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# Engaging Parents to Promote Children's Nutrition and Health: Providers' Barriers and Strategies in Head Start and Child Care Centers

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# Engaging Parents to Promote Children's Nutrition and Health: Providers' Barriers and Strategies in Head Start and Child Care Centers

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## Abstract

**Purpose:** Using the Academy of Nutrition and Dietetics benchmarks as a framework, this study examined childcare providers' (Head Start [HS], Child and Adult Care Food Program [CACFP] funded, and non-CACFP) perspectives regarding communicating with parents about nutrition to promote children's health.

**Design:** Qualitative.

**Setting:** State-licensed center-based childcare programs.

**Participants:** Full-time childcare providers (n = 18) caring for children 2 to 5 years old from varying childcare contexts (HS, CACFP funded, and non-CACFP), race, education, and years of experience.

**Methods:** In-person interviews using semi-structured interview protocol until saturation were achieved. Thematic analysis was conducted.

**Results:** Two overarching themes were barriers and strategies to communicate with parents about children's nutrition. Barriers to communication included—(a) parents are too busy to talk with providers, (b) parents offer unhealthy foods, (c) parents prioritize talking about child food issues over nutrition, (d) providers are unsure of how to communicate about nutrition without offending parents, and (e) providers are concerned if parents are receptive to nutrition education materials. Strategies for communication included—(a) recognize the benefits of communicating with parents about nutrition to support child health, (b) build a partnership with parents through education, (c) leverage policy (federal and state) to communicate positively and avoid conflict, (d) implement center-level practices to reinforce policy, and (e) foster a respectful relationship between providers and parents.

**Conclusion:** Policy and environmental changes were recommended for fostering a respectful relationship and building a bridge between providers and parents to improve communication about children's nutrition and health.

## Keywords

obesity, childcare, Head Start, Child and Adult Care Program, health policy, nutrition, parent communication

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## Purpose

More than 27% of preschool-aged children in the United States are classified as overweight or obese.<sup>1</sup> Given that children who are overweight are more likely to be obese adults and have the numerous negative health consequences associated with obesity, including cardiovascular disease and diabetes, childhood obesity is a serious public health concern.<sup>2</sup> Developmentally, the preschool period is particularly important because excess weight from age 2 to 5 years is a powerful predictor of adult adiposity.<sup>3</sup> Thus, it is important to promote healthy energy balance behaviors, such as dietary intake during early childhood.

Childhood obesity is a multifactorial issue with many contributing causes, ranging from the cellular to the cultural.<sup>4</sup> Given that 2- to 5-year-old children rely on family and caregivers for their food provisions, parents and caregivers are the most proximal contributing factors to child nutrition and obesity. Over half (55%) of the US preschool-aged children are enrolled in center-based childcare,<sup>5</sup> where they may consume up to 5 meals and snacks per day.<sup>6</sup> For millions of children in childcare settings, both parents and childcare providers contribute to the development of children's eating behaviors that track into adolescence and adulthood.<sup>7</sup> However, parents and providers may not be working in concert or communicating effectively to ensure optimal nutrition of children in their care.<sup>8</sup>

The need for effective communication between childcare providers and parents is recognized by both Head Start (HS), the largest US funder of early childhood services serving children from low-income parents,<sup>9</sup> and the Academy of Nutrition and Dietetics (Academy), the largest organization of nutrition professionals. The *Head Start Performance Standards* state that staff and parents must work together to identify each child's nutritional needs.<sup>9</sup> Similarly, in the latest position paper released by the *Academy*,<sup>6,10</sup> nutrition benchmarks were put forth to target children aged 2 to 5 years attending childcare to promote children's optimal growth and development. Outlined within the benchmarks is the recommendation that providers work with parents to ensure children are served healthy foods and receive nutrition education. Implementing the Academy's benchmarks can create opportunities for childcare providers to offer nutrition education to parents, improve the nutritious quality of foods and beverages served to the children, shape children's healthy eating habits, and prevent childhood obesity.<sup>6</sup> Yet, to the authors' knowledge, research exploring childcare providers' perspectives for implementing the Academy's benchmarks regarding parent communication about their child's nutrition has not been published.

