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Examining predictors of active play policy and practice changes in childcare environments: A longitudinal analysis

Purpose. Childcare centers (CC) are key settings to implement PA supportive policies and practices. In 2017 the government of British Columbia enacted the Director of Licensing Standard of Practice – Active Play (AP standards). Appetite to Play (ATP) is a capacity-building initiative that was formed to support the enactment of these standards within CCs. Therefore, our objectives were to examine changes in PA policies and practices over 2 years after implementation of AP standards and identify salient predictors of PA policy and practice changes.

Methods. We conducted provincial surveys before (2015-2016) and after (2018-2019) implementation of the AP standards to determine uptake and change in PA policies and practices in licensed CC centers across BC. Managers and staff of CC centers (serving children 3-5 years old) completed Wave 1 (n=651) and Wave 2 (n=583) of the survey. Mixed effect models were used to assess changes over time in policies and practices and multivariable regression models with the matched sub-sample (n=210 CC centers) were used to identify predictors of PA policy and practice changes.

Results. Following implementation of AP standards (2018-19), centers had greater odds of having a written PA policy that promoted FMS (OR: 5.9, 95% CI: 3.69, 9.42), total amount of AP time (OR: 7.67, 95% CI 4.89, 12.06), and amount of outdoor AP (OR: 4.85, 95% CI: 3.14, 7.48). Compared to baseline, children engaged more frequently in at least 120 min of AP, FMS-related activities, engaged in at least 60 min of outdoor AP ($p < 0.01$ for all 3 PA practices). Implementation factors that predicted policy changes related to FMS were PA culture (OR: 4.53, 95% CI: 1.46, 14.0), PA capacity (instructional material for staff to engage children in FMS activities) (OR 2.15, 95% CI 1.12, 4.13), flexibility/triability of the AP standards (OR: 4.03, 95% CI: 1.65, 8.45), self-efficacy (OR: 3.38, 95% CI: 1.15, 9.88), use of ATP resources (OR: 10.39, 95% CI 2.54, 42.43) and past physical literacy training (OR: 3.04, 95% CI 1.08, 8.61). Institutionalization of PA policies (OR: 5.27, 95% CI: 1.17, 23.82), flexibility/triability (OR: 2.45, 95% CI: 1.08, 5.58) and use of ATP resources (OR: 4.84 95% CI 1.31, 17.94) predicted PA policy changes related to the total amount of AP time. Institutionalization of PA policies (OR: 19.47, 95% CI 1.16, 325.91), self-efficacy (OR: 10.13, 95% CI: 2.07, 49.78), and use of ATP resources (OR: 11.52, 1.03, 128.40) were associated with changes in PA policies related to the amount of outdoor AP. Predictors of FMS practice changes included motivation of the staff ($\beta = 0.6$, 95% CI

0.1, 1.1), whereas predictors of PA practices related to total time of AP included PA culture ($\beta=0.4$, 95% CI 0.0, 0.8) and PA capacity (time) ($\beta=0.4$, 95% CI 0.0, 0.7). Organizational climate ($\beta=0.2$, 95% CI 0.1, 0.3) and PA culture ($\beta=0.3$, 95% CI 0.0, 0.6) were associated with changes in PA practices related to outdoor play.

Conclusions. Our findings suggest that the implementation of AP standard with capacity-building supports PA policies and practices in childcare centers in BC. Attributes of the intervention, characteristics of the centres and providers predicted the positive changes.