

Child and Adult Care Food Program (CACFP) Focus Group & Outreach

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SUMMARY

The Indiana State Department of Health, Division of Nutrition and Physical Activity (DNPA) applied and were chosen to be part of a 2017 Pediatric Obesity Mini CollIN (Collaborative Improvement and Innovation Networks). Initial accomplishments enabled the team to begin careful consideration of the existing Child and Adult Care Food Program (CACFP) outreach materials through elicitation of feedback from Early Childhood Education (ECE) partners across the state. Feedback on general opinions about nutrition in their specific setting, as well as the content and design of the current CACFP outreach materials were collected through a series of focus groups. These focus groups were held at state conferences in which ECE leaders attended in the fall of 2017.

Information and guidance was requested from Eric Beers of the Indiana Healthy Weight Initiative as well as Helen Sanematsu from IUPUI's Herron School for the Arts, who has extensive experience with Community Based Participatory Research. The recommendation to design and implement objective focus groups, with a plan for key informant interviews, proved to be a productive starting point for the team. Funding provided by the Mini CollIN was used to purchase gift cards to incentivize participation from ECE providers that would be volunteering their time during these focus groups.

CHALLENGE

Several challenges were encountered in the design and implementation of focus groups and updating of outreach materials. Time was needed to be set aside to consult with an outside partner to guide best-practices for focus groups. In addition, all edits and design changes to the CACFP outreach materials were done in-house without consultation from design or public affairs professionals.

Short timeframes for each of three focus groups required a prioritization of questioning which limited the team's ability to fully understand the context for each participant's feedback. Focus groups were each led by different team facilitators, thus allowing room for inconsistency in the implementation. In terms of elicitation of objective feedback, focus group leaders noted that vocal participants could be influential in the overall flow of discussion and content of feedback.

YOUR INVOLVEMENT IS KEY

For more information about the Indiana Child and Adult Care Food Program, visit <https://www.doe.in.gov/nutrition/child-and-adult-care-food-program>.

More information about DNPA can be found at <http://www.dnpa.isdh.in.gov>.

This project is supported by the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health cooperative agreement (DP13-1305) in addition to the six-year Cooperative Agreement (6U58DP004102-05-02) between Nemours and the Centers for Disease Control and Prevention (CDC) which supports states in launching ECE learning collaborative focused on childhood obesity prevention.

"The barriers to providing an ideal food service in my child care setting are "money, picky eaters, and food waste concerns".

- Heather from Focus Group #3 at the Family Childcare Conference

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SOLUTION

Early Learning Indiana was a key contributor for finding events and willing partners for the focus groups. Using conference attendee information, surveys were sent out to conference attendees asking for 45 minutes to an hour of their time either before, during, or after a conference in which they already planned to attend. Within this survey, mention of a gift card incentive was included and the first 10-15 participants to fill out the survey were included.

Three focus groups were held with a variety of childcare setting providers to have in-depth discussions about providing healthy meals and snacks for the young children in their care. Qualitative data was collected on participants' real and ideal nutrition environments and about the barriers that made accomplishing their ideal nutrition environment a challenge. This information, in addition to specific feedback on each CACFP outreach material, was collected, analyzed and will be used to guide future changes in these materials. This process also enriched the team's understanding of the reality faced by everyday ECE providers.

RESULTS

Each focus group had more than 10 participants, with a combined total of 32 ECE partners from across the state. Participant roles ranged from lead teacher to director, all of whom provided a variety of feedback based on their setting and experiences.

Major themes emerged from the collected data. For current or real food service experiences, the words hectic and expensive were reported the most. The participants' ideal food service was overwhelmingly reported as healthy, nutritious, along with variety. When asked about the barriers to their ideal food service, childcare professionals described cost, picky eaters and federal guidelines as common obstacles.

Transcribed discussions and/or written feedback were taken for each of the outreach materials presented to the focus group participants. Ranging from misuse of language to confusing format, child care providers offered insight into how the materials would be received from someone that had not already enrolled in CACFP.

U.S. Department of Health and Human
Services
Centers for Disease Control and
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NCCDPHP

Contact CDC

<http://www.cdc.gov/cdc-info/requestform.html>

Web site

<http://nccd.cdc.gov/nccdsuccessstories/>

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies or the Centers for Disease Control and Prevention (CDC).

SUSTAINING SUCCESS

Within each pre-focus group survey, participants could indicate if they were open to future key informant interviews. Having this contact information and an already established connection will help the team with the next objective of fully understanding the perspective of each type of child care setting.

The feedback-driven updates that were made to outreach materials through this focus group process will be used by the Department of Education in their everyday recruitment of new CACFP participants. These documents will last much longer than the entirety of the Mini CollN. In addition, the work done by Indiana's Mini CollN team will continue as data collected on child care providers not enrolled in CACFP who reside in food deserts will be used for a focused outreach campaign using the updated materials.

Continued technical assistance from ASPHN has helped Indiana's team problem solve along the way and learn from other states. ASPHN's Mini CollN has also provided Indiana with funding and encouragement of team cohesion and focus.



Indiana State
Department of Health