Limited research exploring childcare providers' perspectives regarding parent communication about child nutrition has identified barriers to effective communication in all childcare contexts (HS, Child and Adult Care Food Program [CACFP]-funded centers, nonfunded centers, and family day care homes). Center directors reported lack of parent engagement,<sup>11</sup> center staff reported limited time,<sup>12</sup> and family care providers reported lack of healthy eating at home as barriers.<sup>13</sup> Because

childcare providers (teachers) are often directly responsible for supervising children's meals and snacks and also have direct contact with parents, more information is needed about the specific perspective of classroom providers.<sup>14</sup>

Based on our larger quantitative study with HS, CACFP, and non-CACFP providers, HS providers (58%) offered significantly more ( $P < .001$ ) nutrition education opportunities to parents as compared to CACFP (30%) and non-CACFP providers (10%).<sup>15</sup> Possible reasons for this finding might be attributed to the differences in policies across childcare contexts (HS, CACFP, and non-CACFP). The CACFP, the US Department of Agriculture's supplemental nutrition assistance program, provides reimbursement for meals and snacks to 3.2 million low-income preschool children daily. Participating sites have to meet meal pattern requirements to get reimbursed for the meals. The HS providers not only follow the CACFP meal pattern requirements but are also required to meet the *HS Performance Standards* for child nutrition. Consistent with the Academy's benchmarks, the HS standards require HS providers to serve healthy foods to children and communicate with parents about child nutrition.<sup>9</sup> However, research exploring the childcare providers' perspectives across contexts (HS, CACFP, and non-CACFP) regarding implementation of the Academy's benchmarks is lacking. Awareness of such perspectives is the first step for health promotion practitioners to accommodate programming needs and tailor intervention strategies for providers from varying childcare contexts (HS, CACFP, and non-CACFP).

Therefore, the purpose of this follow-up qualitative study was to build upon the existing knowledge base and to better understand HS, CACFP, and non-CACFP childcare providers' perspectives regarding implementing recommendations from the Academy<sup>6</sup> specifically related to communicating with parents about their child's nutrition.

## Approach

To explore childcare providers' perspectives regarding communicating with parents about their child's nutrition, in-depth, face-to-face, semi-structured interviews were conducted. The study protocol development involved experts in nutrition, child development, public health, and childcare and has been previously published.<sup>14</sup> The University of Illinois at Urbana Champaign institutional review board approved study methods.

## Setting

Participants were recruited from a larger study of 90 providers at 24 state-licensed center-based childcare programs and HS programs in Central Illinois who provided written consent to be interviewed if contacted.<sup>15</sup>

## Participants

All providers met the following selection criteria—(a) they were full-time childcare providers, (b) they cared for

preschoolers aged 2 to 5 years old, and (c) they were responsible for supervising meals or snacks.<sup>15</sup> Potential participants were randomly selected for the present study from a sampling frame of 90 providers, using maximum variation purposive sampling to include providers from varying childcare contexts (HS, CACFP, and non-CACFP), race, education, and years of experience. This approach was used to obtain a balanced perspective regarding parent–provider communication.<sup>12,13,16</sup> All providers who were asked to participate agreed to be interviewed and received an US\$25 gift card.

## Methods

### Data Collection

The lead author interviewed all participants using a semi-structured interview protocol<sup>17</sup> to examine their perspectives regarding the Academy benchmarks and HS standards specifically related to communicating with parents about their child's nutrition (See supplementary table 1 for detailed interview protocol).<sup>6,18</sup> These benchmarks included—(1) providers work with parents to ensure foods and beverages, if brought from home, meet nutritional guidelines (high in nutrients and low in fats and sugar) and (2) providers talk with parents about nutrition education that takes place in the childcare program. To maximize the trustworthiness of the data gathered,<sup>19</sup> an interdisciplinary team of researchers reviewed the interview protocol prior to data collection. Strategies to remain open, unbiased, and nonjudgmental were used during the interview.<sup>20</sup> The lead author conducted 7 pilot interviews with childcare providers that included observer feedback to test the interview protocol for face validity.<sup>20</sup>

