

Family Resiliency Center

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES



## Table of **Contents**

Executive Summary	3
Introduction	4
Methodology	6
Findings	8
Challenges	14
Conclusion	15



## Executive **Summary**

In the fall of 2020, as part of the Illinois State Physical Activity and Nutrition Program (ISPAN), the Illinois Public Health Institute (IPHI), in partnership with the Family Resiliency Center at the University of Illinios Urbana-Champaign held focus groups with early childcare providers in Peoria, Cook County, West Chicago, Lake County, and Champaign, Illinois.

The goal of these focus groups was to better understand the needs, implementation practices, and barriers encountered by Illinois early childcare providers around nutrition, physical activity and breastfeeding.

Five focus groups were conducted with childcare providers from childcare family homes and centers remotely over Zoom.

#### Focus group questions centered around four key areas:

- 1. Implementing nutrition best practices
- 2. Supporting breastfeeding
- 3. Implementing physical activity best practices
- 4. Needs for support and professional development

Providers discussed the many ways they work to support health eating, breastfeeding, and movement for the infants and children in their care.

When asked about challenges and barriers to implementing best practices, providers mentioned the role parents play in providing similar nutrition, screen time, and movement practices as in the child care environment.

Providers who have implemented best practices have noticed several positive outcomes, including children spending more time outdoors, children being less picky with trying new foods, and parents being more engaged and making healthier choices.

## Introduction

The child care environment plays a critical role in supporting the health and nutrition of young children. Unfortunately, a host of barriers and challenges can sometimes impede childcare providers' ability to implement best practices in nutrition and physical activity.

The Illinois Public Health Institute's (IPHI) Illinois State Physical Activity and Nutrition Program (ISPAN), supported by the Centers for Disease Control and Prevention, is a five-year, \$4.6 million initiative to implement physical activity and nutrition interventions that reduce barriers to living a healthy lifestyle.

#### ISPAN strategy areas include:

- **Early Care and Education (ECE):** Implement and integrate physical activity and nutrition standards and best practices in early childhood education systems.
- **Breastfeeding Support:** Increase the number of and connections between community and clinical settings supporting new parents to breastfeed their babies for as long as they want to.
- **Physical Activity:** Connect activity-friendly routes to everyday destinations by improving walking, biking, and transit systems to promote physical activity.
- **Food Service Guidelines:** Implement food service guidelines in worksites and community settings to increase the availability of healthy foods.

ISPAN's ECE work seeks to identify and implement systems-level supports to increase the number of childcare providers meeting physical activity and nutrition best practices across the state.

This work was supported in part by the Christopher Family Foundation's Food and Family Program: Collaborating and Convening to Inform Practice (CCIP).

ISPAN is made possible with funding from the Centers for Disease Control and Prevention, in collaboration with the Illinois Alliance to Prevent Obesity, administered by the Illinois Public Health Institute.

## Introduction Continued



#### Focus groups convened to identify:

- Areas of need
- · Opportunities for intervention
- Barriers to implementing evidence-based programming in early care settings

With a focus on low-income communities, rural communities, and communities of color, disproportionately impacted by chronic diseases like type 2 diabetes and heart disease.

To get a statewide perspective, IPHI and researchers from the University of Illinois' Family Resiliency Center conducted a series of focus groups with providers from five areas of the state:

- 1. Peoria
- 2. Cook County
- 3. West Chicago
- 4. Lake County
- 5. Champaign

The focus group materials were initially piloted with providers in Jackson County, Illinois. Findings from these focus groups helped inform ISPAN's strategic planning for the ECE strategy.

## Methodology

From August to October 2020, IPHI and partners conducted five focus groups. Participants were recruited through Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), local R&R staff, University of Illinois Extension, local health departments, Service Employees International Union (SEIU) Healthcare IL (for the Cook County group), and other state ECE partners. Partners distributed flyers and/or emails to their network of childcare providers and directors.

Interested providers/directors then contacted the Child Care Resource & Referral (CCRR) staff member, who determined their eligibility to participate.

