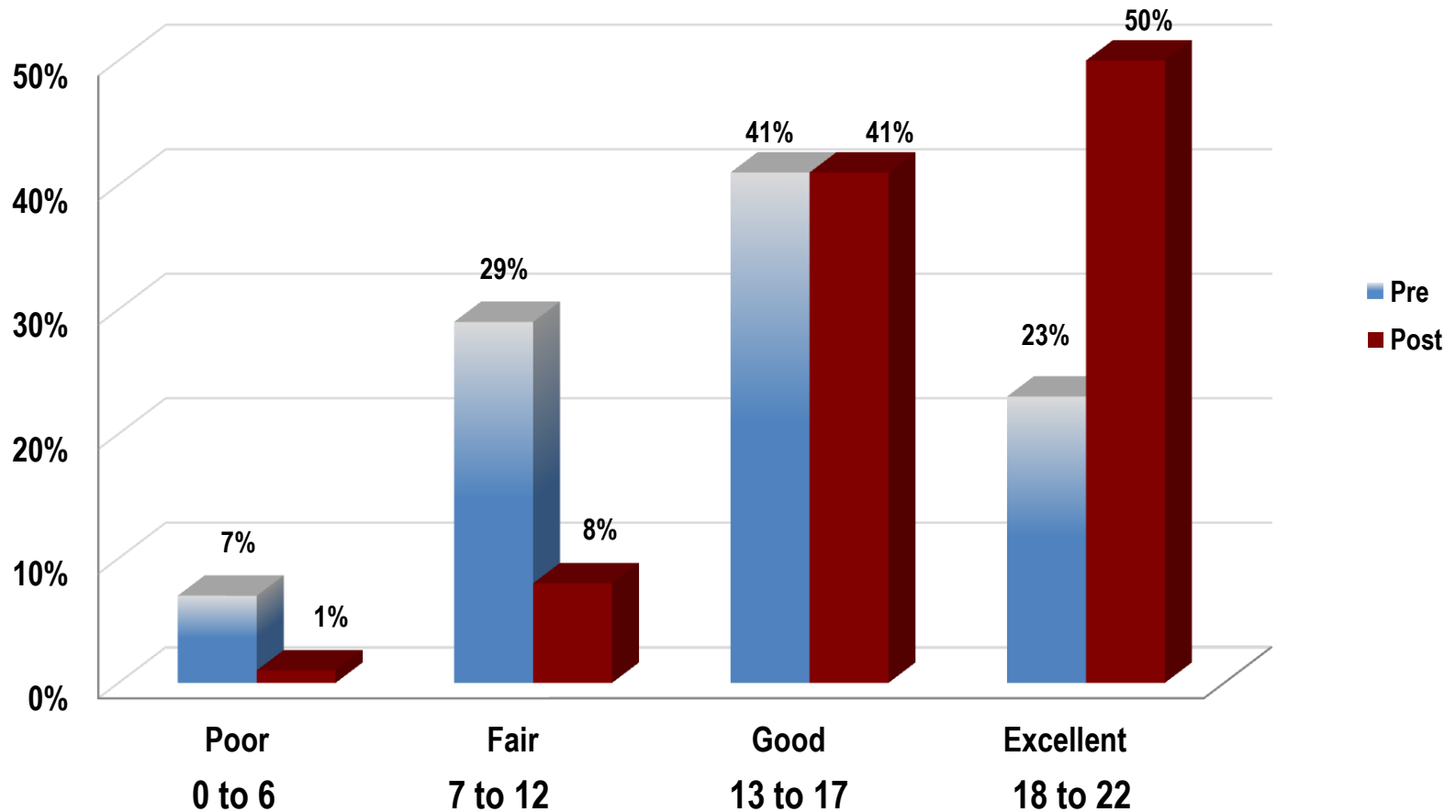
Physical Activity and Screen Time



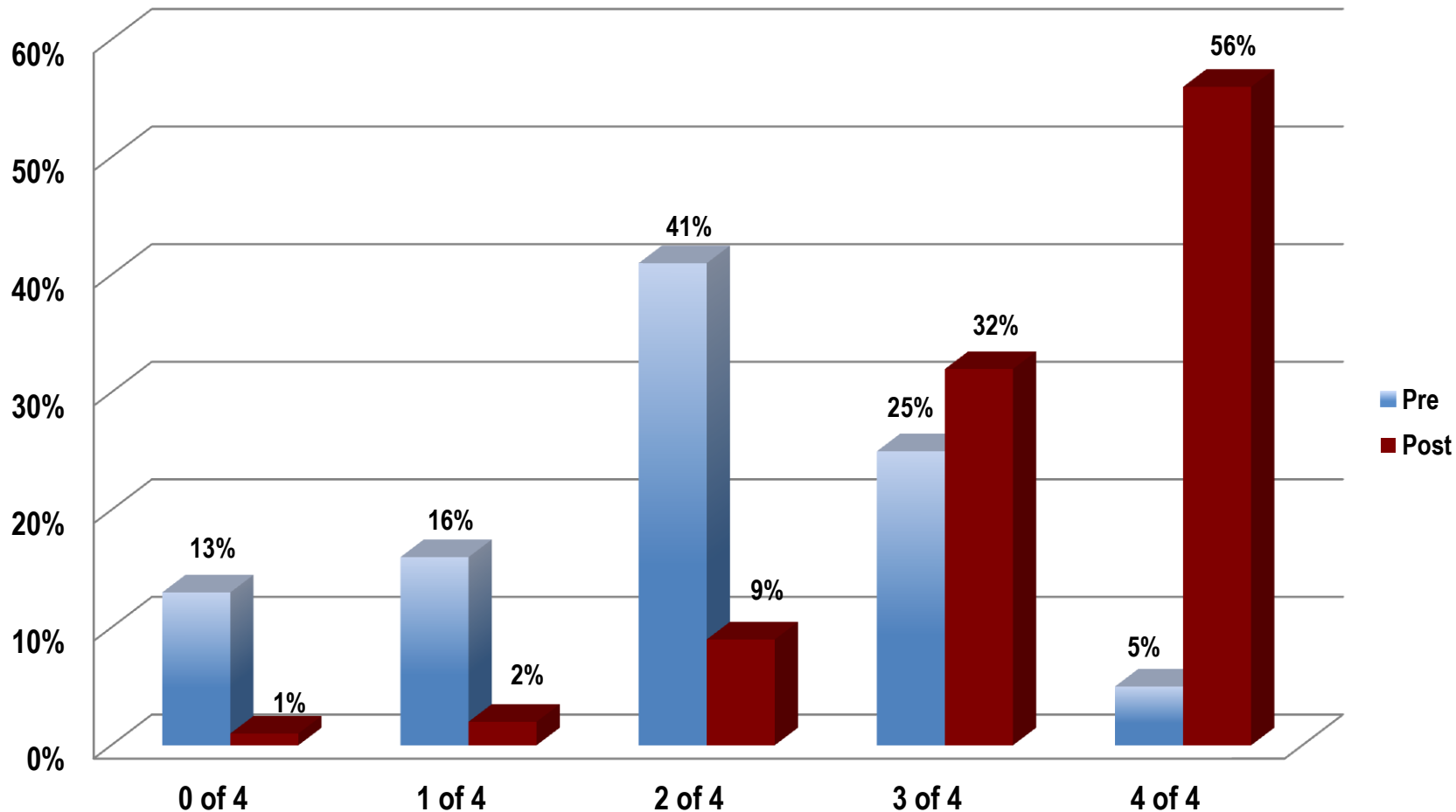
Change in Knowledge by Food Groups and Physical Activity and Screen Time



Nutrition Knowledge Distribution: Pre and Post Survey Results



Physical Activity and Screen Time Knowledge Distribution: Pre and Post Survey Results