The lead author, who had no prior relationship with the childcare centers or providers, conducted in-depth face-to-face interviews with 15 childcare providers. An additional 3 interviews confirmed the findings, with no new relevant information revealed, and thus confirmed saturation.<sup>21</sup> The interviews were conducted from August to November 2012, at the participants' childcare setting, and lasted approximately 45 to 60 minutes. To encourage participants to speak freely, all interviews were completed in a private room behind a closed door. All interviews were audio-recorded; participants' names were not included in the recording. Before the interview, the lead author reviewed the purpose of the study with the participants, assured their answers would not be shared with anyone outside the study team, and provided participants with the opportunity to ask questions. Pseudonyms were used for each provider during data analysis and for summarizing the results.<sup>20</sup>

### Analysis Strategies

All interviews were transcribed verbatim by a professional transcription agency and imported into NVivo for analysis (version 9, 2010; QSR International Pty Ltd, Victoria, Australia). Data were analyzed at 2 levels. First, the entire data were coded using thematic analysis<sup>22</sup> with the following steps—(1)

**Table 1.** Characteristics of Childcare Providers.<sup>a</sup>

Characteristics	n
Childcare context	
Head Start	6
CACFP	6
Non-CACFP	6
Race	
Non-Hispanic Black	9
Non-Hispanic White	9
Education	
Some college or technical school (1 to 3 years)	10
College graduate (4 years or more)	8
Provider age, mean (SD)	41.5 (13.2)
Years of experience as childcare teacher, mean (SD)	11.7 (9.1)

Abbreviations: CACFP, Child and Adult Care Food Program; SD, standard deviation.

<sup>a</sup>N = 18.

becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, and (5) defining and naming themes; second, the data were further analyzed by collapsing similar themes and corresponding quotes to incorporate the differences across the childcare provider's contexts (eg, HS, CACFP, and non-CACFP). Categories and themes were further reviewed for validity to identify common elements and to draw overarching themes from the entire data set.<sup>23-25</sup>

Two coders independently read each transcript twice and identified a set of codes, code definitions, and themes. Coders attained reliability by reaching agreement on each code and theme through verbal consensus among themselves.<sup>23,25</sup> Decision for agreement was yes or no; if a disagreement occurred, the 2 coders modified and refined the coding and themes until disagreements were resolved by verbal consensus.<sup>23</sup> An interdisciplinary research team (PhD researchers in nutrition, child development, early childhood education, and evaluative clinical science) which did not initially code the transcripts verified that the themes were supported by the codes and quotations. Throughout the data collection and analysis process, the lead author ensured accountability and accuracy and monitored researchers' biases through ongoing peer debriefing consultations and frequent research team meetings.<sup>20</sup>

## Results

The characteristics of the 18 childcare providers are reported in Table 1. Two overarching themes emerged from participants' responses—(1) barriers to communication and (2) strategies for building a bridge and effectively communicating with parents about their child's nutrition. These themes were examined by the childcare contexts (HS, CACFP, and non-CACFP) and the Academy benchmarks related to parent communication about child's nutrition. For the Academy's benchmark related to providers work with parents to ensure healthy foods are brought from home, findings indicated that all HS providers reported that it was easy for them to implement this benchmark and reported no barriers for implementation. When asked why it

was easy for them to implement this benchmark, HS providers reported having federal policy (ie, *HS Performance Standards*) and using center-level practices to reinforce this policy as key strategies to implement this benchmark. The *HS Performance Standards* required that foods served at the HS program must be high in nutrients and low in fat, sugar, and salt, and no foods were allowed to be brought in the center from home. In contrast to HS providers, CACFP providers allowed foods to be brought in the childcare center from home and reported barriers that parents brought unhealthy foods from home. However, CACFP providers reported policies and center-level practices to communicate with parents to ensure whether foods brought from home meet nutrition guidelines. Finally, non-CACFP providers reported more barriers and fewer strategies for practicing this benchmark as compared to HS and CACFP providers. Regarding the Academy's benchmark related to providers communicate with parents about nutrition education for children, findings indicated that providers across all contexts (ie, HS, CACFP, and non-CACFP) reported barriers. However, HS and CACFP providers mentioned various strategies that they practiced for implementing this benchmark as compared to non-CACFP providers.

