

## **Factors associated with the childcare service implementation of healthy eating and physical activity policies and practices in Australia: a cross-sectional study**

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**Aim:** Many childcare services fail to implement policies and practices supportive of healthy eating and physical activity that are recommended by best practice guidelines for the setting. The aim of this study was to assess whether a comprehensive set of theoretically-based factors are associated with implementation of healthy eating and physical activity policies and practices in a sample of centre based childcare services in Australia.

**Methods:** A cross sectional telephone-based survey was conducted with Service Managers of centre based childcare. Prior to the survey, services had been supported to implement a number of evidence-based healthy eating and physical activity policies and practices by local health staff as part of an obesity prevention program. The survey assessed the operational characteristics of the childcare services, policy and practice implementation and 13 factors suggested by Damschroder's Consolidated Framework for Implementation Research to impede or promote implementation

**Results:** Logistic regression analyses found a significant association between implementation factor score and full implementation ( $OR = 1.38$ ; 95%CI 1.18-1.61;  $p < .01$ ), indicating that for every one point increase in implementation score, childcare services were 38% more likely to be fully implementing healthy eating and physical activity policies and practices. Multi-variable logistic regression analyses revealed that Service Managers who agreed the physical activity policies and practices of their service needed to be improved were significantly more likely to report full implementation ( $OR = 2.3$ ; 95% CI 1.2-4.3;  $p = 0.01$ ), as were those agreeing that their management committee ( $OR = 3.2$ ; 95% CI 1.2-8.4;  $p = 0.02$ ) or parents ( $OR = 3.1$ ; 95% CI 1.3-7.4;  $p = 0.01$ ) were supportive of implementing program initiatives. Furthermore, those that agreed that external resources to help implement the program initiatives were accessible ( $OR = 2.4$ ; 95% CI 1.0-6.3;  $p = 0.04$ ) were more likely to be implementing all program policies and practices.

**Conclusions:** The findings highlight the potential to improve implementation of obesity prevention interventions in this setting by developing implementation interventions that address such factors