Follow-up Survey Job Function Distribution

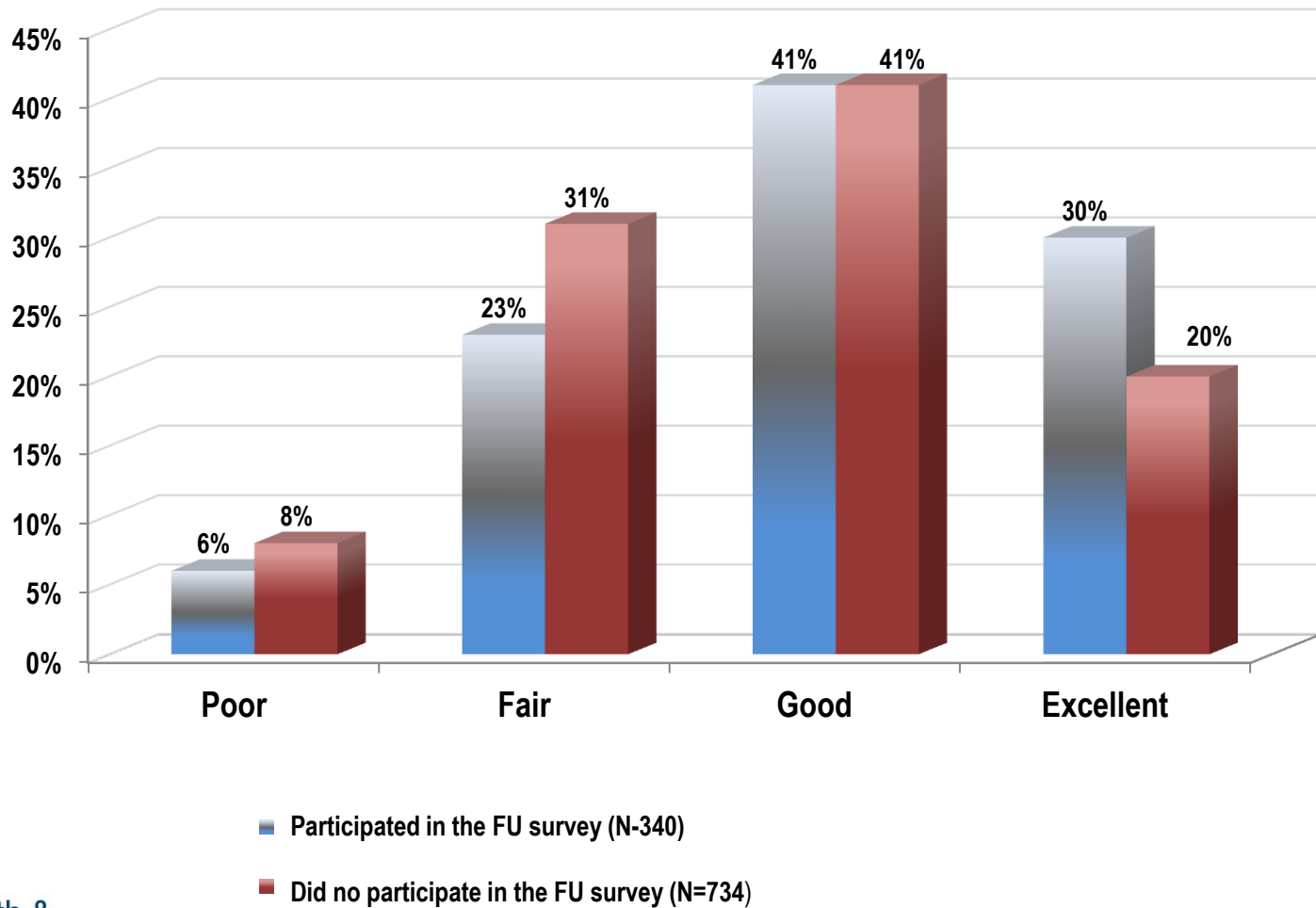
Job Function	%	N=340
Center Owner	4%	12
Family Provider	64%	219
Center director	7%	24
Program director	4%	13
Chef/Food staff	5%	16
Teacher	9%	29
Assistant	4%	12
Other	4%	15
	100%	340