### Barriers to Communication

Five themes emerged from the data regarding barriers to communication or difficulties providers faced in communicating with parents about their child's nutrition. Each theme is described below:

**Barrier 1. Providers perceived parents as being too busy to talk.** Providers described parents as being too busy on a typical day during drop-off and/or pickup to have a conversation about their child's nutrition. Elaine, a non-CACFP provider explained, "The parents, as I said, 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, other than when we have parent-teacher conferences. And that's only like 15, 20 minutes . . . I just think that they're just too busy."

**Barrier 2. Providers perceived some parents offered unhealthy foods to children.** Providers expressed concerns about the food choices they observed parents offering to their children, which included high-sugar and high-fat convenience foods. Providers interpreted this behavior as an issue of convenience—the unhealthy food was easier for parents to prepare and pack. According to Danielle, a CACFP provider, "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." Also parents offered unhealthy food to avoid conflict with the children. Hannah, a non-CACFP provider explained, "I'll tell them [parents] sometimes, that's not breakfast. But . . . they bring it [high sugar, fat foods] in to have peace. The kids . . . may be crying for it. They

[parents] say that's what the child wanted. So, it's easier for them to work like that."

**Barrier 3. Providers' perceived that parents may be more likely to talk about food issues but not nutrition.**

Childcare providers described the type of food discussion between parents and providers. According to providers, parents were willing to discuss food issues such as food allergies but were less likely to discuss nutrition-related topics such as healthy food offerings to children. For example, Elaine, a non-CACFP provider, stated, "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 [childcare providers]." Similarly, Danielle, a CACFP provider, stated, "when she [childcare administrator] gets to this part where she's talking (to) individual parents, it's probably about soy or peanut oil or something that's allergies. And it's not about the sugar or the salt intake or the fat intake."

**Barrier 4. Providers were unsure of how to communicate about nutrition without offending parents.**

Providers expressed their desire to discuss children's nutrition with parents. However, they were concerned about upsetting parents if the provider is the one to initiate the conversation. Michelle, a non-CACFP provider, mentioned, "I guess 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."

**Barrier 5. Providers were concerned if parents are receptive to nutrition information.**

Providers perceived parents as not being interested in nutrition information offered by the childcare center. For example, providers reported that some parents did not want to be told by other adults (particularly childcare providers) what foods to feed their children. Providers also felt that parents did not read any nutrition-related materials sent home from the childcare center. Marisa, a non-CACFP provider, stated, "What I can do is suggest, what I can do is cajole, what I can do is give paperwork that shows research that indicates that these are the things that need to be done. Can I make them do that? No, not really. So, what I can try and do is educate, but if they go home and burn the paper, then you know."

The challenge with parents not being receptive to nutrition concerns is demonstrated in Michelle's (non-CACFP provider) comment:

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. Or, be in-and-out and not take the time to really have a desire to have a conversation with you. I think that's the biggest thing. You can attempt to communicate with a lot of people and they just are, well, "you have to take care of my kid."

## *Strategies for Effective Communication With Parents About Children's Nutrition*

Childcare providers' descriptions of their strategies to communicate effectively with parents about their child's nutrition emerged around 5 themes. Underlying these strategies was the desire to promote children's health through parental nutrition education. Each strategy is described below:

**Strategy 1. Recognize the benefits of communicating with parents about nutrition to support child health.** Providers were motivated to communicate with parents about their child's nutrition because they recognized 3 primary benefits—improve the home nutrition environment, prevent obesity and related chronic disease, and promote child health.

First, providers highlighted the importance of engaging in discussion with parents as an opportunity to better understand their approaches to child feeding. Providers also felt that discussions with parents helped to support healthy eating in both the childcare setting and the home. Becky, a CACFP provider, stated, “so the parents can take some of that thing (knowledge) back home to their own homes, to teach children how to sit down and eat and see what's nice and what's healthy and what's not as healthy. Give them smaller portions of the not-healthy things, and give them lots of the things that are nutritious for them.”

Second, providers recognized the link between obesity and chronic disease. They highlighted the importance of sharing this information with parents. According to Jasmine, a HS provider, it was necessary to “just stress how important it is to your child for their health because with diabetes and all types of diseases from being overweight, high cholesterol, high blood pressure, all that stuff.”