To participate, participants had to meet the following criteria:

- · They worked as a family, group home, or child care center owner/director or teacher
- · They worked for at least one year in their position at the early care and education location
- · They were 18 years or older

The focus group facilitator's guide was developed in January 2020, and initial recruitment started shortly thereafter. Due to the onset of the COVID-19 global pandemic in early 2020, all focus groups moved to virtual meetings using Zoom teleconferencing software, resulting in an update to the facilitator's guide reflecting the new format. Once the Institutional Review Board (IRB) approved the updated guide, new participants were recruited. Focus groups were held with providers based in Peoria, Cook County, West Chicago, Lake County, and Champaign, with participants receiving a \$40 Amazon e-gift gift card. The study received IRB approval from the University of Illinois at Urbana-Champaign.

#### Focus group participants

Focus group	Number of participants	Date
Peoria	5	Aug. 11, 2020
Cook County	4	Aug. 11, 2020
West Chicago	6	Sept. 9, 2020
Lake County <sup>1</sup>	6	Sept. 15, 2020
Champaign	5	Oct. 14, 2020

<sup>&</sup>lt;sup>1</sup>Lake County focus group participants were Spanish-speaking only child care providers.

## Methodology continued

Across the five focus groups, 26 childcare providers participated (demographic information was not collected for 3 participants). All providers were female (n = 23), and the average age was 44 years, with a range from 28 to 62 years old. Of the providers who gave ethnicity information, 36% were Hispanic or Latino (n = 8), and 64% were not Hispanic or Latino (n = 14). The majority of providers were Black (50%; n = 11), while 36% were white (n = 8), 4.5% were multi-racial (n = 1), and 9% selected other (n = 2).

Participants had worked as professional childcare providers for an average of 15 years, with a range from 1 to 36 years. The majority of providers worked in a family daycare home (73%; n = 16), while 23% worked in a childcare center (n = 5), and 5% worked in a Head Start facility (n = 1). With regards to role, 48% of providers identified as family daycare providers (n = 11), 35% identified as classroom teachers (n = 8), and 17% identified as administrators (n = 4).

#### **Format**

All five focus groups followed a similar format. Questions centered around four key areas:

- · Implementing nutrition best practices
- · Supporting breastfeeding
- · Implementing physical activity best practices
- Needs for support and professional development

First, the facilitator guided providers through a general discussion of how they support the health of children in their care. They asked questions about implementing nutrition best practices and lead providers to discuss caring for breastfeeding infants. Next, questions centered around implementing best practices around physical activity. The facilitator closed out the meeting by leading providers in a discussion of professional development needs.

One facilitator and note-taker conducted each focus group. Focus groups were audiorecorded and transcribed. The Lake County focus group was **facilitated in Spanish**, audiorecorded, transcribed, and then translated into English for analysis. To analyze the focus group transcripts, Family Resiliency Center investigators developed a codebook and analyzed the transcripts for common themes (Braun & Clarke, 2006).



### Results

Providers discussed **keeping children active** with indoor and outdoor activities (e.g., music, dancing, yoga, walks). They mentioned **promoting healthy eating** by teaching children about organic food, appropriate portion sizes, avoiding processed foods, eating a various fruits and vegetables, and modeling desired behaviors themselves.

Several providers discussed **hygiene related to COVID-19**, specifically mentioning cleaning and sanitizing surfaces, washing hands, removing shoes, and making sure children get regular preventative medical care.

Many providers talked about **personal motivation** being a driver that got them interested in supporting children's health. Providers discussed having cancer, struggling with weight, or being older as specific motivating factors. Some providers also mentioned being motivated by the personal results they saw after following food program guidelines for nutrition. Others talked about their love and passion for children and wanting to keep them healthy.

"Sometimes we just take more time to just love on that baby because it transition can be hard. So it gives us more opportunity to have oneon- one with that child."

# Implementing Nutrition Best Practices

Most providers mentioned that the Child and Adult Care Food Program (CACFP) played a significant role in helping them implement nutrition best practices. They said the food program helps them know the correct portions, keep junk food out, know what to buy at the grocery store, and with menu ideas. Several providers also talked about the value of outside training programs or nutrition specialists.

Tips and tricks like using fruit as dessert, using air fryers or roasting food, and including children in food prep were also commonly discussed ways of getting children to eat healthier.

Providers discussed **several challenges** they face in implementing nutrition best practices. The cost of healthy food, parents failing to set good examples at home, and getting children to try new foods (picky eating behaviors) were challenges that came up repeatedly. One provider said,

"Seeing what these kids come into the daycare center from home...what they bring in, hot Cheetos for breakfast. Instantly, you know, like to 'Let me switch this out for a granola bar or a cereal bar' just to give them something healthy and say 'It's OK to eat this every now and then,' but watching this kid coming every day with McDonald's, hot Cheetos, Hi-C juices, you know, like 'OK, we have to do something about it."