Reported Implementation

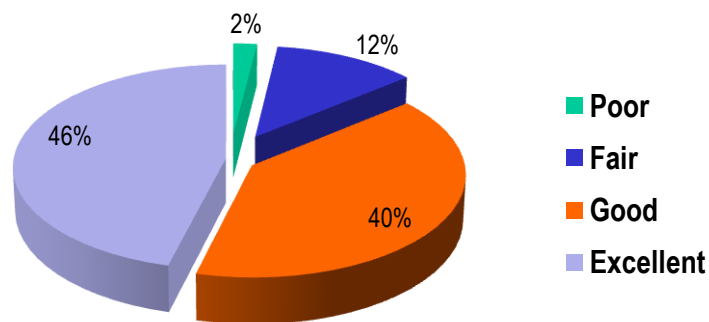
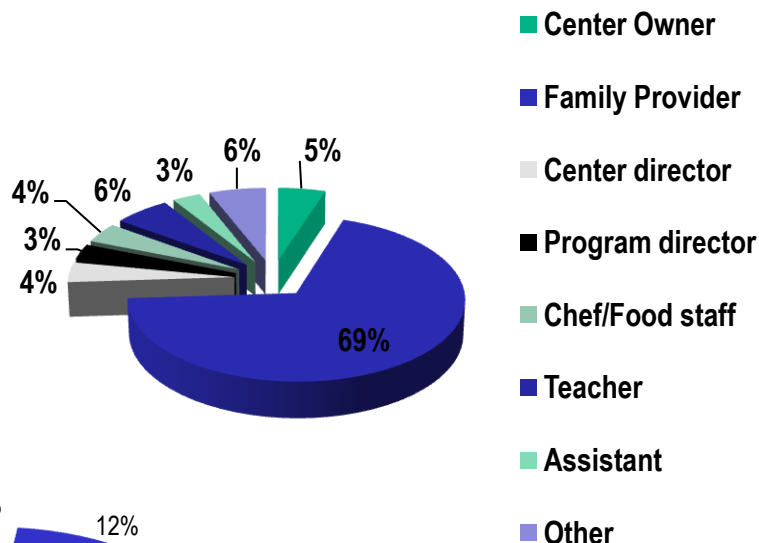
- Overall, 66% of the respondents reported being compliant with the nutrition regulations, and 65% of respondents reported being compliant with the physical activity regulations.

Since attending the training...	Nutrition N= 338	Physical Activity N=337
I have made none of the changes	3 (1%)	5 (1.5%)
I have made some of the changes	58 (17%)	61 (18%)
I have made most of the changes	56 (17%)	54 (16%)
I have made all of the changes	83 (25%)	59 (18%)
I did not need to make changes, I was already compliant	138 (41%)	158 (47%)

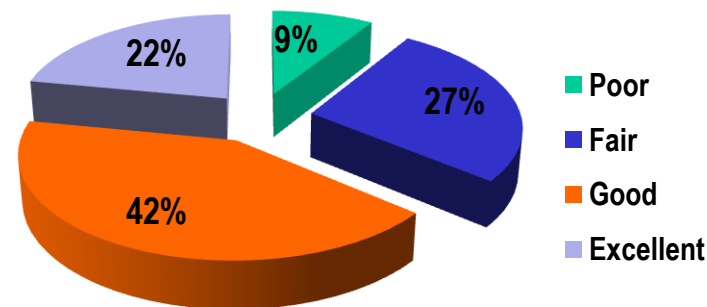
Pre-Training Nutrition Knowledge Distribution by Participation in the Follow-up Survey



I did not need to make changes, I was already compliant	I have made most of the changes. I have made all of the changes. }
138 (41%)	139 (42%)



Pre-learning nutrition knowledge



Pre-learning nutrition knowledge

Participant Self-Efficacy at 60-Day Follow-up, Team Nutrition Training, Spring 2011

Item	Number (%) of Respondents				
	Strongly Agree	Somewhat Agree	Somewhat disagree	Strongly disagree	Does not apply
I understand the Delaware CACFP/ <i>Delacare</i> Rules.	281 (83%)	54 (16%)	3 (0.9%)	--	--
I am confident in my ability to follow the nutrition Rules.	287 (85%)	50 (15%)	1 (0.3%)	1 (0.3%)	--
I am confident in my ability to follow the physical activity rules.	287 (85%)	44 (13%)	--	1 (0.3%)	6 (2%)
I am confident in my ability to engage children in healthy eating.	289 (85%)	46 (14%)	3 (0.9%)	1 (0.3%)	1 (0.3%)
I am confident in my ability to engage children in physical activity.	294 (87%)	36 (11%)	--	1 (0.3%)	8 (2%)
I am confident in my ability to engage staff at my facility in upholding the rules.	142 (41%)	37 (11%)	2 (0.6%)	2 (0.6%)	156 (46%)
I am confident in my ability to engage parents in upholding the rules.	155 (46%)	137 (41%)	29 (9%)	8 (2.4%)	9 (3%)



*From both sides:
Valuing feedback from
parents whose
children attend
Delaware child care
centers*

Purpose and Background

■ Main Purpose #2

1. What information related to nutrition and physical activity do parents want to receive from child care providers? When and how?
2. How can parents and providers become partners in children's health