Third, providers felt responsible to support overall child health. For example, Becky, a CACFP provider, explained, “we're [providers] here to educate children, take care of them, and make sure they're healthy.”

**Strategy 2. Build a partnership with parents through education.** Providers described how their relationships with parents are partnerships in which parents and providers join together for promoting child health. Thus, the connections between providers and parents were a primary vehicle to communicate and educate parents about nutrition and feeding practices. For instance, Abby, a CACFP provider, reflected, “Just building that bridge between providers and parents and getting more information . . . if a parent says they [the child] just don't like milk, and we should ask ‘Why?’ ‘What are you giving them instead?’ ‘Are they getting the vitamins that they would get from milk through something else?’” Furthermore, Jade, another CACFP provider, added, “I think just working with the parents and trying to continue to educate them, you know, to encourage the child to taste or try new things.”

In addition to educating parents, providers recognized the bidirectional relationship between the childcare setting and the home environment. A non-CACFP provider, Esmeralda stated, “by discussing that [children's nutrition] with the parents, they can help us to understand what we're doing or not doing. So that way, the providers can help the parents and the parents can help us to work this out.”

**Strategy 3. Leverage policy to communicate positively and avoid conflict with parents.** Providers reported the value of having regulations, both federal (eg, HS, CACFP) and state (eg, licensing), that they could refer to as part of program guidelines to ease the process of talking with parents about nutrition-related practices in their programs and avoid conflict. As Fiona, a HS provider, shared her experience for communicating with a parent, “We cannot have any candy at all. And I'm telling them [parents], like, you know, ‘I know you may not agree with it, but that's one of the standards that we have to follow, and we get in trouble if we don't abide by it.’” When asked why it was easy for her to ensure healthy foods are brought from home, Jasmine, a HS provider, reported:

Because the government is strictly enforcing it [nutritional guidelines]. It's just kind of a trickle down thing so they're [supervisors] being told that we have to do nutritious and they tell us and it's being enforced because it is important . . . My supervisor's backing me up . . . and if parents got a problem, I send them to my supervisor . . . that's why we do it because of the performance standards. Otherwise we probably wouldn't.

Further, Jade, a provider participating in CACFP-funded childcare program, stated, “[Childcare providers] let them [parents] know, this is what we do here. You know, and this is how we have to do it because of our guidelines. And this is what we're going to continue to follow [regarding nutrition].”

Maureen, a CACFP provider, described that the CACFP guidelines facilitated communication with parents about nutrition best practices. She explained:

It is easy to do because we follow the Food Program (CACFP). We follow the Illinois Department of Children and Family Services (DCFS) rules of if parents bring things in; it has to meet certain nutritional aspects. So just following the basic rules that Public Health has, and that DCFS has, it's just—it's very easy to say, “These are the things that we must do.”

**Strategy 4. Implement center-level practices to reinforce policy.** Providers reported how utilizing nutrition policies (eg, federal and state) to develop center-level practices facilitated communication with parents about nutrition. An example of this was the many proactive strategies that they described (eg, practices or procedures already in place to enable conversations

with parents about children bringing healthy foods to the center). These strategies were both center level and provider and classroom level.

For example, one provider discussed the value of monthly nutritional parent meetings in keeping the lines of communication open. Moreover, Ashley, a non-CACFP provider, suggested about using the process of the initial center tour to start the conversation about nutrition. “Maybe when they initially do a tour at the day care center, part of the tour and the information is a little nutritional education. And so the parents know our nutritional policies up front, while they have the time with the tour and getting to know us.” Likewise, providers discussed the benefits of supporting food-related conversations with written materials, such as flyers, menus, and parent handbooks. Megan, a HS provider, stated:

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. Like on our teacher papers, they ask us at every home visit or parent conference to mention that we don’t bring things from home. So I think that we have a lot of good reminders.

Providers also described some center practices for enforcing nutrition recommendations that were reactive. They reported staff behaviors that could be considered reactive in response to a child bringing unhealthy food from home. For example, 1 CACFP provider explained that when some children bring food from home, the center’s cook reviews the food with the children and offers recommendations for alternative foods if the food is too high in sugar. Erin, a HS provider, stated, “We don’t take anything that’s brought from home. Even if it’s store bought, it has to be nutritional or we’re not gonna take it. It’s just as simple as that.” Although Taylor, a HS provider, indicated that if food is brought from home, then it is “put in the garbage.”