When providers were asked what kinds of **additional support they would need** to implement more nutrition best practices, they discussed wanting additional training and feedback, additional funds, more recipe and snack ideas, and more participation and support from parents.

"For me it's the cost. You know, 'cause most of the time I find myself spending out of pocket."



## Supporting **Breas<mark>tfeed</mark>ing**

All providers discussed being supportive and open to parents who breastfeed or provide pumped milk. Many talked about having private places for breastfeeding parents to nurse or pump. Most providers were very comfortable in their knowledge about breastfeeding from personal experience. Therefore, **they encourage parents** to breastfeed **and serve as a resource** when families struggle or have questions about breastfeeding. They said they had plenty of resources like lactation consultants, informational sheets, personal knowledge, and experience, even though none reported having formal breastfeeding training.

"My biggest that I have to share is, 'this way hurts,' and 'I can't hold them this way,' and 'I can't hold him that way.' Well, have you, ever, you know, tried it this way, or have you ever used a Boppy, right? Have you ever used the football hold or the backwards way? and they're like, 'Oh, we can do it that way?'"

Providers were very clear that their role with breastfeeding parents is to **follow the parents' wishes** and **reassure them** that their child is being cared for and fed according to their wishes.

They also talked about giving breastfed babies a little extra attention because the transition can be hard on them and hard on parents as well. Providers said they make it a point to be very patient, understanding, and support parents no matter what.

"Sometimes we just take more time to just love on that baby because it transition can be hard. So it gives us more opportunity to have one-on- one with that child."

"We're there to just act as a second parent. You know second caregiver, and we're just going to follow their wishes whatever they want, so just support them."

## Supporting Breastfeeding continued

Providers don't do many things differently for families who breastfeed. One talked about having separate warmers to warm and thaw milk and another said that breastfeeding parents are welcome to come nurse whenever they can. Providers also like to talk to new breastfeeding parents about breastmilk storage and having a support person (because breastfeeding can be hard and stressful). Providers felt like primary care doctors, the community, friends, and family should all provide support for families who choose to breastfeed. One provider said, "I feel like it should be normalized. It's 2020."

Providers didn't have any significant **challenges** with providing care to breastfed infants. However, a few providers mentioned that it's often harder on the parents than on the baby. A few providers also said that occasionally, parents would want to give up on breastfeeding and transition their child to formula quickly, which can be extra hard on the baby. One provider also talked about how it can be difficult for parents when they don't produce enough milk, so the provider is extra careful with breastmilk to make sure none is wasted. Finally, one provider said she was one of the only in her area to take infants and unique in her breastfeeding support.

When providers were asked what kinds of **additional support** they would want to help implement more best practices, most said they already implement all of the suggestions. A few providers said that extra training and funds for creating a baby-friendly feeding environment would be helpful. One provider also talked about cultural norms and being sensitive to adapting best practices to cultural norms.

Providers mentioned being interested in **additional assistance** in communicating with parents about breastfeeding and forming a breastfeeding plan. A few providers also wished that doctors would talk to parents more about the benefits of breastfeeding because they didn't want parents to think they were too intrusive in their decision-making surrounding breastfeeding.

"But you know that's interesting, because then you're gonna have to do some training, because that's a cultural thing [feeding cereal in a bottle]. Now we're talking about some cultures you know and so that's deep rooted and so definitely we'd have to have research on that. You know, when we talking with parents about that? Why this is a best practice of not doing it, so yeah, definitely we'd have to have some backup with that, yeah?"

## Physical Activity Best Practices

Providers gave many **examples** of things that have helped them provide physical activity to the children in their care. All providers said that they limit screen time, though some allow it on a limited basis for exercise videos, yoga, or special occasions. Providers also **value outside time**: they talked about going on walks in the woods, playing in their yards, and walking to parks. Providers with infants also limit how much time infants spend in swings and bouncers in favor of tummy time. Several also talked about breaking up e-learning with dancing or pushups.

Providers talked about several **challenges** they face when trying to implement physical activity & screen time best practices. Many providers felt the recommended 90 minutes of vigorous activity was hard to fit in. They also struggle with parents who want to send tablets with their kids.

"Some parents encourage screen time, they've asked us to give their child an iPad at nap time instead of them taking a nap...which we don't allow."