Provider focus
groups

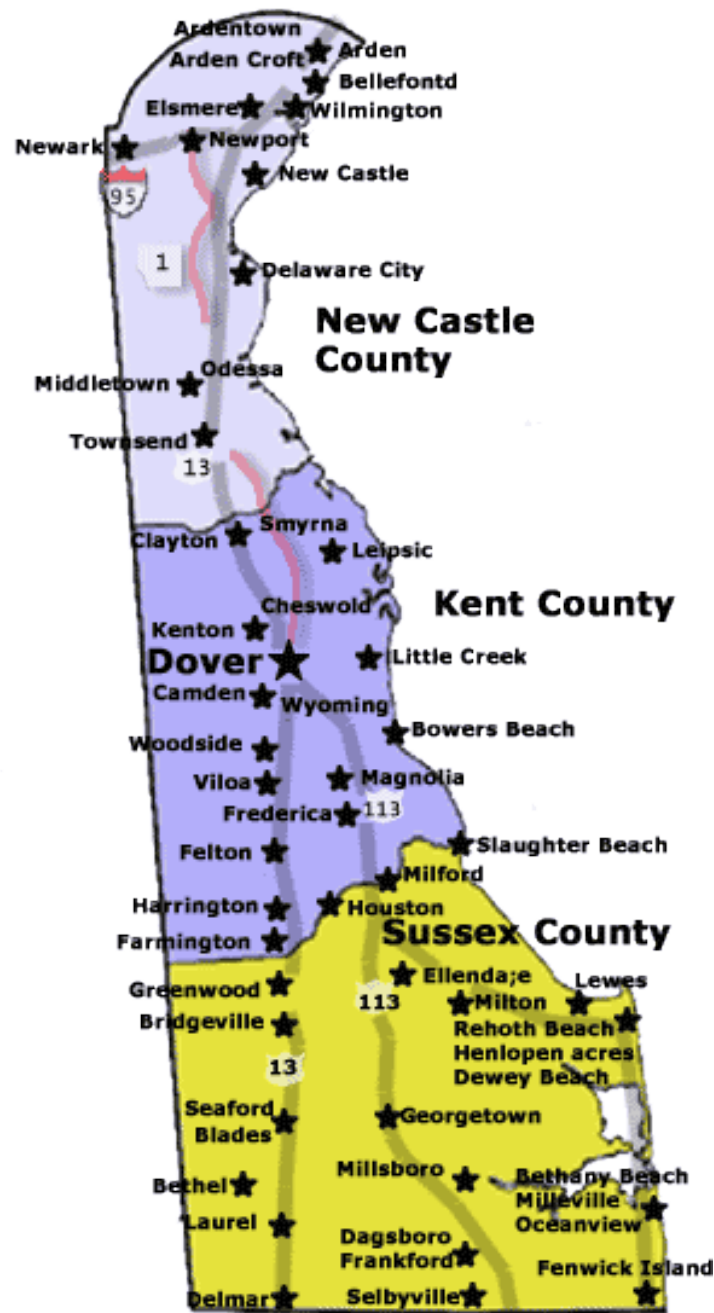
■ Formative research required

- What concerns do parents have?
- Where are they currently seeking information?
- What kinds of materials do they prefer?
- State of communication with child care provider?

■ Method of gathering this information = parent and guardian focus groups.

Methods: Recruitment

- **4 focus groups**
 - New Castle County
 - Kent County
 - Sussex County
 - City of Wilmington
- **Used OCCL database to recruit centers in CACFP**
- **Directors recruited and/or participants called NHPS**



Methods: Protocol Development

- **Informed by:**
 - Program team's questions
 - Feedback about parent engagement from providers who attended training
- **Visual aides to stimulate conversation**
 - Popular HEPA resources including:
 - Activity calendars
 - Activity sheets
 - Newsletters
 - Books, recipe books
 - Tip sheets

Methods: Conducting Focus Groups

- Focus groups conducted at center around pick-up time; child care provided
- Center director on-site, but out of ear shot*
- Facilitated by trained qualitative scientists
- Discussions were audio-recorded
- Duration \approx 60 min
- \$25.00 gift card as incentive

Methods: Data Analysis

- Identical to those used for focus groups with providers who participated in pilot training.

