

Child Care Providers' Use of Role Modeling

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Introduction

- Child care providers play an important role in helping preschool-aged children develop healthy eating habits, food preferences, and dietary intake.
 - 76% of 3-5 year old children spend time in non-parental care each week (National Center for Education Statistics, 2015)
 - 3-5 year olds spend 28 hours per week in non-parental care (U.S. Department of
- One strategy child care providers can use to promote healthy eating is role modeling.
 - Most effective role modeling: adults eat the same healthy foods as children (Addessi, et al., 2005), avoid consuming unhealthy foods in front of children (Palfreyman, et al., 2014), and talk enthusiastically about their preference for healthy foods (Hendy & Raudenbush, 2000).

Research Aims: Explore child care providers':

- use of role modeling and differences by care facility type.
- understanding of how to use role modeling and its importance.

Methods

Concurrent Nested Mixed Methods Approach Quantitative Strand

- Sample: 338 Head Start teachers (n=38), center-based (n=113) and homebased (n=187) child care providers
- Inclusion criteria: employed as a child care provider or Head Start teacher at a licensed facility in IL & responsible for feeding 3-5 year old children a main meal at least 3 times a week.
- Data Collection: 10 page mailed (30%) or online (70%) survey; Incentive: \$15 amazon.com gift card
- **Measures**: Role modeling 5 NAP SACC items (Ward et al., 2014) Covariates - provider age, race, education, years employed as a child care provider, and CACFP participation

Analysis

Logistic regression models were fit to explore the relationship between role modeling practices and care facility type. All models were adjusted for the covariates.

Qualitative Strand

- Sample: sub-sample of 50 survey respondents; Head Start teachers (n=10), center-based (n=20) and home-based (n=20) child care providers
- Data Collection: In-depth phone interviews; digitally recorded; professionally transcribed; Incentive: \$25 amazon.com gift card

Analysis

Thematic analysis (Braun & Clarke, 2006).

6 steps: 1.) Became familiar with the dataset. 2.) Generated initial codes. 3-5.) Searched for themes, reviewed themes, defined and named themes. 6.) Produced final report.

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Descriptive Statistics

	Survey Sample (n=338)		Interview Sample (n=50)	
	n or mean	% or STD	n or mean	% or STD
CACFP	261	80	30	60
Race/Ethnicity				
White	236	73	37	74
African American	55	17	8	16
Other	33	10	5	10
HS, GED, or Associate's	189	58	24	48
Years as child care provider	14	9.7	12	8.5
Provider Age, < 50 years	187	58	37	74

Qualitative Strand

Most providers understood the importance of eating the same healthy foods as the children. Fewer reported the importance of being enthusiastic about eating healthy foods.

"Role modeling means I can't ask them to eat something healthy and then stand over there and eat junk food. I need to eat the way I want them to eat." (Home-based provider)

Providers understood the importance of and encouraged peer modeling.

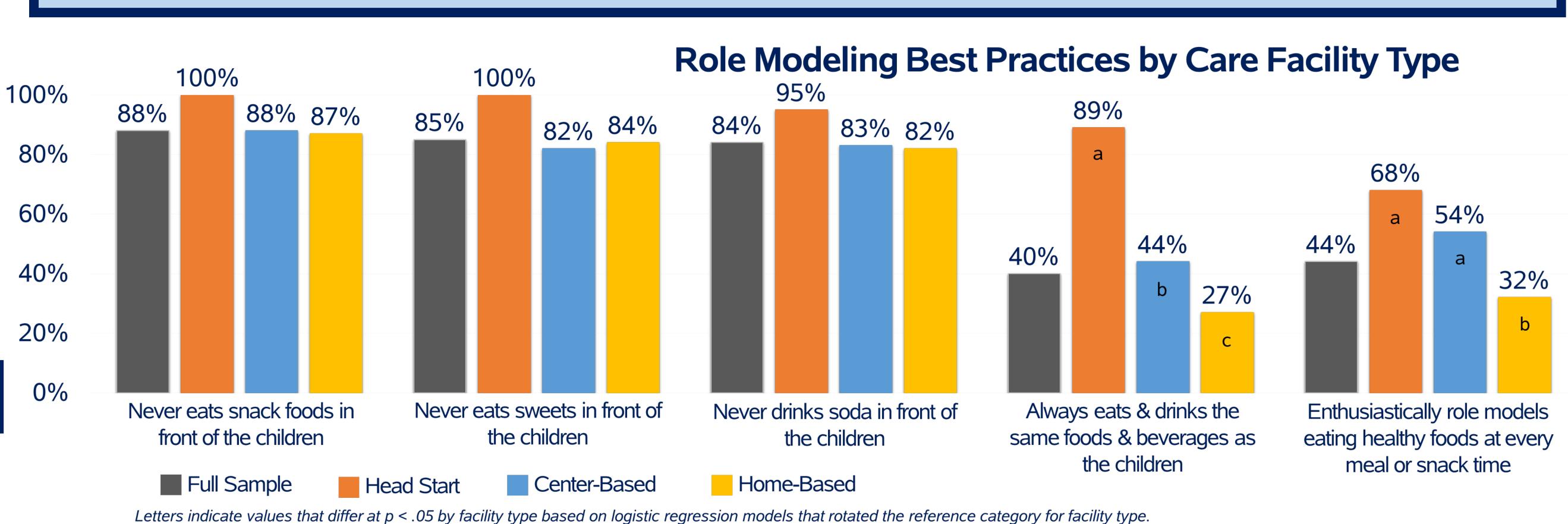
"Some children will eat foods that others won't. So we can point out that I'm eating this and he's eating this. It makes it a little easier for them to try things." (Center-based provider)

Limited resources sometimes meant providers had to choose between eating the same food as the children and making sure all children had enough

"I put a small spoonful on my plate, I still have the same variety, but-They only get the food I give them and they clean the bowls out. I try not to take much so that I can give seconds." (Head Start teacher)

Results

Quantitative Strand



Conclusions and Implications

- Training and outreach should focus on role modeling practices during mealtimes and target home-based providers.
- Ensure providers have a full serving of each meal to facilitate role modeling, CACFP should be modified to reimburse for providers' meals.

Acknowledgements

This project was supported by the Agriculture and Food Research Initiative Competitive Grant No. 2015-67012-22822 from the USDA National Institute of Food and Agriculture. The authors acknowledge funding from the Frances McClelland Institute for Children, Youth, and Families.