Providers also adopted individual and classroom-level strategies. According to Fiona, a HS provider, simply moving the location of the sign-in and sign-out sheet was a key facilitator for communicating with parents. She said, “Always they would come in my room and they have to sign in when they come in the room. Well, it [sign-in sheet] was right there by the door, so they would come in and run out the door. Well now it’s [sign-in sheet] across the room, so they have to see me because they’ve got to come all the way in the room.” This practice gave her greater opportunity for conversation with parents.

**Strategy 5. Foster a respectful relationship between providers and parents.** Providers reinforced the need to foster respect to overcome barriers to communicate effectively about nutrition with parents. The value of building respect to establish and reinforce a relationship was viewed as key to communicating about the health of the child in their care. As Becky, a CACFP provider, described, “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.”

## Conclusions

This study presents childcare providers’ perspectives from varying contexts (HS, CACFP, and non-CACFP) regarding implementing the Academy’s benchmarks about communication with parents regarding children’s nutrition. Given that our larger study found that HS providers were significantly more likely to offer nutrition education opportunities to parents as compared to CACFP and non-CACFP provider, the current follow-up qualitative study draws from the perspectives of childcare providers to offer new insights regarding the implementation of the Academy’s benchmarks. A major theme emerging from the analyses was the identification of barriers to effective communication about children’s nutrition, many of which have been identified in previous research.<sup>11-13,26-28</sup> In addition to lending support to previously identified barriers for communication with parents, the results also add new insight with strategies to overcome barriers and support communication with parents about their child’s nutrition. These findings have several implications for policy makers, program planners, and practitioners (childcare administrators, providers) for communicating with parents about their child’s nutrition.

Five themes emerged from the data regarding barriers to communication with parents. First, childcare providers perceived that parents are busy and that time to engage in communication is limited as previously reported.<sup>6,12,27</sup> Several factors may be contributing to this perception; parents of young children are busy, and when many of them try to balance work, family, and other activities, they are not able to spend much time at drop-off and pickup to talk about nutrition as previously found.<sup>29</sup> Further, parents may be too busy to spend additional time in childcare to attend classes or other meetings about nutrition and healthy eating.<sup>11</sup>

A second barrier that emerged was providers’ perception of an unhealthy home food environment, as evidenced by the less healthy foods that children brought from home. This finding parallels previous research suggesting that children may not be receiving adequate nutrition at home.<sup>30</sup> Rosenthal et al and Johnson et al reported childcare providers face significant challenges for promoting child nutrition when healthy foods are not offered in the home.

A third barrier to effective communication was providers’ reported concerns regarding offending parents if they were to communicate about nutrition. Johnson et al previously identified childcare providers’ concerns regarding communicating about nutrition and children’s weight. Although this study did not pose questions about children’s weight, which could be perceived as a sensitive topic, providers consistently stated how communicating about nutrition could be a



sensitive topic. Perhaps the home nutrition environment and family nutrition behaviors are a reflection of personal values that are perceived to reflect parenting skills and overall care of children.

Further, previous research identified that parents perceive the role of childcare providers as subordinate,<sup>31</sup> which could contribute to both providers and parents being more sensitive to communicate about nutrition. This issue of providers' perceived subordinate role may pose a challenge in implementing national policies for early childhood obesity prevention that emphasize the important role of childcare providers in shaping children's eating habits and dietary intake.<sup>32,33</sup> Such policies also expect providers to educate children about nutrition, practice responsive feeding, and communicate with parents to promote child health.<sup>32,33</sup> Future research is needed to bridge this disconnection between the early childhood nutrition policies and providers' perspectives and improving self-efficacy regarding implementing these policies.

Although providers reported that parents may take offense to communicating about nutrition, they also reported that parents may simply not be receptive or interested in receiving such information. Previous research has underscored how people have different approaches to engaging parents and communicating about nutrition,<sup>34</sup> suggesting that according to parent characteristics, providers' communication may be more successful with some parents and less successful with others. Parents may not genuinely be interested in communicating about nutrition regardless of the source; however, parents might be more interested in receiving information about their child's eating practice, as it was shown in this study and previous studies.<sup>35</sup> It may be that concrete information regarding what and how much a child has eaten is a more acceptable nutrition topic for parents to discuss.