Results: Focus Groups Sample (n=34)

	Child care center location	Type of residential setting	Caregiver role	Age range of participants' children at center	Participants' race/ethnicity
Focus Group #1	Dover, DE	Suburban	6 mothers, 2 fathers	2—5 years	African American & Caucasian
Focus Group #2	Newark, DE	Suburban	4 mothers, 1 grandfather	1—7 years	Majority Caucasian
Focus Group #3	Milford, DE*	Rural and suburban*	8 mothers, 1 father, 1 grandmother	2—6 years	Latino, African American & Caucasian
Focus Group #4	City of Wilmington, DE	Urban	10 mothers, 1 father	2—9 years	Majority African American

Results: Themes

- **Parents' concerns about children's health**
- **Where parents seek out information about children's health**
- **Types of materials parents want to receive**
- **Parent feedback on materials shown**
- **HEPA practices at home**
- **Communication with child care provider**

Theme #1 – Parents' concerns about children's health

- **Nutrition ← dominant theme**
 - Picky eating
 - Food allergies
 - Age-appropriate serving sizes
 - Effect of medications on weight/appetite
 - Preparing vegetables
 - Reading nutrition facts labels
 - Center's mealtime schedule

- “I have a two-year old that doesn’t like meat, but he has to get his protein...He will drink milk and eat his vegetables; he will eat fruit, but he will not eat meat. I mean, he’ll eat eggs, but how long will that sustain him for protein?”
- “Yeah, with kids, it’s not even about like it being what our standards are for pretty because I think I cook very nicely...But a kid’s presentation is just something, I mean, I don’t think they like all the flavors that we like as adults and I think that’s what does it because I flavor up our food a lot. And, I think that’s where I go wrong.”



- “Right, you have to look at the calories and say, ‘Okay, 500 calories, no, that’s not good.’ But what about everything else? Like, if this is 500 calories, but it’s 65 milligrams of sodium, is that something I should be alarmed about, what kind of thing.”
- “...I still feel like sometimes I don’t know if I’m really looking for the right things. Because I read every label, but it would still help to know if you’re looking for the right thing. So, what to look for and what not to look for.”



Theme #1 – Parents' concerns about children's health

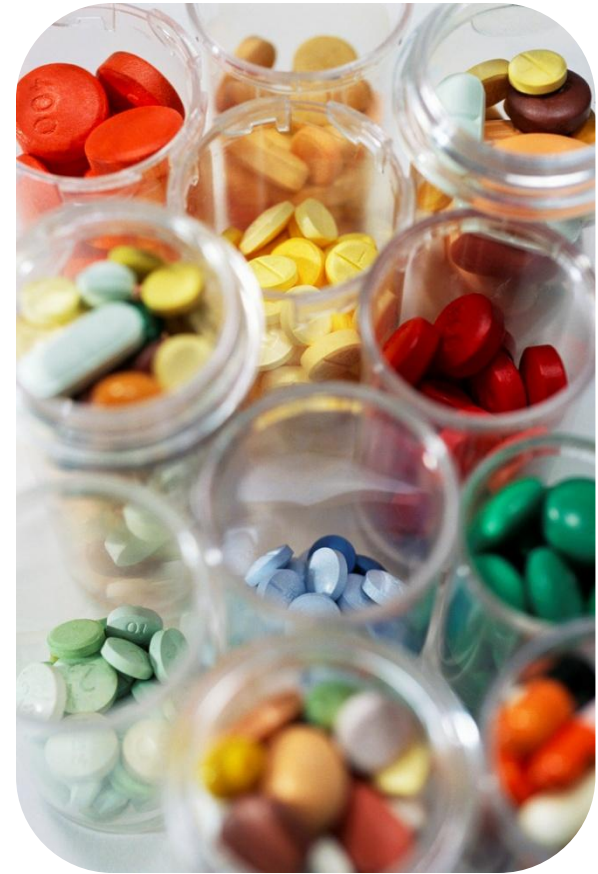
■ Physical activity

- Parents are not concerned that their children are not getting enough PA
- Are concerned that they are too energetic
- Would like to see more meaningful, structured PA
- Inner city parents are concerned about safety

- “...when he was 18 months old, I took him to the doctor. ‘I think there’s something wrong. I think he might be autistic, ADHD.’ She’s like, ‘What?’ I’m like, ‘Well, he has all this energy. He’s always going. He hits his head and he keeps going and he falls and he doesn’t get hurt.’ They said... ‘Congratulations, you have a boy!’”
- “My kids have so much energy and all’s they do is like run around, run back and forth, back and forth, climb on everything, jump around, beat each other up. But they don’t have anything that really focus the energy on in the house other than beating each other up.”
- “Even the 15 year old, I very rarely let him go out much unless it’s going to his friends’ house, but there’s too much random things going in around here to wanna let them play outside.”