They were also **concerned** about how much time older kids spend on their tablets for remote learning and just in general. They talked about how some parents let their children stay on tablets all night, making them very tired in the morning, sometimes too tired to eat. Conversely, some providers mentioned feeling torn about children's screen time use since it can also be educational.

"He's like obsessed with Sesame Street... I'm thinking like, well, at least he's learning. I can tell he's not even two, and he knows so much for watching this stuff, and I feel like you know. I'm torn between should I allow him to it as much or take it from him?"

Many providers feel they are already following best practices and therefore didn't feel they needed **extra support.** However, despite providers reporting that they follow best practices for limiting screen time, several talked about having the TV on in the background during pick-up or drop-off or during mealtimes, so there may be a need for additional support around passive screen time.

One provider talked about how she would need **extra help** if she were ever required to document the exact amount of each child's daily physical activity. Another provider said it would be helpful to have a schoolwide policy about screen time.

# Requirements and Professional Developement

Most providers said that **parents play a role in their decision-making** around health practices. Parents help pick snacks and nutrition activities, and providers ask for parent input if they are struggling with anything, and some centers even have parenting groups. Some providers wish that parents would be more involved in their children's lives. They would like more input from parents.

Most providers said that **licensing standards** were not the primary influence in their decision-making. One provider said licensing standards were a driving force initially, but now it's mostly experience.

Providers listed several **organizations that they trust for information** on how to improve their health practices including, Child and Adult Care Feeding Program (CACAFP), Child Care Providers Network, Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), Gateways to Opportunity Illinois Professional Development System, Illinois Extension, and outside organizations that send in behavioral specialists and nutritionists.

**Providers use many avenues to seek out information** on breastfeeding, nutrition, and physical activity best practices including, CACFP, conventions and conferences, in-services and free courses, We Choose Health texting club, Just Move program, the internet, INCCRRA, colleagues, and their own children's health care providers.

#### Providers who have implemented best practices have noticed several positive outcomes:

- · being outside allows children to be their best selves
- · kids are much less picky with trying new foods
- parents are more engaged and make healthier choices

One provider talked about the positive feedback parents give her directly and the fact that they want to return to her program as a big positive.

### Challenges/ Limitations



#### A few challenges were encountered while implementing these focus groups:

- The onset of the COVID-19 pandemic in early 2020 necessitated that focus groups be conducted over Zoom instead of in person.
- In the Peoria, Cook County, West Chicago, and Lake County focus groups, many providers did not currently have infants in their care, making the breastfeeding questions less relevant. As a result, the Champaign County focus group was recruited and explicitly focused on providers who currently care for infants. Additional questions about how providers support breastfeeding parents were asked in this focus group (and are incorporated above).
- Childcare providers who participated in the focus group were more experienced than average.

These providers may also have been more motivated to participate and discuss these topics due to their interest in the focus group topics. **Future efforts** may want to target less experienced providers and providers who are less inclined to volunteer for these kinds of discussions.

## Conclusion

Overall, focus group participants discussed the many ways they work to support health, eating and movement for the children in their care. They discussed how **CACFP** is a critical resource that enables them to implement nutrition best practices.

When asked about challenges and barriers to implementing best practices, providers mentioned:

- the high cost of food
- the role parents play in providing similar nutrition
- screen time
- · movement practices as in the child care environment
- picky eating

Providers expressed an interest in additional resources and sustained training and technical assistance to address perceived challenges.

#### Providers who have implemented best practices have noticed several positive outcomes:

- · Children spending more time outdoors
- · Children being less picky with trying new foods
- · Parents being more engaged and making healthier choices at home

IPHI plans to use the findings to initiate statewide systems changes to better support providers in implementing best practices.





#### Acknowledgments

We are grateful to Janna Simon, Sarah Chusid, and Passang Gonrong from IPHI and Brenda Koester, Stephanie Sloane, and Chelsea Hetherington from FRC for work on this project.

#### Family Resiliency Center

University of Illinois at Urbana-Champaign 904 W Nevada St, Urbana, IL 61801 (217) 333-7772 http://familyresiliency.illinois.edu

#### Illinois Public Health Institute

310 S Peoria St #404, Chicago, IL 60607 (312) 850-4744 https://iphionline.org



Family Resiliency Center

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES





### **I** ILLINOIS

Family Resiliency Center college of Agricultural, consumer & Environmental Sciences