Also, from the present study, providers reported how parents with children who have special health-care needs have to communicate about foods that could pose a health risk (eg, allergens), which is necessary to ensure a child's safety. Parents may be more comfortable and willing to talk about child food intake but are less comfortable discussing their child's nutrition. This finding suggests that providers can use this topic as a bridge to introduce nutrition knowledge in their communication with parents. In addition, public health practitioners and researchers can design educational programs on how to help providers identify such communication opportunities and introduce nutrition messages to the parents.

Although providers reported 5 barriers, they also described strategies for overcoming barriers and supporting communication with parents about children's nutrition. Providers stated a need to recognize the benefit of engaging parents in program efforts for nutrition, as well as to improve their home environment. Supporting young children's nutrition requires a community approach (ie, a collaboration among all caregivers involved in the support of young children) and partnership between the childcare providers and parents.<sup>8,12,36,37</sup> With over half of children in some form of childcare,<sup>5</sup> bridging parent and provider partnerships<sup>8,12</sup> to reinforce healthy food in the home

is paramount for promoting child nutrition and preventing childhood obesity.

Another strategy identified in providers' responses was to leverage federal and state policies as a main aspect of overcoming the barrier to communicate about nutrition. This finding is especially relevant for policies related to guidelines and recommendations,<sup>6</sup> such as the *HS Performance Standards* and the CACFP meal pattern requirements serving as a guide for childcare policies regarding nutrition standards for foods brought from home. The HS and CACFP providers reported the benefit of being able to rely on *HS Performance Standards* and CACFP guidelines to communicate with parents about the nutrition practices at the childcare setting. This finding underscores the importance of federal policies, for example, *HS Performance Standards* and center-level practices, for implementing the Academy's recommendations and provides a novel insight to better explain our findings from the quantitative study, that is, HS providers reported offering significant nutrition education opportunities to parents as compared to CACFP and non-CACFP providers. Having specific guidelines mandated by governing bodies may serve as a platform to allow providers to talk about nutrition because providers can frame their practices and recommendations in the context of what is required based on policies guiding program operations. Awareness of differences in policies and practices across varying childcare contexts may help inform researchers and educators to accommodate program needs and deliver targeted intervention strategies to childcare providers with a goal of improving their communication with parents about their child's nutrition.

Providers also stated how state licensing requirements (ie, Illinois Department of Children and Family Services) were valuable to reinforce center-level nutrition policies and practices that can be communicated with parents. Specifically, the Illinois state licensing requires that children are served fruit and vegetables and foods that are low in sodium, sugar, and fat. However, considerable variation exists among state licensing requirements related to providing nutritious food. Some states include these regulations and others do not.<sup>38</sup> Therefore, it is important to consider this variation in state licensing regulations when developing nutrition promotion programs in childcare. The benefit of established nutrition policies has been shown to improve nutrient intake and support obesity prevention.<sup>39</sup> Written center-level policies can serve to (1) provide a point of communication during orientation, (2) improve provider credibility and trust for the parents, (3) provide a platform for nutrition-related practices and activities (ie, parent events, nutrition newsletters, and nutrition standards for food brought from home), and (4) reinforce parent nutrition education. Findings from the present study indicate using policies as an external influence might take pressure off the childcare providers who are concerned with offending the parent. Establishing and reinforcing center-level policies can create an opportunity to reinforce positive nutrition practices both within the childcare setting and the home. Further, strengthening state-level licensing policies to include nutritious foods, in addition to food

safety requirements, could help address the early childhood obesity epidemic in the United States.

Findings from this study have important implications for the development of educational programs focusing on building a bridge between providers and parents with a goal of improving communication about child nutrition to promote child health. The HS and CACFP providers indicated that discussing child feeding experiences and nutrition with parents helped strengthen their partnership and thus make communication about nutrition education easier. Parents may be receptive to nutrition communication, particularly when childcare providers' self-efficacy is improved,<sup>40</sup> and they are empowered to communicate about regulations and guidelines set forth by the setting.<sup>40</sup> For example, providers share information about policy guidelines and recommendations to serve healthy foods to children.