Theme #1 – Parents' concerns about children's health

- **Other/general**
 - Preventing and controlling chronic diseases (e.g., diabetes)
 - Managing children's ADD & ADHD and effects of medications on weight/appetite
 - Development of children born prematurely



Theme #2 – Where parents seek out information on children's health

■ Nutrition

- Pediatrician
- Family & friends
- Media
 - Books
 - TV
 - Websites
- Parenting magazines
- Child's school and WIC office

■ Physical activity

- Websites
- Child's school
- Library
- Newspapers and newsletters (e.g., *Metro Kids*)
- Parenting magazines

■ General health

- List serves/message boards
- Websites
- Pediatrician
- Friends, family co-workers in medical field
- Child's school/preschool
- Parenting magazines

- “I would say another nice thing about the Internet is that you don’t have to call the doctor’s office every time there’s a sniffle, sneeze...You can kinda just go online, type in what the situation is and then say, ‘Okay, I don’t have to worry about it.’”
- “I Google everything...because you don’t want to call [the pediatrician’s office], you don’t want to be that parent...So, I Google everything.”
- “I also look to my mom to help me because she’s done it before. So I look for the wisdom that she has, and then I’ll go on the Internet, my friends who have kids that are round the same age. So I kind of do a mix of whatever, to get a feel for where everybody else is coming from to make sure I’m not doing anything wrong.”

Theme #3 – Types of materials parents want to receive

■ Content

- Recipes
- Guide to age-appropriate serving sizes
- Physical activity ideas
- Motivating picky eaters
- Menu & curricula at child care center

■ Mode of transmission

- Mixed responses
- Location-dependent
 - F2F
 - Email
 - Text messaging
 - Phone calls
 - Handouts sent home
- Parents don't want to seek out information; want it "pushed" into their hands

- “You want me to honestly go and look on your webpage? I pay you for my child to be here, so why do I have to go do footwork? You should do it.”
- “Oh, text me all you want honey, I gotta pay the bill anyway. Knock yourself out. It’s unlimited.”
- “...it’ll be more beneficial to me for it to be emailed because that way I can keep it on my [cell phone or computer]...because sometimes papers can get junky...”
- “And I think they should also get phone calls because...some parents...don’t look in their child’s book bag...One of those good old-fashioned phone calls would help a lot.”

Theme of #3 – Types of materials parents want to receive

■ Characteristics of materials

- Simple
- To-the-point
- Action-oriented
- Colorful
- Pictures, bullets
- Basic language, easy to understand
- Quick, flexible, inexpensive
- Relatable references

■ Frequency

- No clear, consistent preference
- Location-dependent
- Content-dependent



- “Anything simple, not with a whole bunch of high techniques, over the top words. Just something plain and simple.”
- “Once I get home, it’s like, okay dinner. What do I have, what can I make that’s quick and easy?”
- “...I’m a visual learner, and I learn by doing, so if you give me tips and I can see pictures of what’s it’s supposed to be, then it’s easier for me to move on from there, versus like okay, I have to read all of this.”

Theme #4 – Parent feedback to materials shown

- **Loved children's book, *The Two Bite Club***
 - “Cause I can refer to the book every time there's an issue. ‘Oh, remember when Cat tried two bites? Be like Cat. Or act like Cat, pretend that you're Cat.’”
- **Loved cookbooks**
- **Found pictures of age-appropriate serving sizes helpful**
- **Liked activity sheets for younger kids**
- **Liked pamphlets, but found them too basic**
- **Liked flexibility of activity calendar**
- **Liked text message/email tips**

Theme #5 – Current HEPA practices at home

- **Regulating portion sizes**
- **Reducing unhealthy snacks**
- **Enrolling kids in sports and engaging in other physical activities**
 - Trips to local parks
 - Exercise DVDs, Fit TV
 - Outdoor recreation
- **Struggle with indoor, rainy day activities**
- **Most parents are not engaging in PA with children**
 - “...I’ve got jump ropes and stuff like that to keep them engaged, you know. But it’s mostly because mommy’s tired and I can watch you from the window where you’re jumping.”

Theme #6 – Communication with child care provider

- Parent are currently receiving some HEPA information from child care providers, but want to receive more.
- Information communicated face-to-face
 - “...every little thing that happens here, they are very vocal about it...Not on paper so much. I know we pay for it, but you definitely hear it.”
- Some receive daily sheets, but these seem generic and inaccurate
 - “...it’s like, everybody’s sheet is just a photocopy of the next kid’s sheet...”
- One group was frustrated w/ center’s transition to communication via website and lack of email response
 - “I think it’s online. I have no idea.”

Providers' vs. Parents' Perceptions

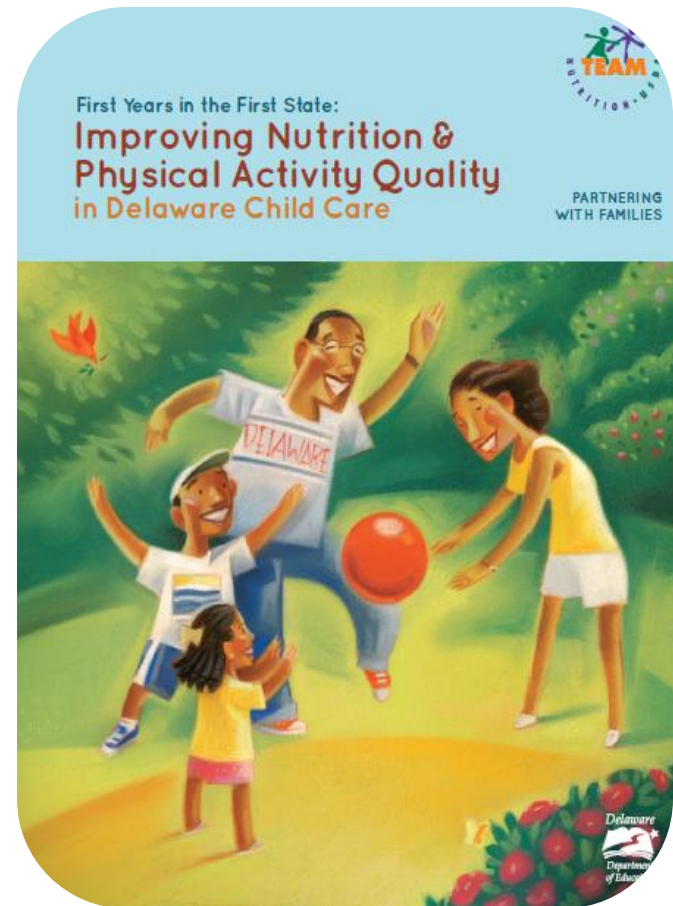
PROVIDERS	PARENTS
Kids don't get enough to eat at home, so we feed them extra throughout the day.	Kids eat too much at center.
Menus are provided/displayed.	Parents don't see menu; don't know what kids are eating.
Electronic communication doesn't work for parents.	Many parents prefer electronic communication.
Providers share information about daily activities at center.	Parents don't always know what goes on at center.
Parents don't want newsletters/daily sheets; will throw them away; "busy work."	Some parents would like to receive newsletters and daily sheets.

Partnering with Families guide

■ Content

- What families want to know; FG results
- BP for creating partnerships with families
- Communication strategies
- Self-assessment & action plan
- Family feedback & parent interest survey
- Templates
- Success stories from DE providers
- Extending center-based learning to home environment

■ Distributed to all CACFP-participating child care centers and family child care homes in DE



Limitations

- **Small sample size (4 focus groups; 34 parents)**
- **Convenience sample of centers; directors recruited and parents volunteered**
- **Center director was on-site during FG**
- **FGs only included child care centers who participate in CACFP**
 - No child care homes included
 - No sites included where parents supply food

Conclusions

- Importance of integrating data from multiple stakeholders
- Ability to share and use real-time data, so to improve quality of trainings and knowledge transfer
- Moving from policy change to sustainable practice change takes coordination among and support from many entities.
- Large-scale, in-person training of providers can be very effective at increasing knowledge of regulations, improving self-efficacy, and motivating practice change.
- The importance of sustainability
 - Train-the-trainer model

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Questions & Discussion



Additional Information

- The *First Years* toolkit is available online at <http://www.nemours.org/service/preventive/nhps/resource/publication.html>
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