Previous research has demonstrated the benefit to parental nutrition education in improving children's health outcomes.<sup>8,37,41</sup> Nutrition educators can work with childcare providers to help translate the policies into practice and devise communication strategies for childcare providers through various channels such as parent handbooks, tour of the childcare center when the child is being enrolled, parent-teacher meetings, posting menus, and engaging parents in cooking activities. In addition, providers can also utilize resources such as Institute of Medicine recommendations, newsletters citing research findings and credible sources of information, and handouts with *HS Performance Standards* that can substantiate their communication with parents. As some parents have expressed a desire for information in other studies,<sup>35</sup> the strategies listed above may be well received by parents.<sup>42</sup> Intentionally created resources may help providers feel confident about the information they are sharing and can leverage the nutrition information provided without offending parents.

Underlying all strategies was the importance of fostering a respectful relationship between the provider and parents. As previously reported in studies examining nutrition communication or other nutrition education programs, the need to establish a respectful relationship is critical to success.<sup>36</sup> Childcare providers are more likely to create a positive outcome in nutrition communication when the provider has built a respectful relationship that is centered on the care of the child.<sup>43</sup> When mutual respect is established, open communication is reinforced and this includes possibly addressing the more sensitive topics such as nutrition and healthy eating.

Although this study provides additional knowledge of childcare providers' perceptions for implementing the Academy's benchmarks regarding parent communication about children's nutrition, further research is needed. The present study captured providers' perspectives, but few studies have examined parent perceptions and behaviors<sup>39</sup> other than the work by Johnson et al. Therefore, future research is warranted to explore parents' perceptions on communicating with childcare providers about their child's nutrition. Further, limited research is available on provider competency and qualifications for providing nutrition advice or the type of advice that is given to

parents.<sup>44</sup> Although the wide variety of childcare settings and regulations and standards (ie, HS programs, childcare centers, family childcare settings, programs using CACFP, and those not part of CACFP, state licensing) may pose a challenge in provider-parent communication, it also presents opportunities for the development of tailored training and education programs for providers in varying childcare contexts regarding meal services, nutrition policies, and nutrition education for children and parents. Finally, with the potential impact of policy on reinforcing positive health practices, a greater understanding of the role of policy to support childcare providers and reinforce appropriate and accurate nutrition communication is needed.

### **“SO WHAT?” Implications for Health Promotion Practitioners and Researchers**

#### *What is already known on this topic?*

Parent-childcare provider communication is recommended for effective childhood obesity interventions. However, providers have reported barriers to communication with parents about obesity prevention. Further, there is limited research on HS, CACFP, and non-CACFP providers' perspectives regarding parent communication, specifically, about nutrition to promote children's health.

#### *What does it add?*

This study identified strategies to improve parent-provider communication regarding children's nutrition. For example, federal and center-level policies regarding nutritious quality of foods served at centers enabled providers to enforce nutrition recommendations and avoid conflict with parents. Additionally, this study identified fostering parent education and building a respectful relationship between parents and providers to promote child health.

#### *What are the implications for health promotion practice or research?*

Health promotion practitioners should work with childcare providers and administrators to strengthen center-level nutrition policies, effectively communicate policies by reducing identified barriers, and strengthen proactive strategies. Such an approach will empower providers, improve parent engagement, and promote children's nutrition. Future research should evaluate nutrition policies and communication channels for effective parent-childcare provider communication to promote children's health.

Several study limitations are acknowledged. Results cannot be generalized since the findings represent perceptions of childcare providers in Illinois with specific licensing requirements. However, providers caring for children both from low-income parents (high risk population) and from a variety of settings (ie, HS, CACFP and non-CACFP) were included. Furthermore, participants' responses were consistent with previously reported research studies, which demonstrate merit of the perceived barriers reported in this study.

Nonetheless, this study reported childcare providers' barriers to communicating effectively with parents about children's nutrition. Providers also identified strategies that can be used by childcare settings to overcome the barriers. These findings reinforce the importance of designing programs that provide policies with specific guidelines on how to improve provider-parent interaction to engage parents in promoting their child's nutrition and health.

### Authors' Note

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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### Supplemental Material

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